

Research Paper

## The Effect of Cognitive-Behavioral Group Therapy on Depression, Stress, Anxiety of Male to Female Transsexuals

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### Abstract

**Introduction:** Depression, anxiety, and stress can be mentioned as common psychiatric disorders in transsexual people. Depression, followed by stress and anxiety, is associated with decreased self-esteem and increased incidence of other psychiatric comorbidities in this minority group. One of the psychotherapy approaches that has been proven to be effective in treating these disorders is cognitive-behavioral psychotherapy. This study aimed to implement cognitive-behavioral group therapy on transsexual people.

**Methods:** In this pre-experimental after-before study without a control group, 13 transsexual people referred to Tehran Welfare Organization in 2018 were selected using the available sampling method. First, demographic questionnaires, Beck depression II, Cohen's perceived stress, and Beck's anxiety were completed by these people, and then eight sessions of group therapy were held. The content of the sessions was designed based on Michael Free cognitive therapy protocol and in the framework of the Wilder mott treatment plan. At the end of the sessions, the questionnaires were completed again, and the information was analyzed using descriptive analysis and paired t-test of SPSS19 software.

**Results:** The results showed that the difference between the mean of depression before and after the intervention was significant ( $P = 0.008$ ). The results also significant in the anxiety dimension ( $P = 0.000$ ) but were not significant in the stress dimension ( $P = 0.302$ ).

**Conclusions:** The findings of this study showed that cognitive-behavioral group therapy has significantly reduced depression and anxiety in transsexual people, but in terms of stress, despite a decrease in the mean, the results were not significant; Therefore, it is suggested that this method be used more comprehensively in transsexual people to reduce anxiety and depression and secondarily increase the quality of life.

## Extended Abstract

### OBJECTIVE

According to the latest statistics provided in DSM5, the prevalence of gender dysphoria in male to female transsexual people is 0.005 to 0.041% (1) but, the exact number of transsexual people in Iran cannot be stated because due to cultural factors and the views of others towards these minorities, many of them never seek treatment. These people are often more prone to psychiatric disorders due to the experience of discrimination, exclusion, and other problems in interpersonal relationships than the general population, the most common of which are depression, anxiety, and stress of minorities. The results of a study by Katz Wise et al. (2018) also indicate that 30% of these individuals experienced suicidal ideation, 49% had a history of self-harm, and 61% showed clear signs of depressive disorder, and 65% of transsexual people who simultaneously experience mental disorders that have significant effects on the course of life (2). By providing professional treatments for psychiatric disorders, depressive symptoms, and disorders associated with depression, including stress and anxiety, can be eliminated. Having group psychological counseling with transsexual people plays an essential role in the process of gender adaptation and helping to overcome discrimination and rejection by the family (3). One of the most widely used and credible approaches to psychotherapy is cognitive-behavioral therapy (CBT), which helps the patient identify distorted thought patterns and dysfunctional behaviors. The results of 85 clinical trials show empirical evidence to support the effectiveness of CBT on moderate to severe depression (4). In a study conducted by Bakhtiari et al. (2016), the results showed that the effectiveness of CBT compared to ACT to reducing anxiety and stress is much greater (5). In a study to evaluate the effect of Group Cognitive Behavior Therapy (GCBT) on depression, stress, and anxiety in adolescents aged 15-25 years with Asperger syndrome, Participants in the intervention group showed a significant reduction in depressive symptoms, stress-related symptoms, and anxiety-related physical symptoms compared to the control group after completing treatment (6).

### MATERIALS AND METHODS

The present study was a pre-experimental study, and the target population was all male to female transsexual people who referred to the Welfare Organization of Tehran province in 2018. Sampling was done by the available method, and 13 people were selected. Data were collected using a demographic questionnaire that includes BDI-II, BAI, and PSS-14. The validity and reliability of all these questionnaires were confirmed after obtaining people's consent to participate in the eight group sessions. Treatment and providing the

necessary explanations regarding the confidentiality of information, the informed consent form was completed by all participants. With their consent, a 60-minute meeting was held once a week for each meeting. After that, eight sessions of GCBT were performed based on the Michael Free protocol and in combination with the Wilder mott therapeutic framework, thus combining cognitive therapy with a treatment plan consisting of biological and behavioral interventions. In the GCBT program, an attempt was made to consider all cognitive aspects of Beck therapy. At the end of each session, behavioral or cognitive assignments for the next session were provided to participants in the form of pre-prepared forms, with the first 15 minutes of each session devoted to discussing the previous week's assignments. At the end of the sessions, the questionnaires were completed again by the participants, and the information was analyzed using descriptive analysis and paired t-test of SPSS19 software.

### RESULTS

The average score of depression before the intervention was 23.15 (moderate depression). However, the average scores of participants' depression after GCBT decreased to 14.53 (mild depression). The mean difference between depression before and after the intervention was  $8.61 \pm 9.79$ , which is statistically significant. As a result, it can be claimed that GCBT for eight sessions has reduced depression from moderate to mild ( $P = 0.008$ ). The mean score of anxiety in participants before the intervention was 25.30 (severe anxiety), but after GCBT, the average anxiety decreased to 17.15 (moderate anxiety). The mean difference in the anxiety dimension is  $8.15 \pm 5.36$  and is statistically significant. As a result, it can be claimed that GCBT has reduced the degree of anxiety from severe to moderate ( $P = 0.000$ ). The mean of stress in participants before the intervention was 29.76 and after the intervention decreased to 28.07. Based on the interpretation of the scores provided by PSS-14, higher scores indicate higher levels of stress. The mean difference in the stress dimension was  $1.69 \pm 5.66$ , which was not statistically significant. Therefore, in this intervention, despite the reduction of stress in participants, there was no statistically significant difference in this variable. ( $P = 0.302$ )

### CONCLUSION

According to the results of the present study, in general, it can be said that although drug treatment for depression, anxiety, and stress improves symptoms, due to side effects and reduced patient adherence to treatment, it is not suitable for long-term use and it is necessary to use other methods including lifestyle changes and psychotherapy. GCBT can be as effective

as drug therapy or even more, except that it does not cause unwanted side effects and is more effective if performed at a lower cost. The use of GCBT in reducing the symptoms of depression, anxiety, and stress in transsexual patients is a non-invasive and available method that, in addition to improving mental disorders in these people, also improves their quality of life and interpersonal relationships. Moreover, individuals can observe the effects of their behavior on society within the group, which promotes attitudes toward themselves, their illness, and their new circumstances, and teaches them significant experiences of effective communication with others.

#### **Ethical Considerations**

This study was registered with the code IR.USWR.REC1398.127 in the ethics committee of the University of Social Welfare and Rehabilitation Sciences. The ethical codes of this research were adjusted and considered by the 31 codes of national and university ethics. All participants were fully informed about the right to enter or leave the study, the benefits and possible side effects of participating in the study, the confidentiality of their information, and all individuals completed informed consent forms.

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This research was not sponsored and was conducted at personal expense.

#### **Author's Contribution**

Ms. Mariye Jenabi Ghods and Dr. Abolfazl Rahgoi participated in the initial idea of research, preparation, and development of intervention protocol, data collection, and article preparation, Dr. Masoud Fallahi-Khoshknab participated in the scientific consultation of the project, and Dr. Mehdi Nowruzzi also participated in the statistical analysis of data.

#### **Conflict of Interest**

The authors acknowledge that there is no conflict of interest in this study.

#### **Applicable Remarks**

Nursing managers can implement therapeutic factors at different levels of prevention for transsexual people by identifying therapeutic factors that affect cognition and behavior that have been proven effective in research evidence.

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