

Erectile dysfunction and gender identity disorder



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In medical observation or treatment, a differential diagnosis may be used to identify unknown cases of illness or disease through a process of elimination. However, doctors tend to rely more of a set of possible outcomes to given symptoms, or they rely on their experience or intuition to decide on the patient's illness while listening to the symptoms. In reviewing the two vignettes, one on erectile dysfunction and the other on gender identity disorder, the first case would benefit from a differential diagnosis, whereas the second would not apply.

The first vignette defines erectile dysfunction and the ill-effects this condition can have on the man suffering from the illness. As an erection is so intrinsically tied to masculinity, not being able to achieve one often attacks a man's sense of his own man-hood. He feels shame and guilt, which often instigates further issues in achieving an erection. In this particular case, a differential diagnosis is helpful because the inability to achieve an erection is caused by a myriad of factors, ranging from daily routine, to physical ailments, and to psychological problems. In creating a list of these three areas, doctors are able to ascertain which area, or what combination of factors is causing the problem. Understanding the root of the problem, which is frequently caused by issues outside of the man's sexual life, will enable doctors to create an appropriate treatment to rectify the problem. This treatment may take the form of a healthier lifestyle, which involves limiting smoking, drinking, eating unhealthy foods, recreational drug use, lack of sleep, etc. These issues may also contribute to physical ailments which are contributing to the problem, such as obesity. Finally, the doctor can address the psychological problems involved in the disorder, including feelings of self worth, a possible history of sexual abuse, stress at work, and marital and

familial problems.

The video included two men, both of which were Caucasian and, presumably, from the middle class. Historically, White men have not had to explain their sexuality, nor have they experienced attacks on their sexuality in terms of being defined as barbaric, as seen in the depiction of African males, or as too effeminate, as seen in the depiction of Asian males. In this regard, White males may be more inclined to visit a doctor and receive the necessary treatment to cure the problem. However, the significance of machismo or the centrality of the male in gender relations may prevent a non-White male from addressing this issue with a physician, especially if that physician is a White male or a female.

In contrast, the vignette on gender identity disorder is different from erectile dysfunction because transgender identity is not considered an illness or disease that is caused by problems in an individual's diet, lifestyle, or daily routine. Although there are many psychological and physical hardships that are attributed to gender identity disorder, the vast majority of these psychological hardships arise from external sources, such as from the rejection of parents, friends, and peers. Unlike the man who cannot get an erection because of the levels of stress at his job, the transgendered individual is suffering because of factors outside of their control. Usually, transgendered people accept themselves and seek to alter their reality; the real source of their psychological torment is society who depicts them as abhorrent or unnatural. In this regard, differential diagnosis does not apply because it is impossible to change the real cause of the problem – social rejection.

However, once again, the vignette included three case studies of

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transgendered children who are all White and, presumably, of the middle class (as inferred from the condition of their houses during the in-house interviews). Once again, this does not take into account the different experiences of non-White transgendered children, specifically those who come from lower socio-economic families. Having the ability to move schools and to afford gender re-assignment treatments and surgeries are contingent on one's financial status; therefore, the option to be a girl or be a boy may be more linked to familial resources rather than the person choice of the child.

References

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