

## Exploring the Complexities of Gender Dysphoria: A Case Study

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## Abstract

Gender Dysphoria is a difficult, unusual and uncommon issue where an individual experiences severe distress as a result of it. This case study details the case of a by birth female client of age 25 years who was referred to a public sector hospital for the assessment of her case for gender reassignment surgery. She had a history of physical and psychological abnormalities at the age of 12 years. A medical board consisting of relevant physicians and surgeons including a clinical psychologist was constituted upon the written orders of the Honorable Court to assess, diagnose, and recommend the case for gender reassignment surgery as Pakistani law requires the legal formalities for gender reassignment surgery. She had been through the early minor surgeries and met the early counseling and psychotherapy regarding the sex reassignment. The Medical Board recommended the sex reassignment surgery as protocols for such surgery had already been met. The case discusses the need for early identification, assessment and workup regarding the gender dysphoria in Pakistani society.

**Keywords:** Femininity, Gender Dysphoria, Gender Identity Disorder, Gender Role, Sex Reassignment Surgery

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## Introduction

Gender dysphoria is a psychological diagnosis recognized by the American Psychiatric Association. In 2012, the APA announced that the term Gender Identity Disorder would be replaced by the more neutral term “Gender Dysphoria” in the latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) which was retained by the text revised version of DSM (DSM-5-TR) (APA, 2022). Gender dysphoria refers to feelings of distress and discomfort that a person experiences when their assigned gender does not match their gender identity. The contradiction between their thoughts and feelings about themselves and the sexual qualities of their physical bodies can cause discomfort and distress for those who suffer from gender dysphoria (Beatrice, 2023).

The Diagnostic and Statistical Manual for Mental Disorders, 5<sup>th</sup> edition-text revised (DSM-5-TR) defined two criteria for the diagnosis of gender dysphoria in adolescents.

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:
1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).

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5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning (DSM-5-TR, APA, 2022).

Individual differences exist in the effects of gender dysphoria. Some people's behavior and self-image may be impacted by these conflicting emotions. In order to ease their discomfort, a person with gender dysphoria may change how they express, represent, or identify their gender from what it was biologically assigned to them. They might also alter the way they look physically (Morabito et al., 2021). Although the specific causes of gender dysphoria are not fully understood, a number of factors may be involved. There may be a role for genetics, hormones during fetal development, and environmental factors. Gender dysphoria frequently first establishes in early childhood. As they get older, they might start to feel that their assigned sex and their gender identity do not match. This mismatch may occasionally cause feelings of gender dysphoria. Children that suffer from gender dysphoria might say they want to be the other gender and that they only want toys, clothes, and hairstyles that belong to that gender (Segev-Becker et al., 2020).

Individuals who suffer from gender dysphoria may often declare their desire to be the other gender. They frequently experience discomfort with the gender norms and expressions associated with the sex they were assigned at birth. This could show up as rejecting many gender-stereotypical behaviors, dressing in the gender of their choice, or playing with toys that are usually associated with the other gender (Rao & Aparna, 2017). Gender dysphoria is not related to an individual's sexual orientation. Individuals who

experience gender dysphoria may also identify as transgender but it is also not a common symptom among transgenders (Marchiano, 2021).

There are 25 million transgender people worldwide. According to survey, there are around 0.6% transgenders in the United State. According to recent data, people frequently wait over 20 years to seek treatment for gender dysphoria, with the majority of them experiencing symptoms by the age of 7 years (Anderson et al., 2022). In Pakistan, the transgender population has been estimated to be around 10,000. The percentage has been estimated to be 63.39% in Punjab, 24.25% in Sind, 8.3% in KPK, 0.25% in FATA, 1.04% in Baluchistan, and 1.27% in the federal capital region. Punjab has the largest transgender population (Basit et al., 2020). In Pakistan, individuals with gender dysphoria face discrimination, stigma, and negative self-image. They are unable to access health services due to fear of stigma, lack of support, rejection from society, fear of religious and legal impacts, expensive treatment and lack of experienced providers. The Transgender Persons (Protection of Rights) Act was passed by Pakistan's Parliament in 2018. The act, grants everyone the right to have their self-perceived gender identity displayed on all national identification documents and safeguards their rights to equal employment opportunities, healthcare, and education (Irshad et al., 2020).

A team of health professionals is always involved in treatment for gender dysphoria and consists of psychiatrist, urologist, endocrinologist, surgeons, and clinical psychologists. The possible management strategies may include hormonal therapy, gender reassignment surgery, cognitive behavior therapy, family support, stress management and coping strategies. Psychosocial therapies improve the quality of life in patients with gender dysphoria. The real benefit of treatment is that it is a continuous process, patients may utilize on this support for the rest of their lives, which

is essential for sustaining favorable results (Anderson et al., 2022).

The patient of this case study was referred from The Honorable Lahore High Court, Bahawalpur Bench, Bahawalpur where the court issued an interim order under Section 12(c) of the Transgender Persons (Protection of Rights) Act, 2018. The court ordered to constitute a Medical Board for the expert opinion regarding gender reassignment surgery in favor of the complainant *“to ensure transgender persons access to all necessary medical and psychological gender corrective treatment”*.

She has been living and socializing with male friends and adopted male gender role for the last two years. She has already received counseling and psychotherapy prior to surgery. This case study generate insight and in depth understanding which will be of help to professionals for dealing with cases of gender dysphoria.

### Method

The patient presented in front of Medical Board for medical and psychological evaluation. Detailed history was taken through semi structured interview. The mental status examination was used for further assessment. For psychological assessment, Utrecht Gender Dysphoria Scale (UGDS), Adolescent Version (Female-to-Male Version) (Cohen-Kettenis & van Goozen, 1997; Steensma et al., 2013). It is 12 items, 05-Likert point scale to indicate to what extent one agrees or disagrees (1 = Completely Agree, 2 = Somewhat Agree, 3 = Neutral, 4 = Somewhat Disagree, 5 = Completely Disagree). Items 1, 2, 4, 5, 6, 10, 11, 12 are scored from 5 to 1 and Items 3, 7, 8, 9 are scored 1 to 5. To calculate the total score, all the items have to be recorded and summed. Total score ranges from 12-60. The higher the score, the stronger the gender dysphoria. This scale has two versions, UGDS for males (UGDS-M) and females (UGDS-F). Her score on this scale was 44 that indicated problematic gender identity and presence of dysphoria. A

multidisciplinary treating team consisting of surgeon, urologist, endocrinologist, psychiatrist, and clinical psychologist consulted with the patient individually as well as in a group and considered all available treatment options, as well as the risks and benefits regarding gender reassignment surgery.

### Case Details

Miss ABC, 25 years old, female by birth, working as a male worker on ice cream parlor. She was born in lower middle-class family. Her by birth sex was a girl and she was born at full term and at home. She is the only child of her parents. According to history, her early years were not marked by parental rejection or cross-dressing. She studied in girls' school but she had believed that she should have been in a boy school. In school, she used to wear female dress but after reaching home, she liked to wear boys like dress.

Around age 12, she started expressing unhappiness with her assigned gender, saying that there was a significant discrepancy between her identity and her body. She started to identify more and more as a man, using male pronouns with friends, but she was afraid to tell her family about this for fear of being rejected. Her family is conventionally conservative but supportive. Her parents were reluctant to share her concerns because they frequently expressed traditional beliefs regarding gender roles. As she is single child, so her parents had all expectations only with her and until late adolescence, her parents were unaware about her internal troubles and struggles. She did not continue study due to admission at a women college. When she was a teenager, she was drawn to male sports like football and cricket.

During detailed assessment, it was found that she was always uncomfortable with her female body and also with female class fellows but had friendships with males. She came to the conclusion that she was not attracted to boys physically and sexually. She suffered from a conflict between her physical sex and assigned gender. With the

passage of time, girls showed attraction towards him being as a male and in male dressing. She frequently fell in love with many girls of her own age while considering herself as a male. Then she started to shave beard, wore completely male dress and also started work at ice cream parlor as a male worker. She expressed desire to correct the gender of her own choice through gender reassignment surgery.

### **Analysis**

The analysis was done with the help of data or information received from the detailed semi structured interview with the patient, Mental Status Examination and psychological assessment tool, Utrecht Gender Dysphoria Scale (UGDS), Adolescent Version (Female-to-Male Version) and later on discussion with Board members consisting of multi-disciplinary team.

The social and environmental factors were also examined through detailed history. Her journey shows how social expectations, family dynamics and personal hardship interact as she deals with stigma, education difficulties, family pressure, social and cultural norms and religious restrictions. During Medical Board, she was in male dress, had secondary male sex characteristics like beard. On inquiry and checking her medical record, it was revealed that the patient had already gone through early surgery like bilateral mastectomy on her own request as well as hysterectomy and bilateral Oophorectomy. History further revealed that she had been living and socializing with male friends for the last two years. She adopted male gender role for the last two years. She has already received counseling and psychotherapy prior to surgery. She is facing no problems in her new gender role in education, relationship, work and real-life experience. She is aware of the responsibilities and consequences of her new gender role.

### **Discussion**

The present case study has interesting psychopathology and explores into the

complex relationship between cultural, socioeconomic, and psychological aspects that impact an individual's experience of gender dysphoria in Pakistan. She faced many challenges in socio-cultural context from childhood. Gender identity disorder exists when an individual displays symptom of distress related to her assigned sex. It affects the person when they have a strong belief that they were born with the wrong sex's body. People who have the illness are more likely to experience severe emotional distress, depression, social rejection and isolation. The final outcome for patients with gender dysphoria is significantly influenced by socioeconomic factors (Irshad et al., 2020). It is also challenging for multi-disciplinary team in the management and final decision in the context of socio-cultural context and The Transgender Persons (Protection of Rights) (Amendment) Bills, 2021.

The reporting case is significant. She also believed that she had always remained uncomfortable with her female body. She concluded that she was not attracted to boys physically and sexually. According to other study, gender dysphoria patients believe they are stuck in the wrong bodies. They desire to possess the primary or secondary sex traits of a different gender. Individuals who suffer from gender dysphoria may often declare their desire to be the other gender. They frequently experience discomfort with the gender norms and expressions associated with the sex they were assigned at birth (Soldati et al., 2022). In present case, she adopted male gender role for the last two years. She has already received counseling and psychotherapy, risk and benefits prior to surgery. She is aware of the responsibilities and consequences of her new gender role. She feels satisfaction on new role. She expressed desire to correct the gender of her own choice through gender reassignment surgery. It is in accordance with other study, that the patient changes his/her name, dressing style, make cosmetic adjustments, such as growing or shaving facial hair,

behave in different manners, and develops a belief that their actions, emotions, and responses match the gender they are comfortable with (Garg et al., 2023).

### Conclusion

The present case is an example of complexity of Gender Dysphoria and the value of supportive environment especially in Pakistani culture. This case emphasizes how important understanding and empathy are when addressing the need and physical, psychological and social problems of individuals who are suffering from Gender Dysphoria. It was concluded that she had fulfilled all physical and psychiatric requirements regarding the construction surgery and can proceed with the gender reassignment surgery.

### Implications of Study

This case study emphasizes the need of awareness and education in our society about gender dysphoria to reduce stigma and acceptance. It also demonstrates that early assessment and intervention is important for individuals who are suffering from gender dysphoria. Mental health professionals can better address the challenges, psychological needs, anxiety, stress and depression related to it. Community and social support can play important role to reduce stigma, education, employment, and feelings of discrimination.

### Contribution of Author

Bushra Akram: Conceptualization, Investigation, Data Curation, Methodology, Writing – Original Draft, Writing - Reviewing & Editing

### Conflict of Interest

There is no conflict of interest declared by the author.

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### Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [B.A.] upon the reasonable request.

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