



Biopsychosocial Challenges of gender dysphoria: A case series

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I. INTRODUCTION

Gender dysphoria, a condition characterized by a significant incongruence between one's experienced gender identity and assigned sex at birth, poses complex biopsychosocial challenges. This case series aims to examine the diverse clinical presentations, psychosocial implications, and medical interventions in individuals with gender dysphoria especially when belonging from a developing country and surrounded by a stigma prone environment.

II. OBJECTIVES

This case series aims to explore the multifaceted challenges faced by individuals with gender dysphoria, highlighting the biopsychosocial factors that influence their experiences and treatment decisions.

III. METHODS

Structured interviews were conducted for each of the four cases, exploring their personal histories, gender-affirming behaviours, psychological distress, and medical comorbidities. The Depression Anxiety Stress Scale 10 (DASS-10) was administered to assess psychological distress levels. Thorough physical examinations and psychological evaluations were performed, including the Thematic Apperception Test (TAT) for Case 3.

IV. RESULTS

Case 1, a 23-year-old AMAB (Assigned male at birth), exhibited severe anxiety and distress over his assigned gender with score of 9 on DASS-10, leading to cross-dressing and gender-affirming behaviors and with psychological support with successive follow-ups, was certified with gender dysphoria and started on hormone therapy. Case 2, a 54-year-old AMAB, faced abandonment and ridicule after disclosing their gender identity later in life at the age of 50, After successive follow-ups and applying DASS-10 scale turning to be 10, he was certified with gender dysphoria and referred to endocrinologist but denied hormonal therapy considering old age and cardiovascular risk. Case 3, a 16-year-old AFAB with a disorder of sex development having ambiguous male genitals at birth, expressed a strong desire to align with her female identity and after thorough examination, was certified with Gender dysphoria with disorder of sex development and undergone sex reassignment surgery. Case 4, a 32-year-old AMAB, transitioned and underwent surgery, but persisted in desiring top surgery and expressing worries with DASS-10 score being 8. Based on DASS-10 scores, three out of four patients experienced moderate stress with score more than 7.

V. CONCLUSIONS

Discussion: The cases illustrate a range of gender dysphoria experiences and psychosocial challenges. Emotional distress, societal acceptance, and timing of disclosure were significant influences. Tailored interventions involving psychoeducation,



psychotherapy, hormonal therapy, and surgeries were employed. Challenges like age, medical risks, and societal reactions impacted treatment decisions.

Conclusion: Gender dysphoria presents intricate biopsychosocial challenges, encompassing psychological distress, social acceptance, and medical interventions. This case series underscores the importance of individualized care, comprehensive assessment, and supportive interventions to address the diverse needs of individuals with gender dysphoria.