



Biopsychosocial Challenges of gender dysphoria: A case series

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ABSTRACT: This case series delves into the intricate biopsychosocial challenges of gender dysphoria through four diverse cases. From a 23-year-old AMAB struggling with anxiety and cross-dressing to a 54-year-old AMAB navigating societal backlash after disclosing their identity, each case highlights distinct psychosocial influences. A 16-year-old AFAB with a disorder of sex development reinforces the complex interplay of identity and physiology, while a 32-year-old AMAB underscores how transition may not eliminate gender dysphoria entirely. These cases underscore the significance of tailored interventions, including psychoeducation, psychotherapy, and medical treatments, in alleviating distress. The varying experiences and impacts of societal acceptance, age, and medical risks emphasize the need for individualized care for individuals with gender dysphoria.

KEYWORDS: Gender dysphoria, biopsychosocial challenges, sex, gender, sex development, gender identity.

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 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.

VI. REFERENCES.

1. J Weatherley and others, 1002 A CASE STUDY OF GENDER DYSPHORIA IN THE ELDERLY, Age and Ageing, Volume 51, Issue Supplement_2, June 2022, afac126.049
2. Sathyaranayana Rao TS, Tandon A, Manohar S, Mathur S. Clinical Practice Guidelines for management of Sexual Disorders in Elderly. Indian J Psychiatry. 2018 Feb;60(Suppl 3):S397-S409. doi: 10.4103/0019-5545.224478. PMID: 29535473; PMCID: PMC5840913.
3. Randi Ettner, Kevan Wylie, Psychological and social adjustment in older transsexual people, Maturitas, Volume 74, Issue 3, 2013, Pages 226-229, ISSN 0378-5122
4. Gooren, L., Asschelman, H. (2014). Sex Reassignment: Endocrinological Interventions in Adults with Gender Dysphoria. In: Kreukels, B., Steensma, T., de Vries, A. (eds) Gender Dysphoria and Disorders of Sex Development. Focus on Sexuality Research. Springer, Boston, MA.
5. Yadav, A., Rastogi, R., & Kumar, R. (2021). *Psychosocial profile of cases of gender dysphoria attending a tertiary care hospital in Delhi*. Sexuality, Gender & Policy, 4(2), 120–129.
6. Nathvani, M., Saini, V. K., & Gehlawat, P. (2021). *Sociocultural barriers in management of gender dysphoria: A case report*. Indian Journal of Psychiatry, 63(1), 106–107.
7. Ghiasi, Z., Khazaei, F., Khosravi, M., & Rezaee, N. (2024). *Physical and psychosocial challenges of people with gender dysphoria: A content analysis study*. BMC Public Health, 24(16).