

CASE REPORT

WINNING THE BATTLE - A SUCCESS STORY OF MANAGING GENDER DYSPHORIA

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The DSM 5 defines Gender Dysphoria (GD) as a marked incongruence between one's biological gender and experienced gender. Individuals with GD face increased discrimination in the form of decreased job opportunities, healthcare facilities and increased violence. The definitive treatment for GD is sex reassignment surgery (SRS). The case we present follows a 24-year-old biological male, self-identifying as a female. His experience seeking treatment made him a target for misdiagnoses and mistreatment by healthcare professionals (including psychiatrists, endocrinologists and plastic surgeons) and family resulting in mental agony. After struggling for a long time, he was able to move abroad for SRS. Upon her return to Pakistan as a female she presented as being finally content with her gender and life. The article places emphasis on creating inclusive healthcare plans for individuals with GD and raising awareness among healthcare professional and general population regarding the issue.

Keywords: Gender dysphoria; Gender identity; Sex reassignment surgery; Pakistan

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INTRODUCTION

Gender Dysphoria (GD), previously termed as gender identity disorder (GID), is defined as a marked incongruence between one's biological gender and expressed/experienced gender.¹ Due to such incongruence; people with gender dysphoria yearn to have primary and secondary sex characteristics and to be treated like the gender they aspire for. The person with gender dysphoria is usually in a state of mental agony.

Being an Islamic state, in Pakistan, stigma due to discrimination and disapproval against the lesbian, gay, bisexual, and transgender (LGBT) community largely stems from religious belief.² The term GD has adopted different meanings in the Pakistani community and has been largely misused.³ Being shunned by society these individuals reside together in close-knit communities called "*addas*" and compelled to form "*guru-chela*" (master-disciple) relationships.⁴ Discrimination in the form of lack of job opportunities, healthcare services^{5,6} and widespread violence^{7,8} breeds numerous mental health problems including anxiety, depressive symptoms, suicidal ideation, substance use disorders, interpersonal trauma exposure, and overwhelming general distress for the GD individual.⁹

The current treatment for GD is sex reassignment surgery (SRS), pre-requisite through psychotherapy, hormonal therapy and real-life experience.^{1,10,11} However, in Pakistan these treatment options can only be accessed by the well-off segment of society. Majority of individuals with GD in Pakistan are denied healthcare facilities due to religious beliefs and the lack of an inclusion policy.¹² At present an

SRS can only be performed in the country after gaining a court order.¹³ Therefore, those who can afford choose to travel to foreign countries for the required procedures to rid themselves of their physical and mental torment.

CASE PRESENTATION

Mr. X was twenty-four years old, single and educated male with the desire to become a female. At that time, he was a resident of a nearby city and belonged to middle class Muslim family. He came into psychiatric facility at Shifa International Hospital, Islamabad by his own will on account of "significant distress", "being trapped in the body of wrong gender" and "strong desire to be and treated as an opposite gender with strong feelings of the other gender".

He appeared to be nicely dressed and groomed for her age. He was reserved initially but as the interview progressed, he became cooperative. Rapport and eye contact were established and maintained throughout the interview. The patient was oriented in time, place and person. His concentration, recent and remote memory was intact and he retained insight into his illness. Mood appeared to be low and dysphoric. Speech was relevant, coherent and comprehensible. Speech quality, tone and volume were normal. Thought and perceptual processes were intact with no disorders of stream, possessions, form and content. There were no suicidal ideations.

An in-depth interview with Mr. X was conducted by the researchers following all ethical considerations and maintaining the confidentiality of the individual.

Mr. X felt that "he had a female soul" and that "he wanted to live a life like a female". When he first

told her parents about his feelings and thoughts, she realized that the disclosure was catastrophic for them. He said that they always tried to raise him as an archetypal man but after this revelation, not only were they deeply shocked but became unaccepting and unsupportive towards. Following this situation, he started visiting different psychiatrists and physicians to seek help but majority of them were very dismissive about the symptoms and feelings except a few. Many mental health professionals offered her apathy, rejection, disparage and non-acceptance regarding her presenting complaints and painful experience. Mr.X was continuously judged and stigmatised in response to her belief of “female born in the body of male”. Many qualified and recognised mental health practitioners diagnosed her with having “*inclination towards homosexuality*” while others branded her as being “*Hijra*”.

Having received rejection, traumatising denunciation and dismissal of his state as a valid medical condition or a health issue by healthcare professionals he turned towards the community of transgenders in the hope of getting the required help and support. That community accepted him but he found them more patronising than empathising. There were instances when the community also forced him to spend a life like them. That kind of environment was very suffocating for him. As a result, he started developing suicidal thoughts. Meanwhile, she visited one of the plastic surgeons to go for sex reassignment surgery but as usual, he did not get any positive response and reassurance. According to Mr. X, over a period of 5 years her pursuit to seek help for the real psychological issue he was going through, he got nothing but labels, sarcasm and mordacity.

Finally, Mr. X visited Shifa international hospital as the last hope for managing the current condition and to get a scientific response and guidance with future prospect regarding SRS. He was well aware of the concept of SRS and had reasonable information about its outcomes. His meeting with plastic surgeons and endocrinologists was arranged and opinions were obtained from doctors of both concerned and outside hospitals. Many of them did not approve the diagnosis, endocrinologists refused to go for hormonal therapy and plastic surgeons did not accept the explanation of her suffering from GD. However, she was informed and guided by health care professionals of respective hospitals related to her decision and its serious consequences. The conclusion drawn by the team of doctors was that Mr. X should first get the permission from Supreme Court of Pakistan for SRS since there is no mandate of such surgeries in Pakistan. On patient’s follow up visit, she asked for the psychiatrist to provide her with a formal report explaining his current condition so that he could

seek help regarding from abroad. The physical, psychological and emotional issues experienced by Mr. X allied with the criteria of GD laid down in Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Mr.X underwent sex reassignment surgery from abroad and one and a half year later, she visited the same psychiatrist at Shifa International Hospital as a fully developed female. She had female body (noticeable breasts, long hair, soft and tender voice with very composed demeanour). By defying all cultural hurdles and taboos, she was now a fully converted female, living a happy married life with her husband. Currently, she is in a leading role in her professional life of a well reputed company with both physical and most importantly psychological sense of satisfaction. She is not only a successful leader but won the battle between her physical self and intuitive self. She is contented with the way she respects herself and is being respected by others. She, upon her visit after the SRS explained every single detail of all her bio-psychosocial experiences and procedures from which she had gone through. She also shared her various visits with the team of doctors whom she consulted before surgery in Pakistan.

DISCUSSION

Gender Dysphoria is not an uncommon health condition. However, in a patriarchal society where mental health is a taboo and religious beliefs reign, it becomes a difficult healthcare challenge to be addressed even by highly educated physicians and mental health practitioners. Those who somehow manage to access healthcare providers including psychiatrists are most often unwelcome, judged, demoralised and disheartened for their experiences.¹⁴ The same was narrated by Mr. X in aforementioned case report. The pre and post-surgical account divulged the significant impact of relational attributes like acceptance, empathy, and non-judgmental attitude by health professionals for the recovery process of the sufferer.

This case study holds a significant place in literature as, to the best of our knowledge, only two previous studies documented the issue in Pakistan.^{4,15} With growing awareness regarding mental health issues, an increasing number of individuals are now openly stepping out and embracing their experienced identities.¹⁶ This case study plays a crucial role in highlighting the growing issue and emphasising the need for inclusive healthcare models in the country.

Sex reassignment surgery continues to be the most effective treatment option for individuals with GD.¹⁷ However, in developing Islamic states, the treatment options is largely dismissed due to religious beliefs.⁶ By adding to literature regarding effectiveness

of SRS we can better advocate the treatment option in these countries as well.

The unbiased professional help provided by healthcare professionals, complimented by social support system to the patient suffering from GD in one's most vulnerable period of time can certainly change the discontented sense of self into contented self. Therefore, the outcome could be a successful and happy person with a sense of fulfilment and self-efficacy.

CONCLUSION

Keeping in view the current circumstances it is imperative that awareness campaigns and knowledge sharing sessions are conducted through various platforms including, but not limited to, social media and print media. Moreover, it is the responsibility of healthcare professionals and caregivers of individuals with GD to provide them with appropriate support and education in order to transform them into independent members of society.

Only by creating an inclusive environment for individuals with different needs can we propel towards a better future.

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