

**RESEARCH PAPER****Exploring the Lived Experiences of Gender Dysphoric Individuals****¹Hafsa Noor and ²Ayesha Farooq***

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ABSTRACT

This study aims to explore the lived experiences of gender dysphoric individuals, focusing on the formation of their identity under the influence of family, media, and peer group. This study provides insight into how an individual's identity is transformed, particularly in terms of self-expression and self-discovery. Despite growing advocacy and recognition, the lived experiences remain poorly understood, especially in Pakistan. Through in-depth interviews and qualitative approach, this research provides a platform for gender dysphoric individuals to share their stories of self-discovery. The findings highlight the significant influence of family, role models, and media. To address this, solutions include increasing awareness through education and regulating media content.

Keywords: Gender Dysphoria, Transgender, Cis- Normative, Non- Binary, Medicalization**Introduction**

The dominant approach for categorising gender is binary, that an individual must be either male or female. However, some individuals define themselves as non-binary that their gender is neither male nor female. In order to explore gender dysphoria, it is important to understand what is meant by the terms gender and sex. According to biological essentialism, sex is a complex interaction between chromosomes, hormones, reproductive organs and external genitalia. Sex is assigned at birth through visual examination of external genitalia labelling individuals as male or female. It is primarily categorised according to a traditional binary system (male or female), however, sex can not be reduced to a simple binary classification. There are chances of variability and uncertainty in the chromosomes, hormones, reproductive organs and external genitalia of individuals. Such individuals have been labelled intersex. On the other hand, gender is a social construct that refers to roles, behaviours, activities, expectations and expressions that a society considers appropriate for men and women. As with sex, gender is perceived as binary that an individual is either male or female, girl or boy and man or woman. With these labels there is a similar system of rules, customs, social characteristics and expectations of how a male or female should be and how they should behave. When people are assigned sex at birth, they are exposed to social process that promotes the formation of coherent gender identities and gender expression. Performative theories of gender, suggest that gender identity is the result of repeated performances of expected gender roles that creates the illusion of an internal and static binary gender identity (Butler, 1990). Queer theory, postmodernism and feminism have all offered a critical and normative challenging perspective to essentialist belief of gender. It has further been argued that society has used and continues to use the legal system, religion and cultural practices and even sport segregation to reinforce gender roles (Connell, 2002). Most commonly the sex assigned at birth is concordant with the person's gender identity. However, for some individuals, there is a discrepancy between their natal sex and their gender and this is called gender dysphoria. It refers to a mismatch between a person's sex at birth and assigned gender identity. In this state, individuals feel a constant state of distress due to the realisation of being restrained in the wrong body. This may take the form

of wanting to be the 'other gender', to have a non-binary gender or indeed no gender at all. Individuals who do not conform to culturally defined norms expected of their natal gender are gender dysphoric. Gender dysphoria effects how an individual chooses to dress and all aspects of their appearance, their social behaviours and relationships. Although, the concept of gender dysphoria has existed since before the 19th century, it was not until the 1960's that children with gender dysphoria began to gain attention from the medical and psychological professions. This period of time corresponded with a growth in psychological understanding of distress, the changing roles of men and women during and following World War, the greater visibility of gay communities and the appearance of adults with gender dysphoria in the media (Bryant, 2006). The concept of gender dysphoria were present throughout the history, There were people who did not fit into the traditional binary system of gender.

Literature Review

Gender identity is one of the most primary aspects of human identity. A person develops its emotional, perceptual, and behavioural patterns based upon their gender within a community. Gender identity is the inner feeling of being male, female, or non-binary. Money (1955) introduces the term gender roles, which means how we express our gender identity to others in the form of behaviours, dressing, and lifestyle. However, sometimes an individual possesses physical characteristics of a particular sex but psychologically and spiritually does not align to that group. This discordance can lead to a dual mind state. The performance of the individual within society weakens due to this, which causes stress and mental health problems. This condition is known as gender dysphoria (Hodgkinson, 1987). The concept of gender dysphoria has evolved with the passage of time, impacting both medical and social understanding. In medicine, the Diagnostic and Statistical Manual of Mental Disorders (DSM) is a handbook used by mental health professionals to diagnose and label mental health conditions. Published by the American Psychiatric Association (APA), it provides standardised diagnostic criteria, statistical information, and terminologies.

The DSM has undergone several revisions and changes since its first edition in 1952, with the current edition being DSM-5 (2013). This concept was titled in DSM-III as Gender Identity Disorder in the 1980s. Some experts wanted to remove "Gender Identity Disorder" (GID) from the mental health manual (DSM) because they believed this leads to the stigmatisation of these individuals, and according to them, being transgender is not a mental illness. Instead, they thought it was just a natural variation of human identity. However, experts decided to keep it, but with changes. They renamed it "Gender Dysphoria" (GD) and focused on the emotional distress caused by mismatched gender identity and sex. It carried information regarding the description of individuals who underwent discomfort because of the mismatch between their respective sex and gender (American Psychiatric Association, 2013). The World Health Organisation (WHO) revised its International Classification of Diseases (ICD-11) in 2018. Experts proposed moving Gender Dysphoria (GD) from the "Mental and Behavioural

Disorders" section to a new section called "Conditions Related to Sexual Health." This change renames GD as "Gender Incongruence." Gender dysphoric individuals do not have a gender identity in line with the cis-normative values of the society. The DSM-5 defines gender dysphoria as "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender (American Psychiatric Association

2013, 451). The term "gender dysphoria" was first introduced by Fisk in 1974 to describe individuals who experience sufficient discomfort with their biological sex to consider sex reassignment. Gender dysphoria is a 'discordancy between the natal sex of one's external genitalia and the brain coding of one's gender as masculine or feminine'

(Money, 1972). Gender dysphoria can develop at any age. Mostly, it is unidentified before the age of five because there is no mechanism to check it except therapy. There are chances of continuation of gender dysphoria from childhood to adulthood, but it can be countered with effective measures by the psychiatrists.

The diagnosis of GD is very difficult, and the affected individuals undergo widespread and complex psychiatric assessments. Symptoms of GD, based on the book: "DSM-5 in Adolescents and Adults," Firstly, there is a need for a therapy session to understand the level of gender dysphoria. Then, after the confirmation about the severity of gender dysphoria, further diagnosis starts. Diagnosis of gender dysphoria needs special consideration of a psychiatrist. A psychiatrist can understand the level of gender dysphoria after 4 to 5 therapy sessions. Secondly, there must be consistent distress caused by the mismatch of gender and sex. Thirdly, the duration of the condition should be spanned over the period of 6 months. An alternative conceptualisation of gender dysphoria suggests that it involves both internal and external stressors. A person feels internal stress because of its body which does not correspond to its feelings and emotions. This stress is due to gender incongruence. The external stressors come from outside when individual does not fit into the traditional cis-normative ideas (Coleman, 2012).

Material and Methods

This research is based on qualitative research design, particularly a phenomenological approach, and the aim is to gain an in-depth understanding of the lived experiences of gender dysphoric individuals.

An in-depth interview guide was developed based on the evaluation of existing literature. Data was gathered through in-depth, semi-structured interviews that lasted about 1 to 1.5 hours. The interview guide consisted of open-ended questions. The aim is to gain a comprehensive understanding of the emotional, social, and psychological experiences of gender-dysphoric individuals.

In this study, a non-probability sampling approach was employed. The sampling strategy involved a combination of purposive and snowball sampling. Eighteen participants were approached through purposive sampling and eight participants through snowball sampling. The inclusion criteria for the study was that individuals selfidentify as gender dysphoric. A total of twenty-six responses were gathered, excluding the interviews of four participants who were specifically interviewed for pretesting.

Results and Discussion

Various themes were derived from the collected information from the participants. Themes are categorised to meet the objectives and to develop a clear understanding of the study.

Analysis of Themes

The understanding of the term gender dysphoria varies from person to person. The responses of participants are explained below in an analytical way by organising these in form of various themes.

Gender Dysphoria

Twenty-two participants were contacted, and all of them were gender dysphoric. However, many of them did not know about the term "gender dysphoria" because it is called by different terminologies i.e. transgender, Hijra and Khawaja Sira. Therefore, they were asked to study about the term gender dysphoria. The major reason behind this was to know

how they relate and affected by this term. It is derived from the interviews that gender dysphoria varies in individuals, class and society. So, addressing this question that what is gender dysphoria for them was important to understand gender dysphoria in Pakistan.

"I hate being captured in the wrong body that is not mine, I am emotionally psychologically and sexually completely different from what I look like. My physical appearance does not match my inner world, so this is gender dysphoria for me."

Participant A (Biologically female, single, age 22)

"Gender dysphoria is being biologically different from assigned gender at birth. It is a mismatch between gender identity and biological sex."

Participant B (Biologically female, single, age 21)

"Gender dysphoria is a consistent discomfort, distress, and anxiety because physical body does not meet emotional requirements which haunt persistently."

Participant C (Biologically male, single, age 25)

"Physical appearance does not represent gender so it does not matter. Emotions decide what the gender should be. Social norms can not decide my gender role, which I can not perform. So gender dysphoria is dissatisfaction from assigned gender at birth."

Participant D (Biologically female, single, age 18)

"Gender dysphoria is a feeling of isolation and alienation because of your different physical appearance from what you really are."

Participant E (Biologically male, single, age 17)

Analysis of the responses of the participants show that gender dysphoria varies in individuals. It does not cause anxiety or depression in every individual. Some feel that gender dysphoria is just a mismatch of gender identity and biological sex, which is normal for them, and they are comfortable with that. On the other hand, for some participants, this mismatch also causes consistent discomfort. It is psychologically painful to live in isolated condition. The responses highlight the importance of acknowledging and respecting individual's differences while understanding experiences of gender dysphoria.

Development of Gender Dysphoria

Gender dysphoria can not be identified before the age of 4 to 5. A psychiatrist can identify gender dysphoria after having conversations with such individuals.

"I was biologically defined as male, which was a gender that was assigned to me at my birth. After growing up and moving to high school I realised that I am not comfortable with my assigned gender."

Participant F (biologically male, single, 22)

"I was biologically female till the completion of my college. University life gave me so many things, such as new peer groups and freedom. I found myself more comfortable emotionally and sexually with same-sex friends. I feel myself more as a male than a female. I had developed gender dysphoria at that time."

Participant G (biologically female, single, 25)

"My looks were more as a female, but I was a male from the very start, or at least as I remembered after 9 to 11 years of my age. Family started dealing me as a girl, but I never accepted that. My emotions, feelings, and behaviour were more like a male. At the age of 15, I completely realised that I had gender dysphoria."

Participant H (biologically female, single, 23)

Responses show that no one remembers having gender dysphoria before the age of seven. Some participants have developed it, at the age of 10 or 15. So, it varies in individuals. Early life transitions, especially the high school and university periods, are the times when individuals start to question their self-identity and reject the assigned gender. Most of them realise their true gender in adolescence, which emphasises the importance of a supportive environment in this particular stage of life. Realisation of gender dysphoria in school and university highlights the fact that there must be the influence of peer groups or exposure to the environment, where it is common to question the assigned gender. Educational environment sometime leads to confusion about gender identity by promoting gender non-binary concepts through the social interactions within the educational settings. Individuals who are suffering from gender dysphoria may experience more stress due to the lack of representativeness and gender binary roles in the educational institutions. Lack of support systems and counselling in the schools leads to more distress and discomfort.

Family Structure

Family structure matters a lot in terms of gender identity. A person born into an extended family can have the influence of other family members.

"There are extended family structures in rural areas of Pakistan. There were 6 siblings, all of them were male except me. I feel psychologically safe in the company of my brothers."

Participant G (biologically female, single, age 25)

"It was a very small family. Father, mother, and me. There was no one else part of the family."

Participant H (biologically female, single, age 23)

"There were only 6 family members. Parents and grandparents. The number of siblings was 2."

Participant F (biologically male, single, age 22)

Family structure influences the individual's understanding of gender identity. Those living in extended families have different interpretations of gender roles and expectations. They are more exposed to diverse perspectives about gender, which results in shaping their own gender identity. On the other hand, a smaller family structure provides more space for self-identification, as there is less exposure to diverse opinions and expectations of grandparents, aunts, and uncles. Furthermore, the gender of siblings also influences the gender identity. For females, the presence of male siblings influences a female's gender identity by exposing her to more masculine behaviours, values, and expressions. Additionally, growing up with male siblings and becoming a part of their activities and interests develops a sense of comfort and familiarity with masculine pursuits. Conversely, a male growing up with female siblings becomes more feminine in his expression and daily life interactions.

Social Interactions

Social interactions include peer groups, school environments, and workplaces. Influence of such social environment might cause changes in the way personality develops.

"There were only male friends till college level. After college, there were only female friends in my peer group at the university level, which was a 180° change."

Participant G (biologically female, single, 25)

"I remained in peer groups till the age of 15, but after that, I never made any friends and remained isolated."

Participant A (biologically male, single, age 22)

Responses show how gender dysphoria impacts social interactions and relationships. The first participant represents herself as a female and highlights the shift in social preferences at the university level. She witnessed a change of gender ideology, social interactions, and peer groups, moving from opposite gender friendships to same-gender friendships. This change reflects her alignment with the evolving sense of gender ideology. So, social interactions influenced gender ideology, which further played a role in exploring and affirming her gender.

Another participant tells about the experiences of social interactions. Response shows that there was a sense of isolation after the age of 15. This isolation after the age of 15 comes after the realisation of gender dysphoria. The psychological burden of gender dysphoria led to the feelings of isolation, alienation, and fear of rejection. Social interactions became very difficult because of these fears that led to consistent discomfort. As per the view of participant G, peer groups can influence gender identity. Behaviour can change due to the peer group environment. Norms and values are also subject to change because of peer pressure.

Role Models

Role models play a very powerful role in gender dysphoria. Individuals observe others and note their behaviour, attitudes, and expressions. Through the process of imitation, they imitate these behaviours and attitudes. The observed person's identity influences the expression and gender understanding of the individual. When individuals continue to imitate, it results in the internalisation of these behaviours, making them a part of their own identity. Ultimately, individuals express unique identity under the influence of the people they have imitated. People with gender dysphoria seek validation and affirmation when they see themselves reflected in others; it increases the acceptance. It also leads to anxiety and distress when they are unable to imitate the dominant behaviours and attitudes of their society. For instance, individuals who do not conform to the traditional masculine and feminine norms, experience stress when their expression and body language do not align with societal expectations. This dissonance increases the feeling of dysphoria.

"I had interests in the fashion industry from the age of 10. There were several fashion designers whom I admired."

Participant D (biologically female, single, age 18)

"Never used much social media. I am not fond of movies either. However, I admire Dr. Mehrub Moiz Awan."

She is so bold and brave."

Participant B (biologically female, single, age 21)

Seeing someone with a similar condition and boldness can influence the self-expression of a person. Most social media influencers and actors play a very crucial role in countering gender dysphoria. They give a hope that one can express gender according to emotions. People with gender dysphoria also feel a lack of autonomy when they do not have such opportunities to express themselves; without any fear, they feel they are not brave enough to live their lives according to their true selves.

Comparison of Gender Dysphoria

Gender dysphoria varies in all individuals. Some of them are expressive while others are not. Some feel extreme levels of anxiety and distress due to gender dysphoria. On the other hand, others have made peace with it.

"I am so isolated and distracted from life. Gender dysphoria is haunting me everywhere. People look at me, which gives me feelings of consistent pain."

Participant A (biologically male, single, age 22)

"I am 'OK' with it. At first, it was difficult to absorb that I am not what I look like or what I was supposed to be, but things changed with the passage of time. There are so many people around the globe, who are suffering from so many things. My gender dysphoria is nothing in comparison to those who are suffering in Gaza or Kashmir."

Participant D (biologically female, single, age 18)

Participant A has severe conditions. He did not accept what happened to him. He thinks he is captured and feels consistent discomfort. On the other hand, participant D is comfortable with her condition. She has made peace with it. So gender dysphoria varies from person to person, and the acceptability depends upon many factors, such as family background, education, and area of residence.

Medicalisation of Gender Dysphoria

Medicalisation of gender dysphoria has labelled it as an illness. It is considered a psychological illness, which is treated by psychiatrists.

"Medicalisation of gender dysphoria plays a negative role in human life. It gives more control in the hands of medical professionals, which reduces personal autonomy. Secondly, it increases the stigma. It leads to negative responses from society by declaring gender dysphoria a mental illness. There must be personal freedom regarding gender identity."

Participant E (biologically male, single, age 17)

"Medicalisation of gender dysphoria can be a good thing for those who are suffering with consistent pain because of the condition. Recognition of the condition as an illness can lead to easy access to medical treatment of the illness. It can also reduce stigma because it is recognised as a health problem, nothing else."

Participant H (biologically female, single, age 23)

As per the views of participants, the medicalisation of gender dysphoria has both negative and positive roles to play. It makes access to treatment easy. It can reduce stigma because it is nothing but a health care problem. However, it has some negative effects also. It reduces personal freedom and autonomy of selfexpression. Recognition of gender

dysphoria as a mental illness leads to a negative perception of the condition. Some people want its normalisation, that gender dysphoria is just a normal variation in human behaviour.

Body Dysphoria

Body dysphoria means not liking one's own body appearance. A person with body dysphoria feels alienation from her own body. It is consistent and painful. *"Body dysphoria and gender dysphoria are both painful and interlinked. I feel alienated from my own self. I feel disconnected with my body, especially my chest, hips, facial hair, and voice. It feels like my body does not meet the criteria of identity."*

Participant H (biologically female, single, 25)

"I feel ashamed of my body language. Society labels me as a male, but my body does not meet the criteria set by the society. My body language does not represent a male gender. People call me Pookie Boy."

Participant F (biologically male, single, 22)

Body dysphoria is common in gender dysphoria. The physical appearance of a person represents gender identity in our society. Gender dysphoria leads to a mismatch of outward appearance and sex. Participants view it as a consistent issue of life that they face in daily routine. People look at them and make an understanding of a gender that is actually not their gender. For instance, seeing a man, people expect him to behave like a man typically does, but he does not; instead he behaves like a female. Behaviours of peer groups change because of this physical appearance. This leads to consistent dissatisfaction of the body.

Media and its Impact

Media has facilitated the spread of information and ideas regarding gender dysphoria. The increasing visibility is affecting people's gender understanding. It increases awareness and exchange of opinions on social platforms which on one hand helps people to know about other societies where they find a more acceptable environment, but it is also creating challenges in terms of navigating different cultures, which is way more than just a gender ideology. The other point is the commercialisation of gender transition procedures, such as gender-affirming surgeries promoted by the media, which results in the exploitation of vulnerable individuals. Through media, gender identity is becoming commodification.

"Media is a double-edged sword. It provides information by showing the stories of gender dysphoric individuals. That provides knowledge and facts related to the condition. That is helpful in managing and to relieve the distress of individuals with gender dysphoria. However, media is not always positive. Sometimes, it sensationalises gender dysphoria to make it appealing for youth. Charm shown in movies works as an inspiration for young individuals, so they get attracted to the experiences of gender dysphoric individuals. That is where it loses its purpose of awareness and spreads misinformation."

Participant H (biologically female, single, age 23)

Media shows both positive and negative effects on society and gender dysphoric individuals. In its positive representation, the media shares valid experiences of gender dysphoric individuals. That helps to guide people with the same condition. It promotes awareness campaigns through documentaries, movies, and articles. Media also normalises gender dysphoria by sharing positive content that breaks stereotypes. It helps to relieve distress caused by isolation in gender dysphoria. However, media is not always positive or beneficial. Media sensationalise gender dysphoric individuals and portray them as objects

of curiosity or inspiration. Media also sexualise the experiences of these individuals. Struggles and difficulties of these individuals are shown as experiences of pleasure. This distorted knowledge spreads misinformation that further leads to negative effects on youth. Young minds get inspiration from the content of media and transform their personalities accordingly.

Gender Ideology

Gender ideology means the belief or opinion of a person or society about one's assigned gender at birth and expressed gender. It further includes the role and perceptions about the gender. Gender dysphoric individuals use gender ideology as a concept to promote a more flexible understanding of gender in society. They challenge traditional roles of gender as only binary. They promote new, flexible norms of non-binary and transgender identities.

"The world is evolving because of newly developed globalised norms related to gender. The conservative mind-set expired a long time ago, which only recognised the binary concept of gender. There are 72 genders in the USA besides male and female. So gender is a personal thing."

Participant D (biologically female, single, age 18)

"Gender roles are decided by society as a whole. We have only two genders, which leads gender dysphoric individuals to alienation from societal norms. There must be recognition for every gender and its role to minimise the anxiety and distress among gender dysphoric individuals."

Participant E (biologically male, single, age 17)

As per the view of participants, gender ideology is important and plays a very powerful role in the life of gender dysphoric individuals. It helps to normalise the non-binary concept of gender. It promotes a more flexible approach towards gender identity in our society, which relieves the distress and anxiety of gender dysphoric individuals. Gender ideology has become very popular because of globalisation. Furthermore, fast media plays an important role in spreading gender ideology across the world. It helps gender dysphoric individuals relate their experiences with a global society of gender dysphoric individuals.

Overall, analysis shows that the perception and understanding of the gender is mainly influenced by social factors. So by understanding lived experiences, it helps the community to help them to focus on their education and career because this behaviour is provoked by bullying and marginalising such individuals. Promote such an environment in which their body and mind grow intellectually; it helps them to manage their stress and to develop a life approach that increases their acceptability as a functional member of the society.

In Pakistan, the traditional norms regarding gender are rigid. By exploring themes such as gender development, family structure, social interaction, and self-expression provide insights into how gender dysphoria is experienced in a society that still largely adheres to binary gender norms. A major finding of the study is the variability of the experience of gender dysphoria, that is, how participants understand and navigate the experience. For some, it is emotional and psychological pain because of the mismatch between their sex and assigned gender. For others, it is a physical discomfort with their body. This variability challenges any singular approach or criteria for defining and treating gender dysphoria. Social environment, familial structure, and supportive networks, leads to different emotional outcomes; some feel alienated while others accept it over the period of time.

The time period during which participants realised that they belonged to another gender is adolescence, which aligns with the existing literature that individuals form rigid concepts about gender during transitional phases of their lives. For the participants, the crucial time in which they question their assigned gender is high school and university, which suggests that individuals encounter a diverse peer group and a sense of autonomy, giving them a feeling of freedom to question their assigned gender. Social interaction is also a key theme in the participant's experience, where interaction with social groups plays a significant role in the evolution of gender identity. Some participants report a changing nature of their social groups as they progressed through life, which identifies gender identity as not universal and subject to change in accordance with a person's own understanding of their lives.

The main objective of the study was to understand the process through which individuals go in the formation of identity that they have dysphoria regarding their gender. From the findings, it is clear that identity changes with the passage of time, and it depends upon the kind of social interactions and the type of information they feed to themselves. So, the process of becoming gender dysphoric is complex, individualised, and a societal phenomenon. The conceptualisation of gender dysphoria is mainly individualised. However, some social factors also contribute in shaping the concepts of individuals about the gender dysphoria. Moreover, findings suggest it is more psychological and sociological rather than biological.

Conclusion

In conclusion, this study on the lived experiences of gender dysphoric individuals reveals a complex interaction of social, psychological, and environmental factors. This research emphasises the significance of understanding the process of becoming gender dysphoric. This involves gradual evolution of identity from the influence of family structure, role models, social interactions, and media influence. The process is unique to each individual, and there is no one-size-fits all approach to navigating gender dysphoria. Every individual's realisation and level of acceptability are different. Some reject the societal boundaries and transform themselves completely. Some develop a perspective that is more according to the societal expectations. Every individual has a different approach regarding managing the distress caused by mismatch. Social pressure and the fear of being judged hinder such individuals from going for complete transformation in their body and expression. Although the study is related to Pakistani society, its findings have implications that extend beyond this society. As the concept and development of gender undergo the same process in every society. The norms and values may vary depending upon the culture, but the concept that gender is binary remain mostly in every society.

Recommendations

Future studies should investigate the experiences of gender dysphoria across different age groups. It will give a deeper understanding of this phenomenon. By investigating people from different age groups, will help to navigate how the concept of gender dysphoria in terms of acceptability evolves with time. Socioeconomic background can affect the experience of gender dysphoria in many ways, from the realisation to the transformation of the individual; experience relies on socioeconomic background. There is a need to compare different classes, such as lower, middle, and upper class, to navigate the experiences of gender dysphoria. The impact of western constructs of gender dysphoria on non-western culture is a critical issue that needs further investigation. Western societies are shaping the global understanding of gender dysphoria, so there is a need for implications from non-Western cultures to look at this problem. This also includes how these perspectives are perceived, interpreted, and applied in the lives of people with gender dysphoria in non-Western cultures. The cultures affected by western societies are creating

their own unique understanding of gender dysphoria. By exploring these, researchers can gain a deeper understanding of the phenomena.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*, 4th edn, text revision. Washington, DC: American Psychiatric Association, 10.
- Bailey, J. M., & Zucker, K. J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology*, 31(1), 43-55.
- Blanchard, R. (1989). The classification and labeling of nonhomosexual gender dysphorias. *Archives of Sexual Behavior*, 18(4), 315-334.
- Blanchard, R. (1994). A structural equation model for age at clinical presentation in non-homosexual male gender dysphorics. *Archives of Sexual Behavior*, 23(3), 311-320.
- Colizzi, M., Costa, R., & Todarello, O. (2015). Dissociative symptoms in individuals with gender dysphoria: Is the elevated prevalence real? *Psychiatry Research*, 226(1), 173-180.
- Diamond, L. M., Pardo, S. T., & Butterworth, M. R. (2011). Transgender experience and identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 629-647). Springer.
- Diener, E., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71-75.
- Drescher, J., & Byne, W. (2012). Gender dysphoric/gender variant (GD/GV) children and adolescents: Summarising what we know and what we have yet to learn. *Journal of Homosexuality*, 59(3), 501-510.
- Dy, G. W., Nolan, I. T., Hotaling, J., & Myers, J. B. (2019). Patient-reported outcome measures and quality of life assessment in genital genderconfirming surgery. *Translational Andrology and Urology*, 8(3), 228-240.
- Edwards-Leeper, L., & Spack, N. P. (2012). Psychological evaluation and medical treatment of transgender youth in an interdisciplinary "Gender Management Service" (GeMS) in a major pediatric center. *Journal of Homosexuality*, 59(3), 321-336.
- Eisenberg, M. E., Gower, A. L., McMorris, B. J., Rider, G. N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *Journal of Adolescent Health*, 61(4), 521-526.
- Johnson, L. (2018). Scientific and cultural perspectives on the gender binary. In M. R. Kauth & J. C. Shipherd (Eds.), *Adult transgender care: An interdisciplinary approach for training mental health professionals* (pp. 3-18). Routledge.
- Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., & Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: Revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. *World Psychiatry*, 15(3), 205-221.
- Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. *Sexual Health*, 14(5), 404-411.
- Zucker, K. J., Lawrence, A. A., & Kreukels, B. P. (2016). Gender dysphoria in adults. *Annual Review of Clinical Psychology*, 12, 217-247.

Zucker, K. J., Mitchell, J., Bradley, S., Tkachuk, J., Cantor, J. M., & Allin, S. M. (2006). The recalled childhood gender identity/gender role questionnaire: Psychometric properties. *Sex Roles*, 54(7-8), 469-483.