

## "NAVIGATING EARLY GENDER IDENTITY; INSIGHTS FROM AN 8 YEAR OLD'S JOURNEY"

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### Introduction

Children are assigned to their gender at birth that is based on their anatomy and their chromosomes. The gender identity is basically and innate sense of identifying oneself as a male or female (Garg et al., 2023). "Gender dysphoria" is defined as marked incongruence between an individual's experienced gender/expressed gender and the one that was assigned gender at birth (Dsm-5, 2013). Gender dysphoria is basically an association of a person's dissatisfaction and their physical appearances. An unhappy or unfavorable physical appearance will lead to confused perception of gender identity. An individual's dissatisfaction is due to mismatch between gender experienced and gender attributed to them (Grift et al., 2016). The prevalence of experiencing oneself as having incongruent identity is 0.6 to 1.1% while feeling of belonging to a different sex range is 2.1% to 2.6% (Dsm-5, 2013).

People with gender dysphoria have a higher risk of suffering from mental illness as suggested by a review (Peterson et al., 2016). Gender dysphoria starts manifesting in early childhood and it can remain stable until gender changing. Early diagnosis during childhood can reduce probability of comorbidities and helps to improve quality of life (Zaliznyak et al., 2020). Majority of people with gender dysphoria undergo stressful situations due to conflict of gender identity and discomfort with biological gender (Hughto et al., 2016). In individuals with gender dysphoria guilt and shame is present in most cases. Guilt is argued as "negative evaluation of a particular behavior" (Muris et al., 2014). On the other hand shame is negative evaluation of global self.

Child and adolescents with gender dysphoria are at greater risk of developing social anxiety disorder than those without gender dysphoria (de Vries et al., 2011).

### CASE REPORT

Mr. H, an 8 years old child, who is an assigned male at birth, he was presented with the strong desire to be a girl. The problem started manifesting since age of 4 years old. His preference is to dress up like a boy but alongside this he also loves to wear dupatta. Dupatta is a cloth used to cover head that is worn with traditional dress shalwar kameez in South Asia. Dupatta is worn by girls in South Asia. His behavior isn't encouraged by his family, as H, doesn't have any sister. He has two brothers and H youngest among them. At first, his family ignored his behavior, as they considered it as his childish traits but this problem started increasing with the passage of time. The client loves to dance like transgender, so he started dancing. As in Asian community, transgender are famous for specific dance they perform at festivals. His mother and father scolded him every time he did this act but he didn't stop. He loves cartoons like Frozen and Barbie's.

The problem started difficulties in his daily life, as he started taking dupatta with him by hiding it in his school bag. The boys at school bullies him and make fun of him. As reported by his mother, this matter is causing disturbance in their personal and social life. As they are now judged by their relatives. His mother thinks that he is inspired by his two cousin brothers who have left home because of their dissatisfaction with their gender, they started living their life as girl without surgery. Client also chooses to talk like girl, calling himself as her or she.

Client was assessed on both informal and formal level by a psychologist in hospital premises. Informal assessment included clinical interview and observation was done and it continued for 10 sessions while formal assessment included Bender Gestalt test for neurological functioning, colored progressive matrices (Cpm) for abstract reasoning and Child Apperception test (CAT) for projective testing. On neurological functioning client. According to the neurological testing, client falls in average range, which means the neurological functioning and visual motor integration is average and he has fine planning abilities and concentration level. On a test of abstract reasoning, which is one aspect of IQ, is within the range of intellectually average. Projective analysis reveals that client doesn't feel positive regarding his self-image. He has pervasive needs for primary needs like sleeping and eating and love when his needs are not fulfilled he gets sad. However, he perceives his environment as conflicting and unsupportive which is creating in his sense of insecurity, fear of not being loved by loved ones and anxiety of being overpowered and lack of loss of love. He compensates it via defense mechanisms of repression, isolation and reaction formation. Moreover, he tends to have need for achievement which leads to sense of being overpowered, helplessness, love and warmth which are adversely affecting on his interpersonal relationship. He has difficulties with the authority figures, especially from the father. He has love and affection from his mother but wants from loved ones like brother and father. It is indicated that he lacks ability to effectively deal with emotions. Protocols are suggesting client is poorly adjusted, from his environment. Moreover, there is a third character depicting in his stories that is a girl. Mainly findings on "CAT" is depicting that presence of a girl in every story he told. His stories were usually revolving around two boys and one girl in every card, which we can relate as client has two siblings' brothers, so it means he reflects himself as a girl.

Play therapy, cognitive behavioral therapy (CBT) was done. Play therapy was helpful in rapport building with the client, through storytelling's, drawings and role-play we were able to identify

his association with female gender, otherwise he wasn't communicating with the psychologist in the initial sessions. This therapy helped us to build and maintain rapport following 10 sessions. Cognitive behavioral therapy was used to reduce anxiety and distress he is facing because of his particular behavior. Cognitive behavioral therapy also helped us in developing coping skills, moreover self-acceptance and emotional regulation in client. Through a set of structured interventions he developed coping strategies, while he still faces social challenges but he is now managing them quite well leading towards improvement in overall wellbeing and his confidence, interactions with family members have also improved as he learned to navigate his emotions.

## DISCUSSION

This particular case report was presented because it was full of challenges in management and evaluation. In this case, the client has strong association towards female gender. As, he opted himself as a girl. He doesn't have any female cousins or age fellows but still strongly associated with female fantasies like female cartoons and female dresses. However, there are strong feelings of distress and anxiety when boys make fun of him in school, even when he has been scolded by his father or mother he himself has strong feelings of guilt and shame, as they live in a joint family system, he feels embarrassed in front of everyone. Previous research shows that transgender or people struggling with their gender identity have experienced shame to some points in their lives (Giordano et al., 2018). Traditionally, at least in psychodynamic tradition guilt has been important between two, as it is moral in nature and shame has been overlooked. Shame and guilt are "self-conscious" emotions as regarded (Tracy., 2007). Feelings of shame involves focusing on your own self whether feelings of guilt involve specific behavior (Tangney et al., 2014). Looking into the deeper perspective of the case the client has been feeling guilty of her behavior while he feels shame over his own self as his family accuses him and social circle makes fun of him.

Bullying is a form of school violence, as it affects one's behavioral social, emotional and cognitive wellbeing and is associated with academic failure (Menesini et al., 2016; Hatzenbuehler et al., 2016). As in client's case study it is clearly defined that he has been bullied in school for taking dupatta with him all the time. Boys use to make fun of him, and bullies him in the break time while playing in the playground. Bullying has been associated with stigmatization, including social devaluation and discrediting of sexual and gender minorities (Abreu., 2017; Kosciw., 2020). Bullying can cause poorer mental health among each gender identity group. On the contrary, this case report main aim was to discuss interesting evolution of symptoms within childhood. The difficulties are resulting in anxiousness, social anxiety and fear. Treatment of client with play therapy and cognitive behavioral therapy was helped in self-acceptance and overcoming anxiousness.

## Future directions

There are certain future directions that should be followed in this particular case;

- Follow ups for therapy in order to prevent client from emotional dysregulation
- Family therapy is recommended in this case, as it will help to strengthen family dynamics and reduce parental distress

- To develop plan for his safety in school, to prevent bullying school counsellors should actively monitor emotional wellbeing.
- A multidisciplinary team including pediatricians, endocrinologist along with psychologist should monitor him within growing age to identify gender identity issues.

### Ethical guidelines

- Informed consent was obtained from the participant's guardian to publish anonymized data while ensuring confidentiality
- The study was conducted in accordance with ethical guidelines of institution.

### Conclusion

This case is reported to discuss the journey of a child with presenting complaints of unspecified gender dysphoria and his difficulties in adjusting within society and his own family. Treatment of the child with psychotherapies helped him in improving his overall functioning.

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