

Incongruity between Gender Identity and Societal Expectations: A Case Report on Gender Dysphoria

Austin Tonderai Nyakurerwa

Counselling Psychologist Intern - Allied Health Practitioners Council of Zimbabwe (AHPCZ)
University Lecturer - Women's University in Africa (WUA)

Abstract

This report gives a narrative of Takesure Mariga's (pseudonym) case on gender identity. The therapist used the Clinical Interview, the Patient Health Questionnaire (PHQ-9) and the Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults (Male to Female Version) to assess the client's problem. The client's score on the Gender Identity/ Gender Dysphoria Questionnaire was low and indicative of extreme gender dysphoria. The therapist based this case on the self-concept theory because dysphoria profoundly affects the self-concept of individuals grappling with gender identity issues. The goals of therapy were to help the client to reduce dysphoric feelings and improve his psychological well-being, help him to accept his gender identity, and also to develop skills to cope with gender dysphoria. The therapist used the Cognitive Behavioural Therapy, Narrative Therapy and the Solution Focused Brief Therapy considering several techniques from the three counselling approaches. The psychologist used psychoeducation, systemic therapy and homework as short term interventions and goal setting and gender affirmation as the long term interventions.

Keywords: gender identity, gender dysphoria, self-concept, cognitive behavioural therapy, narrative therapy, the solution focused brief therapy, interventions, psychoeducation, systemic therapy, goal setting, gender affirmation.

Client's Demographic Information

Name	:	Takesure Mariga (Pseudonym)
Gender	:	Male
Date of Birth	:	15 April 1999
Chronological Age	:	24 Years 5 Months 29 Days
Academic Level	:	University Student
Religion	:	Christianity
Profession	:	Student

Marital Status : Single
Counselling Location : University Chaplain's Office
Language Used : Shona

Client's History

Referred by: University Chaplain
Reason for Referral: Withdrawal from others, Moody, Lack of interest in daily activities
Prenatal History: None
Childhood: The client grew up surrounded mostly by females. His siblings and cousins were all female and he preferred to wear their clothes all the time. He also enjoyed playing games that are stereotypically classified as feminine.
Family Background: The client stays with his father, mother, 4 sisters and 2 female cousins. He is the third born.
Social Status: Middle Class
Use and Abuse of Substance: None
Forensic History: None
Mental Health History: None

General Observation

Appearance Well kempt
Attitude Positive
Level of Consciousness Conscious
Speech and Language Audible and coherent
Mood and Affect Happy
Thought Process Regular
Attention Span High
Suicidality and Homicidality Suicidal ideation present
Intellectual Function Good
Memory: Good

Assessment Procedure

- Clinical Interview
- The Patient Health Questionnaire (PHQ-9)
- Gender Preoccupation and Stability Questionnaire – 2 (GPSQ - 2)
- Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults (Male to Female Version)

Assessment Score

PHQ-9 – 5

GPSQ – 2 – 18 (Suggests significant preoccupation with gender identity and instability)

The Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults (Male to Female Version) - 2.81 (Low score indicates more gender dysphoria)

Background Information

The client was staying in a boys' rented apartment in a suburb nearby the university. The male students were sharing the same house and in groups of 3 per room. The students were nine altogether at that boarding house. The nine students became very close friends, and they would share anything. They had become more of brothers than friends. The client reported that he became so close to one of the students and he confided in him to an extent of telling him all his secrets. The client had told his best friend that as he grew up, he preferred wearing his sisters' and cousins' clothes and would be comfortable in them even for the whole day. He also told his friend that he would wear those feminine clothes when his parents were not around since his father had reprimanded him after he had seen him wearing his sister's pair of pants. The client reported that before he had confided in his friend about his issue, all the students he shared the residence with would occasionally tease him saying that he dressed, walked, talked and laughed like a girl.

After entrusting his best friend with his secret, the client noticed that his friends had started avoiding him and they had stopped participating in some of the activities that they used to enjoy as a team. Takesure had to confront his colleagues to understand what had gone wrong or changed in their friendship upon which all the friends accused him of being a homosexual. Takesure tried to explain to his friends that he himself was confused because he did not know exactly what his sexual identity was. He reported that after their conversation with his housemates, things drastically changed. His friends started calling

him names and accused him of not telling them about his identity crisis when they started staying together. He reported some even made allegations that he wanted to drug them so that he could have sex with them.

The situation became more difficult for Takesure when he admitted that he thought that at times, he had feelings for people of the same sex. Takesure's friends were not happy and accused him of not telling them on time about his sexual orientation because they argued that they would have found alternative accommodation than to stay with someone who was gay. Takesure suspected that his friends started telling the whole campus about his sexual orientation as most of the students at the campus started treating Takesure differently. This made him very uncomfortable moving around the university campus. The obscenities shouted at Takesure around campus made him feel hopeless and it was exacerbated by the fact that his other close friends were also part of those students. The client stated that this had affected both his academic and social lives and his psychological and emotional wellbeing. The client also reported that the treatment he was receiving from his colleagues had made him start to think that the world was better off without him.

Assessment Findings

Clinical interview

The client indicated that he was finding it difficult to establish his identity because of the sexual feelings he occasionally had towards people of the same sex. He reported that he feels very uncomfortable being around male friends because his choice of attire and the games he preferred playing which were all considered as feminine in his society. Takesure noted that the environment was friendly as he grew up because his family understood him, but it had become so unfriendly at university. The client indicated that this hostile environment had affected his emotional and psychological being. Takesure noted that even though his family members were used to his preferences in terms of clothing and hobbies, they were not aware that he occasionally had sexual feelings towards members of the same sex. He also indicated that his self-image had been affected to the extent that he felt like the world would be a better place without him.

The Patient Health Questionnaire (PHQ-9)

The Patient Health Questionnaire (PHQ-9) results indicated that the client had mild depression. The client indicated that he had little interest in doing things and that he occasionally felt depressed. The client also stated that he was having difficulties with eating since most of the

time he would not have the appetite. Takesure also indicated that his preferences regarding fashion and hobbies were making him feel bad about himself because he was feeling like he had let his family and friends down. The PHQ-9 also indicated that the client had developed suicidal ideation since he harboured thoughts that he would be better off dead.

The Gender Preoccupation and Stability Questionnaire – 2 (GPSQ - 2)

The questionnaire was administered to assess Takesure's preoccupation with gender identity and the stability of his gender identity. His score of 18 fell within the range suggestive of a significant preoccupation with gender identity and instability. The high score on the GPSQ-2 suggests a greater degree of distress related to gender dysphoria, which could align with the DSM-5 criteria.

The Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults (Male to Female Version)

The scoring on this questionnaire is done by adding up the participant's scores on all 27 items then divide the total score by 27. The denominator is adjusted if a participant left an item blank. In this case, no adjustment was done because the client answered all the items. The client scored 2.81 and according to the questionnaire, a lower score indicates extreme gender dysphoria.

The client stated that he had been trying to figure out his actual gender since childhood. He indicated that he was not sure if he really were a man or a woman because all his preferences were considered culturally feminine whereas sex and other features at birth were all masculine. This incongruence was psychologically and emotionally affecting the client. The DSM-5 states that the initial condition for the identification of gender dysphoria in both adults and teenagers is a noticeable incongruence between the gender the patient believes they are, and what society perceives them to be. This disparity should be ongoing for at least 6 months and should consist of 2 or more of the subsequent criteria. The therapist diagnosed the client with gender dysphoria basing on the symptoms and timeframe of the client's problem, which all matched the DSM-5.

Problem Formulation

Predisposing factors

The major predisposing factor was the incongruency between Takesure's personal gender identity and society's expectations. The other predisposing factor was that the client was sharing the same room with colleagues who did not know his problem and had to find out

through the client's best friend. Furthermore, the other predisposing factor was that the roommates did not hide their dissatisfaction about Takesure's problem.

Precipitating factors

The sudden change of behaviour by friends towards the client was the major precipitating factor. The client trusted his close friend hence he confided in him about his gender identity crisis, but the friend went on to tell other roommates and students on campus about the matter. The other precipitating factor was that his friends and other students had made conclusions about his sexual orientation when he himself was still trying to figure out what exactly was going on.

Perpetuating factors

The major perpetuating factor was that Takesure's family knew and understood his preference for feminine clothes and hobbies, but they were not aware of his sexual preferences. He indicated that he was afraid of telling his family what he was going through and how the family would react if they found out.

Protective factors

The main protective factor for Takesure was family support. The parents ought to support the client by being patient, open-minded and respectful to his sexual preferences. This would help the client to realise his identity without any pressure from anyone. Another protective factor would be to conscientise schools and the public to protect people with or showing signs of gender dysphoria. People with gender dysphoria may become depressed because of bias-based harassment caused by gender nonconforming people. Another protective factor could be offering counselling and psychoeducation to the client to strengthen resilience towards nonconforming gender expressions.

Theory

Self-concept

The human experience is a complex tapestry of emotions, thoughts, and perceptions, and at the core of this intricate web lies the concept of self. The self-concept, the way individuals perceive and understand themselves, play a vital role in shaping their identities and how they relate to the world. However, for individuals experiencing dysphoria, this relationship with the self can become a source of immense struggle.

Grant (2025) notes that gender dysphoria, as outlined in the DSM-5-TR, is a complex and multifaceted condition and that individuals with this condition experience a profound conflict between their physical or assigned gender and the gender with which they identify. The self-concept, which encompasses beliefs, values, and one's understanding of who they are, can be thrown into turmoil when it clashes with society's expectations or one's physical appearance. The incongruence between a person's internal sense of self and their external presentation can lead to a fractured self-image and a profound sense of being out of place. There is incongruence between the gender that Takesure believes he is, and what society perceives him to be. The psychological and emotional effects of that incongruence have had a negating impact on Takesure's self-concept.

Goals of Therapy

- Help Takesure reduce dysphoric feelings and improve his psychological well-being
- Help the client to accept his gender identity, whether it matches or differs from his birth sex.
- Help the client develop skills to cope with gender dysphoria. This goal was mainly for helping Takesure to develop resilience through development of coping skills towards bias-based harassment by gender nonconforming people.

Counselling Summary

The therapist used an eclectic counselling approach by administering a fusion of techniques from three different counselling approaches. The counselling was done in three different days and was held at the university in the Chaplain's office. The client was informed about the issue of consent, confidentiality and limited confidentiality in the first session. The client was also informed about the right to withdraw from the sessions anytime he felt the need. In the last session, the client appeared to be much better than how he was the first time he visited the Chaplain's counselling room. The therapist successfully terminated the session in agreement with and approval of the client.

Counselling Approaches Used

The Cognitive Behavioural Therapy (CBT) was used in conjunction with the Narrative and Solution Focused Brief therapies. The American Psychological Association (2017) notes that CBT is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. CBT was administered to help Takesure

to manage negative thoughts and feelings about his gender. It was also used to help the client to develop coping strategies to improve his mental health.

Narrative therapy is a therapeutic approach that helps individuals separate themselves from their problems by re-authoring their life stories. Ackerman (2017) notes that it views clients as the experts of their own lives and encourages them to reframe negative narratives into more empowering ones. Narrative therapy was used to help Takesure to explore his gender identity and separate his authentic self from societal expectations.

Lutz (2022) defines Solution Focused Brief Therapy (SFBT) as a short-term goal-focused therapeutic approach, which helps clients change by constructing solutions rather than focusing on problems. The therapist used this approach to help the client to build solutions about his gender identity and explore hopes and resources, rather than focusing on the past causes which were now affecting his self-concept.

Techniques Used

Identifying negative thoughts

The therapist tasked the client to think about his gender and how he viewed himself. This was meant to identify all the negative thoughts that Takesure had about himself. The therapist used those negative thoughts to proffer a cocktail of ways to deconstruct those thoughts and reconstruct positive ones.

Building resilience

The therapist used this technique to help the client to learn how to cope with gender-related fears and societal pressures. The therapist emphasised on developing coping skills to deal with bias-based harassment by gender nonconforming people. As part of the resilience building process, the therapist encouraged the client to consider the gender that he felt from within and not the expectations society had about him.

Developing a support network

The therapist recommended that Takesure's case required support from his family, university and the public. With the sensitivity of the case, the therapist recommended that consultation with all the systems that had influence on Takesure be done conspicuously so that all stakeholders would be aware of the role they had to play to help the client.

Exploring gender concerns

The therapist used this technique to help Takesure to consider how he would want to express his gender identity, and how he could make that happen.

Putting together your narrative

The therapist used this technique to give the client ample time to narrate his story. This helped Takesure to adequately narrate how his story started. The client clearly outlined how and where he grew up and the people he mainly interacted with. He also openly narrated how he preferred wearing his sisters and cousins' clothes to his when he was growing up. This technique helped Takesure to talk about what he believed was deception by his friend who promised to keep his secret but went on to tell other students. The client was also able to freely talk about his sexual preferences even though they were different to societal expectations. He acknowledged that his sexual preferences and his choice of clothes were causing psychological and emotional damage to his person since he knew that the preferences were not in sync with societal expectations.

Externalisation

Externalisation helped the client to see that his problem was separate from his identity. He realised that the problem did not define who he is. As Takesure put together his story, he was able to externalise the problem. This technique helped the client to understand that taking control of his identity was more important than entertaining what people had to say about him. Externalisation helped Takesure to open new options by way of accepting what he was going through as part of his life.

Goal development

The therapist helped the client to create goals that he would work towards achieving. These goals were meant to help Takesure work on improving his psychological and emotional being going forward disregarding the past. This goal setting also helped the client to change his life by challenging himself to substitute negative thoughts with positive ones.

Miracle questions

The therapist requested the client to consider life without his problem. The main problem for the client was his sexual and clothing preferences and the perceptions that other people had about him. The client had an opportunity to imagine himself surrounded by non-judgemental people who accepted him for who he was.

Scaling questions

The therapist used scaling questions to assess how effective the sessions were to the client. The therapist wanted to gauge the effectiveness of the interventions and assess the level of comprehension by the client. The therapist also wanted to check whether the client still harboured thoughts of suicide and the response to the scaling questions were indicative of negative suicidal ideation.

Short Term Interventions

Psychoeducation

This was used to provide psychological support to the client to make him feel more comfortable with his gender identity.

Supportive counselling

The therapist provided a safe and enabling environment for Takesure to freely express his gender identity. This intervention was instituted to provide a safe space for the client considering the sensitivity of the issue.

Systemic therapy

This was used to conscientise immediate systems that the client interacted with on issues of gender identity crisis. This would create an enabling environment with a non-judgemental approach that would make the client have a sense of self worthy.

Homework

The client was requested to find a way to tell his parents about the problem he was facing. The outcome would be discussed in the following session. The client was requested to try new things that he considered were not of his liking, see how it would turn out and give feedback in the following session.

Exploration of gender identity

The therapist advised Takesure to participate more often in discussions about gender identity. This would help him to obtain more information on how one expresses himself and also on options for transition.

Coping skills

The therapist helped the client to develop coping skills such as mindfulness to deal with anxiety and distress.

Long Term Interventions

Goal setting

This was employed to help the client to set a goal of identifying who he really was and work on believing in himself. This would help him prioritise his gender identity ahead of societal expectations.

Family therapy

The therapist involved Takesure's family members in the sessions to educate them about gender identity issues. This was done to help them know the kind of support they needed to give to Takesure.

Gender affirmation

To help the client to align his gender identity with his various aspects of life. This would help him gain self-confidence and boost his self-esteem.

Medical support

The therapist recommended that Takesure should seek medical advice for hormone therapy. The therapist emphasised that seeking medical help was entirely up to Takesure to decide.

Long-term monitoring

The therapist advised Takesure's mother to regularly check on him to assess any mental health and gender-related issues that needed to be addressed. The therapist also recommended that, after the termination of the therapy, Takesure needed to occasionally come for sessions to assess if there would be any gender-related issues that would have risen after the sessions.

Course of Therapy

In the first session, the therapist conducted the history taking process. A clinical interview was conducted and the PHQ-9 form administered. The reason for PHQ9 administration was because gender related issues are comorbid with other mental health issues such as anxiety and depression. The therapist administered the Gender Preoccupation and Stability Questionnaire because it measures both the preoccupation and the stability. The preoccupation subscale measures the frequency and intensity of thoughts, worries, and upset feelings about one's gender or sex characteristics. The instability subscale measures the degree to which one's sense of gender identity is consistent or fluctuating over time. The therapist gave the client homework that would be reviewed in the following session. The client was booked for another session.

In the second session, the therapist administered the Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults (Male to Female Version). The therapist administered the Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults

(Male to Female Version) to confirm the high score on the gender preoccupation and stability questionnaire that was administered in the first session. The lower score indicated more gender dysphoria. The therapist used the score to assign more homework for the client.

The therapist requested for at least one of Takesure's family members to be present the following session. During the third session, the therapist and the client worked on the feedback of the homework that had been assigned in the previous session. The client showed positive attitude towards the discussion because he had managed to inform his parents about the challenge he was facing of identity crisis. Takesure's mother accompanied him and was present during the whole session. The family was committed to helping him along the way until he figured out his gender identity.

In the last follow-up session, the therapist mainly used it to assess how the client had benefited from the sessions. The therapist used scaling questions to examine how effective the processes that the client had gone through in trying to achieve his set goal were. The client was still not sure of his gender identity because he felt masculine in some instances and feminine in others. The therapist also used the scaling questions technique to check whether the client still had suicidal ideation, and the responses indicated that he was no longer harbouring such thoughts.

Termination of relationship

The therapist terminated the therapy sessions because there had been some marked improvement with regards to how the client was now handling his problem. Although there was improvement recorded, the therapist put up the following recommendations for the client:

- Encouraged the client to continuously record all issues related to his gender identity.
- The therapist advised the client to join focus group discussions to get more information related to gender identity issues
- The therapist advised the client to request more sessions whenever he felt that he needed someone to talk to.
- Recommended Takesure for medical check-up and consider hormone therapy.
- For medical and mental health practitioners, the therapist recommended that they need to approach Takesure's case with sensitivity and affirmation of his gender identity.

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Biodata of Author

Austin Tonderai Nyakurerwa is a registered Counselling Psychologist intern with the Allied Health Practitioners Council of Zimbabwe (AHPCZ). He is also a member of the Zimbabwe Psychological Association (ZPA). Austin holds a MSc in Counselling Psychology attained at the Great Zimbabwe University, BSc Honours in Psychology and BSc General in Psychology both attained at Zimbabwe Open University. He also attained diplomas in Adult Education, Human Resource Development and HIV and AIDS Management and Development Studies. Austin is a lecturer at the Women's University in Africa in the Faculty of Social and Gender Transformative Sciences, Department of Social Science – Psychology. He is currently a PhD student at the University of South Africa. His research interests are counselling and culture, mental health, ethics and psychology practice and human diversity.