






# Phenomenology of Family Support in Gender Dysphoria

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## Abstract

**Background:** The present study aimed to investigate the phenomenology of family support in the experiences of transsexual individuals and to address gaps in understanding minority experiences in Iran.

**Methods:** This qualitative study involved a statistical population of 15 individuals with gender dysphoria, nominated by the Tehran Institute of Psychiatry. Purposive sampling was employed to select participants of varying ages to achieve data saturation. Interviews were conducted, and the text was analyzed using Colaizzi's phenomenological analysis method. The research questions focused on significant life events and turning points, particularly the stage of gender reassignment surgery.

**Results:** The categories extracted include: "Conditions that influence one's experience of being transsexual", "transsexuals influence on aspects of one's life", "one's experiences of transsexual phenomena", "one's reaction to perceiving one's transsexual", "a person's family reaction when they found out their child is transsexual", "a person's family's reaction to his or her gender change surgery", "family behavior and reaction after surgery", "a person's reaction to family behavior after surgery", and "one's action on surgery and the impact of that action on his or her family's attitudes".

**Conclusions:** These extracted categories provide a framework to evaluate the future turning points in the lives of transsexual individuals, specifically focusing on gender reassignment surgery.

**Keywords:** Transsexual, Family Support, Phenomenology, Gender Reassignment, Qualitative Research

## 1. Background

Gender dysphoria is characterized by a persistent desire to belong to the opposite sex or an insistence on belonging to the opposite sex, accompanied by significant discomfort with one's assigned gender and the associated gender role (1). This phenomenon, referred to as transsexuality, has been described using various terms such as transsexual, heterosexual, or sexual dissatisfaction, indicating a person's sense of belonging to another gender (2). Individuals with gender dysphoria often exhibit behaviors and tendencies associated with the opposite sex from an early age, sometimes as young as three years old. Despite having no physical disorder, they experience a profound sense of being born in the wrong body, with a gender identity that differs from their assigned sex (3).

The gender dysphoria community is recognized as underserved and under-researched globally (4).

Although there has been an increase in research involving this community in recent years, little is known about the personal experiences of individuals with gender dysphoria concerning mental health. While gender dysphoria is initially a physical-biological phenomenon, individuals with this condition often find themselves entangled in cultural stereotypes and judgments, leading to significant stress and numerous personal, social, and familial challenges (5). These individuals are subjected to societal intellectual structures that dictate social interactions, resulting in various life challenges, including increased dependency, reduced psychosocial security, social exclusion, heightened vulnerability, and deprivation of rights and social privileges (6).

Exploring the lived experiences of individuals with gender dysphoria reveals the realities of their lives, highlighting family, social, and cultural obstacles. This investigation can mobilize and equip organizations to

address these challenges. The primary aim of this research is to evaluate the significant impact of family support on gender transition and the integration of individuals into appropriate social roles post-transition. Additionally, family support can mitigate issues such as anxiety, depression, substance use, suicidal tendencies, and other psychosocial harms in individuals with gender dysphoria (7). As these living conditions contribute to an identity crisis, they also hinder the development of a safe, tension-free society. Therefore, it is crucial to study these individuals from multiple perspectives and dimensions.

The importance of this study is amplified by the fact that, in Iran, both the general public and the scientific community are largely unfamiliar with this group. Moreover, discussing this topic is often considered taboo, leading to neglect of this vulnerable population. Given these challenges, it is essential to examine their personal and social issues from a scientific standpoint.

## 2. Methods

### 2.1. Participants

This qualitative study involved a statistical population of 15 individuals with gender dysphoria, nominated by the Tehran Institute of Psychiatry. Purposive sampling was employed to select participants of varying ages to achieve data saturation.

### 2.2. Data Extraction

Following the interviews, the text was analyzed using Colaizzi's phenomenological analysis method. The categories extracted from the concepts for the research questions focus on significant life events and turning points, particularly the stage of gender reassignment surgery. The resulting categories include: "Conditions that influence one's experience of being transsexual", "transsexuals influence on aspects of one's life", "one's experiences of transsexual phenomena", "one's reaction to perceiving one's own transsexual", "a person's family reaction when they found out their child is transsexual", "a person's family's reaction to his or her gender change surgery", "family behavior and reaction after surgery", "a person's reaction to family behavior after surgery" and "one's action on surgery and the impact of that action on his or her family's attitudes".

### 2.3. Data Analysis

All data were entered into SPSS version 19, and descriptive statistics were used to describe the research questions. A P-value of less than 0.05 was considered

statistically significant, warranting rejection of the null hypothesis.

The qualitative research was conducted at the Islamic Azad University, Yazd Branch, using Colaizzi's method of data analysis to explore the study population. The statistical population consisted of 15 transsexuals nominated by the Iranian Sexual Assault Society. During the study, samples of varying ages were used to obtain rich data.

## 3. Results

Information related to age, educational attainment, field of study, occupation, insurance status, family history of gender dysphoria, status of surgical procedures, primary supporter, and the general condition of the gender dysphoric individuals participating in this research is summarized in [Table 1](#). Most of this information was obtained from the final interview question regarding the status of the gender dysphoric individual, posed as an open-ended question.

### 3.1. Description of the Research Questions

In this research, 199 codes were extracted from all statements, resulting in 44 concepts derived from the total codes.

(1) The first research question was posed as, "What meaning do you give to being gender dysphoric?" Responses to this question varied, with some participants perceiving gender dysphoria as merely a contradiction. Others used examples to define their identity and expressed their identity through their desires. Notably, two participants identified a scientific rationale for their gender dysphoria. It is important to note that individuals' perceptions of being gender dysphoric may evolve over time. [Table 2](#) provides an explanation of the concepts and categories derived from the first interview question.

(2) The second question asked, "What was the initial feeling of you and those around you when you found out that you were gender dysphoric?" Some individuals noticed a difference in themselves since childhood, although they did not understand the reason for this difference. During adolescence, some individuals began to recognize certain characteristics and the possibility of changing their situation. Some gender dysphoric individuals expressed happiness upon discovering the cause of their feelings, as it provided a sense of not being alone and knowing that others shared similar experiences. After becoming aware of their gender dysphoria, they often sought out others with the same condition. Conversely, some individuals experienced

**Table 1.** Characteristics of the Study

Participant Code	Age	Status of Gender Dysphoria	The Biggest Supporter	Status of Operation	Gender Dysphoria Family History	Insurance	Job	Education	Field
1	21	Woman to man	Mother	Didn't	No	Yes	Unemployed	Diploma	Graphics
2	32	Woman to man	Friend	-	No	Yes	Employed	Upper diploma	-
3	27	Woman to man	God	Did	No	Yes	Employed	Upper diploma	Law and jurisprudence
4	24	Man to woman	Two doctors	Didn't	No	No	Unemployed	Diploma	-
5	25	Woman to man	Mother	Did	No	Yes	Employed	Upper diploma	Architecture
6	29	Woman to man	Self	Did	No	No	Employed	Diploma	-
7	22	Woman to man	Mother	Did	No	Yes	Employed	-	Accounting
8	21	Man to woman	God and family	Did	Probably yes	Yes	Unemployed	Under diploma	-
9	23	Woman to man	Mother and sister	Didn't	Probably yes	Yes	Employed	Upper diploma	-
10	22	Woman to man	Grand mother	Didn't	No	Yes	Employed	Upper diploma	Business management
11	36	Man to woman	Brother	Did	No	Yes	-	Upper diploma	-
12	18	Woman to man	Uncle	Didn't	No	Yes	-	Upper diploma	-
13	22	Woman to man	Mother	Didn't	No	Yes	Employed	Upper diploma	Construction
14	21	Woman to man	Only God	Didn't	No	Yes	Employed	Upper diploma	Urban engineering
15	24	Woman to man	Aunt and father	Did	Probably yes	No	Employed	Diploma	-

**Table 2.** Concepts and Categories Resulting from the First Question of the Interview

Categories	Concepts
<b>Gender dysphoria is not a special problem.</b>	Being gender dysphoria is just a contradiction.
	Being gender dysphoria is the conflict between soul and body.
	The third gender will become one of the other two genders in the future.
	Trans people have a much better understanding of life and problems than normal people.
	Being gender dysphoria has a scientific reason.
<b>Gender dysphoria are different from other people.</b>	Trans people have a separate identity from others.
	Being gender dysphoria means a third gender.
	Gender dysphoria cannot be defined.
<b>Being gender dysphoria has a special meaning for gender dysphoria people.</b>	Contradiction being gender dysphoria can have advantages (such as self-awareness).
	Gender dysphoria have shortcomings.
	People's perceptions of being gender dysphoria change over time.

discomfort and guilt upon realizing their condition. In some cases, the reaction to their gender dysphoria led to suicidal thoughts or attempts. Additionally, several individuals encountered familial challenges upon disclosing their gender dysphoria, with some attributing family opposition to prejudices. Table 3 presents the concepts and categories derived from the second interview question.

(3) The third question was posed as follows: "Who were involved in the reaction to your being gender

dysphoric?" From this question, five categories were identified. These categories include "negative reactions of the family" towards the gender dysphoric individual, as the family may perceive "being Gender Dysphoric as a problem for the family". Regardless of the reason behind the family's interactions with the gender dysphoric individual, it can be noted that "the behavior of the family is not predictable". Additionally, society may exhibit "appropriate behavior towards the gender dysphoric individual", although "inappropriate

**Table 3.** Concepts and Categories Resulting from the Second Question of the Interview

Categories	Concepts
<b>Realization of being trans can happen at different ages.</b>	Some trans people have noticed the difference in their existence since childhood.
	As children, trans people did not understand the difference from others.
	A number of trans people realize some of their characteristics and the possibility of changing their status in their teenage years.
<b>By understanding being trans, one is empowered.</b>	Some trans people realize that they are gender dysphoria at an older age.
	Some gender dysphoric people are happy after finding out the cause of their problem.
	The reason for trans people's happiness is that they found out that they are not alone and that there are other people like them; Or that this situation can be changed.
<b>By realizing that one is trans, one has a problem with oneself.</b>	After becoming aware of their problem, some trans people have sought to find other people with the same problem.
	Being trans makes you feel uncomfortable.
	A number of trans people have experienced discomfort and guilt after becoming aware of their problem.
<b>Some families accept the child's problem.</b>	The reaction of some transsexuals to their problem has been to commit suicide.
	Some families have accepted this child's problem after talking to the child and consulting with doctors.
	Some families have accepted this child's problem with increasing awareness.
	Some families have accepted this child's problem after seeing their child's suffering.
	Some families have accepted this child's problem with the words of a family member.
<b>Some families do not accept the child's problem.</b>	Some families have accepted this child's problem due to the child's suicide.
	Some families have realized their child's problem to some extent by seeing their child's behavior since childhood.
	A number of people have faced problems with their families when they found out they were gender dysphoric.
	One of the trans people considers the reason for his brother's opposition to his gender change to be the fear of the inheritance being reduced.
	The rest of the trans people cite their prejudices as the reason for the opposition of a family member.
<b>Gender dysphoric people have no problem with their friends.</b>	The reaction of some families has been to deny that their child is gender dysphoric.
	Sometimes, even with the child's suicide, this acceptance has not been achieved.
	The family may not have noticed the difference in the child's (or family member's) behavior at all.
<b>Others create problems for gender dysphoric people.</b>	One or a number of family members may not be aware of the gender dysphoric person, and the gender dysphoric person may not be aware of their reaction.
	Friends and people around a gender dysphoric person generally do not have a problem with their friend being gender dysphoric.
	A gender dysphoric person may not have any friends.
<b>Others create problems for gender dysphoric people.</b>	The reaction of a number of friends of a gender dysphoric person to find out about a person's gender dysphoria status is to cut off their relationship or make fun of them.
	Gender dysphoric persons have had problems at school.

behavior in society" can also occur. These findings are detailed in [Table 4](#).

(4) The fourth question of the interview was: "How satisfied are you with the new gender?" For subjects who had not undergone the procedure, the question was: "How satisfied do you think you will be after the procedure?" Based on these inquiries, concepts and categories were extracted, as presented in [Table 5](#). The fourth question addressed gender reassignment surgery and changing clothing without surgery. In this context, three categories emerged, indicating that "satisfaction (individual and family) is achieved after gender reassignment surgery". Additionally, "changing clothing can bring satisfaction (individual and family)", while "there are expectations of gender change".

(5) In the fifth interview question, participants were asked: "Did you ever have suicidal thoughts before the

operation? How about now? If they existed, have they decreased, remained unchanged, or increased?" From this question, which pertained to suicidal thoughts and reasons, two general categories emerged. First, "suicidal thoughts and attempts occur regardless" and second, "suicide prevention involves various methods". These findings are detailed in [Table 6](#).

(6) In the sixth interview question, participants were asked to describe "symptoms of depression, sleep and appetite disturbances, and anxiety before and after surgery". From this question, four categories were identified, indicating that "anxiety about surgery can cause disorders", although these disorders are not exclusive to the pre-surgery period and "disorders may occur for any reason". Additionally, "disorders may be attributed to the individual being gender dysphoric",

**Table 4.** Concepts and Categories Resulting from the Third Question of the Interview

Categories	Concepts
<b>Negative family reactions</b>	A number of transsexuals have only dealt with the family in this matter, which has been limited.
	Some reactions have been up to conflicts with the family and very negative reactions of the family and others.
	In some families, no one has supported the individual.
	The view of some families has been waiting for individual treatment.
	The view of some families was completely ignorant of his character.
	Gender dysphoric person has expressed more discomfort from verbal conflict with family.
	Sometimes one of the family members played the role of provoking others.
	Even with the gender reassignment operation, and the family's final acceptance, sometimes the family performs behaviors that are unpleasant for the individual.
	Family behaviors after gender reassignment are considered unintentional.
	People who have undergone gender reassignment surgery have mostly done so without the family's knowledge.
<b>Being gender dysphoria is a problem for the family.</b>	The family did not support the gender dysphoric person even during the surgery.
	After gender reassignment surgery, it took some time for people around to accept this
	Some gender dysphoric persons have stated that this particular characteristic of theirs may even involve other family members in their social environment.
<b>Appropriate treatment of gender dysphoric people in society.</b>	The gender dysphoric person knows the social problems for the family and tries to cause the least amount of damage to them.
	To overcome the problem that occurs to the family in the social environment (community of neighbors), the person uses tricks (changing clothes in the street).
	In school, the teachers were aware of the fact that some people were gender dysphoria and treated them appropriately.
	Gender dysphoria friends have mostly supported these people
<b>Family behavior is unpredictable.</b>	The behaviour of gender dysphoria friends has sometimes been supportive with curiosity.
	In some cases, no one at school has noticed that the person is gender dysphoria.
	Some family members may be happy or sad about a gender dysphoric person for a specific reason.
	In one case, due to the family's sensitivity towards the gender dysphoric person, and the family's importance to him, Fred's brother impersonated him.
	With the passage of time, the positions of supporters and opponents of gender change may change and the supporter becomes the opponent.
<b>Inappropriate treatment of a gender dysphoric person in society.</b>	By separating the person from the family, the problems of the gender dysphoric person have been solved.
	In some cases, by performing the sex change operation, the person has been accepted by the family.
	Some families or members of the family have fully supported the transsexual person.
	Sometimes, some school officials have taken actions that caused the discomfort of a gender dysphoric person.
	Friendly and supportive behavior is not always provided by friends.
	According to a gender dysphoric person, friends, neighbors and family are not important in this regard.

and sometimes, "an individual may not experience any disorders". These findings are presented in [Table 7](#).

(7) In the seventh interview question, participants were asked to describe their "symptoms of drug use, smoking, and drinking". From this question, four categories were identified, indicating that the consumption of cigarettes, hookah, drugs, and alcohol can occur in various forms: "recreational consumption", "occasional consumption", "habitual consumption", or sometimes "the individual does not consume any substances". In this regard, individuals with gender dysphoria are similar to the general population. [Table 8](#) presents the concepts and categories derived from the seventh interview question.

(8) As the final question, participants were asked about their "emotional experiences". From this

question, three categories emerged, indicating that "the Gender Dysphoric individual seeks emotional experiences". However, it is possible that "the Gender Dysphoric individual experiences loneliness for various reasons", as "the Gender Dysphoric individual may be apprehensive about forming emotional relationships". These findings are detailed in [Table 9](#).

### 3.2. Categories Obtained from Concepts

#### 3.2.1. Conditions Affecting a Person's Experience of Being Gender Dysphoric

This category encompasses behaviors and conditions that can influence a person's experience of being gender dysphoric. It includes the following concepts: (1) Gender dysphoric individuals are not understood at school; (2)

**Table 5.** Concepts and Categories Resulting from the Forth Question of the Interview

Categories	Concepts
<b>After sex reassignment surgery, satisfaction (individual and family) is created.</b>	A number of transsexuals think that they will be completely satisfied after the surgery.
	Some transsexuals have made their lives dependent on undergoing sex reassignment surgery.
	Changing the society of friends is also in the list of changing conditions after gender reassignment surgery.
	A person awaiting sex reassignment surgery chooses their current friends from their future sex.
	People who have performed gender reassignment have expressed their satisfaction with their new status.
	The person is still satisfied with the new conditions (gender change) even though she has passed the appropriate life situations.
	Some transsexuals consider 100% satisfaction dependent on marriage.
	The family of people who have performed gender reassignment surgery are satisfied with the person's new gender and status.
	A distinction must be made between accepting one's new status and being satisfied with one's new status.
	Some family members have easily adapted to the person's new gender.
<b>Changing the cover can bring satisfaction (individual and family).</b>	Friends of people who have undergone gender reassignment surgery have come to terms with the surgery and reassignment.
	One of the people stated that after some time has passed after the gender reassignment surgery, despite being satisfied with the conditions, she has not yet reached peace.
	Gender dysphoric persons who did not undergo gender reassignment surgery have expressed complete satisfaction with the change of clothing.
	Gender dysphoric persons who have yet to change their gender are not satisfied with their current clothing and social relationships.
	Dissatisfaction despite the change of clothing is due to the individual's own physical characteristics (body protrusions).
	The families of gender dysphoric persons who have not yet performed sex reassignment surgery have also expressed their satisfaction with the change of clothing.
	The gender dysphoric person's friends are satisfied with the change of clothing and the person's efforts.
<b>There are expectations of gender change.</b>	Despite the family's consent, the gender dysphoric person cannot ignore their concerns (future, marriage).
	Gender dysphoric people who have not yet undergone gender reassignment surgery have expectations for the time after surgery (ability to orgasm).
	Their expectation of physical quality after surgery is quite real.
	Some people who have undergone gender reassignment complain about the poor quality of the surgery.

friends of gender dysphoric individuals may not have issues with them; (3) friends of gender dysphoric individuals do not always behave appropriately; (4) gender dysphoric individuals may be unaware of their condition for a long time; (5) people aware of the individual's gender dysphoria have provided support.

It should be noted that additional items and concepts may be relevant, but these are the primary conditions affecting a gender dysphoric person.

### 3.2.2. Influence of Being Gender Dysphoric on Aspects of a Person's Life

This category describes the impact of various life aspects on a gender dysphoric person's experience and includes the following concepts: (1) The gender dysphoric individual attempts to solve problems independently; (2) the individual is aware of family-related issues and tries to address them; (3) suicidal attempts are considered a potential solution by some individuals; (4) being gender dysphoric affects the individual's ability to form relationships; (5) the entire

life of a gender dysphoric person is influenced by their condition; (6) emotions are affected by being gender dysphoric; (7) changing appearance without gender reassignment has both advantages and disadvantages; (8) gender dysphoric individuals may focus primarily on themselves.

### 3.2.3. Individual Experiences Regarding the Gender Dysphoria Phenomenon

This category expresses the experiences of individuals dealing with gender dysphoria and includes the following concepts: (1) Being gender dysphoric can be advantageous; (2) being gender dysphoric is perceived as normal by some; (3) being gender dysphoric is seen as problematic by others; (4) the individual has hope for the future; (5) gender dysphoric individuals should be introduced to society rationally; (6) they share life parameters with non-gender dysphoric individuals; (7) they have expectations from society.

**Table 6.** Concepts and Categories Resulting from the Fifth Question of the Interview

Categories	Concepts
<b>Suicidal thoughts and attempts happen anyway.</b>	Many interview participants have thought about committing suicide even since childhood.
	Attempting suicide has started from puberty.
	Sometimes suicide attempts were made before gender reassignment surgery.
	Sometimes, suicide attempts were made for reasons other than being gender dysphoria (love and romance).
	Sometimes suicide attempt is due to the lack of support from the family for the gender dysphoric person and disruption of the family, and as a result, the person confronts the family.
	The act of confronting the family (and committing suicide) has caused the person to achieve what he wanted.
	Some gender dysphoric persons have never had suicidal thoughts.
	One of the reasons for not believing in suicide is that suicide is ridiculous.
	One of the reasons for not believing in suicide is knowing that it is necessary to try in life.
	One of the reasons for not believing in suicide is the support of the gender dysphoric person's family.
<b>There are different ways to prevent suicide.</b>	One of the reasons for not believing in suicide is having hope.
	Among those who thought about suicide, or had a history of suicide attempts, the passage of time has caused this idea to disappear.
	Counseling and psychotherapy have been effective in eliminating suicidal thoughts.
	Sometimes, changing thoughts about suicide has caused a change in the perspective of a gender dysphoric person.
	Sometimes, changing the family's perspective and supporting the gender dysphoric person has caused a change in the attitude towards suicide.
	Suicidal thoughts have changed after gender reassignment surgery.

### 3.2.4. A Person's Reaction upon Discovering They Are Gender Dysphoric

This category describes the reactions and behaviors exhibited upon discovering one's gender dysphoria status and includes the following concepts: (1) The reaction is logical for some individuals; (2) the reaction is irrational for others; (3) some individuals identify differences from childhood.

### 3.2.5. Family Reaction upon Discovering Their Child Is Gender Dysphoric

This category outlines family reactions upon learning of their child's condition and includes the following concepts: (1) The initial reaction is irrational for some families; (2) some families exhibit a reasonable overall reaction; (3) not all family members may realize the individual's gender dysphoria; (4) some family members recognize the condition independently; (5) understanding is facilitated by external assistance; (6) acceptance may be due to compulsion; (7) inappropriate behaviors may have external or causal origins.

### 3.2.6. Family Reaction to the Decision to Undergo Gender Reassignment Surgery

This category describes family reactions to the decision to undergo surgery and includes the following concepts: (1) Some families react irrationally; (2) families may have unreasonable expectations.

### 3.2.7. Family Behaviors and Reactions After Surgery

This category describes family behaviors post-surgery and includes the following concepts: (1) Family opinions about the gender dysphoric individual may change; (2) families cope with the situation in various ways after surgery.

### 3.2.8. Individual Reaction to Family Behavior After Surgery

This category describes the individual's reaction to family behavior post-surgery and includes the following concepts: (1) Belief in rational treatment by the family; (2) family support offers many advantages; (3) time can resolve some issues; (4) opinions of non-family members are less important.

### 3.2.9. A Person's Decision to Undergo Surgery and Its Effect on Family Attitude

This category describes the impact of surgery on family attitudes and includes the following concepts: (1) Surgery has advantages for the individual; (2) surgery does not solve all problems; (3) concerns about gender change can cause issues.

## 4. Discussion

Gender dysphoria affects individuals' personality and behavior systems, ultimately impacting their social adaptation. The initial challenge often arises within the family, as parents may be reluctant to accept this

**Table 7.** Concepts and Categories Resulting from the Sixth Question of the Interview

Categories	Concepts
<b>Anxiety about surgery can cause disorders.</b>	Sometimes, before the surgery, the person had a sleep disorder and it got better after the surgery.
	Appetite disorders were present before surgery.
	Symptoms of depression may appear before surgery.
	Usually, the symptoms of depression caused by the side problems of being gender dysphoria are resolved after gender reassignment surgery.
	Anxiety after gender reassignment surgery has been resolved.
	Sleep disturbance may occur due to worry about surgery.
	Before the surgery, the person had anxiety.
	Some people suffer from sleep disturbances due to excitement.
	The sleep disorder may have been due to emotional dependence.
	Sleep disorder may be caused by a person's wrong lifestyle.
<b>Disorders may occur for any reason.</b>	Sleep disturbance may be temporary and can be resolved.
	Appetite disorders occur during nervousness.
	Appetite disorders appear when there is mental conflict.
	The symptoms of depression may be caused by an emotional relationship.
	A person may not give a reason for his depression.
	Some people have also treated their depression with spirituality.
	Some people's symptoms of depression have been cured over time.
	In some cases, the presence of anxiety has nothing to do with being gender dysphoria.
	In some people, anxiety symptoms are manageable.
	Sometimes the presence of stress in a person's psyche can affect other aspects of his life.
<b>Disorders may be due to a person being gender dysphoric.</b>	Depression may have occurred even at a young age due to the family's opposition to the person's clothing.
	Sometimes the presence of anxiety is due to the behavior or concern about the behavior of family members.
	Feeling uncomfortable may be due to having to change clothes and cover.
	The discomfort of some gender dysphoric people was due to observing the incorrect behavior of people.
	Some people may have symptoms of depression both before and after gender reassignment surgery.
	Family objections can be one of the causes of a person's discomfort.
	Depression may be due to not being understood by the family.
<b>A person may not have any disorders.</b>	Some participants reported no sleep disturbances.
	A person may not have any appetite disorder.
	Some People have never felt depressed.
	Some people have no anxiety at all.
	Some people are not afraid of the police because they have seen the correct behavior of the police.

condition. Cultural and social views, along with prejudice and concerns about reputation, may prevent them from addressing the issue. Fear of criticism from family, society, and the community can lead to resistance against their child's desires, resulting in arguments, conflicts, physical abuse, and even expulsion from the home.

Yazdan Panah and Samadian conducted research on gender identity disorder, emphasizing the family's role compared to that of typical individuals in Kerman province using a semi-experimental method. Their findings indicated that the structure and function of families with members experiencing gender identity disorder were weaker than those of typical families (8).

Rezaei et al. studied family function in patients with gender identity disorder in Iran. The research sample

included 37 individuals referred to the forensic organization and diagnosed with gender identity disorder by a psychiatric commission. The results showed that family functioning was 34% effective, with functional dimensions such as emotional integration at 3% and behavior control at 9%. Differences in functional dimensions, such as roles at 15% and problem-solving at 16%, were observed, with a 66% correlation between the two groups studied. They reported significant dysfunction in family functioning and dimensions like "emotional integration", "behavior control", and "emotional responsiveness" in patients with gender identity disorder compared to the control group. They concluded that gender identity disorder is more likely in families with emotional issues, and family interventions can be beneficial. Educating families



**Table 8.** Concepts and Categories Resulting from the Seventh Question of the Interview

Categories	Concepts
Recreational use	Smoking may have been occasional.
	Hookah use may be recreational.
	In addition to the recreational use of hookah, it is also used with cigarettes.
Use periodically	The use of materials has been little.
	Smoking may be the cause of periodical discomfort.
	Drinking may be occasional and periodic.
Professional use	Sometimes alcohol consumption is due to discomfort and the person himself admits that alcohol consumption is useless.
	Smoking may be habitual and in times of discomfort or nervousness and stress.
	Sometimes regular smoking is out of habit.
The person does not consume anything	It is possible to use hookah and cigarettes regularly.
	Most people have no history of drug use.
	The person may have had a history of drug use, but have now quit.
	Some people have not had any alcohol consumption.
	One of the people talks about his strong interest in sports.

**Table 9.** Concepts and Categories Resulting from the Eighth Questions of the Interview

Categories	Concepts
Gender dysphoric person seeks emotional experience.	A number of transsexuals have spoken out about the wrong choice of people for relationships.
	A number of transsexuals continue to have relationships with the opposite sex in the hope of finding the right person.
	Some people have had emotional relationships with different people, both before and after gender reassignment surgery.
	One of the people who performed the surgery got married.
	One of the people who underwent surgery is about to get married.
	Gender dysphoric people feel guilty after breaking up with the opposite sex.
	One person has an emotional relationship with another gender dysphoric person (opposite of himself) and feels satisfied.
	One of the people talks about his feelings and that he decides the communication himself.
	One of the people mentions cutting off communication with the opposite sex because of not hitting the other party.
	For one person, in establishing an emotional relationship, he is more important than the other party.
A gender dysphoric person is lonely for various reasons.	A person talks about his commitment to the person he loves.
	A person with primary female sex, in courtship, realizes that she cannot live with a man, she cannot even continue a friendship with a boy.
	A person with primary female gender could not establish a friendship with a boy or a girl due to the duality of his personality (or not knowing his feelings).
	Some people have not established any relationship with the opposite sex due to veiling and modesty.
	Some people have said about the inappropriate behavior of the other person's family in the relationship and that the family forced the other person to separate.
A gender dysphoric person is worried about establishing an emotional relationship.	Sometimes the family of the gender dysphoric person has been against communication.
	One person is still lonely despite having previous emotional experience.
	A transsexual is traumatized by being left out by college friends.
	Some people have stated that others approach them with the intention of abuse.
	People expect less abuse after gender reassignment surgery.
	One person mentions that he has to lie about sexual relations in order to avoid defamation (not being accused of sexual paralysis).
One of the people talks about the difficulties of expressing interest in the opposite sex (before performing the sex change operation) and that others interpret this as homosexuality.	
One of the gender dysphoric persons, because of being abandoned by the others, has tried to harmonize his behavior with his primary sex.	

about the emotional and educational needs of their children may reduce the occurrence of the disorder (9).

Iran's jurisprudence and legal system do not oppose gender change. Gender reassignment surgery is a recognized treatment method, accepted in Iran by Imam Khomeini's fatwa in 1343. Imam Khomeini was the first Muslim scholar to address the legal and jurisprudential permissibility of gender change. He stated in his fatwa that "sex change with the prescription of a trusted doctor has no Sharia problem". Imam Khomeini distinguished between neutral and healthy individuals, allowing gender change if desired. This fatwa was documented in Tahrir al-Wasila in 1343 and published in 1347 in Najaf Ashraf. Consequently, a jurisprudential perspective emerged, allowing individuals with physical and mental illnesses to undergo gender change under medical supervision and receive legal protection.

From a clinical intervention standpoint, the first gender change in Egypt occurred in 1982 when a 19-year-old named Abdullah transitioned and chose the name Sally. In Iran, the first gender change took place in 1930, when Dr. Khalatbari surgically transformed an 18-year-old boy into a girl. In England, the first gender change occurred between 1932 and 1938, when a girl named Laura Dillon transitioned to become Michael Dillon. The history of gender change as a medical issue in the United States dates back to 1952.

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### References

- Kaplan HI, Sadock BJ. *Comprehensive glossary of psychiatry and psychology*. Philadelphia, United States: Williams & Wilkins; 1991.
- Halligan RP, Whitbourne SC. *Psychopathology (Clinical Perspectives on Mental Disorders)*. 6th ed. New York, U.S: McGrawHill; 2009. <https://doi.org/10.4236/jbbs.2012.22030>.
- Bidaki R. Assessment of attitude of female to male transsexual toward gender and sex reassignment. *J Injury Violence*. 2010.
- Delaney N, McCann E. A phenomenological exploration of transgender people's experiences of mental health services in Ireland. *J Nurs Manag*. 2021;29(1):68-74. [PubMed ID: 32741021]. <https://doi.org/10.1111/jonm.13115>.
- Nguyen HB, Chavez AM, Lipner E, Hantsoo L, Kornfield SL, Davies RD, et al. Gender-Affirming Hormone Use in Transgender Individuals: Impact on Behavioral Health and Cognition. *Curr Psychiatry Rep*. 2018;20(12):110. [PubMed ID: 30306351]. [PubMed Central ID: PMC6354936]. <https://doi.org/10.1007/s11920-018-0973-0>.
- Bidaki R, Mirabi N, Ghafari B, Farhadi S. [Assessment of attitude of female to male transsexual toward gender and sex reassignment]. *Iran J Psychiatry Behav Sci*. 2011;5(2):143. FA.
- Budge SL, Adelson JL, Howard KA. Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *J Consult Clin Psychol*. 2013;81(3):545-57. [PubMed ID: 23398495]. <https://doi.org/10.1037/a0031774>.
- Yazdanpanah L, Samadiyan F. [Gender identity disorders (heterosexual) with Takyr on the family: a comparative study referred to Kerman Welfare Organization]. *J Iran Social Studies*. 2012;5(1):176-208. FA.
- Rezaei O, Saberi SM, Shahmoradi H, Malek-Khosravi G. [Family Functioning in Patients with Gender Identity Disorder]. *Arch Rehab*. 2007;8:58-63. FA.