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Gender Dysphoria "I Am A Woman Soul Trapped In Male Body": A Case Report

Dr. Tenali. Rajini[1]*, Dr. Podaralla. Ramakrishna[2]

ABSTRACT

The etiology of Gender Dysphoria case is explored through the case history of a male adult with depressive features. Elicited Psychological ramifications. Emotional turmoil and cultural obligations are also highlighted. Standardardized Psychological Assessments were administered and interpreted accordingly.

Keywords: *Gender Dysphoria, DSM V, Psychological Ramifications, Emotional Turnmoil, Autogynephilic Features.*

Gender Dysphoria is an intricate disorder with constant discomfort of assigned sex not satisfied with sex born with desiring to have the characters of the opposite gender and getting recognized. There is a marked impairment of the individual in the areas of work place and other areas dealing with interpersonal relationships. (Amit Arya etal, 2010)

Philosopher believed homosexuality derived from an inborn tendency and strengthens by habit. (Aristotle (Greek, 4th Century B.C.) (ABC).

Ulrichs coined the term Urnings stating that body had one sex and the soul another, homosexuals belong to third sex. This was an attempt to analyze homosexuality scientifically. (Carl Heinrich Ulrichs, German,(1825-1895) (ABC).

Hereditary trait is homosexuality and stated to be an assumption of physical and mental degeneration. Richard Von Kraft-Ebing, German,(1840-1902) (ABC). Homosexuality a trait which is inborn and as a natural form of sexual activity. (Henry Havelock Ellis, English, (1859-1939) (ABC).

[1] Assistant Professor, Deccan College of Medical Sciences, Hyderabad, India
[2] Assistant Professor, Deccan College of Medical Sciences, Hyderabad, India
*Responding Author

Homosexuals do not follow a regular pattern as in ones sexual drive is directed toward opposite sex while at adolescent stage. (Sigmund Freud, Austrian, 1856-1939 (ABC).

According to Freud excessive attachment in some cases towards the parent of the opposite gender make an individual fearful of violating incest taboos. During childhood excessive attachment towards same gender parent could result in homosexuality. Might later try to duplicate narcissistic attachment in homosexual relationship. Homosexuality is often a treatable condition according to Freudian Theories.

Theories in current scenario are directed helping individuals to adjust with their orientation if they are feeling maladjusted. Individuals who would want to recover there are treatments available and can be effective if they cooperate through behavior therapies.

American Psychiatric Association does not consider homosexuality as a mental disorder. There are many scientists exploring various possible reasons for homosexuality. One such is prenatal hormones in the development of sexual orientation and how subsequent upbringing can affect. Few studies quoted that neither biological nor psychological influences causes of homosexuality and home environment has lesser role in sexual orientation of an individual (Sadock et al 2007).

Genes play a vital role in development of male sexual orientation and it has been located at near one end of the X-Chromosome. (Hamer et al., (1993)

There are no different levels of circulating hormone for heterosexuals or homosexuals. Many mistakenly assume that homosexuals have lower levels of sex hormones.

Sense of self images over time involving in identity of an individual gets disrupted when puberty creates radical alterations in physical appearance (Grotevant, 1998).

Important component of gender roles is developmental milestone at adolescence involve sexual orientation or sexual identity (Huston, 1983).

Adolescent developmental views construction of individual involving multiple "public" selves for which they present different constraints and the demands of a particular situations. (Harter, 1998).

How an individual defines and presents self are effected with physical constraints such as body, biological sex, race or age. (Collins & Kuczaj, 1991) Individuals sexual identity is reflected with self thoughts and exploration of self.

Individuals wouldn't be able to discuss with families and peers about their erotic feelings and fantasies especially gay, lesbian, bisexual and transgendered (Grotevant, 1998).

Expressive sexual behavior of men and women are influenced by steroids. Aggressiveness and testosterone increase of libido in women and estrogen can decrease libido and aggressiveness in men.

CASE REPORT:

This case is of a client who had come to outpatient ward at Department of psychiatry with the chief complaints like sadness of mood, fearfulness of meeting people, stammering distress of not being characterized by the sex born, hopelessness, worthless, no difficulty in work place dealing with same gender. Uncomfortable feeling while talking to same gender. Has difficulties adjusting self with the uncomfortable feeling. Confused, feels like a sinner, fearful of being judged by others as having feministic feelings, suicidal ideation some times, irritability, disturbed sleep, decreased appetite, or sometimes no interest to eat at all, conscious of how others will perceive him as he stutters. He wants to be treated as opposite gender.

Mr. 'Z' is 23 years old educated, single, working male who is first born, out of a non consanguineous marriage with no past history or family history of mental illness. Developmental milestones reported to be normal but presently stuttering when enquired with his mother stated that he was normal in speech but gradually was unable to speak clearly, completed schooling with good scholastic performance and participated in indoor games only as he was never interested in outdoor games and won few laurels in chess. Completed studies with good results and presently working and earning good livelihood as reported. As he is getting regular salary and sending money to his parents at village they thought of getting him married since then Mr. ' Z' is more in stress. To discuss this he met an elderly person who suggested him to have a friendly relationship with any girl who is accepting to be only for short time and experiment with her whether you are interested in opposite gender or it's just that not experienced opposite gender may be feeling uncomfortable. Mr 'Z' was not convinced with that suggestion.

Since six months finding difficulty in adjusting and wanted to consult mental health professional to overcome the distress experiencing to overcome emotional turmoil.

He states that he is fine with feelings he has presently but he also has difficulty in adjusting to the feelings of distress as saying that cultural boundaries would not let him to accept his confused feelings indeed it's stressful and feeling hopeless.

Feels in this state only when idle and while travelling whenever sees couple with opposite gender and same gender. when sees a male more intense feeling and feels aroused, while seeing a movie he imagines himself as heroine and enjoys the feeling. This feeling is not with brother and father.

During childhood parental relationship was with conflicts. During his early childhood he never preferred to play with toys either of the gender preferences at that age. He was sent to school and he was poor in learning new academic skills his teacher hurt him on head with clenched fist and he has fear to attend school but later continued.

He was more afraid to speak to his father as he was aggressive and he would always prefer to be with his mother and was helping mother in household chores especially in kitchen till the age of 15 years. His depressive symptoms were precipitated by his marriage proposals talks happening at home. He is unsure to get adjusted with the opposite gender. Personal history revealed apparently normal motor, social and language development except for the girl type activities and girlish behavior since early childhood. Later on he loved to play indoor games like chess and won few laurels also. He appeared to become submissive towards peers and showed sensitive relationship. Initially there was no familial discouragement of his cross gender behavior considering it to be a passing phage. Not even noticed so keenly as stated by his mother.

At the age of 9 years, he was left alone at home with his cousin elder brother who was 15 years old and was pursuing his studies was staying at their home tried to take advantage of him and taught him about same gender sex satisfaction. If not agreed he used to threaten Mr 'Z' and this continued for a year and later faded as cousin stopped coming home. Presently cousin is pursuing higher education and is rarely in touch and visits Mr. 'Z' 's home rarely for a day as visitor and leaves no indication of wanting to continue earlier shared experiences.

While studying 9^{th} class he was attracted to his classmate and tried to initiate talks for romance but that friend disagreed and was not comfortable and stopped talking to client. Mr. 'Z' said sorry and they continued to talk but very superficially that made him disappointing about his behavior and felt guilty.

He had a girl friend whom he loved and wanted to marry she was his relative where getting married was acceptable they were enjoying their company but suddenly after few months she denied to marry him and said that she would continue to be friend only. He was feeling low but he accepted and tried to move on in life. Presently she is married and in talking terms as good relative only.

While pursuing diploma he found interest with his friend who is same gender one day his fellow class friend who was sleeping beside him in hostel campus while sleeping he kissed him on cheeks and he tried to get closer since few days and tried to become close gradually and they had intimate relation and were involved in oral sex only and was masturbating other person. Whenever he tries to get closer to him Mr. 'Z' tries to hide his penis pressing with both the legs not letting the other person feel his penis.

He met sexologist and as suggested for treatment of Ten Thousand Indian Rupees for which Mr. 'Z' was skeptical of treatment progress. Hence did not consult again.

At work place presently he is having no friend who is that close to him especially same gender and his feelings of having sex with same gender is not prevalent with his work colleagues. But he has good rapport with female colleagues. His stress is increasing a lot and not comfortable since 6 months. He is presently having a hobby to view daily serials and the present episode is 600.He developed interest in that serial and seeing since 1st episode and is feeling guilty Am I addicted ? to view serial. He was explained it's not an addiction. Since he missed those prior episodes was viewing online. His statement is Am I addicted or no ? I have to see when free but seeing regularly. I often feel I am a woman soul trapped in a male body. Whenever I see myself in a mirror. Really not comfortable with the looks like a male. Hoping this feeling disappears.

He has wonderful talents beside this feeling. sings well and trains students in classical singing but stopped since few months when asked for the reason he replied as he was unable to concentrate due to present problem. While singing he never stutters at all.

Since culturally not accepted about being sexually close to same gender he is disturbed and feeling stressful but does not want to leave the country leaving friends, family and relatives and country as well. If resolved I shall be happy if not resolved would like to stay alone forever. Family has hopes on me. Chances of getting married are 50-50. If I get married and still problem persists I can't ruin other person life as well I have hopes through therapy I might get recovered. I want to be fine Psychological ok means I am fine.

On Mental Status Examination preoccupied with his biological sex and expressing the desire to live like a opposite gender. He has depressed affect, suicide contemplation. There were no evidence of body delusion. The possibility of other disorders of sexual preferences were ruled out. He was diagnosed as a case of Gender Dysphoria with Major Depression as per the diagnostic criteria of DSM V. His laboratory investigations were within normal range. His psychometric assessment was administered and IQ indicated 100. Rorschach test revealed depressive symptoms and no other significant finding. The initial focus of the treatment was to treat his depression and to save him due to impending threat of committing suicide. He was given psychotherapy and benzodiazepines. Later management plan was to strengthen his biologic sex role as much as possible. He appeared to be wheatish skin, thin built, shy with feminie in his attitudes and gestures. He is restless after rapport established, prior to that he was idle, fidgety hand and feet,, He was dressed in a clean, starched semi formal shirt and a pair of trousers and chappals. No abnormality was noted after examining testis, penis and pubic hair. Physical tests including neurological examinations reported to be normal. A thorough psychiatric examination including the Mental Status Examination did not reveal any abnormality except sexual deviation in the form of abnormal sexual inclination and behaviour which centered around his fixed belief

that he has feministic feelings. A diagnosis of Gender Dysphoria was made according to Diagnostic Statistical Manual V and Psychotherapy was suggested as the method of treatment. Mr'Z' was keen to attend therapy sessions but does not want his family members to know about his condition. elaborating the same version more. Excessive talking. fidgety hands and feet.

Mr 'Z' has no psychotic features on contrast with the study stating that Psychosis induced transsexual desires in patients with schizophrenia. (Caldwell et al (1991). Mr. 'Z' has no schizophrenia.

Sexual pleasure is derived from dressing in clothes of the opposite is the essence of transvestism G. Baanerjee etal (1987). Mr. 'Z' is happy the way he dresses up a born sex.

Habermeyer etal (2003) stated bipolar disorder suggest that gender dysphoria intensifies and fluctuates with affective excursions. Mr. ' Z' has no bipolar disorder.

Cross-dressesing he is not interested as of now and never thought of it may or may not be interested in future. Has rarely have sexual fantasies involving breast feeding and gets sexually aroused. Sitting down and urinating and mimics other stereotypical feminine behavior.

Mr 'Z' s body language and speaking is famine. According to social interactionist language is an important means through which individual roles are constructed and explored (Harter, 1998).

Mr 'Z' does not admit he is successful in the workplace, his search within himself is lacking. Sense of identity mostly constructed after a search within oneself who he represents successfully. (Erikson (1993)

Mr. 'Z' meets criteria for Gender Dysphoria and Major Depression. Reporting erotic arousal upon seeing oneself as a woman.
(Blanchard et al (1992) reported Autogynephilia is a condition wherein a man becomes sexually aroused by imagining or seeing himself as a woman.
Mr 'Z' gets aroused by imagining or seeing himself as a woman. Mr. 'Z's symptoms of Gender Dysphoria with Major Depressiona autogynephilic features.

Behavioral techniques like Self exposure therapy has a definite impact on gender dysphoria study of 4 year remission of transexualism in a patient after comorbid OCD (Marks (1997)

Psychotherapy will not resolve gender identity disorder but can promote a stable lifestyle and improve the patient's chances for success in relationships, education, work, and gender identity expression. (Harry(2001)

Psychotherapy can also help determine patients' readiness for sexual reassignment surgery.

Psycho education was planned and simultaneously Psychotherapy sessions were planned examining his history, understanding his confusions, identifying maladaptive behaviors and unrealistic ideas. This including the coping skills and educating him on topics related to gender variations and gender disorders to enhance normal activities interests which will please him and gain satisfaction gradually. He is attending weekly sessions since 2 weeks. He will be referred to psychiatrist for medication to handle his depressive symptoms. But he denies taking medication. At this juncture he was explained the dire need to consult psychiatrist for medication to handle his suicidal ideation.

The goal of family intervention is to keep the family stable and to provide a supportive environment for the individual but Mr 'Z' doesn't want his family members to know his condition.

CONCLUSION

Self awareness and boosting his confidence levels to handle issues in every aspect of life to lead stress free life. Family members support can be beneficial as it can help in creating a comfortable environment .Through the use of speech therapy he can resolve his stuttering.

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