

TRANS-SEXUALISM IN SCHIZOPHRENIA : A CASE REPORT

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ABSTRACT

A 19 year old female schizophrenic had a delusion that she was a male and behaved and dressed like a male. She developed intimacy with another girl to marry her. The patient responded to effective treatment of schizophrenia. Further implication have been discussed.

Key Words : Trans-sexualism, sex-change

Trans-sexualism is a condition marked by persistent discomfort about one's sex assignment, preoccupation with a desire to be rid of one's sex-characteristics, and a wish to obtain characters of opposite sex (Frank, 1995). In many case reports and controlled studies, symptomatic trans-sexualism is reported to be associated with schizophrenia. This phenomenon of sexual metamorphosis has received little attention in the literature despite the claims of some authors that it is an invariable and pathognomonic feature of schizophrenia (Mac Alpine and Hunter, 1984). Gittleson & Levine (1966) and Gittleson and Dawson-Butterworth (1967) found delusions of sex-change in approximately 25% of their controlled sample. Newman and Sroller (1974) and Akhtar and Thompson (1980) have described delusions of sex-change in schizophrenic associated with cross-dressing. Commander and Dean (1990) in their case report of a Jamaican male schizophrenic with delusions of sex-change having lived his life as a woman for nearly 20 years, recovered from his illness with antipsychotic medication. His psychopathology resolved within a period of two months of treatment. Caldwell and Keshvan (1991) in their case report of trans-sexual schizophrenic from Pittsburgh, Pennsylvania demonstrated parallel improvement in trans-sexualism with schizo-

phrenic illness. The relationship between the diagnosis of primary psychiatric illness in trans-sexualism has implication for prognosis and appropriate management. From India, there is one case report of a 20 year old rural male who developed transsexualism followed by acute psychotic episode (Banerjee et al., 1997). However, this report does not mention therapeutic response to any kind of treatment. Here we present a further case of schizophrenia from rural India and emphasise the need for caution in assessing individuals who request sex-reassignment surgery.

CASE REPORT

R, a 19 years old unmarried undergraduate rural girl from Haryana (India) without previous history of physical or mental illness was brought to psychiatric clinic at Kamal (Haryana) by her mother in September 1995 with the complaint that she dressed like boys and wanted to get her sex changed to that of a male. She had changed her name to Pradeep (a male Hindu name) and wished every one to address her with that name. During last six month she had developed close intimacy with another girl from her own class whom she considered to be her "beloved" and wished to marry her. The other girl did not approve of such

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a marriage, however, she did not object intimacy since she knew that the patient was a girl and could do no sexual harm to her. The parents of the patient often objected her meeting with her "beloved" which made her violent and aggressive and at times to run away from home to meet that girl. During the course of time, patient collected a number of addresses of medical centres which provided sex-reassignment surgery services.

R was born in a village near Karnal (Haryana) following an uneventful pregnancy and delivery. She had normal developmental milestones. Her poor relationship with her parents and younger brother rendered her to be lonely. However she was good at her studies and always ranked among first five students of the class. Lately her performance declined and she failed in her first year of under-graduation examination in May 1995.

On assessment the most striking feature of her mental state was the fixed delusion that she was a male. She was dressed in pants and shirt and her hair were cut short and combed as males do. This type of look for a rural Haryana girl is unusual. During conversation she addressed herself to be a male. She was uncomfortably aware of her female external genitalia and perceived her clitoris to be underdeveloped penis which she thought could be corrected by surgery. She wanted to undergo sex-reassignment surgery at the earliest. There was no evidence of any other delusion, passivity experiences, or perceptual abnormalities. She did not appear cheerful or depressed and was said to be sleeping and eating well. Her cognitive functions were normal. She did not believe herself to be ill nor did she feel that her experiences were abnormal in any way. Gynaecological examination revealed normal development of external female genitalia and female secondary sexual characters.

She was diagnosed to be a case of schizophrenia according to DSM-IV and antipsychotic therapy given. Trifluoperazine 30 mg per day in three divided doses was administered orally every day for six months. Just two months after the start of treatment her

delusions resolved, started dressing herself up in female clothes, addressed herself with original name, grew her hair and stopped chasing her beloved. Treatment was continued for six months to prevent re-occurrences of symptoms. Trifluoperazine was tapered off and completely stopped within two weeks. However, she remained under follow-up for complete two years for assessment of her clinical status. During this period she remained completely well, passed her first year examination of under-graduation and got engaged with a boy.

DISCUSSION

Transsexualism has been described in nearly every race and culture, it occurs worldwide with a prevalence of 1 in 30,000 males and 1 in 100,000 females (Frank, 1995). Gittleson and Levine (1966) reported its association with delusions of sex change in unmarried schizophrenic males while Gittleson and Dawson-Butterworth (1967) found no clear-cut relationship between delusions of sex-change and factors such as age, sex, duration and subtypes of schizophrenia. Delusions of sex change can be divided into four sub-categories : delusions of no longer being a male, delusion of being a neuter, delusion of being both sexes simultaneously, and delusion of being of the opposite sex. Of these, the latter have received most attention, partly owing to the issue of sex-reassignment surgery (Newman and Stroller, 1974) but also because they have been the focus for the debates about the relationship between transsexualism and schizophrenia (Hyde and Kenna, 1977). The delusions of sex-change and the delusions concerning the size and shape of the genitals are associated with genital hallucinations manifesting in different forms like simple burning sensation to feeling of people doing masturbation to them invisibly (Gittleson and Dawson-Butterworth, 1967). However, such manifestation was not seen in the cases subsequently reported.

In India, delusions of sex-change presenting as floridly as in our case are

extremely uncommon. Recently one case of transsexualism has been reported in which gender dysphoria became manifest only after the onset of acute psychotic episode (Banerjee *et al.* 1997). The rarity of such presentation seems difficult to reconcile with high prevalence of delusions of sex-change as reported by Gittleson and Levine (1966) and Gittleson and Butterworth (1967). However, none of their patients spontaneously complained of such delusion or cross-dressing, suggesting that their phenomenology was less overt than in the patients subsequently described. Delusions of sex-change are still thought to be as common as 20% in all schizophrenic (Lothstein and Roback, 1984). It is felt that many of such cases go undetected and stress the importance of vigorously enquiring about sexual beliefs in schizophrenics (Commander and Dean, 1990).

Of the previous case reports where delusions of sex-change was associated with cross-dressing, one did not respond to antipsychotic medication (Akhtar and Thompson, 1980 and Caldwell and Keshvan, 1991). As in the patient of Commander and Dean (1990) our patients too recovered of her psychopathology within two months of antipsychotic medication. Like Caldwell and Keshvan's (1991), our case too paralleled in recovery of transsexualism with schizophrenic illness.

Therefore, particular care is required while assessing a candidate for sex-change surgery. Since many of them may be suffering from serious psychiatric disorders (Mate-Kote and Freschi, 1988) and could be helped with appropriate treatment.

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