

GENDER IDENTITY DISORDER : A REPORT OF THREE CASES

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ABSTRACT

Gender Identity Disorder (GID) is a complex problem. This report describes three cases of GID with more or less similar clinical presentation. It was interesting to note that inspite of the similarity in their early clinical features, their own approach towards their illness, the reaction of the family members and the outcome were different. The report also highlights the need for different therapeutic approaches required in the individual cases.

Key Words : Gender identity disorder, eunuchs

Gender identity is a term used for one's sense of masculinity and femininity. Gender Identity Disorder (GID) is characterised by a strong discomfort about one's own gender role and persistent desire to be a person of opposite gender which is not due to any perceived cultural advantages to the people of the opposite gender. According to DSM-IV (APA, 1994), the diagnosis of GID is further specified by the object of sexual attraction e.g. male, female, both or neither (Kaplan et al., 1994).

Cases of GID have been reported in children adolescents and adults of both the sexes. People who develop GID almost invariably report having had a gender identity problem in childhood, although the onset of full syndrome most often in late adolescence or early adult life (Spitzer et al., 1989).

The patients suffering from GID are persuaded to meet a psychiatrist either by their parents or are referred for psychiatric opinion by surgeons or gynaecologists for fitness for sex reassignment surgery.

Following three cases of GID highlights the variations in the presentation and different therapeutic approaches required in the

management.

CASE REPORTS

Case 1: A 26 years old male was referred to us as he expressed a desire to undergo sex reassignment surgery. On enquiry it was found that he was feeling uncomfortable about his male gender since the age of around 10 years and felt that he should have been a female. He used to dress up frequently in female clothes and was more interested in doing household work like cleaning, cooking etc. At the age of around 15 years when he developed masculine characters, he became very uncomfortable about it. He started shaving 2 to 3 times a day in order to keep his face clean and he would also put make up to appear as a female. During this period he also got attracted towards a male friend and got involved with him in sexual activities like mutual masturbation and anal intercourse in which he would be a passive partner. He informed that by undergoing sex reassignment surgery he wanted to change himself to a female and marry his friend. Due to his feminine behaviour and desire to change his sex, his parents were very angry with him. On

examination he had a typical feminine accent and behaviour. There was no abnormalities as far as his external genital organs were concerned. In spite of immense disapproval from his parents an even after understanding the limitations of sex reassignment surgery, he insisted that he would like to take hormones and later, after undergoing the surgery he would marry one of his old male friends. The desire for sex change operation was persistent at the follow up visit even after one year.

Case 2 : A 20 years old married female was brought by her parents as she did not enjoy her sexual relationship with her husband. According to her, ever since she was in the 7th standard, she kept on feeling that she should have been a male. She preferred to wear pants and shirts and would play games like cricket, football and marbles with boys. During her school years she repeatedly fell in love with girls who were usually her classmates. She would write love letters to them as if she was a boy and occasionally she would indulge in sexual activities like kissing and touching their breasts. About 6 months prior to consultation she was married by her parents without realising her gender identity problem. Though she tried to adjust in her new role, she soon discovered that she was not getting any sexual arousal with her husband and so she returned to her parents. Her parents seemed to be genuinely worried and concerned about her. Her physical and gynaecological examination did not reveal any abnormalities. After a couple of interviews with her and her parents, she understood the limitations of sex reassignment surgery. She agreed to undergo a behaviour modification therapy programme so that she can go back to her husband. After the initial encouraging results she was lost to follow up.

➤ **Case 3 :** A eunuch (around 35-40 years of age) was admitted for accidental poisoning and was referred to the psychiatry department to rule out the possibility of a suicidal attempt. On enquiry about him becoming an eunuch, he revealed that though he was born and brought up as a

boy, since childhood, he always felt that he should have been a girl. As a child, he frequently used to wear female clothes and put on make up and ornaments like them. This was not a transient phenomenon but a persistent one. Tired by the disapproval and scoldings from his parents for the feminine behaviour he elicited, he ran away from home with a group of eunuchs. He wandered from place to place dressing like a female and performing their ritualistic dance with them. After about 2 to 3 years, he was taken to the temple in Mahesana district in Gujarat, where he underwent an amputation of penis and castration at religious ceremony. Since then he is living his life like a female along with a group of eunuchs. He has also agreed to have indulged in sexual activities with males. His serum HIV antibody test done by the ELISA method was positive. The patient did not allow examination of his genitals.

DISCUSSION

All the three cases had a strong and persistent discomfort about their own sex and a desire to be a person of the opposite sex with the onset in childhood. They all had cross dressing and other stereotypical activities of the opposite gender. They all had indulged in sexual activities in which they have taken up a role of the other gender. Thus, they were clinically diagnosed as suffering from gender identity disorder. They also satisfied DSM-IV (APA, 1994) criteria for the diagnosis of gender identity disorder.

Along with these similarities in clinical presentations, there are some striking differences. The first case was insistent upon undergoing sex reassignment surgery inspite of strong opposition from the family members and was sure that after surgery he would be happy and would be in a position to marry one of his old friends. While in the second case she was hesitant for sex reassignment surgery and along with her supportive parents wanted doctors to help her 'change her mind' so that she can go back to her husband. Similar cases have been

reported in the literature where the persons suffering from GID are often hesitant for sex reassignment surgery (Spitzer et al., 1989). The third case seems to have found a solution by himself by running away with a group of eunuchs and undergoing an amputation and castration, a kind of sex reassignment surgery ! Though there are number of article on eunuchs, there is a dearth of literature as far as the topic of GID in eunuchs is concerned (Allahabadia & Shah, 1992a, 1992b).

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