

TRANSSEXUALISM : ONSET AFTER AN ACUTE PSYCHOTIC EPISODE

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ABSTRACT

Transsexualism is a rare disorder with an uncertain aetiology. Recently, biological factors have been considered to be important in its occurrence. The relationship of transsexualism with psychosis is not known; in most cases no specific relationship exists, though few cases of symptomatic transsexualism have been reported. In the following case, cross dressing and homosexual orientation was present from an early age, but gender dysphoria became manifest only after the onset of an acute psychotic episode. The implications of such a finding are discussed.

Key words : Transsexualism, psychosis.

Sixty percent of male to female transsexuals and 95% of female to male transsexuals are oriented sexually towards their own sex (Swaab and Hofman, 1995). There seems to be general agreement that transsexual feelings start in childhood (Tsoic, 1990), and most gender dysphoric adults of the homosexual subtype would qualify for a diagnosis of gender identity disorder in childhood, with their adult behaviour simply being a continuation of their childhood disorder (Green and Blachard, 1995).

In the following case report, cross-dressing behaviour and homosexual orientation was present earlier, but gender dysphoria manifested suddenly during an acute psychotic episode after the patient became an adult and continued to intensify afterwards, with increase in cross-dressing behaviour and homosexual activity.

CASE REPORT

Mr. S.R., a 20 years old unmarried male of rural, lower socio-economic background presented with the complaints of feeling weak and feminine, believing he was a girl and wanting to marry a man for a period of one year. The symptoms started suddenly in November'93, when after receiving a call

for joining the State Police, the patient became disruptive, violent and felt he was being influenced by nearby people. He felt objects were deliberately being kept in places, so that he was forced to break them; when her sister was moving her hands, the patient was forced to move and turn, and felt he would give birth to children. The patient was kept restrained for five days and faith healing treatment was tried. The patient started feeling a puckering sensation in his anus, and though his violence and disruption disappeared after a few days, the patient became convinced after this episode that he was a female. He started dressing like a female, started mixing with young men, and expressed his desire to marry one of them; he started referring to himself in the feminine gender; all along he realized his genitalia were that of a male, expressed great distress and a desire for proper treatment.

The patient had a history of a couple of febrile convulsions in his childhood for which he received temporary treatment, but no details were available. The patient was the youngest of 6 sibs, with 4 elder sisters. The patient's mother died when he was 14, and his father remarried after a couple of years. No family history of psychiatric illness was present. Birth

and early developmental history was uneventful. He had passed his intermediate examination. At school, he used to play games like hockey, football, kabaddi, and khokho. He was, however, always assigned the feminine role in plays. He often preferred to do household chores e.g., cleaning the house, washing clothes and working in the kitchen. The patient started masturbation around the age of 13. After an initial heterosexual experience, he had homosexual contacts with several partners, especially one regular partner who had given him feminine name. The patient had no guilt feelings regarding these acts. His masturbatory fantasies were of young men.

On general physical examination he was found to be 5'8" tall, with a body weight of 65 Kg. Examination of genitalia and secondary sexual characteristics revealed no abnormality. There was no evidence of any endocrinopathy. No abnormalities were detected on a detailed neurological and neuropsychological examination. Routine investigations and EEG were normal. The sperm count was found to be low, 35 million/ml (N = 60-130 million/ml) with 15% abnormal forms, and 70% motility after 1 hour.

The patient continued to show significant cross dressing behaviour, remained homosexually active and distressed by his condition till last seen in September'95.

DISCUSSION

The index case showed some preference for cross-sex roles and dressing during childhood, which was not persistent. The patient's adolescent sexual orientation was definitely homosexual and his gender dysphoria first manifested and increased manifold following a brief psychotic episode after he reached adulthood. To the authors' knowledge this is the first report of such an occurrence. In the cases of symptomatic transsexualism described so far in the literature, the childhood developmental history was not known (Akhtar and Thompson, 1980; Commander

and Dean, 1990), and moreover, in the second case, the patient's orientation was heterosexual and manifest gender dysphoria was not present.

The patient's symptoms during his psychosis were suggestive of made act and delusion of control, and in the setting of marked emotional turmoil, would qualify for a diagnosis of polymorphic acute and transient psychosis with schizophrenia like symptoms. It could be that the psychosis was coincidental and had a strong reactive element to it, with the patient's conflict about his gender identity becoming more acute once he received his call to join the State Police. However, the sudden onset of intense gender dysphoria following the psychosis remains to be explained. Recent theories on the aetiology of gender identity disorder of the homosexual subtype, especially in males, have taken on an increasingly biological basis, assuming a developmental continuity with homosexuality (Green and Blanchard, 1995). The hypothalamus has become the focus for the search for structures that might be related to problems of sexual orientation and gender identity (Swaab and Hofman, 1995). These anatomical manifestations would be the final pathway through which the conditions are expressed. That a variety of genetic factors may still be involved, is indicated by the fact that 5 cases of 47, XYY individuals with transsexualism have been reported in the literature (Taneja *et al.*, 1992). It is possible that a subset of transsexuals share a common genotypic vulnerability with psychotic disorders. The psychosis results in neurotransmitter-mediated alteration in neuronal gene expression in the brain, which changes the way individual neurons process information and changes communication among multicellular networks, resulting in changes in manifestation of transsexual behaviour, as occurring in the present case.

The developmental and sexual history of adult onset "symptomatic" transsexuals, needs to be gone into more detail for any likelihood of an earlier age of onset of transsexual feelings and homosexual orientation.

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