

# Case Report

## A Case Report of Gender Dysphoria with Morbid Jealousy in a Natal Female

G. Prasad Rao, B. Aparna

### ABSTRACT

Gender dysphoria is a new entity introduced in the Diagnostic and Statistical Manual of Mental Disorder V to address the distress of the previously labeled gender identity disorder patients. It is less commonly seen in natal females, often starting in their childhood. Adults and adolescent natal females with early-onset gender dysphoria are almost always gynephilic. This case report is presented to discuss the interesting evolution of the symptoms in gender dysphoria case with difficulties in adjusting to the assigned sexual role, relationship problems, morbid jealousy, and severe depressive features with suicidal ideations.

**Key words:** *Depressive features, gender dysphoria, morbid jealousy, natal female, relationship problems*

### INTRODUCTION

“Gender dysphoria” is recently introduced into the diagnostic classificatory systems, in the current Diagnostic and Statistical Manual of Mental Disorder V (DSM-V), to replace the previous “Gender Identity Disorder” in DSM-IV. “Gender dysphoria” addresses the “distress” that is perceived by an individual due to the incongruence between one’s experienced or expressed gender and one’s assigned gender.<sup>[1]</sup>

Gender dysphoria occurs in both males and females. The prevalence rates range from 0.005% to 0.014% in adult males and from 0.002% to 0.003% in adult females. The DSM-V speculates that even these rates seem to be underestimated due to low reporting of the gender dysphoria cases. Data support that it is more

common in males than females in all ages. The male to female ratios ranges from 2:1 to 4.5:1 in children and from 1:1 to 6.1:1 in adults.<sup>[1]</sup>


India is one of the very few countries in the world which identifies the transgender as a third gender.<sup>[2-4]</sup> However, gender dysphoria seems to remain largely underreported in India because of the stigma for both gender dysphoria and homosexuality, more so in the female population.

In females, the early-onset form of gender dysphoria is more common, and the rates of persistence of gender dysphoria from childhood into adolescence

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

**For reprints contact:** reprints@medknow.com

**How to cite this article:** Rao GP, Aparna B. A case report of gender dysphoria with morbid jealousy in a natal female. *Indian J Psychol Med* 2017;39:800-2.

Access this article online	
<b>Website:</b> www.ijpm.info	<b>Quick Response Code</b> 
<b>DOI:</b> 10.4103/0253-7176.219643	

Department of Psychiatry, Asha Hospital, Hyderabad, Telangana, India

**Address for correspondence:** Dr. G. Prasad Rao

Department of Psychiatry, Asha Hospital, Road No 14, Banjara Hills, Hyderabad - 500 034, Telangana, India. E-mail: prasad40@gmail.com

or adulthood range from 12% to 50%.<sup>[1]</sup> It was also found that adolescents and adults with early-onset gender dysphoria are almost always gynephilic when the assigned sex is female.<sup>[1]</sup>

## CASE REPORT

Ms. T, a 24-year-old, an assigned female at birth, presented with a history of strong desire to be a male right from her childhood. She would prefer to dress like a boy, playing often the stereotyped “boyish” games along with other boys. Her behavior was encouraged by her father as he did not have any male children. As she grew up, she started to get attracted toward women and used to consider her orientation as heterosexual with them. She used to constantly feel that she was trapped in the wrong body. She strongly believed that she had feelings and reactions just like the other men and was feeling helpless as she was not able to lead a normal life like them. In her early twenties, she fell in love with a woman and started to have a live-in relationship with her. She considers it as a heterosexual relationship and reportedly identified herself as the male partner of the couple. However, of late, the other lady started to get attracted toward men which the patient could not tolerate. She started to develop symptoms such as irritability, worthlessness, hopelessness, suicidal ideas, and suicidal attempts for the past 4–6 months. She expresses the desire to get operated so as to become a man. She feels that her life is not worth living as she is not a female but has to be trapped in a female body.

She was admitted in view of her suicidal ideas and attempts. At admission, she was vitally stable with no contributory physical findings. Mental status examination revealed depressed and irritable mood, depressive ideas with worthlessness, hopelessness, and helplessness, over-valued ideas about her sexual identity that she was indeed, a guy, suicidal ideas with high intentionality and well-considered plans, impaired attention and concentration with impaired personal and social judgment, and Grade 1 insight. She stayed in the hospital for about 10 days and was started with selective serotonin reuptake inhibitors (SSRIs).

Psychometric evaluation revealed elevated scores on “depression,” “anxiety,” “paranoid ideation,” and “schizophrenia” subscales of the multidimensional personality questionnaire. Findings on SCT also supported the presence of “depressive cognitions” and “gender identity issues.” Her interpersonal adjustment is disturbed because of she views others with skepticism and she is guarded with people. Findings on Rorschach support the presence of “paranoid ideation,” she is experiencing high magnitude of

tension and “anxiety,” she has “depressive mood” and “psychotic features.”

Supportive psychotherapy was done to reduce depressive ideas, and grief work psychotherapy was done to tackle with her feelings of loss of spouse and separation from the partner. The psychotherapy was continued for the next 3 weeks on outpatient basis along with the SSRIs. Her depressive cognitions and suicidal ideations decreased and her socio-occupational functioning improved with the treatment. Further symptoms of gender dysphoria are not tackled. She is currently working in the USA and is in contact with us over phone. As per the reports of the self and the family members, she was maintaining well with intact functioning. However, upon inquiry, she reports unhappiness about her assigned sex. She is not in any sexual relationship after the discharge.

## DISCUSSION

This case report is presented because of its interesting psychopathology and also to discuss the challenges in the management.

In this case, the patient is preoccupied with her distress of being assigned a female gender and would prefer to be a gynephilic. She was in a sexual relationship with another woman but would consider herself as a male partner rather than a lesbian. However, when the partner left her, preferring male partners to the patient, she developed features of depression with worthlessness, helplessness, and hopelessness. There were suicidal ideations with high intentionality. She started to express a strong desire to get rid of her assigned female sex. However, there is also expression of strong feelings of hatred and aversion over her lover and her male partner, which had the quality of “morbid jealousy.”

Morbid jealousy is a constellation of symptoms that occurs in many psychiatric conditions. The predominant aspect of morbid jealousy is the preoccupation with the partner’s fidelity, which can be entirely false or, may be true, in some instances, like in the present case. However, it creates marked distress clearly out of proportion to the situation. The preoccupation can be seen manifesting as delusions, obsessions, or overvalued ideas.<sup>[5]</sup>

The index patient considers her ex-partner as being unfaithful to her and is preoccupied with feelings of hatred and jealousy over her and her present male partner, which qualifies for the overvalued ideas. The consequent depressive cognitions and suicidal ideas are the reason for seeking the psychiatric consultations.

Although the gender dysphoria issues were not addressed, the patient's condition improved with supportive psychotherapy as we were targeting her morbid jealousy and the resultant grief of losing the loved one to another.

The gender dysphoria treatment for adults is psychotherapy to explore gender issues, hormonal treatment, and surgical treatment.<sup>[6]</sup> Data suggest that there were negative results when psychotherapeutic approaches were used for reverting a gender dysphoric to ones' assigned sexual role.<sup>[7]</sup> Moreover, the conditions such as depression and anxiety have to be treated adequately as these cause significant morbidity and compromised functioning.

On an end note, this case is reported to discuss the interesting evolution of the symptoms in a patient with gender dysphoria with difficulties in adjusting to the assigned sexual role, relationship problems, morbid jealousy, and severe depressive features with suicidal ideations. Treating the patient's depression with SSRIs and supportive psychotherapy resulted in the functional improvement though the distress about her assigned sex still persists.

#### **Financial support and sponsorship**

Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

#### **REFERENCES**

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5<sup>th</sup> Edition. (DSM-V). Arlington, VA: American Psychiatric Association; 2013. p. 451-60.
2. Supreme Court Recognizes Transgenders as "third gender" - Times of India. Available from: <http://timesofindia.indiatimes.com/india/Supreme-Court-recognizes-transgenders-as-third-gender/articleshow/33767900.cms>. [Last accessed on 2016 Jul 05].
3. Supreme Court recognises the Right to Determine and Express One's Gender; Grants Legal Status to "Third Gender". Available from: <http://www.lawyerscollective.org/updates/supreme-court-recognises-the-right-to-determine-and-express-ones-gender-grants-legal-status-to-third-gender.html>. [Last accessed on 2016 Jul 05].
4. National Legal Services Authority v. Union of India. In: Wikipedia, the free encyclopedia Available from: [https://en.wikipedia.org/w/index.php?title=National\\_Legal\\_Services\\_Authority\\_v.\\_Union\\_of\\_India&oldid=713031912](https://en.wikipedia.org/w/index.php?title=National_Legal_Services_Authority_v._Union_of_India&oldid=713031912). [Last accessed on 2016 Jul 05].
5. Kingham M, Gordon H. Aspects of morbid jealousy. *Adv Psychiatr Treat* 2004;10:207-15.
6. Sadock B, Sadock V. Kaplan and Sadock's Synopsis of Psychiatry Behavioral Sciences/Clinical Psychiatry. 11<sup>th</sup> ed. Philadelphia, PA, USA: Wolter Kluwer; 2015.
7. Vogt JH. Five cases of transsexualism in females. *Acta Psychiatr Scand* 1968;44:62-88.