

CASE REPORT

GENDER IDENTITY DISORDER. IS THIS A POTENTIALLY FATAL CONDITION?

Abdul Wahab Yousafzai, Naila Bhutto

Department of Psychiatry, The Aga Khan University Hospital, Karachi

A person with a Gender Identity Disorder (GID) is a person who strongly identifies with the other sex. The individual may identify with the opposite sex to the point of believing that he/she is, in fact, a member of the other sex who is trapped in the wrong body. The treatment option is sex reassignment surgery. In Pakistan There is no specialized facility sex reassignment surgery. This case report deals with possible serious outcome of GID in Pakistan as a result of castration procedure which is carried out by 'gurus' in Pakistan. A systemic research in our country to this effect is required to find out the outcome of GID in Pakistan.

Keywords: Gender Identity Disorder; Castration; Sex Reassignment Surgery.

INTRODUCTION

The first medical writing of Gender Identity Disorder (GID) was by Friedreich in 1830, although the condition was not considered worthy of further investigation until many years later. Patient with gender identity disorder is convinced that his/her own psychological gender is the opposite of his/her anatomical sex.¹ The prevalence of gender identity disorder in England and Wales is estimated as 1 in 34,000 males and 1 in 108,000 females.²

There is only one published case report in Pakistan describing clinical features of GID.³ Although condition is on the rise in India and there is increasing demand for sex reassignment surgery (SRS).⁴

Sex reassignment surgery has been viewed as both remedy and collusion with the patient's psychopathology, and the out comes of this surgery have been described in a number of clinical follow-up reports. Pauli study shows that a group of male GID patients who underwent SRS were 10 times more likely to have a satisfactory outcome in terms of emotional and social adjustment than a group who did not.⁵

A more recent study by Mate-Kole *et al* suggested that SRS reduced psychiatric morbidity in a group of 50 male transsexuals when compared with a group of patients on a waiting list for surgery and a group undergoing assessment.⁶

In Pakistan there is no specialized facility for sex reassignment surgery. How ever there are incidences in which castration procedures are performed without anaesthesia during which many people die as a result of haemorrhage and sepsis, as reported in this in this case by a patient of GID who himself does not want to undergo such a procedure.

CASE REPORT

Mr. A, who liked himself to be called Miss. F, a 23 years old male was referred to psychiatry clinic of community health sciences, by colleague urologist

after all relevant investigations including pelvic ultrasound which were within normal limits. The purpose of referral was psychological assessment as Mr. A wanted to undergo surgery for change of his sex, called sex reassignment surgery (SRS).

Since age fourteen he had been with deep sense of dissatisfaction with his male body, always wanting to be accepted in the community as belonging to the opposite sex.

He would prefer to dress in female clothing, and feel attracted sexually to males in a female role. He would lack interest for the penis as an insignia of maleness and a source of erotic pleasure accompanied by the wish to be rid of it and to be given a woman's body. His parents have always been aversive towards his behaviour and occasionally would resort to physically punishment for his effeminate behaviour.

At the age of seventeen Mr. A left home and assumed group living in the city centre, in joint accommodation under strict patronage of a senior colleague called 'guru'. He would visit his family once a week, but family would not like him to be with them, for he being a male wanted to live like a female.

Mr. A has been earning his livelihood by performing in dance parties and singing songs in wedding ceremonies.

Now he has been under immense pressure from 'guru' who wants him to be castrated at 'adda' (Place where they live together).

During interview Mr. A was preoccupied with his biological sex and said, "Imagine waking up tomorrow morning in a body which is of a gender opposite your own. Imagine further that everyone insists that you stay as that gender regardless of how you feel about it." He was very scary because three of his colleagues have died of this castration procedure at the 'adda' over last 2 and half years.

The procedure of castration includes removal of scrotum and penis with sharp knife

without anaesthesia and securing bleeding by cauterising the wound with hot iron rod.

Mr. A said further said, “Don’t you feel for the people like me who die during ruthless castration procedures, performed by gurus?” He asked, “Is this condition potentially fatal in our country?”

On assessment there was no evidence of body delusion, effeminate homosexuality or transvestism.

DISCUSSION

Patient with gender identity disorder feel that they are trapped in the wrong bodies. Male patients feel feminine from childhood and often believe they were ‘girls’. But this belief is not delusional in nature. The belief is always consistent with their distaste of their own genitalia which are described as ‘not mine’, ‘not wanted’ and ‘useless’, as in this case. They explained their sexual relationships as ‘heterosexual’ because the patient believes that they belong to opposite sex. Heterosexual activity in males with GID is accompanied by the fantasy of being a woman made love to by a man.⁶

In this case report Mr. A would feel sexually attracted to males as a female. In clinical practice gender identity disorder is to be differentiated from transvestite as later consider him/her self of same gender and is usually successful in that role, cross dressing behaviour on their part is accompanied by sexual excitement, generally masturbation and orgasm only.⁷

But in case of Mr. A he wanted to get rid of penis as it is not an organ sexual excitement for him. The transvestite and some time effeminate homosexual along with patients of gender identity disorder live

together with a group leader called ‘Guru’. They all undergo castration procedure between the age of 14 and 18 years and many of them die from complications such as sepsis or hemorrhage.^{8,9}

Mr. A narrated similar story of castration and his colleagues who died of such ruthless procedure.

This eye opening and grievous situation of castration and deaths of patients with Gender Identity Disorder necessitates further research looking at this serious outcome in our country.

REFERENCES

1. Roberto, L. Issues in diagnosis and treatment of transsexualism. Archives of Sexual Behavior 1983;12(5):445–73.
2. Hoening, J, Kenna J. The prevalence of transsexualism in England and Wales. British Journal of Psychiatry, 1974;124(579):181–90.
3. Majid Ali Abidi and Hafizullah. Gender identity disorder; Journal of College of Physician and Surgeons Pakistan 2001;11(4):255-6.
4. Binod Dubey. Gender identity disorder cases on rise in Bihar. Hindustan time 2007; URL: http://www.hindustandainik.com/news/7170_0,000600030006.htm.
5. Pauly B, Walinder I. Outcome of sex reassignment surgery: Acta Psychiatrica Scandinavica;1984;70:289-94.
6. Mate-Kole KC, Freschi M, Robin A. A controlled study of psychological and social change after sex reassignment surgery: British Journal of Psychiatry 1990;157:261–4.
7. Laub, D, Fisk, N.A. rehabilitation programme for gender dysphoria syndrome: Plastic and Reconstructive Surgery;1974;53:388–403.
8. Anuja Agrawal. Gendered Bodies the Case of the ‘Third Gender’ in India: Contributions to Indian Sociology 1997:273–97.
9. Anonymous. Begging eunuchs of Bombay: The Lancet;1992;3–4. URL: <http://www.eunuch.org/alpha/H/newhijra.htm>

Address for Correspondence:

Dr. Abdul Wahab Yousafzai, Instructor Department of Psychiatry, The Aga Khan University Hospital, Stadium Road, PO Box 3500, Karachi-74800, Pakistan.

Email: wahab.yousafzai@aku.edu