GENDER IDENTITY DISORDER: A CASE REPORT*

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Gender identity is a subjective awareness of maleness or femaleness which develops early in life. One inwardly experiences one’s gender identity as a conviction of being a male or female. Transsexualism is a disorder of gender identity in which an anatomically normal male knows he is anatomically normal but considers himself to be a female within or vice versa.

Cauldwell (1949) first introduced the term psychopathia transsexualis. But Benjamin’s (1966) presentation of a series of 172 cases drew the attention of clinicians and other workers to this clinical condition.

The aetiology of transsexualism is not yet clearly understood. Stoller’s studies (1970) on psychoanalytical lines postulate that by encouraging every sign of gracefulness, delicacy, unaggressiveness and interest in feminine ways the mother re-inforces her son’s advance towards femininity. Hamburg (1971) among others has suggested that hormonal factors operating on the foetal brain during the critical period of sex differentiation in intrauterine life might determine the behaviour and interest appropriate or inappropriate to the gender of the individual. An immunological aetiology of transsexualism has been suggested very recently. Hoenig (1983) refers to a German study on 61 transsexuals for the presence of H-Y antigen in their cells. 87.8% of the males and 89.2% of the females showed abnormal results. This and similar other findings are, however, yet to be explained convincingly (Hoenig 1983).

The management of these cases is mostly unsatisfactory. Many psychiatrists believe that it is almost an irreversible process. Recently, however, Barlow (1979) has reported success in some cases by a combination of psychotherapy and behaviour modification therapy. Sex reassignment surgery, as reviewed by Lundstrom et al. (1984) gives the best results in genuine transsexuals of younger age. When the diagnosis is in doubt refusal of surgery will be more beneficial to the patient in the long run. In 10-15% of cases undergoing surgery the results end up in a failure. Legal, ethical and moral questions should also be considered before such operations.

We are reporting a case of transsexualism for its rarity and for its typical characteristic feature.

Case Report

A.R., a boy aged 14 years was brought by his mother to NRS Medical College Hospital with the complaints that her son believes that he is a girl and behaves as a girl. The alarmed mother, unable to correct her son, has come to the doctors who might ‘cure’ him. On separate interviews we came to know the following facts. There was no history of mental illness, epilepsy, suicide or

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divorce in the family. The boy's mother was married at the age of 15 years with a timid man who used to stay away from home very often on official duties. At age of 19 years, the unexpected first baby, a boy, came and she could not do justice to it as a mother. At 22 the planned second baby, our case under report, was born. Parents expected a girl but it was a boy at full term with clear cut anatomical sex of a boy. There was no confusion in sex assignment at birth. The mother, as if to atone for her shortcoming with the first baby, started vigorous mothering of this baby and dressed him like a girl. When the boy was aged one year she had to abandon this practice under pressure from close relations.

From age 3 onwards he used to play with girls and would say that he was a girl and wanted to be a woman like his mother. At age 6 years he was sent to a boys' school against his will. His grumbling, crying, scratching and insistence that he was a girl fell on deaf ears. At school he was a miserable and lonely boy and was taunted as 'effeminate', at home he was rejected by girls as he was too much of a boy to be unnoticed. Thus he became sad, sulky and isolated. His school performance gradually became poor by age 10. His inner conviction that he was a girl did not weaken as he passed through these vicissitudes.

At age 14 years secondary sexual characters of a male began to appear which disturbed him; but he was rather more firmly convinced that he was a girl. Abolition of his anatomical maleness to make a girl out of him became the overriding preoccupation and aim of his life. A distant cousin aged 17 years became the model man of his life. He felt erotically attracted to that cousin. He stopped attending school and started to mimic girls at home.

On examination the boy was fine looking fair complexioned and shy. He was intelligent but womanly in his attitudes and gestures. He was dressed in a clean, starched shirt, a pair of trousers and well-laced shoes. His legs and face were meticulously free from hair by the use of hairremover. His eye brows were plucked. Examination of testis, penis and pubic hair revealed no abnormality.

Other physical including neurological examinations were normal. A thorough psychiatric examination including the Mental Status Examination did not reveal any abnormality except sexual deviation in the form of abnormal sexual inclination and behaviour which centered around his fixed belief that he was a girl and the overt sex was wrong. A diagnosis of transsexualism was made and psychotherapy was suggested as the method of treatment. But the mother could not persuade her son to come for psychotherapy. Consequently, the patient could not get the benefit of treatment.

Discussion

In this case under report, we find a disturbance of gender identity, gender role, erotic orientation and cross-dressing in early years. The diagnosis of transsexualism in this case is essentially based on the inner experience of cross gender identity. Other disturbances are ancillary to the core disturbance of gender identity. The boy's erotic attachment to his cousin, a boy of 17, is an expression of his disturbed erotic orientation. But this has to be distinguished from a homosexual's preference for a sex partner having the same genitals. The homosexual has no doubt about his gender identity and acknowledges that he is erotically aroused by a person of the same sex. The transsexual in contrast has a gender identity reversal. That the boy was taunted as 'effeminate' by his peers indicates disturbance of gender role. Gender role is the pattern of outward behaviour considered appropriate to a particular gender in the context of the
accepted standard prevalent in a society. The fact that the boy under report could not live up to the standard of male gender role is but natural. He who firmly believed himself to be a woman can hardly behave as a man according to the society's consensus for it. Cross dressing in this case lasted for only the first year of his life which was imposed on him by his mother and cannot, therefore, be confused with transvestism. The essence of transvestism is a sexual deviation in which sexual pleasure is derived from dressing in clothes of the opposite sex.

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