This paper deals with unusual set of psychiatric patients who basically sought help for depression. The cases were gathered from Community Mental Health Centre, Hyderabad (2 cases) and from Government Hospital for mental care, Vishakhapatnam (2 cases). All four patients were males who were basically diagnosed as transexuals. Their age range was between 18 and 25. Clinically, associated with depressive symptomatology they also had varying degrees of sleep disturbances, dreams of sex change and sexual involvement, nocturnal emission, masturbation and homosexuality along with somatic and hypochondriacal preoccupation. Also these cases were reported to have enjoyed cross dressing even in social gatherings.

Following clinical assessment all the four patients were given a set of psychological tests to assess their intelligence and personality structure. Most of the patients were found to be average in intelligence while one showed slightly below average I.Q. and another had superior intelligence (Benders and Ravens). Personality tests (MMPI, T.A.T., Rorschach) uniformly revealed social isolation, parent child discord, inadequate and emotionally deprived families, overt homosexuality, transvestic activity, fantasy of flight into feminity and autoerotic activity along with predominant heterosexual panic. Two of the patients had attempted heterosexual coitus and had psychiatric impotency.

Detailed inquiry into sex activity revealed all were homosexuals, they being the passive partners during the act. All were enjoying the fantasy of femininity and being with attractive handsome males while engaged in masturbation. One of these patients had an excessive desire for cunnilingus and his heterosexual contact ended in fellatio and disruption of marriage. One of the patients was of the opinion that he would be satisfied if he could be transformed into a "female" by surgical intervention.

CASE ILLUSTRATIONS

Case-I: A 25 years old, married but separated biological male from a middle class Hindu family and photographer by occupation had presented with acute depression and one suicidal attempt. He was stout, stilted and walked with feminine gait. He was shy, aloof, preferred to be left alone and cried easily. As a youngster he had masturbated. He played many feminine roles in the school and enjoyed dressing like females. He had homosexual involvement as a passive partner with his brother and had developed depression and despondency following the separation from his homosexual partner which had ultimately led to his leaving the job. After persuation for a period of one year he got married to a girl. He obtained a firm promise from his wife that she would agree to do anything and then insisted on performing sodomy with her. He was impotent for sexual coitus and forced his wife for fellatio. To maintain the relationship he expressed his desire for cunnilingus for her sexual gratification. However, all this ended up in separation of marriage after 6 months.

Case-II: A 21 years, young unmarried male, student of engineering college had an above average intelligence. He had
gestation, gait and laugh typical of a female. He did not like his name and got himself registered by a fake name almost bordering a female name. Occasionally he cross dressed and masturbated watching himself in the mirror. He had fetishistic tendency and had sexual arousal even on touching the feminine dresses. During adolescence the patient had many homosexual relationships himself playing a passive role. Several incidents of mutual genital fondling had also occurred. He was mostly enjoying the fantasies of males and fantasies of himself being a female.

His family also seemed to be pathological and inter-personal relations were not harmonious. He described his father to be hardcore, strict, authoritarian and a busy businessman who was always away. His mother was obsessional and considered sex as disgusting. While his sister was a sexually promiscuous female whom he felt jealous.

At the time of examination he had chronic depressions, ruminations about sexual identity, withdrawal from college, suicidal thoughts and reduced psychomotor activity. All these symptoms became more intense when it coincided with increased desire for feminization and sex change provoked by sexual promiscuity of his sister, which he thought could solve his problems. This episode of depression was precipitated by rejection by males (boy friends of his sister) and being ridiculed at his transvestic activities.

Case-III: A well built young man of 25 with average intelligence was referred to psychiatric clinic for his transvestic activity, talking in feminine voice, walking like a sophisticated female and withdrawal associated with depression and an attempt at suicide. The patient chose to communicate to a female therapist stating that they would appreciate his feelings better. History revealed that he had many homosexual contacts, played and enjoyed being with females and participating in talks in appreciating males and enjoyed dressing in female garments. He had indulged in excessive masturbation in order to drain away the masculinity in him. Attempts by parents for his marriage precipitated heterosexual panic and a desire that he should turn into a girl by some ‘miracle’ resulted ultimately in depression.

Case-IV: A 20 years stalky youth from village was brought by his parents for depression, withdrawal and peculiar behaviour. In history the boy was ridiculed and encouraged many times for cross-dressing like girls. He was always very inquisitive to learn about femininity. His fantasy revolved around his being a female. As a result his father took him to prostitutes on two occasions to prove his masculinity. However, the boy could not perform intercourse and developed heterosexual panic. Since then he preferred to be with his mother and embarked in homosexuality for which he was rejected and beaten by his friends. These interventions by his parents and the society and their stepping onto his fantasy life gave rise to depression which had sex deviation as its pathology.

COMMENTS

All the four cases discussed above were basically transvests who obtained sexual gratification from fantasies about being a female and living in the company of males, masturbating frequently, cross-dressing like females and had several homosexual contacts all due to sex identity crisis leading to depression.