

TRANSSEXUALISM AS DELUSIONAL DISORDER

•

AUTHORS

- DR MUHAMMAD HARIS BURKI
- MBBS, PHD
- ELECTED MEMBER WORLD ASSOCIATION OF SEXUAL HEALTH
- MEMBER : INTERNATIONAL SOCIETY OF SEXUAL MEDICINE
- EUROPEAN ASSOCIATION OF PSYCHIATRIST
- SENIOR MEMBER WORLD PSYCHIATRIC ASSOCIATION ELN
- MUHAMMAD ZUBIAR MUKHTAR
- MSc psychology clinical Diploma
- DIRECTOR AZM HOSPITAL SARGHODA

DEFINITIONS

- **SEX:** Term sex is used to describe anatomical and physiological characteristic that indicate whether one is man or a women e.g. penis or vagina
- **GENEDER IDENTITY:** It refers to sense of oneself as being male or female. and gender role is public expression of gender identity.
- **TRANSGENDERISM** is used for those people who do not conform to typical accepted gender roles for example cross dressing.
- **GENDER IDENTITY DISORDER:** Person with GID feels persistent discomfort and considers their assigned gender is inappropriate.

TRANSVESTISM:

- It is marked by fantasized or actual dressing of female clothes for purpose of arousal and as adjunct to masturbation or coitus.
- CONGENITAL ADRENOGENITAL SYNDROM Female embryo is exposed to androgens.
- CONGENITAL INSENSITIVITY TO ANDROGEN SYNDROM
- DIHYDROTESTOTERON (DHT)DEFICECY
- HERMAPHRODITS both ovarian and testicular tissue
- KLINEFELTER ,S SYNDROM XXY
- TURNER,S SYNDROM X

SEXUALLY NEUTRAL



TRANSSEXUALISM

- It is also called gender dysphoria . Individual is certain about fundamental incompatibility between his or her gender identity and biological sex and has wish to have surgery and hormonal treatment to make once as congruent with one's preferred sex.
- Disturbance is manifested by symptoms as preoccupation with getting rid of primary and secondary sex characters or belief that he or she is born in wrong sex. **Trapped in body of wrong gender** Find their genital repugnant, May attempt to castrate themselves. Transsexual individuals do not think of themselves as homosexuals.

Trapped in body of wrong gender

- MUJY TALB HA KSI AUR KI
- CHOOTHA MUJY KOI AUR HA
- BHUT HA MARA TARY SAMNAY
- KAAD ISS MAIN ROH KOI AUR HA



SEX REASSIGNMENT SURGERY

- Male take female hormones for breasts and other feminine contours, electrolysis for male hair removals REASSIGNMENT SURGERY for removal of testis and penis and creation of artificial vagina.
- Female take testosterone, make invisible and try to have male appearance. SRS involve mastectomy, removal of uterus and ovaries . enlarged clitoris or grafting of artificial penis .,

Controversial assertion

- Some transsexual people reject the counseling that is recommended by the Standards of Care because they don't consider their gender identity to be a psychological problem.
- Many transsexual people have asked the American Psychiatric Association to remove Gender Identity Disorder from the DSM. Many of these people feel that at least some mental health professionals are being insensitive by labeling transsexualism as "a disease", rather than as an inborn trait.

METHOD

- Search was made to find out relationship between transsexualism and delusion

Method:

- An extensive internet search was made at pub med ,psyinfo, science direct using key words transsexuality and delusion, psychosis. This was followed by manual studying of books and literature pertaining to transsexuality.
- **RESULTS:**
- Research did not bring out studies and reviews describing relation between transsexuality psychosis and delusional disorder. However, high incidences of borderline personality have been reported.

DELUSION

- DELUSION ARE FALSE FIXED BELIEFS THAT ARE NOT CORRECTED BY APPEAL TO REASON OR BY CONTRARY EVIDENCE. DELUSION ARE NOT CONSISTENT WITH PATIENTS SOCIAL AND EDUCATIONAL BACKGROUND.

. **Trapped in body of wrong gender**

- IT IS FALSE FIX BELIEF
- NOT CORRECTED BY APPEAL TO REASON OR BY CONTRARY EVIDENCE.
- NOT CONSISTENT WITH PATIENTS SOCIAL AND EDUCATIONAL BACKGROUND.
- YET IT IS NOT CONSIDERED AS DELUSION.BY DSM WHY?

■

- Behavior of transsexuals including attempt of getting rid of primary and secondary characters ,self castration ,never considering themselves homosexual , substantiate that they have delusion about gender identity.
- DSM provide four diagnosis
- 1)Gender identity disorder of childhood
2)transsexualism
- 3)Gender identity disorder of adolescence or adulthood of non transsexual type.
- 4)GID NOS

■

- In psychiatry we find things become delusional when it transgress certain limits of rationality e.g. ideas of reference intensify to become delusion of references, paranoia is graded up to paranoid delusion, hypochondriacs culminate into hypochondrical delusions, But when non transsexual GID get transformed into transsexual GID it is not considered delusional .

PICTURE IS FOGGY



DELUSIONAL DISORDERS.

- Dominant symptom of delusional disorder is delusion, delusional system that does not have identifiable organic cause . However neuropsychiatric approach to delusional disorder is derived from observation that delusion are commonly found in neurological disorders particularly involved in limbic system and basal ganglia. These patients tend to have complex delusions quite similar to seen in delusional disorders when there is no intellectual impairment

■

- Thus it is hypothesized that discrete anatomic or molecular lesion of either limbic system or basal ganglia in presence of intact cognitive function provide bases of delusion or delusional disorder. Intact cerebral cortex give rationales for strange feelings. Sex is chiefly under effect of limbic system so lesion in limbic system is not a remote probability in case of transexualism.

■

Distortion of body image occurs in anorexia, body dysmorphic disorder and transsexualism due to some specific type of brain damage.

- A few studies based on small samples suggest that transsexualism might be associated with a difference in the human brain called the bed nucleus of the stria terminalis (BSTc).

WHY SRS ?

- Some people posit that transsexualism is a physical condition, not a psychological issue, and assert that sex reassignment therapy should be given on request.
- It is true that thus far SRS is providing satisfactory results
- In extreme cases psychosurgery was performed in past as in case of epilepsy, and OCD. It can be argued that ,currently this is what we are doing in case of transsexualism was done with recalcitrant OCD. But this does not prove that type of OCD was not a psychological problem.

■

SRS is giving satisfactory results but it is not only answer to transsexuality. Doctor need not to comply with delusional wishes and feelings they can influence their mind through medicines and therapy. Psychiatrist can try newer agents like atypical antipsychotic, antiglutamatergic drugs SSRI, newer anticonvulsants etc and CBT for psychotics.

CONCLUSION

- There is need to revisit classification of transsexualism so treatment can be revolutionized.

THANK YOU

