



RESEARCH ARTICLE

IT'S ABOUT TIME! PARANOIA AND SELF-HARM IN GENDER MINORITY TEEN IN INDIA: A CASE REPORT

Kanuja Sood, Sahar Ashraf, Chintan Trivedi and Shailesh Jain

Manuscript Info

Manuscript History

Received: 25 January 2024

Final Accepted: 27 February 2024

Published: March 2024

Abstract

In conservative social cultures, such as those in South Asia, societal norms often lead individuals to neglect or suppress the expression of their perceived gender identity if different from their birth assignment. Gender incongruence (GI) occurs the gender identity of a person does not align with the gender assigned at birth. If GI causes significant distress or problems in functioning lasting for at least 6 months, it is described as gender dysphoria (GD). This case study contributes to understanding how gender dysphoria may result in personality disorders such as paranoid personality disorder in a conservative society. Removing societal taboos and accepting individuals with their perceived gender can lead to timely diagnosis and management of patients, preventing severe outcomes.

Copy Right, IJAR, 2024,. All rights reserved.

Introduction:-

Case Presentation

We present the case of a 24-year-old male who was presented to the emergency department by police when found on the sidewalk with a bleeding wrist.

He was uncooperative during the physical examination. He repeatedly shouted, "Nobody can ever understand me, and I don't trust any of you." Finally, he had to be restrained and administered a Haloperidol injection to calm him down for suturing his wrist wound. Vitals included BP of 142/95, pulse rate-102, and he had a temperature of 38.2. His breath had a strong smell of alcohol and he displayed numerous lacerations and abrasions on his body in various stages of healing, mainly on the arms, chest, penis, and scrotum. A full pack of new blades and a few used old blades with cemented dried blood were also recovered from his pockets.

Collateral from his parents indicated that the patient never wanted to be a boy ever since a child and had run away from home earlier. He dressed like a girl and put on makeup. The boy's siblings and friends at school made fun of him, and he felt too distressed about his feelings. His family always thought he would out-grow such feelings and kept educating him about the ideal behaviors of being a boy. Being ashamed of the patient's behavior, they gradually ostracised him from the family.

The patient was bullied and mocked by peers, which led to dropping out of high school. The patient by history started having trust issues with his family and did not feel secure or comfortable around friends and peer groups. Any reconciliation efforts by the friends and family was met with patient's anger outbursts. Soon he started to self mutilate with a blade all over his body each time he felt someone was there to counsel him. He gradually decompensated into feeling paranoid towards others and started to feel the entire world conspired against him. Soon

he started engaging in street fights and he ended up in police custody a few times. A diagnosis of Gender Dysphoria and Paranoid Personality Disorder secondary to Gender Dysphoria was made.

Paranoid Personality Disorder is characterized by a pattern of distrust and suspiciousness and distrust of others. Individuals who have the disorder tend to negatively interpret the intentions, words, and actions of others. They suspect that others intend to harm or deceive them, though there is little or no evidence for such suspicions[3].

Discussion:-

The main debate in society revolves around cultural beliefs regarding individuals who desire to change their assigned gender/sex. Some argue that these individuals do not have any pathology and, therefore, should not be considered to have a mental disorder. However, it is important to understand that suppressing one's identity can lead to a mental disorder, rather than the other way around[4]. In line with current knowledge, gender incongruence has been reclassified from the "Mental and behavioral disorders" chapter to the new "Conditions related to sexual health" chapter in the 8th volume by Mario Maj, pages 332 and 336. This shift reflects the understanding that trans-related and gender-diverse identities are not conditions of mental ill-health and that labeling them as such can cause significant stigma[5].

Developmental traumas, in which individuals are made to question the validity or reality of their experiences by caregivers, are believed to play a role in the eventual development of paranoia. This leads individuals to constantly question what is truly happening in their world and anticipate danger and shame in their everyday interactions[6]. If adequate support and understanding are not provided, children may begin to doubt their own perceptions, making them vulnerable to developing psychosis later in life[7]. Another influential factor in the development of paranoia is the experience of humiliation and shame during childhood[8]. Individuals experiencing paranoia are in a constant state of questioning surface experiences, always on the lookout for potential humiliation. They perceive others as being enraged and threatening toward themselves, leading to a constant expectation of maliciousness from others[9]. In early childhood, gender disparities and preferences are often overlooked by families, with the assumption that the child will outgrow such behavior. However, for those who do not outgrow these explorative behaviors and become distressed by their changing bodies during puberty, problems with daily activities may arise, hindering their further growth and development[10-12].

In recent years, there has been a significant increase in the number of children and adolescents seeking help for gender incongruence (GI) and gender dysphoria (GD), particularly among children. It is important to note that not all individuals with GI exhibit symptoms of GD[13-15]. A cross-sectional study conducted in India, revealed that gender minorities had higher odds of experiencing thoughts of death or wishing for death. Additionally, those with high levels of depression were three times more likely to have had views of or attempted suicide[16]. In another study conducted in 2019, subjects with gender identity disorder/gender dysphoria (GID) were assessed using the Minnesota Multiphasic Personality Inventory (MMPI) scale. The results showed that subjects with GID scored higher on the Paranoia ($p<0.01$) and Schizophrenia ($p=0.01$) scales[17].

Sadly, only a small number of individuals with GD/GI in India are able to visit psychiatrists due to societal rejection and the suppression of discussions surrounding the need for treatment or proper counseling. Such individuals struggle daily with their identity, leading to a loss of self-respect, dignity and various morbid disorders such as obesity due to binge eating, stress, low self-esteem, high blood pressure, depression, social isolation, and personality disorders. These conditions contribute to increased mortality rates within this population[18].

While some resourceful patients are able to access treatment, therapy, and hormonal interventions, others who face societal taboos preventing them from seeking treatment from healthcare specialists may turn to local practitioners for surgical options. Unfortunately, these individuals may encounter inferior surgical techniques and postoperative care, resulting in reported outcomes described as "horrificing." This increases the probability of poor outcomes, morbidity, and mortality, including post-operative suicide[19]

Conclusions:-

In conclusion, managing mental health issues in gender minorities presents unique challenges that are further complicated by cultural and societal factors. The complex interplay of family honor, deeply rooted social networks, religious beliefs, and societal pressure to conform to traditional gender roles can profoundly impact the mental well-

being of gender minorities. Consequently, there is often a rise in morbidity, resulting in the erosion of individuals' self-respect and basic human rights, leading to tragic outcomes. Gaining a deeper understanding of these issues is essential for developing effective interventions that can enhance the lives of gender minorities and alleviate their suffering. It is imperative for healthcare professionals and policymakers to collaborate towards creating a more inclusive and accepting society that values and respects the diversity of human experiences.

Consent:

"Written informed consent was obtained from the patient for publication of this Case report. A copy of the written consent is available for review by the Editor of this journal."

Abbreviations- GI: Gender incongruence, GD: gender dysphoria. B.P: Blood Pressure; RR- Respiratory rate, CBC: Complete Blood Count; FBS: Fasting Blood Sugar;

References:-

1. <https://psychcentral.com/disorders/paranoid-personality-disorder> what is paranoid disorder and how does it develop Zucker K. J. (2017). Epidemiology of gender dysphoria and transgender identity. Sexual health, 14(5), 404–411. <https://doi.org/10.1071/SH17067>
2. <https://psychiatryonline.org/doi/10.1176/appi.ajp-rj.2016.110103> paranoid personality disorder and therapy as the mainstay of treatment, Schwarz K, Fontanari AM, Mueller A, et al. Neural Correlates of Psychosis and Gender Dysphoria in an Adult Male. Arch Sex Behav. 2016;45(3):761-765. doi:10.1007/s10508-015-0660-8
3. <https://www.psychdb.com/personality/paranoid#:~:text=DSM%2D5%20Diagnostic%20Criteria&text=Is%20reluctant%20to%20confide%20in,insults%2C%20injuries%2C%20or%20slights> , Alavi, K., Eftekhari, M., & Jalali Nadoushan, A. H. (2015). Comparison of Masculine and Feminine Gender Roles in Iranian Patients with Gender Identity Disorder. Sexual medicine, 3(4), 261–268. <https://doi.org/10.1002/sm2.79>
4. WHO website- <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd> psychiatry made simple- practical oriented manual by P arun Varman. (pg- 72-76)
5. personality disorders, 8th volume by Mario Maj, (pg-332,336), Furlong Y, Janca A. Epidemiology of personality disorders in individuals with gender dysphoria. Curr Opin Psychiatry. 2022;35(1):78-82. doi:10.1097/YCO.0000000000000757
6. psychiatry made simple- practical oriented manual by P arun Varman. (pg- 88,-90), Olson, J., Schrage, S. M., Belzer, M., Simons, L. K., & Clark, L. F. (2015). Baseline Physiologic and Psychosocial Characteristics of Transgender Youth Seeking Care for Gender Dysphoria. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 57(4), 374–380. <https://doi.org/10.1016/j.jadohealth.2015.04.02>
7. child and adolescent psychology hand book for students, by Bhuvaneshvari (pg-112,113), Hughto, J. M. W., Varma, H., Babbs, G., Yee, K., Alpert, A., Hughes, L., Ellison, J., Downing, J., & Shireman, T. I. (2023). Disparities in health condition diagnoses among aging transgender and cisgender medicare beneficiaries, 2008-2017. Frontiers in endocrinology, 14, 1102348. <https://doi.org/10.3389/fendo.2023.1102348>
8. clinical handbook of psychological disorders by David H Barlow 6th edition pg-(553, 538), Meijer, J. H., Eekhout, G. M., van Vlerken, R. H., & de Vries, A. L. (2017). Gender Dysphoria and Co-Existing Psychosis: Review and Four Case Examples of Successful Gender Affirmative Treatment. LGBT health, 4(2), 106–114. <https://doi.org/10.1089/lgbt.2016.0133>
9. psychiatry made simple- practical oriented manual by P. Arun Varman (pg-92), Imborek, K. L., Graf, E. M., & McCune, K. (2017). Preventive Health for Transgender Men and Women. Seminars in reproductive medicine, 35(5), 426–433. <https://doi.org/10.1055/s-0037-1604457>
10. psychiatry made simple- practical oriented manual by P arun Varman. (pg- 62,63,64), Forcier, M., & Olson, J. (2014). Transgender and Gender Nonconforming Youth. Adolescent medicine: state of the art reviews, 25(2), 377–397.
11. child and adolescent psychology hand book for students, by Bhuvaneshvari (pg-122), Shumer, D. E., Nokoff, N. J., & Spack, N. P. (2016). Advances in the Care of Transgender Children and Adolescents. Advances in pediatrics, 63(1), 79–102. <https://doi.org/10.1016/j.yapd.2016.04.018>
12. Adolescent pediatrics 2nd edition volume 1 2023 (pg-42,43,44), Skordis, N., Kyriakou, A., Dror, S., Mushailov, A., & Nicolaidis, N. C. (2020). Gender dysphoria in children and adolescents: an overview. Hormones (Athens, Greece), 19(3), 267–276. <https://doi.org/10.1007/s42000-020-00174-1>
13. personality disorders, 7th volume by Mario Maj (pg-322,325), Karia S, Alure A, Dave T, Shah N, De Sousa A. Paranoia in patients with gender dysphoria: A clinical exploration. Indian J Psychiatry. 2019;61(5):529-531. doi:10.4103/psychiatry.IndianJPsychiatry_433_18

14. clinical handbook of psychological disorders by David H Barlow 6th edition pg-(533-538), Giovanardi, G., Morales, P., Mirabella, M., Fortunato, A., Chianura, L., Speranza, A. M., & Lingardi, V. (2019). Transition memories: experiences of trans adult women with hormone therapy and their beliefs on the usage of hormone blockers to suppress puberty. *Journal of endocrinological investigation*, 42(10), 1231–1240. <https://doi.org/10.1007/s40618-019-01045-2>
15. the handbook of child and adolescent clinical psychology: a contextual approach 3rd edition volume 1 pg-(543-548), Costa, R., Dunsford, M., Skagerberg, E., Holt, V., Carmichael, P., & Colizzi, M. (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *The journal of sexual medicine*, 12(11), 2206–2214. <https://doi.org/10.1111/jsm.13034>
16. Halli SS, Isac S, Bhattacharjee P, Dutta S, Ramesh BM, Lorway R, Blanchard J. Suicidality among gender minorities in Karnataka, South India. *BMC Psychiatry*. 2021 Jan 11;21(1):25. doi: 10.1186/s12888-021-03043-2. PMID: 33430838; PMCID: PMC7798192.
17. Karia, S., Alure, A., Dave, T., Shah, N., & De Sousa, A. (2019). Paranoia in patients with gender dysphoria: A clinical exploration. *Indian journal of psychiatry*, 61(5), 529–531. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_433_18
18. Laub: Sex reconfirmation surgery. Presented at the 10th International Symposium on Gender Dysphoria, Amsterdam, June 9-12, 1987
19. <https://ijmsweb.com/management-of-gender-incongruence-and-gender-affirmation-surgeries-the-indian-perspective-from-a-large-volume-gender-identity-clinic/> complications of surgery in gender dysphoria, Littman L. (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Archives of sexual behavior*, 50(8), 3353–3369. <https://doi.org/10.1007/s10508-021-02163-w>.