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Case Report

Transsexualism in the Indian context

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INTRODUCTION

Transsexualism is a desire to live and be accepted as a member of opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex and a wish to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex (ICD-10)[1]. There are an estimated approximately one million Hijras, the common Urdu term for transsexuals in India, representing approximately one in every 400 post-purbertal persons born male. The condition is far more prevalent than assumed. There is a lack of census data on them, making accurate enumeration impossible Most Hijras in India undergo sex change by 'nirvana', a native and unsophisticated surgical method of castration, often under aseptic conditions. This fact speaks of the countless tragedies occurring in the current climate of oppression, degradation and violence against transsexuals in India. Despite being acknowledged over centuries as 'arvanis' in India these transsexuals live in the fringe of the society as 'third gender' and are often driven to eke a living by begging and prostitution.

The stigma and anonymity have an enduring effect on the mental health of the transsexuals. However, there is also paucity of published literature about transgender/transsexuality in mental health journals.

Following is a case report of a transsexual individual, highlighting the psychosocial issues in the Indian context.

CASE REPORT:

S, is a 20 year old unmarried individual, born male, brought up in a traditional Hindu, South Indian family presented to the psychiatric services with history of a desire to live like female since the age of 10 years and a sense of discomfort with one's own anatomical male sex . She started dressing and behaving effeminate from the age of 16 years. Around the age of 18 years, in the face of intense opposition from parents and family members she started living with hijras and underwent 'nirvana' surgery with the support of her peers. She was traced by family; her peer group was arrested and prosecuted by police after a complaint of forced sex change procedure by her parents. Under duress she underwent phalloplasty and was reassigned a male role. Subsequently due to intense psychological conflicts within, she sought the help of a non-

governmental organization working with transsexuals and was brought to medical/psychiatric attention. She was diagnosed with Gender Identity Disorder-Transsexualism with no co-morbidities. She was taken up for individual psychotherapy. Therapy was eclectic in nature. Initially it was supportive; over time, sexual and asexual issues were discussed with her. The need to belong and be a partner to a male as a validation of being a female was a repetitive theme in her discussions. During the initial part of the therapy, she was in two consecutive controlling / exploitative relationships, both very difficult and stormy. Over the sessions, she was more accepting of her (female) gender identity which was indicated by the fact that her need for validation of her femaleness through a heterosexual relationship became less. She was also more prepared to deal with the challenges due to societal and familial attitudes more constructively than with anger and deviant behavior. Asexual issues of literacy, job, vocational skill building were discussed and she was initiated towards this. The sessions were tapered and terminated after 10 months by which time, S had undergone training as a beautician and had gained a stable job. She was not in a controlling / exploitative heterosexual relationship at the time of termination of therapy.

DISCUSSION

Transgender communities have existed in most parts of the world over time with their own local identities, customs and rituals. They are called ‘baklas’ in the Philippines, ‘berdaches’ among American Indian tribes, ‘serrers’ in Africa and ‘hijras, jogappas, jogtas, shiv-shaktis and aravanis’ in South Asia. In India the hijra community with a recorded history of more than 4,000 years, was considered to have special powers because of their third-gender status. However in the grand epic Mahabharata there is evidence of discrimination against Shikandi who was a probably a transgender. Historically they held sanctioned positions in royal courts during the Mughal period.

Currently Indian society being patrilineal and patriarchal male sex and masculinity are preferred. There is a significant discrimination against male to female transsexuals as depicted in the case vignette. Society is not able to come to terms with the fact that hijras do not conform to the accepted gender divisions. The extreme stigmatization surrounding transgressions around alternative sexuality as well as prostitution which is commonly associated with it makes it extremely difficult for families to accept their transsexual children. Further there are very few cultural/social/health resources for families to draw upon that will enable them to understand the sexual and gender identity and behaviour of their children. In addition to this, most hijras hail from a lower or lower middle-class background, which makes them susceptible to harassment by the police. The discrimination based on their class and gender makes the transsexual community one of the most disempowered groups in Indian society[2].

In the face of societal/familial opposition to belong to the other gender there emerges a psychological conflict within these individuals; clandestine pursuit of various methods of sex reassignment follows. Sex Reassignment Surgery (SRS) includes the removal of male sex organs and the construction of female ones. Since government hospitals and qualified private practitioners do not usually perform SRS, many transsexuals go to quacks and undergo crude surgeries, placing themselves at serious medical and legal risk. The ensuing legal complications

intensify their distress. There is also an absence of legal recourse or framework provided to these individuals to protect their rights. They are frequently arrested for immoral trafficking and deprived of their civil rights as was indicated by the aforementioned case.

Neither the Indian Council for Medical Research (ICMR) nor the Medical Council of India (MCI) has formulated any guidelines to be followed in SRS. The role of a mental health professional in this light is ill-defined. The attitude of the medical establishment has only reinforced the low sense of self-worth that many transsexuals have at various moments in their lives. There is a need for medical and psychiatric fraternity and law-makers to provide resources, facilities and support to the transgender community to live a life of dignity despite being different (and not deviant). The above case report is an example of how support could enable a transsexual person to deal with psychosocial issues and cope with them effectively.

REFERENCES:

1. ICD 10 Classification of Mental and Behavioral Diseases - Clinical and Diagnostic Guidelines 1992 World Health Organization, Geneva

2. Siddarth Narrain, 2003, http://www.countercurrents.org/gen-narrain141003.htm