Gender identity disorder or a symptom of borderline personality disorder- a case report

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1. BACKGROUND:

Gender identity disorder (GID) is characterized by a strong and persistent identification with the other gender, followed by a continuous discomfort and dissatisfaction with current gender that can affect social, occupational and other aspects of functioning. Previous studies report high prevalence of comorbid personality disorders with GID, especially narcissistic and borderline personality disorders (BPD). Our aim was to discuss the diagnosis of GID in a patient with BPD and narcissistic traits.

2. CASE REPORT:

A 19-year-old female patient was admitted to a psychiatric clinic in Croatia due to psychotic decompensation with intense depersonalization phenomena, imperative auditory hallucinations, suicidality and frequent self-mutilating behavior.

She was always prone to isolate herself and did not have close relationships, as she often felt different from other people. Only happy period she remembers in life was when she lived alone with her mother in another town and had her only for herself. During high school, she presented herself as a person with homosexual orientation. When she started with college in another country, she involved in a relationship with a male colleague. When this relationship ended, the symptoms that led to her hospital treatment started. She stated that she was acutally raped and that she always feared men.

However, in a couple of days, she revealed her cross-gender identification accompanied by feelings of repulsion and discomfort towards her body and started to present as a male with a new, male name. During the treatment, characteristics of BPD with narcissistic elements and impulsive behavior came in the first plan, with frequent changes of therapists and psychiatric clinics later-on. Identification with male gender persisted despite the thoughts that she could never become a perfect man which was her goal concordant with the narcissistic traits of her personality. She started sexual therapy aiming to make transition, but continually changed her male names and plans for the future and continued with self-mutilating behaviour in stressful situations, using it as a way to manipulate her family.

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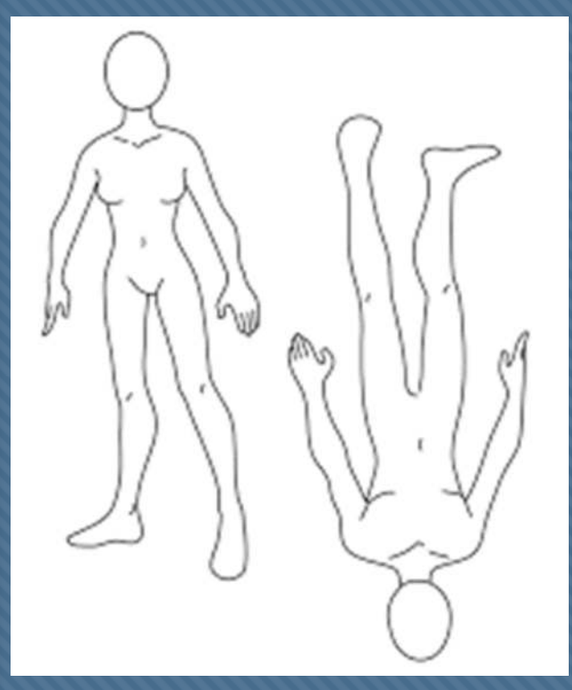

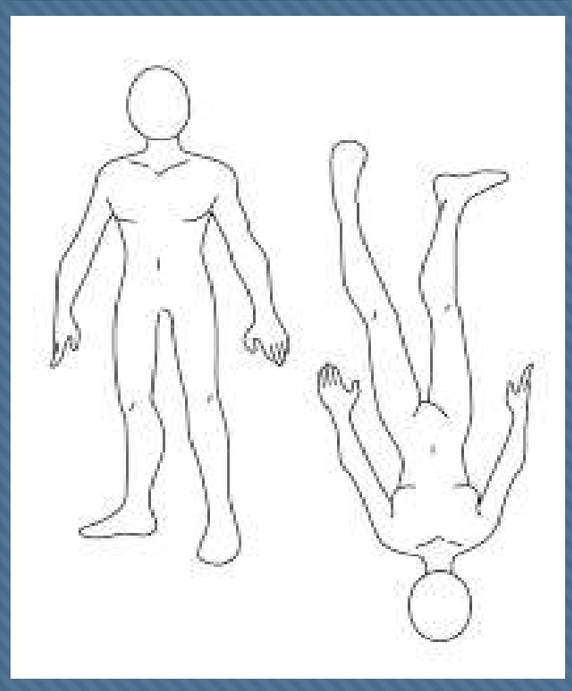

3. DISCUSSION AND CONCLUSIONS:

Presented case questions the line between identity disorder as a part of BPD and specific disorder in gender and sexual identity. While one of the criteria for the diagnosis of GID, specific assurance of having the characteristic feelings and responses of the other gender, seems to be present only in an ambigous, conflicting way. other difficulties related to gender identity could be a part of a broader identity disorder seen in BPD. Moreover, specific symptoms of BPD, e.g. manipulative behaviour, self-mutilation, impulsivity and superficial emotional relationships come in the first plan as they are pervasive and seem to determine overall functionality, behaviour and emotional life of our patient. In complicated cases like this, when patient insists on transition and hormone therapy, clinicans should be careful and take into consideration all potential differential diagnosis and comorbidites that can interfere with the treatment outcome.

References:

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