

## Case Report

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## Gender dysphoria and morbid sexual jealousy in an adolescent

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## Abstract

Gender dysphoria is the psychological distress that occurs when an individual's biologically determined sex and gender identity do not align. Jealousy is likely to occur in any form of intimate partnership, irrespective of sexual orientation. Jealousy in a relationship is affected by sociocultural variables, an individual's sense of masculinity, femininity, and other factors. We report an 18-year-old assigned female at birth with gender dysphoria presenting with jealous-type delusional disorder. We found no previous reporting of morbid jealousy in adolescents with gender dysphoria.

**Keywords:** *Gender Dysphoria, Morbid Jealousy, Adolescent, Sri Lanka, Mental Health*

## INTRODUCTION

Gender identity could be described as a person's self-perception of being female, male, neither, or a varying combination of both. Gender dysphoria is the psychological distress that occurs when an individual's biologically determined sex and gender identity do not align [1]. Data from all over the globe show that gender dysphoria in the young is far more common than anticipated by physicians [2]. The referrals to certain specialised services in European nations have increased by 20-fold from the 1980s to the present [3].

Studies predominantly conducted in the West show that self-reported transgender identity in young people and adults ranges from 0.5 to 1.3% [4]. Such comprehensive epidemiological data is not available for Sri Lanka.

However, a study among 163 attendees of a clinic managing gender dysphoria in Sri Lanka has found that the mean age of the participants was 26 years, female-to-male gender transition was common (68%), and 69% were heterosexual.



Most participants (98%) had undergone lifestyle modification and physical interventions to change their anatomical gender identity. Among the participants, depression (16.6%), deliberate self-harm (14.7%), and suicidal ideation (16.0%) were reported [5].

Jealousy in a relationship could be defined as a resentful suspicion that one's partner is attracted to or stated to be involved with someone else. The belief of rivalry is the cornerstone of psychopathology, whether or not such an issue truly exists [6]. Usually, an individual may become jealous in an intimate relationship in response to certain evidence. However, the belief will be modified as new information becomes available. On the other hand, a morbidly jealous person would refuse to consider contradictory evidence, and jealousy could present as an obsession, overvalued idea, or delusion [7].

Jealousy is likely to occur in any form of intimate partnership, whether it is heterosexual or any other, and there is no evidence that jealousy would be less in same-gender relationships, although reproductive outcomes were not at risk [8]. Jealousy in a relationship is affected by sociocultural variables, masculinity, and femininity [9]. It would be interesting and clinically relevant to explore features of morbid jealousy in a relationship involving a person with gender dysphoria, as there would be unique interplays between cultural expectations and gender roles. We could access one case report only from India, reporting a 24-year-old natal adult female with gender dysphoria and morbid jealousy [10]. We could not find any reporting of morbid jealousy in adolescents with gender dysphoria. It has been found that young adolescents perform and suffer more jealous behaviour than in adult relationships, and exploring morbid jealousy in this age category would be necessary for the psychological management of teen relationship conflicts [11].

## CASE REPORT

An 18-year-old advanced-level student, an assigned female at birth, presented with a strong desire to be a male from her childhood. The teenager met the criteria for gender dysphoria as per the 5<sup>th</sup> edition of the Diagnostic and Statistical

Manual of Mental Disorders of the American Psychiatric Association (DSM 5), as summarised in Box 1.

**Box 1:** DSM 5 criteria for gender dysphoria in adolescents and adults

A marked incongruence between one's experienced gender and assigned gender of at least six months duration, as manifested by at least two of the following:

A marked incongruence between one's experienced gender and primary and/or secondary sex characteristics.

A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced gender.

A strong desire for the primary and/or secondary sex characteristics of the other gender.

A strong desire to be of the other gender.

A strong desire to be treated as the other gender.

A strong conviction that one has the typical feelings and reactions of the other gender.

The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

The adolescent preferred to dress in typical male suits and usually bought shirts and trousers from the men's section in clothing shops. Growing up as an assigned girl, in adolescence started to get attracted to women.

Teen constantly felt trapped in a wrong physical body and helpless due to being unable to lead a normal life. Six months back, the teenager commenced an intimate relationship with a 21-year-old female university student, and they met online. Teen considered it a heterosexual relationship and identified self as the male, while the partner considered herself to be heterosexual and had stated as the 'girl' in the couple.

The teen had a strongly held belief that the partner had sexual relationships with multiple men, and this thought led to severe distress. This person followed the partner while travelling to the university and demanded to delete her social media profiles, fearing men would contact her online. Whenever they met physically, the adolescent demanded to hand over the partner's phone and checked all available text messages and call history for indications of connections with males. Innocuous behaviour, such as a colourful dress, a new hairstyle, or perfume, led to incessant interrogation about meeting other men. The adolescent was not on any hormonal treatment during this period. There was no family history of psychiatric disorder, recent head injury, or psychoactive substance use.

In the mental status examination conducted by a consultant child and adolescent psychiatrist, emotional distress and delusional infidelity were detected. Speech, perceptions, and cognitions did not reveal any abnormalities. There was no suicidal ideation, hostile/homicidal ideation, obsessions, overvalued ideas, other delusions, hallucinations, and the insight was impaired with complete denial of possible psychological causation for the symptoms. Assessment of intelligence found scores lying in the normal range. Biochemical and endocrinological investigations were normal, including thyroid, liver, renal, and glycaemic values, and neuroimaging was not conducted. Gender dysphoria and delusional disorder were diagnosed according to the DSM 5 criteria. The teenager was managed with psychoeducation, supportive psychotherapy, and risperidone for delusional jealousy. The adolescent was treated as an outpatient and responded well within a few weeks, management for gender dysphoria was continued, and endocrinology referral was done. Informed written consent was obtained for the assessment and publication.

## DISCUSSION

In relevance to phenomenology, a study among Sri Lankan adult psychiatric inpatients revealed that morbid jealousy was detected among 17.1%, with more than half having overvalued ideas and 30.7% suffering from delusional jealousy [12]. Among delusional disorders, jealousy is considered the commonest type, and more than half respond well to antipsychotic treatment [13]. The described

patient had a delusional disorder of jealousy type and responded well to risperidone, which is effective in adults [14]. There are limited studies on delusional disorders among adolescents, and most publications are case reports.

The causality of morbid jealousy is likely to be multifactorial, with sociocultural and neurobiological contributory factors [15]. The presence of neurodevelopmental disorders such as autism spectrum disorder has been associated with the diagnosis of delusional disorder. However, the described teenager showed typical development [16]. In evolutionary psychology, it is hypothesised that men with morbid jealousy are more worried about the sexual infidelity of their female partner and women more focused on emotional infidelity [17]. The described adolescent, an assigned female at birth, seemed more worried about the sexual infidelity of the female partner, and this might be related to the self-perception of masculinity.

Further, morbid jealousy due to organic causes such as head injury and meningioma has been reported from Sri Lanka. However, there was no such history in this adolescent [18]. Sexual dysfunction and hypophallism, the belief that the penis is unusually small, have been associated with morbid jealousy [19]. The described adolescent, an assigned female at birth, has not yet undergone hormonal treatment or gender-reassignment surgery, and perceived deficits in this context are likely to have contributed to morbid jealousy. Compared to regional countries, better acceptance of gender dysphoria is seen in Sri Lanka [20]. However, the structure of the health system and limited adolescent mental health services may hinder adolescents with gender dysphoria from seeking appropriate care [21].

A systematic review of persons with gender dysphoria found that among 577 individuals included, 53% had presented with at least one mental disorder in their lifetime, and mood disorders (42.1%), followed by anxiety disorders (26.8%), and substance use disorders (14.7%) [22]. Persons with gender dysphoria experience perceived discrimination in multiple settings, and social support from loved ones have a central role in their resilience [23].

A study has been conducted on individuals who experienced gender dysphoria, chose to undergo medical and/or surgical transition and then detransitioned [24]. The reasons cited for detransitioning were discrimination experienced, becoming comfortable with natal sex, worries about medical complications, and understanding that their dysphoria was caused by either trauma, abuse, or a mental health disorder [24]. These results show the changeability of the decision of gender change which could be even more prominent in adolescence. Gender fluidity is the change in a person's gender expression and/or gender identity during a period. Both expression and identity of gender might change individually or together [25].

In conclusion, in morbid jealousy, sociocultural expectations of masculine and feminine roles play a significant role in the development of psychopathology. Gender dysphoria is a unique entity where gender attributions are ever-changing with ongoing management. A comprehensive clinical assessment is required to understand deeper psychosocial connotations. This report shows that morbid jealousy is seen in the context of gender dysphoria, and screening for such psychopathology is essential for comprehensive psychosocial management.

#### Author declaration

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None

#### Author contribution

LCR, CK, MA, HR: Literature review and writing of the manuscript

MC: Design, assessment, and writing of the manuscript

KALAK: Concept, design, and writing of the manuscript

#### Conflict of interest

The authors declare that there is no financial and non-financial conflict of interest.

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#### Ethics statement

Written informed consent obtained for participation and publication

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