Case Report

Self castration in trance and possession disorder: a case report

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Abstract

Castration is a rare event that is commonly associated with psychotic disorders. However, such injuries have also been reported from non-psychotic patients as a result either from bizarre autoerotic acts, attempts at crude sex change operation by transsexuals or secondary to complex religious beliefs and delusions regarding sexual guilt. We report a case of 35 years male from rural Nepal with history of trance and possession spells for last 7 years and self-inflicted scrotal injury with amnesia for that period. After two days, surgical orchiectomy was done and postoperative outcome was uneventful. Such case of self castration in dissociative disorder is rarely reported and worth to bring in notice.

Keywords: castration, dissociative disorder, psychotic, trance and possession

Introduction

Castration (also known as gonadectomy) is any action by which an individual loses use of the testicles and self castration is a severe form of self-injurious behavior. In cases of genital self-mutilation, 65% to 87% are found to be psychotic and 13% to 35% to be non-psychotic. The non-psychotic cases included character disorders, transvestism, and complex religious or cultural beliefs.[1,2] It is suggested that genital self-mutilation may be a pathway out of diverse psychological disorders and in non-psychotic cases it could be an expression of psychotic solution to a conflict and may be influenced by cultural factors.[3]

We report a case of self-castration, in a case of trance and possession disorder wherein the patients sought a psychotic solution to a conflict /stress and was influenced by social, cultural, and religious factors.

Case report

A 35-year married male from Far western hilly region of Nepal was brought to Tribhuvan University Teaching Hospital emergency after being referred from zonal hospital with history of self inflicted scrotal injury along with incisions in middle anterior trunk two days back. His vitals were stable. On local examination, scrotal region was bandaged and on inspection after its removal there was a laceration of scrotal wall till root of penis with bilateral exposure of testis and transfaction of bilateral spermatic cord with no active bleeding. In mid anterior trunk there were multiple superficial partially healed vertically oriented incisions ranging from around 3 to 7 cm in length. On systemic examination, no significant findings were noted. He was not much concerned and denied remorse as could not remember how it happened.

Routine blood examinations showed complete\ differential blood count (7800mm3, N-65, L-20,M-1), hemoglobin 12.8mg/dl, random blood sugar- 5.2 mmol/L, Na\k-138\4.2 meq\L, SGOT: 30 U/L ,SGPT: 20 U/L, urea: 2.3 mmol/L , creatinine: 76 micromol/L , Urine routine and microscopy was within normal limit. Urgent Ultra-sonogram of scrotal area was done which showed hypoechoic bilateral testis with no vascularity, after which surgical orchiectomy was done on the day of presentation to ER. Postoperative recovery was uneventful and patient was transferred to psychiatry ward for diagnostic evaluation and management.

On reviewing the history there were episodes of fearfulness with anticipatory anxiety of something bad

going to happen, most of the times after recurrent dreams of spirits of deceased forefathers for last one and half months. He also started having abnormal movement of whole body starting from head and gradually involving whole body where he would shake as if being possessed by spirits of ancestors which was evident from the content of his communication during such episodes. Such episodes occurred every 2 to 3 days and sometimes many times in a day and each episode would last up to half an hour. After cessation of such episodes he would be unaware about the event. He, his family and others believed he was being possessed by the spirit of his forefathers and punished for not being able to fulfill their wishes. There was neither history of clenching teeth, tongue bite, frothing, urine\stool incontinence, loss of consciousness or injury nor delusions, hallucinations disorganized behavior or thought. For these types of episodes help from traditional healer was sought mostly and on doing so such episode would subsid for variable duration. There is trance and possession spells in most of the family members in that community.

Patient is a priest and is very religious and superstitious. There is a sense of competition among relatives of same lineage to become head priest, a privileged position in his community. On the day, after returning from a local religious festival, he was concerned and worried for unfinished rituals related to his demised forefathers. In the middle of the night he felt as if something had possessed him and became aware after 4 hours while he was in hospital. His relatives found him lying unconscious inside the locked room with blood soaked pants and cut marks in abdominal region. He was immediately rushed to the nearby hospital from where he was referred to higher centre for further management. Patient had complete amnesia for the entire event and recalls only waking up at night once. There is no history of psychoactive substance use, depressive, manic and psychotic episodes.

After transfer to psychiatry ward Beck depression inventory (BDI) and Beck anxiety inventory (BAI) showed mild depression and mild anxiety respectively and Brief psychiatric rating scale (BPRS) score was 35 with moderate level of somatic concern, mild level of anxiety and moderately severe score in tension and guilt feeling. Patient was explained about post orchiectomy consequences and had shown some concerns about his sexual life. Patient was discharged on Fluoxetine 20mg after 10 days of stay in psychiatry in-patient ward. On subsequent follow up visits done at 1st, 3rd, and 5th month patient had no trance and possession episode but had decreased libido and poor sexual performance. There was persistence of moderate level of somatic concern without any anxiety, tension and guilt feeling as evidenced by BPRS in 3rd follow up.

Discussion

Genital self-mutilation (GSM) is under reported. The first case was reported in 1901[4] but most authors have concluded that such cases occur mostly during psychosis.[5,6,7] Majority of cases of GSM reported in the literature have been in patients with psychosis or psychiatric disorders,[8] with either functional or organic brain disease.[5,9] It is not clear what prompts a man to divest himself of his own genitalia. Two studies prior 21st century were able to identify two general groupings. The most common group consisted of psychotic patients (65%-87%). The other group consisted of nonpsychotic patients (13%-35%). There was no difference in the severity of the injury between the two groups. A history of substance abuse (excessive alcohol intake and/or narcotics) was present in 54% of their patients.[2,5] Psychotic patients with sexual conflict, prior self-destructive behavior, depression, severe childhood deprivation, and premorbid personality disorders are at risk.[10] An interesting inversion of the commonly accepted relationship between psychosis and autocastration speculate that psychosis can be an effect rather than a cause of the phenomenon and that the loss of testosterone leads to psychosis.[11]

In non-psychotic individuals, GSM results from intoxication, attempts of transsexuals at sex change operations, attempted abortions, and character disorders [5,6,7], bizarre autoerotic acts[12], distorted religious beliefs. A case report from India reports a case of self-mutilation in a 29 year old non psychotic patient, who chiseled off his penis, because of his sexual inadequacy. He sought a solution to his problem by amputating his penis so as not to get married.[8] In our case report patient may have committed GSM in order to remain pious and free from all acts of sexuality for claiming the post of the head priest. A possessed individual is typically characterized by having strange physical ailments or disfigurements. Blackouts are extremely common and the unrecalled periods of time occur when another personality is in control.[13] After detail diagnostic history and psychometric assessment diagnosis of trance and possession disorder was established. Although in some communities self inflicted minor injuries are present,

self castration at such spells is not reported till date among any cultures and hence reported here.

Conclusion

Genital self mutilation is rare event occurring mostly in psychotic disorder and almost never reported in dissociative disorder. Grievous injury (castration) in this part of world where dissociative disorder is common warrant us to be cautious which may have bad consequences later in life as impaired sexuality and psychological impact due to loss of masculinity.

Conflict of interest: None declared

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