

Saying No To Friendship Was Expensive: Case Study Of An Acid Survival Female Transgender

ABSTRACT

A 29 year old transgender who was separated from her parents at the age of 10, brought up by the Guru and became a dancer. She refused many friendships, but one expensive refusal was paid with the acid thrown on her face which snatched her sight, beauty, self-esteem, and confidence. Mental Status Examination, RISB, PTSD Symptom Scale Interview and DSM V criteria for PTSD were used for pre and post assessment. Results are showing significant improvement in managing the symptoms.

PRESENTING COMPLAINTS

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BACKGROUND

She was the youngest one among 4 siblings in a Muslim family with low SES. Her transgender and stigma were the barrier to her education which resulted in shyness, loneliness and feeling of sadness and guilt in her childhood. It was very difficult for her to live without family but she accepted to live with the other transgender. She adopted the profession of dancing in order to fulfill the basic needs.

PREMORBIDITY

She was very active, jolly, extrovert and it was very easy for her to talk with everyone before this critical incident. During her childhood she was very shy, sad and depressed person.

HISTORY OF PTSD

She was very beautiful and refused to many people for friendship. There were 2 friends who offered her friendship, but she accepted one and refused the other. One night after attending the function she was sleeping, a person whom she refused, entered into her room and threw acid on her. Her beauty was gone and her face became terrible, which is an irreparable loss to her. She was taken to the hospital's emergency but that was a terrible moment for her.

Assessment & Diagnosis

Diagnosis and Differential Diagnosis with DSM-V		
According to the DSM-V client met with the 8 criteria of the Posttraumatic Stress Disorder 309.81 (F43.10) . The client was differentially diagnosed from other post traumatic disorders and conditions, acute stress disorder, dissociative disorder and traumatic brain injury,		
Mental Status Examination (MSE)		
<i>General Appearance</i>	Her body physique and dressing was normal but her face was burnt and she was blind.	
<i>Psychomotor behavior</i>	Her body posture and movements were normal	
<i>Mood & Effect</i>	Sadness, irritability, anger, fear, regret, pessimism, hopelessness, and depressed mood was observed.	
<i>Speech</i>	Rate, flow, volume and liveliness was observed during intake.	
<i>Cognition</i>	Her attention, concentration, recent and remote memory was below average but insight to the problem was good.	
<i>Thought pattern</i>	Overgeneralization, selective abstraction, dichotomous reasoning, personalization and arbitrary inferences were observed.	
<i>Level of consciousness</i>	She was aware that she is in hospital and her remote and recent memories were functional.	
Rotter Incomplete Sentence Blank (RISB)		
Pre Treatment	Post Treatment (90)	Follow Up (180)
147	90	75
PTSD Symptoms Scale-Interview [PSS-1]		
42	25	17
The computed score of 147 for RISB before treatment depicts that client has some <i>inadequacies, immaturities, guilt and conflicts</i> and strongly desires for <i>warm relationship</i> and <i>escape from future worries</i> . Score of 90 for RISB depicts that client is struggling to resolve the issues and score of 75 depicts significant improvement during the <i>follow up</i> . Scoring range of the PSS-1 vary from 0 to 51 , where 0 mean absence of any traumatic cognitions and 51 means maximum. The obtained score of 42 of the client indicates that he has significant symptoms of the PTSD whereas subsequent scoring of 25 after the treatment and 17 during the <i>follow up</i> shows significant improvement in the client. Moreover, client is able to narrate the story of her trauma with the least symptoms which were observed during the intake.		

TREATMENT PLAN

After building the rapport, intake and assessment the patient was treated with PMR, CBT, NET and MET. Pre and post assessment is showing significant improvement in client.

CASE FORMULATION

Lack of social support for transgender increased the traumatic memories. Traumatic experiences are the (*conditioned responses*) to the sights, sound and even smell (*conditioned stimuli*) related to the acid thrown in **classical conditioning**, Avoidance behaviors are (*operant responses*) that are (*negatively reinforced*) by relief from traumatic feelings in **operant conditioning**. Early *dysfunctional assumptions* and *automatic negative thoughts* were triggered by traumatic experience which affected her *behavior, motivation, cognition, emotion and somatic* symptoms in **CBT**. Person is avoiding to recall the *hot memories* and **NET** will help the client to calm down her hot memories by *narrating the experience of the trauma*.

CONCLUSION

There is significant improvement in the distress level of the client which is depicted in the assessment of before and after the treatment and during the follow up. The client is able to recall the traumatic memories and maintaining the sleep properly. Sometime client feels depressed, but she is managing her life. She is living with her father and her mother is deceased.

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