

Introspective Acceptance of Gender Identity: Case Report Detailing Resolution of Gender Dysphoria After Use of LSD

Joseph Pullara, M.D.

Gender dysphoria is a rare psychiatric disorder that has traditionally been managed and treated using hormone replacement and intensive plastic surgery. Most psychiatric medications and therapies offer little benefit in regards to the symptoms of gender dysphoria and instead are initiated to treat associated conditions such as anxiety or depressive disorders. This report describes the case of a 32-year-old male patient with a long-standing history of Gender Dysphoria (GD) who had symptoms almost completely resolve after orally ingesting 300 micrograms of Lysergic Acid Diethylamide (LSD). This case serves to provide evidence in support of LSD as an effective psychotherapeutic treatment modality.

CASE REPORT:

Jordyn was a 32-year-old male patient with a history of Gender Dysphoria (GD), borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), generalized anxiety disorder, and persistent depressive disorder who began following with outpatient psychiatry services after an inpatient psychiatric admission for suicidal ideations. At the time of his inpatient admission, he had developed an elaborate plan to shoot himself in the head with a handgun. He had a history of multiple admissions for similar reasons and had failed numerous psychotropic agents from various pharmacologic classes.

He agreed to a trial of psychotherapy with this author shortly after discharge from the inpatient psychiatric unit. Over the course of a year, a therapeutic relationship was established through several psychotherapeutic sessions that focused on cognitive-behavioral interventions for his symptoms of anxiety and depression. His chief complaints typically were about his gender dysphoria and overwhelming anxiety. He described deep feelings of neurotic distress centered around being “outed.” He initially dressed in a very feminine manner and spoke in a purposefully feminine tone of voice. He preferred the pronouns “she, her and hers.” To his friends and co-workers, he was looked upon

as a female. He considered himself to be transgendered but held strong disdain for other transgender individuals. He constantly worried that co-workers or strangers in public would recognize him as male.

His struggles with gender dysphoria dated back to age 5 when he first recalled not feeling “normal.” As a child, he often wanted to join in activities with his twin sister: wearing dresses, playing on the softball team (instead of a baseball team), and having sleepovers with other girls. His father was a Navy veteran who served in Vietnam and did not approve of these behaviors. His mother noticed that Jordyn struggled with his gender identity and was more supportive, which drew a divide in their household. One summer, his father enrolled him in a local “gay conversion camp” in an effort to “teach [him] how to be a man.” This caused him to question his gender identity throughout childhood and into his teenage years. In high school, he went through a phase where he tried to prove his masculinity to all of the other high school boys and became heavily invested in stereotypical male topics: cars, sports, women. This eventually culminated in him having sex with a woman he was friends with, in an effort to “prove” to his peers that he was a man. This encounter resulted in the woman getting

pregnant with his only daughter, and their families pressuring them into getting married.

Though their marriage was unconventional, he had been very honest with her about his attraction to other men, and his thoughts about his gender identity. They mutually came to an agreement in which Jordyn could engage in relationships with other men, but should he begin to transition the marriage would have to end immediately. This agreement lasted for a few years, but eventually, Jordyn's distress about his gender identity became too much and he made the decision to begin the process of transitioning thus ending his marriage. He began to socially transition first by wearing traditional female attire and using make-up to appear more feminine. After this period, he sought evaluation and elected to begin medically transitioning and was started on hormone replacement therapy with estradiol, finasteride, and spironolactone. Prior to our therapeutic relationship, he had been seen by two licensed psychologists as part of the evaluation process for a future gender reassignment surgery. Since he was a child, he strongly disliked his penis and had frequent intrusive thoughts of harming his penis or removing it. He had gone so far as to remove mirrors in his house so that he would not have to accidentally look at it. Gender reassignment surgery was something he had sought for as long as he had known it was a potential treatment option.

His thoughts on what would happen after the surgery were intricately detailed but cognitively complex. He stated that he knew he would never be biologically female. He understood that he would never lactate or bear children. He believed he would always consider himself a transwoman, and never planned to consider himself female. He did not worry that he would not like the aesthetic outcome of the surgery due to both the level of repulsion he maintained for the appearance of his current genitalia and because he had looked through hundreds of post-operative photos online. He

frequented online forums to read other individual's reports of detransitioning and adverse emotional outcomes from the surgery and was sure that he would not experience these same issues because of his beliefs and understanding that he would never be a biological female. After taking all of these factors into consideration and receiving the approval of all medical specialties involved in the gender transition process he elected to schedule a date for gender reassignment surgery and started making the necessary preparations to schedule time off from his work for the procedure and post-operative recovery.

Interestingly, one afternoon he presented to the psychiatry clinic in unrecognizable attire. He had cut his hair short, started growing facial hair, and was dressed in traditionally male attire. He asked to be referred to by male pronouns and had been conducting his life as a male. When asked what had changed from his previous psychotherapy session just two weeks prior, he described a very influential psychedelic experience that occurred under the influence of Lysergic Acid Diethylamide (LSD).

Though he had experimented with LSD a few times previously, this experience was substantially different. Earlier in the morning, he had orally ingested 300 micrograms of LSD with the intention of going to a music festival with friends. He started to feel the peak effects of LSD around the time he arrived at the music festival. He vividly recalled standing in line at the festival, watching people walk past him. Previously, this was a large source of anxiety for him because he constantly worried that people would notice he was a transgender individual. This would lead his mind to race with thoughts and fears that people would discover his "secret identity," and therefore try to harm him. While under the influence of LSD, these neuroses were significantly diminished. He reported seeing himself from a third-person perspective, merely existing in the world. He realized that people were not looking at him, nor did they recognize

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his presence around them. This reduction in egocentric thinking due to the realization that he was unimportant to these individuals was incredibly freeing for him.

After the effects had worn off, he spent time reflecting on the experience. He came to discover inner peace within himself as he felt that he had seen his true self for the first time. He began to question himself: "How can I expect the world to accept me when we I cannot even accept myself for who I am?" He did not remember where he had heard that phrase, but it greatly impacted him. He decided that he no longer wished to pursue hormone replacement therapy or gender reassignment surgery and desisted in his transition.

DISCUSSION:

To this author's knowledge, there are no other case reports of LSD being used as a psychotherapeutic modality to treat gender dysphoria. A significant amount of research has been done on LSD's effect on depression, PTSD and alcohol use disorder which have shown

promising results. This case report serves to add to the literature and suggests possible efficacy in treating this complex disorder. In this case, LSD provided the patient with novel insight into his dysphoria that he had not previously been able to achieve with traditional psychotropic medication or psychotherapy. He was able to find the root cause of his gender dysphoria through self-reflective introspection from a third-person perspective. In the months after this LSD experience, he has remained firm in his intentions to desist and has lived his life in a traditional male role.

AUTHOR INFORMATION:

Send correspondence to Dr. Joseph Pullara (jpullara@kumc.edu)

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