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Psychological Dynamic of a Gay: A Case Report from Medan

Rahma S. Bintang*, Mustafa M. Amin

Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia

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***Correspondence:** Rahma S. Bintang. Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia. E-mail: rahmasb.dr@gmail.com

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Abstract

BACKGROUND: Masculinity behaviour is not a problematic sexual orientation disorder to find. Some behaviour could complicate the prevention and management, such as: rarely seeking help from a psychiatrist unless facing law problem or surrounding social taboo. The recent number of prevalence represents only the tip of the iceberg.

CASE REPORT: We presented a case of a 38-year-old man taken by a police officer in the Department of Psychiatry, Universitas Sumatera Utara Hospital for a Psychiatric Evaluation after allegedly killing his male partner. Psychiatric evaluation and MMPI-2 examinations were conducted to disclose and analyse his life dynamics and reality.

CONCLUSION: The prior examination directed us to conduct an examination using the Minnesota Multiphasic Personality Inventory (MMPI-2). We found increased from Clinical Scale 5 and 44 positive answers from 66 questions. This patient is egosyntony that make it is very complicated to be treated.

Introduction

Erotic orientation or sexual attraction is an exciting research topic, from psychology to other fields. The definition of sexual orientation is an individual fundamental desire to fulfil their need for love. This need was associated with closeness or a sense of intimacy. This desire could develop into a bond between two people [1].

Erotic orientation is not solely physical attraction (i.e. sex) but about personal relationships. Sexual orientation in the community has a very limited definition. Thus, sexual orientation is mainly interpreted as a physical, sexual attraction. The most common sexual orientation is heterosexual, while masculinity is a sexual orientation disorder. Sexual orientation is affected by various interconnected factors, including environmental, cognitive, and biological factors, and developed since childhood in most individuals [2].

Masculinity is taboo and hard to be comprehended by the Indonesian society. This negative stigma from the surrounding community could cause social anxiety among masculinity. It is a sense of romantic and sexual attraction or personal behaviour to another of the same sex or gender. As a sexual orientation, masculinity refers to a continuous pattern or disposition to sexual, affection, or intimate experience, mainly or exclusively to people of the same sex. It could also indicate a personal and social identity based on attraction, expression, and membership in their communities [3], [4]. Masculinity intended between men and men is typically called gay. There are some factors causing masculinity. Some authors approaching masculinity biologically stated that genetic or hormonal factors affect the development of masculinity. Other psychoanalysts suggested that the condition when the mother is more dominant and overprotective while the father is passive contributes to this condition. A person's sexual orientation could also be learned as a result of the reward and punishment received.

The theories causing someone being homosexuals are the following Biological Theory; many claims that their sexual orientation is a result that arises from biological factors, so they have no control or choice over their orientation. According to the biological view, the genetic factor, hormonal

factor, and birth order could lead to this orientation. Developmental Theory; Sigmund Freud suggested that masculinity resulted from a continuous predisposition regarding humans who born initially in a bisexual state. Under the general environment, psychosexuality develops in childhood and ends in heterosexual life, while in certain environmental conditions, it impairs the development in the stage of immaturity, and leads to masculinity in adulthood. The behavioural theory emphasises that masculinity arises from the learning process. Masculinity was believed to arise due to positive reinforcement/reward of masculinity experiences and negative reinforcement/punishment of heterosexuality experiences [5], [6], [7].

Case Report

A 38-year-old man, EH, was presented to Psychiatric clinic of the USU Hospital by a police officer for psychiatric evaluation. He was suspected of murdering AP, his same-sex partner. The victim was found by cleaning staff in post-mortem rigidity state in a room of a well-known hotel in Medan. The victim had seven stab wounds on his chest and abdomen. The police officer went to the crime scene soon after receiving a report from the hotel management. The victim and the suspect were identified from the hotel guest register. The police could arrest the suspect in the first 24 hours before he left the city. EH admitted his actions, and he did not feel any guilt. He claimed he killed his partner due to jealousy and AP was unfaithful.

The patient came fully aware and well-oriented to people, time, and place. The mood was dysphoric with appropriate affect. He felt uncomfortable for the first time. After a few moments of in-depth interpersonal counselling, the patient finally opened up. He was the youngest child of three siblings. His father was an entrepreneur while his mother was a private employee. His father was a hard person and mostly on business trips. The patient frequently was intimidated and received physical violence by his father in his childhood.

On the other hand, his mother consistently provided excessive protection and dominance. He had two older sisters who were his childhood playmates, and he also joined playing female toys. He dated women twice but found out his partner was cheating on him. At 30 years old, he had lost his desire for women. Two years later, he married, and the marriage was less than two years (he divorced due to irreconcilable differences).

The examiner found the patient was a pleasant person, but he disliked interacting with women. The examiner found no flight of ideas/loose associations/circumstantial/tangential thought. The patient provided poor insight into his condition (level 1). No history of substance use was obtained, proven by a dipstick test. Anamnesis showed no prior head trauma. The General physical examination was normal, except for the rectum, presenting a laceration.

Discussion

For establishing psychodynamic of homosexual (gay) life, several aspects are referring to homosexual behaviour: (1) Sexual orientation (2) Sexual behaviour and (3) Sexual identity. There are several discussions about psychodynamics and his behaviour: (1) Sexual Orientation is a person's social-erotic choice in determining the sex of the partner, whether of the same sex or opposite sex. This orientation can be broadly distinguished into several outlines: heterosexual, homosexual, and bisexual. The American Psychiatric Association (APA) stated that this sexual orientation develops throughout a lifetime. In this case, EH's sexual orientation started deviating when he failed his love relationship with the opposite sex twice. Inescapably, EH initiated relationships with a same-sex person. (2) Sexual behaviour was defined as sexual behaviour of two people of the same sex. Here, EH admitted he enjoyed sexual acts/behaviour with a same-sex partner. (3) Sexual identity. It shows how a person defines and introduces himself to a community.

Previously, DSM I (1952) stated that masculinity was a socio-phatic disorder, meaning that homosexual behaviour was not in concordance with social norms and considered abnormal behaviour. DSM II (1968) stated that masculinity was a sex deviation and had been moved from socio-phatic disorders category. DSM III (1973) declared that homosexuals were considered to be a disorder if their sexual orientation disturbed them. The Revised DSM III subsequently withdrew the homosexual as a disorder. Robert L. Spitzer (chairman of the DSM III manufacturing committee at the time) observed that masculinity was nothing more than a variation of sexual orientation. The patient was provided with these following interventions; (a). Cognitive Behavioural Therapy and Interpersonal Therapy for 16 sessions. (b). Psychopharmaceuticals: Antidepressant Sertraline 50 mg 1 x 1 and Hormonal therapy from the Obstetrics and Gynecology Department. Periodic evaluations were conducted in this patient. It would be difficult to change their perceptions and sexual orientation, ego-syntonic.

It can be concluded that there were various promoting factors, including prior history for someone to be homosexual. EH was a man who liked the same-sex partner and started his same-sex relationship since he was 30 years old. Even when he

was dating and marrying a woman, his same-sex relationship was nevertheless going on. EH married only to fulfil his family urge and social status. The prior examination directed us to conduct an examination using the Minnesota Multiphasic Personality Inventory (MMPI-2). We found increased from Clinical Scale 5 and 44 positive answers from 66 questions. His case fulfilled the criteria, and sexual orientation disorders could be established based on DSM-5 GAF Scale 50-41.

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