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A CASE SERIES OF "KLINGSOR SYNDROME" COMMIT SUICIDE : PSYCHIATRIC ASPECTS OF MALE GENITAL MUTILATION ; PSYCHOLOGICAL AUTOPSY

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ABSTRACT Genital self mutilation is reported in the context of various psychiatric illnesses ranging from neurotic spectrum disorders to psychotic spectrum disorders, including personality disorders. The term Klingsor syndrome is used to describe penile self mutilation, mostly in the context of religious delusions. We highlight here a case of penile self mutilation in the context of religious overvalued idea and dysthymia. The psychodynamics of penile self mutilation is discussed along with review of literature.

KEYWORDS : Genital selfmutilation, Klingsor syndrome, psychological autopsy

INTRODUCTION

Genital self mutilation has been reported in literature in the context of various psychiatric disorders but is limited to case reports. Reports of genital self mutilation exist in cannabis induced psychosis, paranoid schizophrenia, as suicidal behavior, alcohol use disorder (both intoxication state as well as withdrawal state), first episode psychosis, severe personality disorder, depression, erectile disorder, and bizzare autoerotic acts. It has been also reported as a sequel of hypochondriacal delusion and religious delusion. An eponym, "Klingsor syndrome" is used to describe genital self mutilation associated with religious delusions [1,2]

The term "Klingsor" refers to a character of German opera Parsifal, composed by Richard Wagner. Klingsor had undergone self castration in this opera; hence, the term "Klingsor syndrome" was used in reference to genital self mutilation. The evidences of genital self mutilation in various psychiatric disorders are limited to case reports and case series [3,4,]

Three Case series of psychotic individuals, who performed acts of genital self-amputation, are presented. All of them had self-mutilated with the intention of suicide. Psychotic patients with delusions (often religious), sexual conflict associated with guilt, past suicide attempts or other self-destructive behaviour and depression, severe childhood deprivation, and major premorbid personality disorder, are the group at risk for genital self-amputation [1,2] .

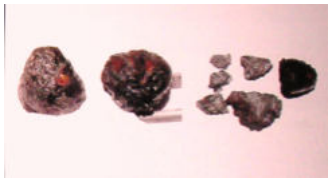
In a recent article, a systematic review of 173 cases of men who engaged in GSM published in the past 115 years revealed that there was some underlying form of psychopathology that elevated or encouraged GSM [3,4].

It also found out that nearly half of these cases had psychosis, and they were more likely to carry out GSM during the first episode or early stages of psychosis. Besides hallucinations, delusions, need for atonement and suicidal behavior have been reported among various other causes in such individuals with psychosis [5].

GSM is most commonly seen in patients with schizophrenia who present with altered pain impression and its manifestation might be related to such inflictions. Occasionally it may be seen in a transvestite (cross-dresser); the transvestite, however, usually manages to do the castration medically [6], A third group because of complex religious or cultural beliefs proceeds with self-castration. It is a heterogeneous form of self-injury that can range from superficial genital lacerations, amputation or castration to a combination of all these. is penis and cut out his testicles with a sickle[7].

Psychological autopsy is one of the most valuable tools of research on completed suicide. The method involves collecting all available information on the deceased via structured interviews of family members, relatives or friends as well as attending health care personnel.

Case 1



He shows change of behavior in the form of decreased interaction with people and social withdrawn behavior over a period of few months. He would remain alone and less interactive with his family members. Earlier, he was a responsible person and used to do his household work of his own.

However, around that time (when he was having withdrawn behaviour), he would become irritable and denied to take responsibilities; whenever he was asked to do any household work. During this time, he would not enjoy things as he used to before. He would complain about multiple somatic complaints. He sought multiple consultations for his persistent pain symptoms from various physicians and traditional healers without significant improvement.

During this time, it was also reported that the patient had become more religious. He would spend few hours in doing religious rituals and worshipping God. Over few months, he reported improvement in somatic symptoms; however, the other symptoms persisted as before.

The patient would attribute improvement in somatic symptoms to his indulgence in religious rituals. Two years back, he had physical relationship with a female. After that incident, he had feelings of guilt. His withdrawn behavior became more evident. Always, he was preoccupied with guilt. He perceived that incident to be an obstacle in his way of spiritual progress. He perceived his nocturnal erection of penis to be the result of his sexually deviant behavior. He had intense feelings of guilt (delusion of guilt) related to his sexual contact. He could not share about the incident due to social reasons and thought of punishing himself.

Due to persistent feeling of guilt, he had mutilated his penis in a sharp weapon at his home. He had also reported about pseudo hallucinations involving auditory modality that God communicates with him, whenever he wants. The voices used to assure and console him. He had also reported about pseudo hallucinations involving auditory modality that God communicates with him, whenever he wants. The voices used to assure and console him.of self harm was to punish self.

Targeting penis for act of self harm was explainable with the fact that the patient had persistent guilt feelings for the premarital sexual relationship with a female. He perceived it to be the major obstacle in the spiritual path of progress.

The patient had guilt feelings related to nocturnal erection of penis. Genital self-mutilation was the result of his attempt to punish self. Evidences suggest that deliberate attempts to mutilate one's own genitalia, are seen often in psychotic states; however, no psychotic individuals may also do such acts due to socio cultural reasons, gender conflict, and rageful feelings toward females or own self [8] . He cut his penis and burnt it inside the shanty and hang himself

Case 2

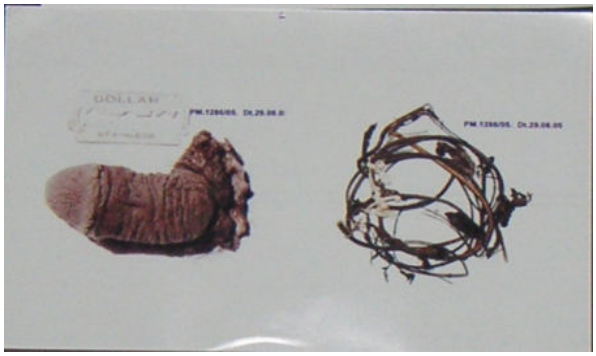
He reported of feeling no pain at that time and explained this act as carrying out the orders given to him by the goddess. The voice had assured him that by doing so his sins would be expiated and that he would attain sainthood.

His family reported that he had disturbed sleep, a decline in work performance, increased talking, mainly religious in content and Disinhibited behaviour off and on for the past seven months. He had no past or family history of psychiatric illness. There was no past history of SIB or sexual deviation Mental status examination revealed bizarre sexual and religious delusions and auditory hallucinations.

The latter were ascultatory as well as commanding in nature and mainly religious in content. A diagnosis of schizophrenia was made. He responded to the treatment with typical antipsychotics and is maintaining well. But he left the drug come in contact with religious saints and other baba and dhongi among these he had believe on one and he start telling his bizarre ideation and talking of mokshya

One of such healer advice him that your sister cannot become mother and give birth to a baby boy until and unless he sacrifice his penis and commit suicide .after that advice he constantly talk about such matter and he also had commanding hallucination of such type that he will come back after death and bring great and good news and one fine day he cut his penis as sacrifice and burnt it so it become immortal for a baby boy to his sister and commit suicide for mokshya.

Case 3



Case 3 was unmarried male went to the psychiatry outpatient division (OPD), and was brought by his more established sibling with the accompanying boss protests: His concern had begun one year prior while living in a leased house with his sibling and mom after the passing of his dad in an auto collision.

He began hearing voices of an obscure lady when no one was near, asking that he wed her. Toward the starting it was lovely however later these encounters got upsetting because of the way that the lady was attempting to energize him explicitly as though she was contacting his genitals. It was then he began hearing male voices undermining that he should submit to the orders of the female voice else they would execute him.

He fled from home .He was endorsed olanzapine 10 mg at sleep time and requested to return in about a month. On resulting follow up, the insane highlights improved and hear-able pipedreams totally vanished inside a quarter of a year. He unveiled his contempt of marriage following a messed up relationship one year sooner. He began visiting a sanctuary for an hour each dayhe introduced to the crisis office with serious self-perpetrated wounds to his scrotal sac and all out removal of the penis.

It was uncovered that he had maimed his genitalia with a razor and a sharp blade without applying any sedation. On inquiry why he had performed a particularly exceptional demonstration, the patient uncovered that he was feeling serious blame and misery for his past maniacal ailment which had caused critical enthusiastic and monetary weight on his relatives

He further communicated that he had not rested soundly for as far back as couple of evenings and couldn't remember what was his perspective not long before this demonstration. The demonstration was gone before by sensations of sadness and social evasion and along these lines he hang him self .

DISCUSSION:

GSM is not necessarily associated with psychosis as reported in the previous case reports the increased visit to temples in comparison to his premorbid period could be an indicator of his intense guilt, a mode of confession and an attempt to attain purity. The sexual hatred probably was due to overgeneralization and other cognitive error Psychosis with delusions of sexual guilt is an obvious warning sign in the causation of GSM. But at the same time during the recovery from psychosis, when the patient is regaining his insight and in the phase of post-psychotic depression he is vulnerable to commit such an act. Due to the rarity of the event, however, more precise identification of individuals at risk remains difficult. Previous case reports on autocastration have identified individuals as having significant dysfunction of ego integrity and the occurrence of such an act is more common in men [9,10,11,12.]

INFERENCES

It appears that the number of reports of genital selfmutilation is on the rise. Whether this is due to a true increase in the incidence is not known. The high rate of repeated mutilation is due to the fact that patients do not come under the scrutiny of psychiatric services. A general awareness of GSM should be promulgated among medical practitioners so that it can be prevented and treated effectively. The careful assessment during follow up and family education to recognize early warning signs could be two important interventions to prevent such dreadful acts. This case is unique as at the time of the autocastration the psychotic features were well under control. This case raises the question of whether the act of autocastration, in the absence of clear psychotic symptoms, justifies labeling an individual as psychotic. Perhaps future reports will help to elucidate the complex relationship between the GSM and associated psychopathology [13,14].

INTEREST OF CONFLICT NIL

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