Transsexualism and its management

By John Randell, MD, FRCP, FRCPsych, Physician for Psychological Medicine, Charing Cross Hospital, London

"JOHN" IS A TRANSSEXUAL: that is, an individual who wishes to live, and now in fact does live, in the gender role which is converse to her biological sex. She was anatomically a normal female but all her life – and this is typical of the transsexual – she has identified with the male gender role. The urge dates from about the age of three or four in the case of girls and perhaps a little later in boys. Transsexualism must be distinguished from transvestism, in which males – it is said that there are no female transvestites – have a compulsion to wear the clothing of the female sex and by so doing derive gratification, perhaps sexual arousal, and eventual orgasm from their masquerade. It is therefore a complicated fetish, although some male transvestites say that they feel no sense of sexual arousal but just feel happier cross-dressed. Sometimes cross-dressing is secondary to homosexuality. Sometimes it is used for purposes of deception or crime. However, homosexuality is by no means a constant finding in either transvestites or male transsexuals. Some heterosexual transvestites move on to the transsexual position but often aver most emphatically that they would not have any contact with a male until they have had surgery to make their bodies more feminine.

Many, perhaps half, of the transsexuals seen in gender identity clinics are in fact homosexuals. Some wish to rationalise their position *vis-à-vis* their male consorts. Others fall into the rare but classical pattern of transsexualism defined by Professor Robert Stoller of the University of California, Los Angeles, in that they have never been masculinised or developed any masculine attributes or interests but instead have identified from birth with their mothers with whom they have formed a close physical and mental bond. In my experience in the Gender Identity Clinic at Charing Cross Hospital (where I have seen 260 female transsexuals) all have been of homosexual orientation.

It is a wry fact that transsexualism is more acceptable to the public as being a more serious and clearly defined anomaly (and therefore more worthy of medical intervention) than transvestism, for cross dressing has overtones of theatricality and "kinkiness". True transsexuals are always normal physically and should not be confused with pseudo-hermaphrodites who are children wrongly assigned to a "sex" by virtue of equivocal genital anatomy. It is interesting that these children always regard themselves as belonging to their sex of original assignment. Quite often they have no wish for surgical assistance to define their sexual status.

History

Autocastration was practised in the centuries BC by the priests of the goddess Astarte in Syria. These priests of the Gallae would use swords to remove their genitals in a frenzy during a religious ceremony and thereafter assumed the roles of females. Similarly, among the Plains Indians of North America, the men who opted from the warrior role in the tribe were allowed to live as "squaws", the anthropological term being "Berdache", and they shared the women's duties in the community. There are other examples among the Sea Dyaks of Borneo where the transsexuals sometimes live an androgenous role and are husbands to their wives but also wives to other men and are often successful soothsayers and medicine men/women! The current example of transsexual behaviour in the community is found among the Hejedas of India and these are males who have been castrated in boyhood and who live as women, earning their living as beggars and soothsayers. In this role they are rather feared.

Transvestite behaviour was common among the French nobility at the time of Louis XIV and there were several examples of aristocrats living as women, the most notable being the Chevalier d'Eon, who has given his name to the Beaumont Society. This gentleman was a notable swordsman/woman and gave fencing displays in London. His true sex was much in dispute among the betting circles in London, where he died in 1804.

In our culture there have been several notable cases in recent times, but perhaps the best known was "Colonel Barker", a lady who made a very presentable masculine figure and kept a night club in London until she died about 15 years ago. There is, therefore, a long tradition of individuals moving into the converse gender role and while such cases seem from the Press to be more common now, in fact they come to notice more because there are facilities for helping them.

Faulty identification

It appears that the transsexual situation arises from faulty identification with the parent of the converse biological sex. Some psychiatrists believe that children identify first with the mother as in infancy they are in so much closer contact with her than with the father. At 18 months to two years of age the boy child has to make an identification with male stereotypes in his environment – usually the father of course. If he does not do that he may not become masculinised or perhaps only partially so, and it is from this partial or deficient masculinisation that the transsexual problem of gender identity arises. Gender identity – a term coined by Robert Stoller – concerns the concept of "masculinity" or "femininity" that an individual has of himself or herself. Note: the concept does not relate to "maleness" or "femaleness" which are biological constructs. So the boy or, in the case of John, the girl, identifies with the parent of the opposite biological sex. Some factors which dictate this might be an absent or uncongenial father figure in the case of a boy, or a wholly admirable but often absent father in the case of a girl transsexual.

Gender role can also be imposed, as in the rare cases where a boy is brought up as a girl because of the wish of the parents for a child of that sex. This applies particularly to the malady, testicular feminising syndrome, in which a chromosomally biological male, possessing the XY sex chromosome conformation, is born as an attractive-looking "girl" child and grows up as a girl, identifying with the female role, and is then found at puberty, when there is no menstruation, to be a chromosomal male who is insensitive to the androgens produced by the testes concealed within the abdomen. This disease is a striking confirmation of the fact that the female bio-

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logical phenotype: ie, body form, is the basic form of the human species.

The actual incidence of transsexualism is unknown for many transsexuals feel that their situation is unique and that their sense of identification with the opposite gender role may be a sign of insanity, or to say the least, oddity, so they do not present their problems to doctors for help. A fairly stable statistic is that approximately four male transsexuals present at gender identity clinics for every female. This may be because the incidence is in fact less; it is also possible that female transsexuals do not feel the need for surgical intervention as much as do the males and in general terms it is easier for women to pass in society as males – especially in these days of unisex clothing – than it is for a male to pass as a female.

Usually they present when they are in their early 20s. I have seen quite a number in middle teens and occasionally earlier still. Often they are quite feminine and when they dress in male clothes present a waif-like "Peter Pan" picture. As noted above, the sense of cross-gender identification occurs even when they are very young and it is quite common for the girls to say: "I felt that some mistake had been made when my sex was ascribed". The statement: "I have a male mind in a female body", is often a presenting symptom. In childhood they prefer to play with boys, scorn dolls and female pursuits, and instead prefer rough games and tree climbing. They reject female clothing although this is compulsory in most schools and as soon as they leave school they change into slacks or shorts. Football is a game female transsexuals enjoy in their schooldays. As they grow older they tend to gang up with boys and follow their pursuits and activities, sometimes including petty crime and, more rarely, excessive drinking to which teenage males sometimes resort. Very early they adopt denim jeans and are rather ungroomed in a "young masculine" pattern of dress, but the more sophisticated among them dress in male suits and wear tweedy jackets, massive ties, heavy brogues, sometimes wear their hair short, and have a tendency to sport pipes and to treat men on the "old boy" basis with much back-slapping and beer-swilling camaraderie in public houses. Another feature is the tendency these ladies have to tattoo themselves – often the stigmata of delinquency – and the tattoo "love and hate" on the middle joints of their fingers betrays their background.

Permanent relationships

There is an unfortunate tendency, more marked among female transsexuals, to attempt to marry biological females. This is a crime in English Law for it involves a false declaration to a Registrar of Births, Marriages, and Deaths. Female transsexuals may feel compelled to "date" boys when they are entering puberty but quite often find no interest, and kissing and petting are repugnant. A common statement is: "I feel like a boy kissing another boy". On the other hand they are attracted to girls and begin to date them so that the homosexual attitude is established early. Not surprisingly, they are rejected by many girls of their own peer group, but in general a girl who is attractive to a boy is also attractive to a female transsexual. Homosexual relations are notoriously unstable but quite often in their teens female transsexuals set up home with their female partners and are often called "daddy" or "uncle" by their "wife's" children by former male associates. It is commonplace that when they are adept at male impersonation they are taken to be the "husband" in a true marital relationship and are accepted in their communities. Not surprisingly they undertake male employment when they can, starting with routine jobs, as petrol pump forecourt attendants or in farm work, but then progress to more formal male jobs in factories, and in this area they can often move into the male

gender role and are accepted as male employees, for now there are no longer insurance cards to denote sex.

Of course the female transsexual wishes for a stable relationship with a woman as if she were that woman's husband and for this reason may wish to have an artificial penis fashioned by cosmetic surgery, not only so that she can function as a male in sexual relationships but also, and perhaps more important to her, to be able to pass her urine standing, for having to use the WC on every occasion quite obviously identifies her as "different".

Because female transsexuals wish to lie on beaches in the sun, the presence of their breasts is an embarrassment and they resort to tight binding with *crêpe* bandages to suppress this evidence of femininity, just as did the flappers in the 1920s when a flat chest was fashionable. The menstrual cycle is also an embarrassment and they reject this basic aspect of feminine reproduction as for them it is truly "the curse".

Change of appearance

So they seek surgical intervention first for the removal of their breasts and second for the removal by hysterectomy of their menstrual function. This can also be achieved by the use of androgens although these are likely to produce side-effects, such as acneform rashes and a rare tendency to jaundice and, exceptionally, liver damage. Another much sought-after masculinising effect is the production of hair on the face, for while this is a nuisance to most men, the female transsexual prizes it very highly. In one case, androgen therapy produced not only a luxuriant beard but also complete baldness and a mat of hair on the chest. Another effect of androgens is an increase in body weight, not as fat but as muscle tissue, and with this goes a coarsening of the feminine appearance and a more thickset, masculine appearance. The voice deepens in most cases, sometimes quite dramatically. It is characteristic that the androgen increases the drive of these patients and indeed their assertiveness, so this complements the traditional masculine dominance.

Attempts to treat these transsexual ladies usually meet with disaster. Mostly they have no wish for cure and attempts to interest them in female pursuits usually fail as do attempts at aversive learning behaviour therapy.

Female transsexuals do not associate with one another very much as do male transsexuals and transvestites. The most advice a female transsexual will accept from a male psychiatrist relates to hair and perhaps the patterns of dress when the unisex attire tends to give an epicene appearance. Usually they know very well what they want and how to go about it.

Surgical intervention and androgen therapy seem appropriate in these cases. While it might be regarded as reprehensible to operate upon or remove normal human tissue, justification can be found, for after such help these individuals are almost always better adjusted in the converse gender role.

Conclusion

In summary, transsexuals are individuals who feel ill at ease and unhappy in the gender role of assignment and who identify with the opposite gender stereotype. They make determined and almost compulsive efforts to attain the gender role of their preference. While there are more males in this category than females, it is possible that females can pass more easily as males without help than in the converse case. Surgical procedures are now available to help these individuals as very few of them want to live normally in their biological status. The results of treatment and surgery seem to me to justify such intervention, for the gain in happiness and the facilitation of contributory work and life pattern is often quite impressive. These individuals need our tolerance and sympathy and certainly not rejection and derision.