A PRELIMINARY REPORT ON TRANSSEXUALISM IN NORTHERN IRELAND

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INTRODUCTION

TRANSSEXUALISM may be defined as a disturbance of gender identity in which the patient's biological sex is incongruent with their psychological sex, and they persistantly seek to live as a member of the opposite sex, that is, in keeping with their desired or psychological sexual role.

This is a descriptive study of 32 patients who were referred to the Department of Mental Health, Queen's University, Belfast, expressing a desire to live as a member of the opposite sex. When patients present with this phenomenon a differential diagnosis of transsexualism, transvestism and male/female homosexuality must be considered. Transvestism is a condition where an individual finds it necessary to dress in clothes of the opposite sex in order to maintain, but often to initiate, sexual arousal and a homosexual is one who seeks sexual satisfaction from individuals of the same sex. Twenty-eight of the patients were diagnosed as transsexual, two as transvestite and the remaining two homosexual. The 28 transsexual patients, 21 males and seven females, will now be considered in detail.

FINDINGS

Northern Ireland has a population of one and a half million. The 28 patients known to the clinic gives a prevalence of transsexualism as 1 in 52,000 in a ratio of 3:1 male to female. They presented over a period of 14 years giving an average of two per year.

Their age at presentation ranged from 14-46 years, giving a mean age of 26 years. A study of the marital status of these patients showed that 19 were single, four were married and five were divorced. Four of the group were unemployed, six were students and 18 were in full time employment; 13 of these were skilled workers and five were unskilled. Twenty three belonged to a religious denomination in a ratio of 2:1 of the two main religious groups in the Province. The other five professed to have no religion. Sixteen of the group were referred by their general practitioner, 10 by other psychiatrists, one was referred by the medical officer at a casualty department and the other just turned up at the clinic asking for a sex change operation.

On presentation a clinical and psychological assessment was carried out on each patient. Some of the relevant clinical findings will be reported here. Onset was assessed as early if the patient had gender identity difficulties before puberty. Those who began to experience such difficulties at or after puberty were con-
sidered to have a late onset of their transsexuality. This method of classification has been used before \(^1\). Fourteen patients, 11 males and three females, reported an early onset. The other 14 had a late onset and were composed of 10 males and four females. All the patients had cross dressed at some time before presenting at the clinic. This included the two patients diagnosed as homosexual and the two diagnosed as being transvestite. Further cross dressing in the 28 patients who remained in the study will be discussed later. Nineteen patients recall one of their parents being dominant during childhood and adolescence. Fifteen were male and four were female. The dominant parent in all cases was the opposite sex to the patient. Seven males and three female patients required treatment for enuresis during childhood. Five patients were adopted children, four males and one female.

Half the patients had a personal history of psychiatric illness, eleven males and three females. The illnesses included psychotic episodes, acute transient disturbances; anorexia nervosa and depression. Four males and three females had a family history of psychiatric illness. Six patients had both a personal and a family history of psychiatric illness. One patient had a family history of psychiatric illness but had no personal history of such illness. The patients were considered to have had homosexual experience if they participated in sexual activity with another individual of the same biological sex and that they were not performing in their desired or psychological role at the time. Eight males and four females were considered to have had that kind of experience. Three males and one female patient had been in difficulties with the law but their criminal activities were not of a serious nature.

Eighteen patients are still living in a state in keeping with their anatomical state. Seven are living in keeping with their desired sexual role, one has had gender reassignment surgery and two have died. Ten patients have lapsed from the clinic, three did so because they were unable to accept the real life test, that is living and working full time in their desired sexual role. This is required before any physical treatment including gender reassignment surgery can be considered. Two patients lapsed when told that gender reassignment surgery was not available in the province. The reason the other five lapsed is not known. Three have emigrated to England to seek gender reassignment surgery. Two have left the province for personal reasons, two have been admitted to long stay wards in a mental hospital and nine are currently attending the clinic. Of the nine who are currently attending, two are participating in the real life test, five are preparing for this process and two are considering this possibility.

Two patients in the study have died. The death of one patient followed an overdose of drugs in the setting of severe despair when told that gender reassignment surgery was not readily available. The other died from the side effects of a hormone preparation taken in large quantities following an acute psychotic attack. This case has been described elsewhere \(^2\). Prior to their death both patients were living in their desired sexual role.

Of the eighteen patients still living in keeping with their anatomical role nine had an early onset and nine had a late onset of transsexualism. 11 of these patients had a personal history of psychiatric illness, 11 had a dominant parent
of the opposite sex and seven had a history of enuresis. Of the seven patients living in their desired sexual role, three had an early onset of transsexualism and four had a late onset, one had a personal history of psychiatric illness and three had enuresis. Twelve of the 14 patients who had a late onset of transsexualism participated in homosexual activity while only two with an early onset did so. Twelve of the patients who participated in homosexual activity had a dominant parent of the opposite sex.

DISCUSSION

This study shows a prevalence of 1 : 52,000 for transsexualism in Northern Ireland, that is if all the transsexuals in the province attend the clinic. There is no evidence for or against this. It is well known that many people live out their transsexual lives without ever seeking help. This figure is a little higher than the 1 : 66,000 recorded in England and Wales 3, but very similar to the 1 : 54,000 reported in Sweden 4. The 3 : 1 male to female ratio supports a similar finding 5 but does not support the suggestion that the ratio is now approaching 1 : 1 male to female 6. The number of patients seen per year varied from nil to four with an average of two annually. This is not in keeping with the trend towards an annual increase 6.

The age of presentation suggests that males tended to seek help earlier than females, supporting the idea that men find it more difficult to tolerate transsexualism than do females 7. The females tended to present at a time when pressure was being placed on them to participate in heterosexual activities, marriage and child bearing.

Considering the marital status of this group most of the patients found marriage unacceptable. The males tended to marry with the hope that it would "cure" them of their transsexual ideas and the females reported that their lives followed a routine of boyfriend, engagement, marriage and for some patients, children. This programme was greatly influenced and motivated by society and not by the individuals themselves.

Intercorrelation between variables showed a high positive correlation between living in desired sexual role and no personal history of psychiatric illness. Late onset of transsexualism was positively correlated with homosexual activity which in turn was positively correlated with a dominant parent of the opposite sex. The high rate of enuresis in this group of patients was remarkable. Enuresis was positively correlated with a late onset of transsexualism and a personal history of psychiatric illness.

REFERENCES

(1) MONEY J. Sex reassignment. Int. J. Psychiatry Med 1970; 9: 249-282
(2) O'GORMAN ETHNA C. Effect of psychosis on gender identity. Br. J. Psychiatry 1980; 136: 314-315
(3) HOEING J, KENNA J, Epidemiological aspects of transsexualism. *Psychiatr Clin (Basel)* 1973; 6: 65-80

(4) WALINDER J, Transsexualism. Definition, prevalence and sex distribution. *Acta Psychiatr Scand* 1968; (suppl) 203: 255-258

(5) RANDELL J B, Transvestism and transsexualism. A study of 50 cases. *Br Med J* 1959; 2: 1448

(6) WALINDER J, Incidence and sex ratio of transsexualism in Sweden. *Br J Psychiatry* 1971; 119: 195-196

(7) GREEN R, MONEY J, *Transsexualism and reassignment*. Baltimore: The John Hopkins Press, 1969.