

A Retrospective Study of Epidemiological and Clinical Aspects of 28 Transsexual Patients

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This descriptive study of 28 transsexual patients reports on prevalence, age, marital status, sex, occupation, religion, referral agent, and age of onset of transsexualism. Other aspects include cross-dressing, homosexual activity, personal and family history of psychiatric illness, and child-parent relationships. These variables are correlated with a view toward understanding epidemiological and clinical issues.

KEY WORDS: gender identity; male transsexuals; female transsexuals; cross-dressing; gender reassignment; sex role.

INTRODUCTION

Transsexualism can be defined as a disturbance of sexual identity in which the patient's morphological sex is incongruent with psychological sex. The patient persistently seeks to live as a member of the other sex. Thirty-two patients were referred to the Department of Mental Health, Queen's University, Belfast, Northern Ireland, expressing a desire to live as a member of the other sex. When patients present with this phenomenon, a differential diagnosis of transsexualism, transvestism, and male-female homosexuality must be considered. Twenty-eight of the patients were diagnosed as transsexual, two as transvestite, and the remaining two as homosexual. The 28 transsexual patients, 21 males and 7 females, will be considered in detail.

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FINDINGS

Northern Ireland has a population of 1½ million. The 28 patients known to the clinic gives a prevalence for transsexualism of 1 in 52,000, with a ratio of 3:1 male to female. They presented over a period of 14 years, an average of two per year. Their age at presentation ranged from 14 to 46, with a mean age of 26.7 for the males and 24.5 for the females. A study of the marital status of these patients showed that 19 were single, 4 were married, and 5 divorced. Of the group, 4 were unemployed, 6 were students, and 18 were in full-time employment, 13 as skilled workers and 5 as unskilled (Table I). Twenty-three belonged to a religious denomination, with a ratio of 2:1 for the two main religious groups in the country; the other five professed to have no religion. Sixteen were referred by their general practitioner, ten by psychiatrists, one by the medical officer at a casualty department, and one arrived without referral asking for a sex change operation.

Onset was assessed as early if the patient had sexual identity difficulties before puberty. Those who began to experience such difficulties at or after puberty were considered to have a late onset. Fourteen patients, 11 male and 3 female, reported an early onset; the other 14 subjects had a late onset and were composed of 10 males and 4 females (Table II).

All the patients had cross-dressed prior to presenting at the clinic. This included the two patients diagnosed as homosexual and the two diagnosed as transvestic. Further cross-dressing in the 28 patients who remained in the study will be discussed later.

Nineteen patients recalled one of their parents being dominant during childhood and adolescence—15 of the males and 4 of the females. The dominant parent in all cases was the opposite sex to the patient. Seven male and three female patients required treatment for enuresis during childhood. Five patients were adopted, four males and one female (Table II).

Half the patients had a history of psychiatric illness, eleven males and three females. The illnesses included psychotic episodes, acute transient

Table I. Epidemiological Data

	Male	Female
Age (in mean years)	26.7	24.5
Single	14	5
Divorced	3	2
Married	4	0
Employment		
Employed	15	3
Unemployed	2	2
Student	4	2

Table II. Clinical Features

	Male	Female
Onset		
Early	11	3
Late	10	4
Dominant parent during childhood	15	4
Enuresis	7	3
Adopted	4	1
Personal history of psychiatric illness	11	3
Family history of psychiatric illness	4	3
Homosexual activity	8	4
Criminal record	3	1
Cross-dressing	21	7

disturbances, anorexia nervosa, and depression. Four males and three females had family history of psychiatric illness, six patients had both a personal and a family history of psychiatric illness, and one patient had a family history but no personal history of such illness (Table II).

Patients were considered to have had homosexual experience if they participated in sexual activity with another individual of the same morphological sex; eight males and four females had this kind of experience. Three males and one female had been in difficulties with the law, but their criminal activities were not of a serious nature (Table II).

PRESENT STATUS

Eighteen patients were still living in a state in keeping with their anatomical state. Seven were living in keeping with their desired sex role, one had had gender reassignment surgery, and two had died, one from suicide and the other from a pulmonary embolism.

Ten patients lapsed from the clinic — three because they were unable to accept the “real life” test, that is living and working full time in their desired sex role, two when told that gender-reassignment surgery was not available in this country, and the other five for unknown reasons. Three patients emigrated to seek gender-reassignment surgery, two moved away for other reasons, and two were admitted to long-stay wards in mental hospitals. Nine are currently attending the clinic. Of the nine patients 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 by O'Gorman (1980). Prior to their deaths, both patients were living in their desired sex role.

Of the 18 patients still living in keeping with their anatomic role, 9 had an early onset and 9 a late onset of transsexualism. Of these patients, 11 had a history of psychiatric illness. Of the 7 patients living in their desired sex role, 3 had an early onset of transsexualism and 4 had a late onset. One had a personal history of psychiatric illness. Of the 14 patients who had a late onset of transsexualism, 12 participated in homosexual activity, while only 2 with an early onset did so. Of the patients who participated in homosexual activity 12 had a dominant parent of the opposite sex. Enuresis during childhood was reported by 10 of the patients, of whom 7 had a late onset of transsexualism and 6 had a history of psychiatric illness.

DISCUSSION

This study shows a prevalence of 1:52,000 for transsexualism in Northern Ireland, that is if all the transsexuals in the country attend the clinic. It is well known that many people live out their transsexual lives without seeking help. This figure is a little higher than the 1:66,000 in England and Wales as reported by Hoening and Kenna (1973) but is very similar to the 1:54,000 in Sweden as reported by Walinder (1968). Randell (1959) and Walinder (1968) reported male dominance in transsexualism. The 3:1 male to female ratio found here supports this finding but does not support a later finding by Walinder (1971) that the ratio was approaching 1:1. His finding was not supported by the participants at the Ciba Foundation Symposium 62 (1979). The number of patients seen per year varied from 0 to 4, with an average of 2. This rate of presentation is not in keeping with the annual increase described by Walinder (1971).

A Mann-Whitney U test on the age at presentation shows a statistically significant difference at the 5% level between the males and females. This supports the suggestion of Fleming *et al.* (1980) that females present earlier than males and that this is because they find the change of sex role less threatening.

The mean age of the male patients was 26.7, with a range of 14-46. This age distribution is similar to that reported for England and Wales (Hoening and Kenna, 1973). Buhrich and McConaghy (1978) divided their group of patients into a nuclear transsexual group with a mean age of 26.4 years, (range 19-48) and a fetishistic group with a mean age of 40 years (range 23-56). Wise and Meyer (1980) divided a group of patients who

were seeking gender reassignment into a younger transvestite group with a mean age of 35.9 years and an aging group with a mean age of 51.1 years. Clinical phenomena were used to subdivide the patients in these two studies. The patients in this study resemble the nuclear transsexual group of Buhrich and McConaghy for age.

The male patients in this study were subdivided into two groups, those who presented before the age of 20 and those who presented after. Nearly 40% (8 patients) were in the first group (see Table III). They had all experienced gender dysphoria before puberty. Those who had presented after the age of 20 included three whose gender dysphoria began before puberty and the ten who were classified as having a late onset of transsexualism. Clinical phenomena used in other studies to subdivide transsexual patients were then applied. Fetishistic arousal occurred in both subgroups but was more common in those who presented before the age of 20. Those who presented after age 20 had higher rates of homosexual and heterosexual activity. Seven were married or had been married, as compared to none in the group that presented before age 20. The difference in sexual expression in these two subgroups is probably a reflection of sexual maturity rather than any real difference.

None of the patients fitted readily into the older or aging transsexual groups described in other studies. This may only be a reflection of the fact that the clinic is relatively new and that the older transsexuals had adopted a life-style that they were reluctant to change.

The rate of psychiatric illness and enuresis found in this study suggests that the group was a highly pathological one. Many of the patients felt that their psychological difficulties were caused by their transsexualism. It is difficult to say which is cause and which effect, because this study also shows a high positive correlation between living in desired sex role and no history of psychiatric illness. Late onset was positively correlated with enuresis, homosexual activity, and a history of psychiatric illness. This shows that these patients experienced many difficulties and uncertainties before establishing their sexual identities and suggests possible etiological differences in early- and late-onset transsexualism.

Table III. Ages of Male Patients at Presentation

Age range	Patients	Total
11-20	14, 15, 16, 18 × 2, 19 × 3	8
21-30	23, 24, 25, 26 × 2, 30	6
31-40	32, 34, 36, 40	5
41-50	44, 46	2
Total		21

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