

MALE TRANS-SEXUALS IN SINGAPORE

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SYNOPSIS

This is a study of 28 cases of male trans-sexualism diagnosed by private psychiatrists. In this series, the mean age was 26 and all except one case were married. Many were prostitutes or part-time prostitutes (43%). In 12 cases, the fathers were deceased (43%).

All subjects had strong sense of female-ness and exaggerated pre-occupation in grooming-up as female and feminine behaviour. They cross-dressed at an early age. Their hobbies were mainly feminine.

Rediculed and ostracized, they form a minority but cohesive group. As a group they were very supportive of one another's needs and problems.

Their quests for the sex-reassignment operation was unrelentless. One cannot but empathize with their dilemma.

INTRODUCTION

Male trans-sexualism is a rare disorder, difficult to manage and treat but of great theoretical, ethical and surgical interest.

HISTORICAL ASPECT

Trans-sexualism is a new word for an old problem. There are many ancient myths in which some sorts of change of sex played a central part. It was said that among the Phrygians, the male priests were supposed to castrate themselves and live as women. King Henry III of France used to wear a low cut dress and pearls. Trans-sexualism also occurs in different cultures - American Indians, Siberia tribes, Eskimos and people from Africa, India, South America and Borneo (1).

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DEFINITION

A trans-sexual is a biological normal person with an unalterable conviction that he is a member of the opposite sex. He has throughout life regarded himself as a female despite the fact that he is in all physical and endocrinological ways a male. Such person often has persistent desire to adopt the female role sexually and socially and requests to reshape his genital organ by surgical or endocrinological means. By such procedure he hopes to achieve his enduring fantasy in reality.

Many male trans-sexuals are reported to show an early displeasure in boyish pursuits of a competitive nature and some have preferences for girls' activities and girls as playmates. Feminine behaviour is common and they are often thought of as 'sissies'. They are envious of girls and fantasy being girls. They engage in cross-dressing early in life. They detest their male physical characteristics including the genitalis, their musculature, hair distribution and absence of breasts. Their primary desire is to rid themselves of the penis.

AETIOLOGY

In trans-sexualism, a multi-factorial aetiology is likely. The possible aetiological factors that have been investigated are: sex chromosome and hormones, genetics, temporal lobe dysfunction and environmental factors.

In the majority of trans-sexuals, no evidence of any sex chromosomal abnormality was detected (1).

The evidence of the presence of temporal lobe dysfunction in trans-sexuals were unconvincing. It was stated that EEG abnormalities were not an essential finding in trans-sexuals (2).

In the study of trans-sexuals more often than not the siblings of trans-sexuals were unaffected. In a vast review, Maccoby and Jackin (5) concluded that certain differences between sexes were un-influenced by environmental factors. He found that innately boys were more aggressive and had greater mathematical and visuo-spatial ability and less verbal ability than girls. However, the differences between sexes were small and overlap was found.

Gender differentiation is dependent partly on imitation of identification and partly on differential reinforcement of behaviour and attitude by parents and peers. The development of a stable concept of being a boy or girl usually is fixed by the age of 18 months. Newman and Stoller (4) considered that the disorder started in infancy as a primitive and pervasive identification with the mother's female-ness and that by the third year of life the profound femininity of the future male trans-sexual was already unmistakable. In the family, the abnormal situations often discovered were: the physical absence and lack of emotional involvement of the father and continuing symbiosis with the mother.

In summary, post-natal, social and psychological influences seem to be the most important factors in human psychological gender development. However, there are innate psychological differences between boys and girls and foetal endocrine or other organic factors cannot be ruled out on present evidence.

MATERIALS AND METHODS

This study is based on 28 cases of male trans-sexuals diagnosed by two private psychiatrists who had recommended them for sex reassignment operations in private hospitals in Singapore.

The ages of patients ranged from 18 to 51 with a mean age of 26. There were 18 Chinese, 5 Japanese, 3 Indians, 1 Malay and 1 Australian. The 5 Japanese came to Singapore specially for the operation as it was illegal to perform such operation in Japan.

Other pertinent findings were:

1. Eleven patients completed secondary four, 6 completed advanced levels or high schools and 1 completed university. Thus, 64% of cases completed secondary four or higher.
2. Trans-Sexuals in this study can be divided into 3 groups: the less sophisticated trans-sexuals who were prostitutes (3 cases), trans-sexuals who were part-time prostitutes (9), and the trans-sexuals who were not prostitutes (16). The known occupations were: clerk (7), hostess (5), hawker (3), cook (2), own business (2), and one each: factory-worker, designer, hair stylist, model and delivery boy. One patient was a student.
3. In 12 patients, the fathers were deceased (43%).
4. Only 1 patient was married and as expected the rest were single.

CLINICAL FINDINGS

In clinical study of trans-sexualism, the main problem is the lack of generally agreed definition. Trans-sexuals who reach their doctors are highly selected, show great determination in their pursuit of a particular treatment and are often well armed with knowledge of the literature and the advice of other trans-sexuals. To call trans-sexual all those who come to the psychiatrists asking for an operation to 'change sex' is clearly unsatisfactory. The best that can be offered is a description of those patients who were diagnosed by the psychiatrists as trans-sexuals. The clinical attributes of these patients can be grouped into 4 headings:

1. Subjective sense of gender discordance
2. Behaviour more appropriate to psychological gender
3. Distate for the evidence of the anatomical sex.
4. Other psychiatric and social problems.

In normal people, psychological gender can usefully be broken down into two components. The first can be called gender identity which refers to the subjective sense of male-ness or female-ness together with associated attitude and interests. The second is gender role behaviour which refers to the repertoire of behaviour that are sex specific to some degree: habits of dress, speech and gesture activity. In trans-sexuals, gender discordance is often apparent from an early age.

In this series, all the patients had this strong

subjective sense of female-ness. Their interests and hobbies vary from reading, sewing, cooking, dancing, window-shopping, modelling, gossiping with girls, swimming, make-up, fashion-designing, dresses, cinemas, television and music.

All cases began to cross-dress at an early age. Two of them said that from young, their mothers had dressed them up as girls. As adults they completely cross-dressed when among their own groups. However, not all of them completely cross-dressed at all times because of family objections and social stigma. From photos shown, it could be noticed that besides dressing up in woman's clothes they paid great attention to grooming and make-up. The better educated trans-sexuals appeared very feminine, very sophisticated and could be very attractive.

Trans-sexuals often were found to be unusually feminine in their gesture and in their intonation of voice and often this behaviour had an exaggerated quality.

Most trans-sexuals had sexual experience at an early age (11 to 16 year old). In general, their level of interest in sexual relationship appeared to be high. They however, more often stressed the importance of being cared for or loved. At the time of examination, 17 of them had previous boyfriends, 10 had steady boyfriends and only one had no boyfriend. A few wanted the operations urgently because they wanted to get married. Often, their boyfriends were paying for the total cost of the procedure. As a group, they were cohesive and were most helpful and attentive to one another. Most of their sexual experiences were homosexual where they played a passive role and avoided as far as possible their penis being touched.

The external genitalia, secondary sex hair and the need to shave were all sources of great distress to them. In 3 cases, the penis and testes were amputated and 9 had mammoplasty. Sixteen were regularly taking female sex hormones.

The trans-sexuals were usually obsessed with gender related matters. This is evident in their pre-occupation in gaining perfection as women through additional physical procedures. One patient had plastic surgery done to his nose and 2 to the larynx.

Other deviances included: histrionic personality (20 cases), depressive episodes (19 cases), suicidal behaviour (4 had suicidal ideas and 8 had attempted suicide) and convictions of petty theft – shop-lifting (2). All trans-sexuals who requested for gender-transmutation were non psychotic. Their I.Q. varies.

MANAGEMENT

In management, psychotherapy and aversion therapy are virtually useless in changing the patient's mind.

Prior to recommending surgical procedure, careful assessment of the patient is necessary to exclude the mentally ill or dull or those with severe personality disorder. The patient must have been living publicly in his chosen role for at least one year.

Oestrogen will not raise the pitch of their voice nor necessarily create feminine proportions. However, female breast development and other female secondary sexual characteristics may be achieved by massive female hormone treatment.

The surgery for men involves mammoplasty, castration, penectomy and construction of an artificial vagina. The functional results of the genitals are highly unpredictable. The capacity for orgasm would be lost and sterility is unavoidable. No doctor can embark on this process without considerable misgivings. Complications can occur including recto-vaginal fistula, urethral stenosis and unsatisfactory short and narrow vagina.

After surgery, the patients adopt female clothings, a female name and all other features of a female life-style. However, prior to surgery one would have to answer one important question. Does this treatment help the patient to a more contented life?

It is said that few are worse of after operation and 60 to 70% are better. Tsoi, Kwok and Foo (5) in their paper stated that of those who had undergone operations, there was no report of psychiatric complications. Pomeroy (6) interviewed 8 of 11 trans-sexuals after operation. All felt better about themselves psychologically and sexually. None regretted. Pauly (7) concluded that a satisfactory outcome was ten times more likely than an unsatisfactory one. Randell's series (8) which gave data on 37 of 52 who had surgery found that in general there was an improvement after surgery except for 4 cases. Two cases committed suicide. In Singapore for the past 10 years there was no report of suicide among trans-sexuals (9). In Money's series (10) only 1 out of 24 patients was adjudged to have got worse.

In this study, the author when evaluating the patients for operation, would also enquire from them the post-operative experiences of their trans-sexual friends who had underwent sex reassignment operations. According to them their friends were happy and satisfied. However, because of biased attitude, their comments could not be taken at face value. In the interview, they often commented:

'I would rather be dead than be as I am. It is misery to be despised and to be as I am. I rather die on the operation table'.

Only one patient reported that all were not as successful as expected. He iterated that many of his trans-sexual friends had to undergo second operations.

Many of the trans-sexuals mentioned that they would emigrate after the operations.

Reviewing the results, one cannot but feel that there is a need for better designed follow-up studies.

In general, it can be said that for trans-sexuals who are entirely convincing in their new role and who are stable in their lives and whose difficulties in life are secondary to the gender disorder and its social consequences, surgery can be justified although the decision is never easy and is best shared with an experienced colleague.

DISCUSSION AND CONCLUSION

Because of the availability of surgical and hormonal procedures and because of dramatic publicity of the news-media, the public awareness of this latent problem has suddenly been kindled. The demand by those who claim that they belong to a wrong sex and that they wish to change to the opposite sex by

surgical means has increased.

What factors cause male trans-sexualism? Experts speculate that trans-sexualism must be a result of genetic, hormonal, central nervous system or environmental factors. As yet no one can or ever will provide any complete answer to the question. In this series, in 12 cases, the fathers were deceased (43%).

In this study, it was found that the mean age of the cases was 26. Sixty four per cent of cases had completed secondary 4 or higher. The cases could be categorized into 3 groups: those who were prostitutes, those who were part-time prostitutes and those who were not prostitutes. All but one of the cases were married.

All the subjects interviewed had strong subjective sense of female-ness. Their hatred for their external genitalia and male secondary sexual characteristics was abnormally intense. Their obsession of being female, their exaggerated pre-occupation in gaining perfection as women and their exaggerated feminine behaviour were abnormal. Their hobbies and interests were mainly feminine. They cross-dressed at an early age.

They all felt miserable and frustrated because they were rejected by their close-relatives and teased by society. In spite of humiliation, severe social pressures and problems, they remain steadfast in their desire, their conviction and their hope. Though fearful of the operation and the future, they were determined to tolerate pain and were hopeful of success in the operation and of the new life ahead. They frequently stated that they rather risked dying than be as they were. Their quests for the operation were unrelentless. Though a small group they were cohesive and very supportive of one another.

In Singapore, trans-sexuals do not commit suicide.

They did get depressed and some attempted suicide. Two shop-lifted dresses or cosmetics from supermarkets and were arrested. They stole because their parents, though rich, gave them insufficient pocket money.

Male trans-sexuals in Singapore are a pathetic group. In the end, one cannot but empathize with their dilemma.

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