Clare and Tully

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oteworthy until now. It ry were not drawn from to broader frameworks en.

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self-altering experiences ("Ab-bn. Psychol. 83: 268-277.

Letter to the Editor

To the Editor

In a recent report Godlewski (1988) has drawn attention to the sex ratio of transsexuals requesting sexological treatment in Poland. The ratio of female-to-male (f-to-m) transsexuals to male-to-female (m-to-f) transsexuals was 5.5:1. Earlier studies from the USA (Pauly, 1968), Sweden (Walinder, 1971), and England (Hoenig and Kenna, 1974) have found ratios of f-to-m to m-to-f transsexuals of 1:4 to 1:3. In a recent analysis of our own material we found a substantial rise in the number or transsexuals applying for gender reassignment between 1975 and 1986 in the Netherlands, but the ratio of f-to-m to m-to-f transsexuals has remained fairly constant, 1:3 over the 11-year study period (Eklund *et al.*, 1988).

Godlewdki does not comment on this observation other than that genetic factors are improbable. A few remarks seem appropriate. Similar to Poland, a higher ratio of f-to-m to m-to-f transsexuals has been found in Czechoslovakia (Brzek and Sipova, 1983). In a recent article, Brzek and Hubalek (1988) noted that "some f-to-m transsexuals in Eastern Europe would be diagnosed as masculine homosexual women in Western Europe and conversely, homosexual men considered effeminate in Eastern Europe would be considered as male transsexual in Western Europe."

In private conversations with sexologists counseling homosexuals and transsexuals in Eastern Europe I have learned that transsexualism is regarded by the public as a medical condition, whereas homosexuality is thought of as psychological or social pathology. In other words, transsexualism is more "respectable" than homosexuality. They further remarked that lives of women in Eastern Europe are less attractive than those of men. Women must generally combine full-time jobs with laborious domestic duties in homes with little technology. Two recent studies of Western Europe (Verschoor and Poortinga, 1988; Kockott and Fahrner, 1988) have found considerable differences in psychosocial characteristics between f-to-m transsexuals and m-to-f transsexuals.

F-to-m transsexuals experience gender dysphoria at a earlier age and live more convincingly in the male role before medical treatment is initiated. They apply for reassignment at an earlier age. They are seldom married to a partner of the opposite biological sex. They have stable relationships with

women, marry them after reassignment, and have more job security. In short, they are generally psychologically and socially better adjusted than m-to-f transsexuals. I ask whether, in a society that only recently begins to be more benevolent for sexual minorities, f-to-m transsexuals are the first to "come out" to request gender reassignment. This, in part, might account for the considerable differences in sex ratios of transsexuals asking gender reassignment, between Eastern and Western Europe/USA.

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