

PSYCHO-ENDOCRINOLOGICAL ASPECTS IN  
AGING MALES AND TRANSEXUAL PERSONS

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## 1.2. TRANSEXUALISM

### 1.2.1. Definition

Transsexualism is a condition in which a person experiences a discongruency between their assigned sex and what they feel their genderidentity is. For example, a person who was identified as "female" at birth, who experienced normal somatic sexual differentiation, who was raised as a girl, and has lived being perceived by others as a woman, may feel that the core sense of who they are is a closer fit with "male" or "man." If this feeling is strong and persistent, this person may decide to take steps, hormonally and surgically, to ensure that others perceive them as a man. In other words, they may decide to the transition to living as the sex that more closely matches their internal gender (De Cuypere, 2001; Gooren, 2004). A person with gender dysphoria experiences anxiety, uncertainty or persistently uncomfortable feelings about their birth gender.

Self-diagnoses are confirmed by psychological assessment, which includes a trial period, 'the real life test'. This period when hormonal treatment starts and subjects are required to live socially the live of the desired sex is necessary before irreversible surgical reassignment is considered. Cross sex hormonal treatment is desired by transsexual persons to help them successfully live as a member of their identified gender.

Gender Identity Disorder (GID) has three criteria according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth edition (DSM-IV)(American Psychiatric Association, 1994):

- the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormonal treatment,
- the presence of persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex
- the disorder is not a symptom of another mental disorder or a chromosomal abnormality.

The persistent cross gender identification that results transcends a desire for any cultural advantages of being the other sex (Levy *et al.*, 2003). All strata of society are affected by gender identity disorders (Hoenig & Duggan, 1974). Transsexualism must be distinguished from sexual orientation, and transsexuals like non-transsexuals may be heterosexual, homosexual, bisexual or asexual.

The most recent prevalence information from the Netherlands is that transsexualism occurs in one of 11.900 males and in one of 30.400 females (Bakker *et al.*, 2002; van Kesteren *et al.*, 1996). Unpublished data for Belgium show similar figures: one of 15.185 males and one of 38.665 females (Carael, 2004). The similar prevalence across Western and Eastern Europe, Singapore and The Indian subcontinent suggests that the influence of culture on the underlying condition is relatively small. Higher prevalence figures have been given by Tsoi (1988), possibly as a result of the high quality of surgical services available in Singapore, the absence of repression against transsexuals, and the subsequent lessened fear of role change. The aetiology of transsexualism remains uncertain (Gooren, 1990, Zhou *et al.*, 1995). Most biological investigations of transsexuals have found that there are no abnormalities in chromosomal pattern, in the gonads or genitals, or in circulating peripheral sex steroid levels that could account for the condition (Gooren, 1984). Limited case reports have described the association between transsexual-