

TRANSEXUALISM: DEFINITION, PREVALENCE AND SEX DISTRIBUTION

Jan Wålinder

The line between transvestism and transsexualism drawn by many authors has been and still is all too obscure. As long as no definite criteria are employed to differentiate these two groups' progress in understanding of the conditions will be limited.

In an investigation of 48 cases of transsexualism primarily segregated according to *Benjamin's* (1966) criteria, the following variables were noted in 100% of the subjects:

1. A sense of belonging to the opposite sex, of having been born into the wrong sex, of being one of nature's extant errors.
2. A sense of estrangement with one's own body; all indications of sex differentiation are considered as afflictions and repugnant.
3. A strong desire to resemble physically the opposite sex via therapy including surgery.
4. A desire to be accepted by the community as belonging to the opposite sex.

The fundamental, primary disturbance appears to be a feeling of contrary sex-orientation, i.e. inverted core gender identity in *Stoller's* (1964, a, b, c) meaning. All of the other symptoms seem to cluster around this erroneous sex identity.

Transvestites, persons who dress in the clothes of the opposite sex to attain psychological satisfaction, do not have a feeling of belonging to the opposite sex. This factor differentiates therefore the transvestite and the transsexual. In this connection it seems important to establish that transvestism is only a symptom, which may be observed in conjunction with a variety of conditions, such as, homosexuality, criminality, transvestism and transsexualism. A certain overlapping between the true transvestites and transsexuals can occur, but in the majority of cases the diagnosis is usually made with little difficulty.

Prevalence:

Precise determination of the prevalence of transsexualism is impossible. It is only when social pressure becomes too great that these persons contact the doctor. Furthermore, a number of factors may obstruct not only the desire but also the effectuation of such contact. Prevalence figures are therefore minimal figures.

In an attempt to determine the prevalence of transsexualism in Sweden (*Wälinder, 1967*) a circular letter was sent to all doctors in psychiatric practice working with adults in the country. They were asked for information of any transvestites or transsexuals who might have consulted them or of whom they had knowledge as of Dec. 31, 1965. An affirmative response was obtained from 76 per cent of the psychiatrists who mentioned 91 individuals. In keeping with the exclusion of child psychiatrists the lower age limit was set at 15 years and a check for duplicate registration made.

Of the 91 cases, 67 were judged to be transsexuals according to the criterion which seems most reliable when one cannot personally interview the patient. This criterion was the desire for surgical change of sex. Since I had personal knowledge of 43 transsexuals on the census date, the minimum total of transsexuals in Sweden on Dec. 31, 1965, could be set at 110. Thus the prevalence was 1 : 54,000 as a whole and, according to sex, 1 : 37,000 men and 1 : 103,000 women.

The literature reveals no prevalence figures gathered in the described manner or figures suitable for comparison with this result. In the main those figures reported are considerably lower. The Swedish findings indicate that transsexualism is not as rare as generally supposed and, in the light of the involved social and medical problems posed by this group of patients, transsexualism stands out as an important field, not only from a psychiatric but also from a socio-medical point of view.

Sex distribution:

A male dominance is commonly observed among sex deviates. In regard to transsexualism *Benjamin* (1966), for example, gives ratio of men to women of 8 : 1. In the Swedish material now comprising 48 personally examined patients (43 + 5 patients), the ratio is 2.5 : 1, a figure which closely corresponds to that of *Randell* (1959) who found 2.3 : 1. These two figures are the lowest ratios that have been reported, but still they shows a male preponderance among transsexuals.

The predominance of men has been interpreted in different ways. It has been pointed out that, at least in Western cultures, it is considerably more

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difficult for men than for women to assume and work in the contrary role. Thus the social pressure is greater for men, who for this reason should more often be forced to seek medical advice and thereby more often become known to doctors than the transsexual women. That this mechanism functions in some instances is incontrovertible. On the other hand, the problem can be approached from another angle as *Roth & Ball* (1964), have suggested. If one accepts the hypothesis that men with sexual deviations are under greater social pressure than women, from a dynamic viewpoint this should tend to counteract the male skew among transsexuals known to the medical profession. If, in addition, one accepts the premise which, i.a. *Brown* (1957) pointed out, namely, that the majority of boys show a preference for the male role in the early years while girls in the corresponding age groups often show a contrary role preference, the sex ratio should actually be opposite to that observed.

A possible explanation of the male dominance can be derived from *Jost's* (1947) investigations. He states that the basal phenotype is female. Parallels to this assumption of the female phenotype are to be found in Turner's syndrome and with the testicular feminization syndrome.

Analogous to the latter example one can imagine that the biological constitutional factors responsible for the psycho-sexual development, factors which should be correlated to those factors determining the phenotype, are probably dominantly female or direct the development toward the female side. It is possible to explain the preponderance of men among transsexuals in this manner, but to date reports do not confirm this theory. The Swedish results do, however, show a lower male dominance than earlier reports. Expansion of the Swedish material might even show that this dominance is erroneous. Since erotic sexuality does not play a major role in transsexualism, this condition can be differentiated from transvestism and fetischism, and therefore it may also be separate as regards male dominance.

Reliable prevalence figures and the validity of male dominance depend on continued research in this field.

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