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A TRANSSEXUAL PATIENT SEARCHING FOR ADJUSTMENT

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SUMMARY

Introduction Transsexual phenomenon is very complex, which is confirmed in everyday practice with these patients. There are many reasons why we have chosen to present this patient's case report.

Case outline The aim of this case report was to indicate how our female-to-male (FtM) transsexual patient tried to change her own sexual drive with the purpose of showing high adaptation in social environment as her personal representation of mental health. At the same time, this was an attempt to escape from gender dysphoria by becoming heterosexual escaping from her basic sexual drive. Our patient could not put her erotic attributes in sexual relations, so she had numerous heterosexual, bisexual and homosexual relationships.

Conclusion By this case report, we want to present how conviction of belonging to the opposite sex can affect erotic contact with the same and different sex.

Key words: gender dysphoria; transgender; sexual behaviour; personality traits; social adjustment

INTRODUCTION

The complexity of transsexual phenomena is confirmed with such cases in everyday practice. In contemporary classifications, the term transsexualism has been replaced by the term gender disorder or gender dysphoria. The latter concept is more flexible and includes a wider range of conditions than the former concept of transsexualism. Gender is a subjective feeling of one's sex, and therefore transsexualism is extreme form of gender dysphoria [1].

In clinical practice, the concept of gender identity and gender identity disorders (GID) has three main components: gender identity, gender role and sexual orientation [2, 3]. The relationship between gender identity and sexual orientation is important for clinicians dealing with GID, as well as for scientists exploring general human behaviour. It is important to note that the sexual orientation of persons with GID could be homosexual, heterosexual, bisexual and asexual. Clinical experience has shown that, in comparison to non-erotic manifestations, eroticism per se is far less manifested in persons with GID [4].

This is the case report of the Belgrade Team for Gender Identity, with reference to the diagnostic schedule recommended by the Standards of Care for Dysphoric Persons of the Harry Benjamin International Gender Dysphoria Association [5]. The sex-reassignment request of the presented patient stands in line with this. One of the main reasons for the presentation of the selected patient is her specific sexual biography.

The main purpose of this case report is to show the way in which the female-to-male (FtM) transsexual patient attempted to change her own sexual drive with the intention to present herself as a mentally healthy individual well adapted to her social environment. At the same time, this may have been an attempt to escape from gender dysphoria by becoming heterosexual and escaping away from her basic sexual drive. The patient was unable to comprehend her erotic needs in sexual relationships, so she attempted to have contacts with many heterosexuals, bisexuals, and at last homosexuals. This case report also presents how beliefs about belonging to the opposite sex can affect erotic contacts with the same and different sex.

One of our main goals is to show clinical differences between transsexualism and homosexualism and subsequently, to describe sexual experiments and attempts at obtaining sexual contact (with both males and females) that may be confusing for those clinicians who may have limited experience in this area. In other words, the clinical features of this patient could have resulted in incorrect diagnosis. Typically, transsexuals do not participate in sexual intercourse before they undergo sex-reassignment surgery; however, avoidance of sexual contacts is not the absolute rule in transsexuals. This report shows one of the ways in which transsexuals cope with their gender dysphoria.

Another goal of the case report is to present the personality of an FtM transsexual patient, which is mostly neglected in reports dealing with this problem. As heterosexuals, homosexual transsexuals also have different personalities and personality traits; the authors have explored the impact of personality traits on the patient's sexual behaviour.

CASE REPORT

The patient is a 29-year-old, who lives in a private apartment, unmarried and has no children. She has finished mathematical college and two years of university courses studying mathematics. From 1993, she was in trade, real estate and for the last few years, she has been working as a cab driver. Her brother is 31-year-old and is heterosexual.

In 1997, at the age of 24 the patient had her first contact with a psychiatrist, because she felt uncomfortable in the company of other women. She had a few psychiatric interviews and was psychologically tested (diagnosed as borderline level of personality organisation) and afterwards she contacted the Belgrade Team for Gender Identity.

As a child, she had a history of cross-dressing and cross-gender behaviour. While growing-up she covered her breasts with clothes, wore trousers, always played football and other ball sports with boys and behaved in a protective manner towards girls. The patient's cross-dressing was not associated with sexual excitement or satisfaction. At the beginning of menstruation, at the age of 12, she accepted it relatively well, knowing it was normal-natural, though it was troublesome for her. For the last ten years she has developed a strong resistance towards it and, in order to create a shorter menstrual cycle, she even created a special "forcing technique" undertaking extreme physical activity. When her breasts became larger, she started to feel disgusted and ashamed, and tried to hide them, flattening them by wearing a smaller bra.

From adolescence, she has been always attracted to females and on several occasions, she tried to make sexual contact with them. However, she also tried to establish emotional relationship with men as a part of normal, socially desirable behaviour. Unfortunately, any physical contact with men was unsuccessful and did not provoke any sexual excitement, but gave her a sense of frigidity and repulsiveness. These feelings were the reason for her to experiment, in order to find out if she was homosexual or "something else". In the following period, she unsuccessfully experimented with a male prostitute. While sexually stimulating, a woman she experienced with gave her a strong sexual excitement for the first time, but this vanished and changed into the feelings of repulsiveness when her partner started to touch her body. Afterwards she experimented with the same female partner and another man, but again unsuccessfully. These events made her realise that her problem was not related only to sexual orientation but to something else, she could not understand.

It may be argued that the described behaviour could suggest a differential diagnosis of homosexualism. Participation in the same sex sexual contact raised the question of why she did not accept her role as a homosexual woman. However, the fact was that she did not allow her partner to see her naked or to stimulate her sexually, because she was ashamed of her body. Throughout the sexual intercourse and whilst stimulating the partner, she remained completely dressed, which is an important difference between transsexuals and homosexuals.

For the past few years, she has been living with a woman who knows everything concerning her gender identity and regards her as a man. This emotional relationship did not fulfil her needs, because she needed her girlfriend to love her as a socially accepted man. Her need to be a man with physical male attributes in an emotional relationship was growing stronger. For the last two years, she has spoken as if she was a man with her girlfriend and supportive friends who are familiar with her problem.

The patient grew up in a completely primary family, with a dominant and autocratic father and a passive mother. She accomplished intimacy and identification with her father. The patient and her brother and father formed one pole in family functioning. At the same time, there was a competition with her brother on the criteria of the male social role in obtaining her father's devotion. She had characteristics of extroversion with externalisation of impulses. Identification with an inadequate father figure does not pave the way of development of transsexualism, but it could be a consequence.

Besides the essential clinical interviews and measurement of cognitive functioning, the following psychological tests were systematically applied, as listed: MMPI-202, Mahover technique (human figure drawing), Rorschach test, DSQ [6, 7], TCI-9 [8], SCID-II screen [9, 10].

With her higher scores on lie and validating scales, the MMPI personality inventory revealed a tendency towards dissimulative profile, which minimises possibilities of interpretation [11]. These scores refer to personality and not to pathological traits. The personality profile consists of higher scores in Pd (psychopathia), Pt (anxiety) and Sc (schizophrenia) scales, which could indicate emotional instability, impulsivity, relatively poor adoption of ethical norms and, occasionally a tendency to retire from social relations in situations that wear out adaptive capacities. Rebellion, rejection of authorities, sexual disharmony, suppression, impulsivity and poor self-control are the main characteristics.

The Machover technique results show inversion of sexual identity. Drawings of the human figure, both female and male, have masculine characteristics. Clothes and hair determine the sex of drawn figures. Even though this patient has built a strong facade, dominant feelings are insecurity and a sense of discomfort with regard to personal body image. These feelings may be, partially interpreted, as reactive, i.e. as anticipation of negative social reaction.

The Rorschah test results did not show any manifestation of thought disorders, reality distortions, or deviant verbalisation and thus any psychotic disorder could be excluded. A tendency to persevere, suggested rigid thinking. There was a lot of evidence of defence mechanisms, combined with an extrovert personality type and inclination toward affective reactions. Even though some characteristics personality disorders were evident, the patient had enough ego strength to control and unload impulses in a relatively accepted and adequate manner.

On the DSQ test, the patient showed high scores on the following defence mechanisms: suppression, humour, denial-lie, passive aggression and affiliation. These mechanisms further confirmed disharmony between manifested (extroversion in behaviour) and intrapsychic (rigidity, insecure and suppression) levels of functioning.

The results on the TCI showed a "mild cautious temperament type", which was characterized as being highly-strung, careful and cautious. Character type was

"organized" and thus characterized as logical, trusting and mature. These results confirmed that the described patient had strong ego resources, and a relatively mature character.

Finally, the patient was tested with the SCID-II screen, which covered the ICD-10 and DSQ-IV criteria for personality disorders/Pd; she did not fulfil diagnostic criteria for any of Pd.

Projective techniques and personality inventories in some segments showed a discrepancy between tests results and behaviour. This could indicate a tendency to externalise impulses in order to discover personal identity. The absence of appropriate boundaries to expression of affect was evident. It seemed that the described behaviour was the expression of decision to experiment by choosing sexual objects of different sexes.

DISCUSSION

One of the most prominent features of fully expressed transsexualism is the influence of gender dysphoria in one's sexual behaviour. It is important to remember that most of non-operated homosexual transsexuals sometimes (and with various limitations) have sexual contacts with partners of the same sex. Generally, they do not allow their partners to see them naked; usually they wear underwear hiding their genitals. In addition, transsexuals do not allow their partners to touch the genitals.

The precise relationship between gender identity and sexual orientation has a practical significance for clinicians working with GID individuals. In addition, it has theoretical importance for scientists engaged in the investigation of behaviour as a whole. Experiences of some clinicians show that sexual behaviour is less manifested and non-erotic expressions are more prominent in transsexuals. In contrast, the presented patient showed that sometimes-erotic manifestations could be strongly expressed in transsexuals. The question is what are the reasons that can explain this phenomenon? This patient's specific sexual biography illustrates wandering and searching for sexual orientation, but also for sexual identity and social adjustment. The particular biographic features are found in the patient's sexual behaviour, which, due to her search for identity, were predominant; while later this erotic dimension faded.

By this case report the authors wish to demonstrate that in some cases the erotic dimension of transsexuals can be very important. Attempts at erotic contacts should not confuse the diagnostic process, but help in confirming the diagnosis of transsexualism.

The need for erotic contact does not change the core gender identity, which is the basis of the complete complex transsexual phenomena. On the contrary, inverted core gender identity is the immanent and independent feature of transsexualism, and erotic needs can be and are different. Eroticism is not a goal per se. The attempts at erotic intimacy that are ego-dystonic to the inverted core gender identity cause conflicts and result in termination. In other words, the core of transsexual's identity is more profound than their erotic content.

The fact that this patient had a sexual partner refers to her sexual orientation. The authors would like to note that more profound than her sexual orientation was the patient's wish to be accepted in a male gender role with her partner, which is the relevant feature of transsexualism. Sexual object is not the most important, powerful and/or profound aspect. This means that the most important thing for transsexuals is not to have a partner, but to be in transgender role with the partner; in this patient's case, this means to be accepted in a male role. This is understandable as the personal inner sense of self-identity is the most profound aspect of human personality. The presented patient's specific biography confirms this.

NOTE

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ТРАНССЕКСУАЛНИ ПАЦИЈЕНТ У ПОТРАЗИ ЗА АДАПТАЦИЈОМ

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КРАТАК САДРЖАЈ

Увод Сложеност транссексуалног феномена потврђује се свакодневно у практичном раду с овим пацијентима. Савремени класификациони системи термин „транссексуалност" замењују терминима „поремећај рода" или „родни несклад". Родни несклад је субјективни доживљај сопственог пола, те је транссексуалност крајњи облик несклада рода. Концептуализација родног идентитета и његовог поремећаја укључује три основна термина: родни идентитет, родну улогу и полну оријентацију. Полна оријентација особа с поремећајем родног идентитета може бити хомосексуална, хетеросексуална, бисексуална и асексуална. У раду је приказана транссексуална пацијенткиња, а главни разлог због којег је она одабрана јесте њена специфична сексуална биографија.

Приказ случаја Приказан је женско-мушки транссексуални пацијент кроз његов покушај да измени свој сексуални нагон и тиме покаже висок степен адаптације на социјалне захтеве, као и лични вид репрезентације сопственог менталног здравља. Истовремено, ово је био покушај пацијенткиње да кроз хетеросексуално понашање, уз занемаривање аутентичних сексуално-нагонских потреба, побегне од постојеће родне дисфорије (несклада рода). Пацијенткиња није успевала да своје еротске атрибуте укључи у сексуалне односе, те је стога покушала да експериментише и оствари бројне хомосексуалне, бисексуалне и, коначно, хетеросексуалне односе. Први циљ овога рада је био да се прикажу клиничке разлике између транссексуализма и хомосексуализма, будући да описано сексуално експериментисање у покушају реализације сексуалног контакта с истим и супротним полом може збунити клиничаре и одвести их у правцу постављања погрешне дијагнозе. Други циљ је био да се прикажу димензије личности женско-мушког транссексуалног пацијента с обзиром на чињеницу да је у стручним радовима из ове области изучавање личности ових пацијената углавном занемарено.

Закључак Овим радом желели смо да прикажемо како доживљај припадности супротном полу може утицати на еротске контакте с истим и другим полом.

Кључне речи: несклад рода; трансродност; сексуално понашање; црте личности; социјална прилагођеност

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