



Transsexualism: Gender Identity Disorders: A Case Report

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Abstract

Background: Transsexualism is characterized as having desires or having undergone a social transition from Male to female or female to Male, accompanied by affirmation efforts. The affirmation process can be reversible (clothing, hair, makeup, puberty barrier), partially reversible (estradiol or testosterone), and irreversible (surgical removal or construction of genitals or other gender features). Advances in technology and awareness of self-recognition are increasing the incidence of transsexualism.

Case Report: We found a case of transsexualism in a 35-year-old man who strongly desired to change his gender identity. The patient had been experiencing this since >20 years ago. Since childhood, the patient was more inclined to behave like a girl, dressed like a girl, and wished to grow up to be a girl and continue. The patient felt uncomfortable with her genitals and attracted to men because she thought she was a girl. The patient then underwent gender reassignment surgery. After spending days as a biological female, G feels more confident and enthusiastic about living and working.

Conclusion: Transsexualism is a sexual orientation disorder of unknown aetiology. Transsexualism can occur in the absence of organic pathology. Management of transsexualism includes psychological treatment, accurate life testing, hormones, and surgical reaffirmation surgery (SRS). We conclude that parenting patterns, parental desire for type, and closeness to parents are associated with the incidence of transsexualism. Irreversible affirmation helps individuals with transsexualism live life with more confidence.

Keywords : Transsexualism, gender dysphoria, Gender Identity Disorder

Introduction

In the last ten years, the population of people with gender dysphoria has undergone significant demographic changes. Since 2004, there has been an increase in the number of adolescents seeking treatment for gender dysphoria, especially in the last decade. According to previous research, the rise in the number of adolescents referred to gender identity clinics or programmes has been an international phenomenon.[1]

A transsexual is defined as someone who seeks or has undergone a social transition from Male to female or female to Male, which, in most cases, involves somatic change with cross-sex hormone treatment and genital surgery (sex reassignment surgery).[2]

In the International Classification of Diseases (ICD-10), gender identity issues are included in Disorders of Adult Behaviour and Personality in the category of Gender Identity Disorders and include five diagnoses: transsexualism, dual-role transvestic, childhood gender identity disorder, other gender identity disorder, and gender identity disorder not otherwise specified. Transgender people are a diverse group, and those who wish to have a body of the other sex are known as transsexuals.[3]

Some transgender people may not experience dysphoria or distress regarding phenotypic characteristics, whereas others understand their gender differently from the male-female binary. Affirmation, previously called "transition," can refer to the social, legal, medical, or surgical process by which transgender people live and present in the gender that they identify with. The method of affirmation can be reversible (clothing, hair, makeup, puberty barrier), partially reversible (estradiol or testosterone), and irreversible (surgical removal or construction of genitals or other gender features). Everyone has their own unique gender identity that may be static or evolving throughout the life span.[4]

The underlying causes of transsexualism are not clearly understood even today. There are several hypotheses, including the effect of gonadal steroids on the hypothalamus during the first trimester of pregnancy, impaired conversion of androgens to estrogens, receptor disturbances and aromatase changes. Before birth, hormonal imprinting will influence psychosexual differentiation. In a study by Swaab et al., changes in the volume of the suprachiasmatic nucleus and striae terminalis were found, and the ratio between transfemale and transmale changed from 6:1 to 1:1.[5]

Case report

G, Male, 35 years old, unmarried, Batakese, 4th of 4 children. G has a problem due to his desire to change his gender identity. G, with the male gender, has been feeling uncomfortable and disgusted, so he intends to change his gender identity to become a woman. G has been dealing with this issue for the past 20 years. It started when G always felt comfortable being friends with women. When with female friends, G is more open and feels able to be herself. G also has a community on social media with women her age and changed her name on social media to Putri. G also tried to look like a woman, wearing revealing clothes, skirts and bras. G even used sanitary pads as if he wanted to feel the sensation of women using pads during menstruation. His female friends only considered G's behaviour a joke, and no one reminded him that he was a man. G felt that his friends supported what he did.

G's mother wanted a daughter, so from a young age, G was always treated like a girl, starting from the choice of clothing colours, mostly light pastel colours, and toys such as dolls.

G has a good relationship with his mother but not with his father. G's mother is loving and patient, while his father is strict and thinks boys should not be spoiled. The father always reminds his mother that his mother's treatment is wrong. G's parents often quarrel due to differences in parenting; the mother feels that giving G dolls and other toys that girls usually play with is not a mistake, and the mother feels it is cute. While G's father often scolds G for playing with dolls, G's father is a father who educates hard; every time he comes home from work, the father often scolds G and asks his son to behave like a man by providing hard physical training. Since he was in primary school, G was repeatedly beaten; according to his father, he was too slow and not as energetic as his three other siblings. G remembers that even as a child, he was often called "bencong" by his father; G always cried every time his father said harsh words and said he was like a bencong.

When G was in high school, G's mother passed away. G felt the loss of a mother figure who always spoiled him. From then on, G felt increasingly lonely and did not find friends to talk to, and he began to look for a place to talk through social media. G joined the transgender community; he felt supported by joining the community.

G always said that G was born with the wrong gender. In high school, G began to be attracted to and like his male classmates. G felt embarrassed if he met a boy he liked. G had also expressed affection and fell in love with his male friend. G's friend had reminded him that his actions were wrong and abnormal. G began to feel sad and discouraged in carrying out his academic activities. G's grades deteriorated, and he often skipped classes and became quieter, but this did not last long. Whenever G felt sad, he told her story about the transgender community on social media, thought he got the best solution and became cheerful again. G's community friends consider G's feelings normal and natural, and it is not wrong if she has feelings of affection and love for men because he is a woman. G feels more uncomfortable and disgusted when he sees her biological sex. Sometimes, he cries and feels disappointed to be born as a man.

Because of this feeling, G began to gather information about sex surgery procedures. When G was 30 years old, he ventured to consult and get a therapist from an expert, until at age 35, G felt more confident to change his sex to female. G came to the hospital with firm determination and asked the doctor to perform sex reassignment surgery. After living the days of being a biological woman, G felt more confident and enthusiastic about living and working.



Discussion

Further, sex differences in brain structure and function are due to the effects of sex hormones from the testes and ovaries, the role of the X and Y chromosomes, and epigenetic changes in molecular pathways.[6] Moreover, in humans, the effects of the gender-based environment interact with various biological factors to produce a brain that is not necessarily uniformly masculine or feminine but is a unique mixture in each individual.[7],[8]

Transsexualism or transgender identity is a mismatch between physical phenotype and perceived gender. Individuals with transsexualism usually feel gender dysphoria, a discomfort with their sexual identity. The prevalence of male-to-female transgender people (MtF) has increased to 5-14 per 1000 adult males over the last few decades. Meanwhile, female-to-male transgender (FtM) reaches 2-3 people per 1000 adult women.[9] Greater social acceptance, depathologization, and awareness of treatment options may contribute to this escalation.[10]

Diagnostic criteria for transsexualism not directly mentioned in DSM V were endorsed by The Endocrine Society's 2017 guidelines[11] and Sappho's 2017 Good Practice Guidelines.[12] Although it previously appeared in DSM III and was removed in DSM IV.[13] Patients with transsexualism present with discomfort and attempts to change their sex for >6 months. Clinical features in boys with this disorder are usually preoccupied with stereotypical female activities. They prefer dressing in women's clothing and participating in girls' games and entertainment.[3] As experienced by G in this case, since childhood, G has preferred activities that women often do, likes girls'

toys, and is uncomfortable and uncomfortable with his genitals until finally, as an adult, the patient dresses like a woman.

Transgender people have problems with gender identity, where their gender identity does not match the sex they were born with, and they may experience discomfort or distress when opportunities to express their identity are denied or when this identity is not valued. Transgender people: health at the margins of society. In this case, G feels comfortable and more open around his female friends and can be herself. G's friends find it funny.

Gender identity formation is influenced by the interaction of a child's temperament with parental traits and attitudes. [3] Differences in parenting towards G where the father demanded G to be a man in general while his mother raised G like a girl. Parental upbringing factors, the closeness of the mother, the absence of the father's role, the parent's desire for a particular gender of the child, and the parent's psychopathology are associated with the incidence of transsexualism.[13],[14]

The relationship between childhood trauma and the incidence of transsexualism is still being debated. However, children with transsexualism usually experience more trauma due to rejection and bullying from the neighbourhood, even by family. Thoma et al found that transgender adolescents experienced higher psychological, physical, and sexual abuse than their cisgender peers.[16]

Transsexualism treatment includes psychological treatment, real-life testing, hormones, and surgical reaffirmation surgery (SRS). Psychological treatment is aimed at changing beliefs. They are ineffective in most cases and are generally not welcomed by patients. Real-life tests aim to become accustomed to appearing, speaking and behaving as the opposite sex. Most centres require a successful 'real life test' of at least one year before being considered for surgery.[18] Hormonal treatment is usually given to develop secondary sex characteristics: oestrogen for MTF and androgen for FTM transsexuals.[16]

SRS is a surgery involving orchidectomy and penectomy with vaginoplasty using penile skin, but their ability to be orgasmic postoperatively. The surgery requires mastectomy, hysterectomy, and bilateral salpingo-oophorectomy for FTM patients. Phalloplasty is performed in less than half of the patients as the current technique is neither cosmetically nor functionally acceptable for penetration.[18]

Transsexualism alters a person's course of life by creating several issues in their physical, psychological, social, economic, and family spheres; increasing dependency, depression, and isolation; lowering their level of self-assurance and social capital; and raising their sense of vulnerability, which impairs their ability to go about their daily lives, engage in social interactions, and maintain mental clarity. In addition, transsexualism makes patients dependent on others and unable to participate in everyday social activities. All these problems, along with various treatments, complications, and high treatment costs, reduce the quality of life of transsexual individuals. The impact on the social aspect is seen in the difficulty of communicating with different individuals and social groups.[19],[20]

Transsexual individuals feel happier and mentally healthier after undergoing sex reassignment surgery. Sex reassignment is a complex phenomenon that dramatically affects individuals' health, social performance, and identity. Hormone therapy and surgical procedures can harmonize individuals' biological sex and identity and thus increase their satisfaction and self-confidence.[16],[20] Research by Edfkehar et al, showed that the quality of life of transsexuals after undergoing SRS was much better than before SRS. In this case, G ventured to consult a psychiatrist about her discomfort with her biological sex and planned to have sex reassignment surgery. After undergoing surgery, G feels happier and more confident in living her life and in her work.

Conclusion

Transsexualism is a sexual orientation disorder of unknown aetiology. Transsexualism can occur in the absence of organic pathology. This disorder causes severe distress and discomfort to the patient, the parents, and other family members. Patients face many problems and difficulties in their personal, social, or occupational lives. Treatment of this disorder is problematic not only from a medicolegal aspect but also from economic,

social and religious aspects. However, the acceptance of the new self after SRS treatment usually shows a better impact on the psychological aspects of the patient as it increases confidence and self-acceptance.

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