Some Psychosocial Characteristics of Sexual Reassignment Requestors in Singapore – A Report on 23 Cases

Synopsis

A PSYCHOSOCIAL STUDY OF 23 unmarried patients (21 males, 2 females) requesting sexual reassignment surgery shows that 82.6% were Chinese, 8.7% Indians, and 8.7% Eurasians. The mode age was 22 years. Most were engaged in occupations deemed appropriate for the opposite gender. Except 2 cases all the males have had homosexual relationship in the receptor role. One female was lesbian. All denied any heterosexual experience. Most had cross-dressed either fully, partially or occasionally. 13 males have developed feminine breasts. The majority have at least secondary education. Birth complication, certain birth orders, parental separation/death, adoption, etc. were noted but the patterns were still unclear for drawing definite conclusions. As a group, psychological testing suggested they were of "bright-normal" intelligence. Compared with Singapore Medical Students they were significantly unstable in emotionality and needed to project a socially desirable image. Depression was generally noted. The male patients displayed strong feminine interests and adherence to female stereotype.

Introduction

Sexual reassignment surgery was first performed in Singapore on 29th February, 1971. During 1971 and 1972, there were 23 known cases requesting for sex change or "gender transmutation" (Kubie & Mackie, 1968). Six of these have since completed surgery.

The purpose of this report is to present some psychosocial data obtained during the course of psychiatric and psychological evaluation of these

by F. Y. Long

M.A.(Syd.), Dip. Psych., M.A.Ps.S. and

M. M. Lee

B.Sc.App.Psych.(N.S.W.), Dip.Psych., M.A.Ps.S. Department of Psychology, Woodbridge Hospital, Singapore.

requestors. Where possible, some attempts will be made to compare them with data obtained from other studies.

The psychiatric and psychological examinations were meant to determine that any degree of crossgender identification (or trans-sexualism) is relatively irreversible and not due to psychosis; and whether the requestor's physical appearance, personality traits, interests, behaviour, etc. are sufficiently feminine/masculine so that he can in fact function as a member of the opposite sex. The requestor must also be motivated, sufficiently educated and intelligent to understand the nature and purpose of the operation and any possible subsequent sociocultural crisis. (Pauly, 1968; Knorr, Wolf & Meyer, 1968).

Method

The 23 patients represented all the known registered cases who seek sexual reassignment and were on file at Woodbridge Hospital between 1971 and 1972. The psychosocial data for this report were abstracted from the files and represented only a fraction of the total amount of information gathered.

All patients were given a medical and psychiatric examination. With the exception of 7 patients, all the others were interviewed and administered a battery of standard psychological tests (viz. Raven Progressive Matrices, Eysenck Personality Inventory Forms A & B, Minnesota Multiphasic Personality Inventory, and Thematic Apperception Test) by the writers. Also included were 60 selected items from the Masculinity-Femininity Scale of the Strong Vocational Interest Blank. The 60 items were organised into a modified Masculinity-Femininity Scale which allowed for separate sub-scores on Masculinity and Femininity.

It must be pointed out that no valid psychological tests are available to afford any direct measurement of the individual's psychosexual status or gender identity. (Money & Primrose, 1968).

Results and Discussion

Sex

Of the 23 requestors only 2 were female thus giving a ratio of about 10 or 11 males to 1 female. This is two to three times the ratio reported by Hoopes, Knoor & Wolf (1968) who found a ratio of 3 or 4 males to 1 female at the Gender Identity Clinic of the Johns Hopkins Hospital. In view of the preponderance of males to females, Kubie & Mackie (1968) have raised the implications for psychoanalytic theory with regard to penis envy and castration anxiety etc.

Age

The ages ranged from 18 to 33 with a mean of 23.04 years (S.D. = 4.01). The mode of 22 years appears to be very similar with the findings of Hoopes, Knoor & Wolf (1968) who found the peak incidence between 22 years (male) and 23 years (female). However, in their study, the age range was from 14 to 66 years (male) and 16 to 57 years (female).

Ethnic Group

There were 19 Chinese (82.6%), 2 Indians (8.7%) and 2 Eurasians (8.7%). No Malay requestors were registered. For the purpose of simple comparison, the Woodbridge Hospital psychiatric patient population as on December 1972 is as follows: 87.6% Chinese, 5.2% Indians, 5.7% Malays and 1.5% Eurasians/Europeans. It may also be of interest to note that multiracial Singapore has 74.5% Chinese, 14.5% Malays, 8% Indians and 3% Eurasians/Europeans.

Although no Malay requestors were registered in this series, the authors are aware of quite a number of Malay transsexuals who function as impersonated male prostitutes in the Singapore Bugis Street area, a place well-known for such activities. Nevertheless, the Malays as a group are both under-represented in this study as well as in the psychiatric patient population while the Chinese appear to be overrepresented in both areas.

It is realised that in such a small series these findings might not be of any statistical significance.

The authors are not able at this stage to delineate any known cultural factors relating to gender role to account for these findings.

Occupation

Table I gives the last known occupations of the 23 requestors.

	Table I	
	Occupations of the	Requestors
Male	and the second of the second	Female

Occupation	No.	Occupation	No.
Impersonated Male Prostitute	6	Waitress	1
Library Assistant	1	Car Salesman	1
Dispensing Assistant	1		
Dressmaker	1		
Student	2		
Denture Maker	1		
Telephone Operator	1		
Sales Supervisor	1		
Office Boy	1		
Dancer (Female)	1		
Female Model	1		
National Serviceman (Discharged)	1		
Domestic Servant	1		
Artist	2		
TOTAL	21		2 = 23

It is noted that most of the males and one of the females were engaged in occupations that might be considered as either feminine or masculine respectively. Unlike Hoopes, Knorr & Wolf's (1968) findings of an impressive number of professionals (e.g. college professor, physician, attorney, priest, etc.) none of our cases hold professional positions.

Marital Status & Sexual Behaviour

All the requestors in this series were single. Hoopes, Knorr & Wolf (1968) found 49% (male) and 54% (female) were single in their series.

All the patients in this study denied heterosexual relationship. With the exception of 2 cases, all the male patients have had homosexual relationship and choosing the receptor role. One of the females was lesbian. The reported age of first homosexual intercourse ranged from 10 to 27 years (mode = 17 yrs, mean = 16.09 yrs). Most reported preadolescent and adolescent masturbatory activities.

Except for 6 male cases, all the others have steady lovers who were prepared to marry them (patients) following gender reassignment. Most of them expressed a desire to adopt children after their marriage.

Public Dressing & Appearance

At the time of the interview, 13 were fully cross-dressed, 3 partially, 4 occasionally and 3 denied ever having done so. When cross-dressing, cosmetics and wigs were often used. 12 of the males have developed feminine breasts via estrogen, and 1 by silicone. They also grew long feminine hair. The 2 females attempted to conceal their breasts by means of T-Shirt and kept their hair short.

The reported age of first experience at crossdressing ranged from 6 to 28 years (mode = 14 yrs., mean = 12.15 yrs.) and was mainly self-initiated. Most of them of course claimed that their desire to be of the opposite gender was from earliest recollection.

Educational Level

12 patients have obtained their General Certificate of Education (GCE), 2 have completed Higher School Certificate (HSC), and 1 reached up to tertiary level. (See Table II).

Level	No.
Primary	3
Secondary	5
G.C.E.	12
H.S.C.	2
Tertiary	1
TOTAL =	23

Table II Educational Level

16 were from the English medium schools and 7 from Chinese schools.

Birth Complication, Birth Order & Siblings

Of the 23 cases, 17 reported no birth complication. 4 were born premature, 1 by forcep delivery, and the mother of 1 case was ill during delivery and subsequently died within one month.

In this series, 8 patients were the youngest while 7 (including 1 only child) were the eldest. There were 5 who occupied 3rd ordinal position. The remaining 3 were 5th, 8th and 11th.

The number of children from each family ranged from 1 to 16 (mean = 5.3). With the exception of 2 instances, there was a fair balance of male and female siblings in the respective families. As a total, there were 60 male and 62 female siblings.

Parental Separation, Death & Adoption

10 patients experienced separation (e.g. divorce, desertion, adoption) or death of one or both parents prior to requesting sexual reassignment. 4 lost their father (3 through death), 2 lost their mother (death) and 4 lost both parents (combination of death/separation). The patients' age at the time of parental separation or death ranged from 1 month to 25 years.

4 were brought up by adoptive parents following death or separation from their natural parent/s. 3 were brought up by grandparents. All patients expressed preference for mother or mother surrogate with the exception of 2 who stated preference for both parents. This strong identification with mother figure is consistent with the findings of other studies (Pauly, 1968).

However, the patterns of birth and family structure etc. of these patients are still too unclear to lend any firm conclusion as to whether these constitute significant determinants to their requesting sex change.

Psychological Testing

In the absence of any relevant published psychological test data in Singapore on appropriate psychiatric groups, the writers have to resort to Medical Students as a control group.

Intellectually, the requestors' Raven Progressive Matrices raw scores ranged from 41 to 56 (i.e. average to superior range). The mean score for the group (N = 16) was 48.00 (S.D. = 5.40) which is at the "bright normal" level. The comparable IQ range "bright normal" level. The comparable IQ range is about 108 – 119. As a point of comparison, the mean score of Singapore Medical Students1 (N = 91) on the same test is 55.61 (S.D. = 2.62), IQ range = 125 to 135+. (Long, 1973).

Table III presents the Eysenck Personality Inventory scores of 15 male and 1 female requestors (mean age = 23.56 yrs.) and an attempt at comparison with the scores obtained by Singapore Medical Students² (mean age = 22.84 yrs.) (Long, 1973), and a normal British population (Eysenck & Eysenck, 1964).

		1	Form A I		Form B		Forms A & B			
				_	_					_
	n	E	N	L	E	N	L	E	N	L
Requestors	16 S	$\bar{\mathbf{x}} = 9.706$ SD. = 4.058	13.412 4.017	$3.765 \\ 1.480$	$11.750 \\ 1.949$	10.125 4.924	3.063 1.340	20.938 4.892	23.688 8.754	6.875 2.446
Medical Students		$\bar{X} = 10.318$ SD. = 3.851	8.670 5.051	2.565 1.637	12.695 3.236	9.428 5.256	1.274 1.334	23.252 6.760	18.044 9.638	3.593 2.362
British Normal Population	2,000 s	$\bar{\mathbf{x}} = 12.070$ SD. = 4.370	9.065 4.783		14.148 3.920	$\begin{array}{r}10.523\\4.708\end{array}$	_	26.218 7.771	19.588 9.031	

Table III E.P.I. Scores of Requestors, S'pore Medical Students and Normal British Population

Table IV M.M.P.I. Standard Scores of Requestors and University Students (Men)

	Univ. of S'pore Men Students (N = 200)		Sex Change Requestors (N = 15)			
	x	S.D.	$\overline{\overline{\mathbf{x}}}$	(f)	S.D.	t
L	53.92	8.22	55.00	(46)	5.06	1.71
F	57.34	8.68	67.27	(62)	10.17	4.22***
K	55.46	8.73	51.33	(44)	9.67	1.75
Hs*	52.54	9.18	39.67	(56)	12.08	5.12***
D	59.98	12.41	77.60	(69)	14.32	5.25***
Hy	57.26	8.92	57.00	(64)	12.82	0.11
Pd*	55.07	12.04	59.27	(66)	11.74	1.30
Mf	59.54	8.86	84.00	(51)	6.75	10.46***
Pa	54.31	9.66	64.73	(62)	12.41	3.95***
Pt*	53.15	10.37	45.40	(61)	15.68	2.68**
Sc*	55.10	10.75	57.13	(61)	17.78	0.67
Ma*	57.75	10.29	57.27	(60)	10.09	0.18
Si	53.15	8.70	60.47	(73)	6.33	3.19**

*Without K corrections ******p < 0.01

*******p < 0.001

Compared with Medical Students, the requestors are significantly (t = 2.188, p < 0.05) unstable in emotionality and have a stronger need (t = 5.099, p < 0.001) to project a socially desirable image.

Table IV sets out the M.M.P.I. scores of 15 male requestors and a comparison with the scores registered by University of Singapore (men) Students³ (Kadri, 1971). The lone female patient's scores are given in parentheses alongside that of the 15 males.

Compared with University of Singapore students, the requestors show significantly higher scores on the F, D, Mf, Pa and Si scales, and significantly lower Hs and Pt scores. It is of interest to note that an exceptionally high - value was obtained on the Mf (i.e. Masculinity - Femininity) scale.

On the M.M.I.P., any score of 70 or above is generally taken as the cutoff point for the identification of pathological deviations. (Anastasi, 1968, 0. 443). It is observed that the requestors' outstanding deviant scores lie in the Mf and D scales. thus revealing an abnormally high degree of "femininity" and emotional disturbance of a depressive nature.

Interpretation of projective materials obtained through the Thematic Apperception Test shows that 8 patients had considerable underlying depression and in three instances themes of suicide were present. There were also indications of conflict in sexual identification in 4 patients, but generally female identifications were not significantly shown up on the projective test.

On the whole, unsatisfactory resolutions of psychological conflict situations were noted. Only 1 patient provided adequate adjustment response with regard to outcome. The others had themes of unfulfilled dependency needs and the solutions projected were unrealistic. One patient showed anxiety about personal loss, particularly loss of his own body parts, whereas another was concerned with loss of loved objects. Two other patients were pre-occupied with their "physical deformity" and hence had very poor self-concepts.

On the modified Masculinity-Femininity Scale of the Strong Vocational Interest Balnk, the 15 male requestors obtained significantly high (t = 23.090, p < 0.001) Femininity score (X = 47.33, S.D. = 4.59) than Masculinity score (X = 8.00, S.D. = 4.74) thus showing a high degree of feminine interests and adherence to female stereotype.

As for the lone female requestor, her Masculinity score was 26 while her Femininity score was 16.

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