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Review

Psychological and social adjustment in older transsexual people

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ABSTRACT

Several forces conspire to make the later decades a climacteric for transgendered persons. This paper will examine the social, emotional, and hormonal influences that entwine and challenge the stability of the elderly transgendered person. Case studies and therapeutic interventions will be addressed. Within our article, the cases are fictitious and therefore consent was not required for our vignettes.

Contents

1. Introduction

There is scant literature addressing the issues faced by aging transgendered persons. The literature that does exist deals largely with the lack of adequate and appropriate services for aging gender non-conforming and transgender persons. While terminology and theories of etiology have evolved since the phenomenon of transsexualism was first introduced in the 1950s, the issues that elderly people routinely encounter are remarkably consistent for all seniors: Namely, health, social isolation and income.

Several authors have focused on these issues as they relate specifically to the transgendered elderly. Barriers to health care are amplified in this population, due largely to stigma, lack of knowledgeable caregivers and lack of insurance. Similarly, ageism, discrimination in employment, lack of affordable housing, and lack of social and familial support besiege older gender non-conforming adults [1–5].

However, there is a veritable dearth of information focusing on clinical issues affecting elderly gender dysphoric individuals. In 1979, Lothstein [6] published a study of ten such older individuals requesting sex reassignment surgery. He stated that a review of the literature "failed to reveal a single article wholly devoted to this issue." Lothstein viewed gender dysphoria as a serious disturbance in object-relations and a pathologically introjected, highly cathected mother–child relationship [7]. While this archaic, etiological model has long been discredited, Lothstein's views regarding clinical presentation and treatment in this cohort retain some relevance for two reasons:

First, Lothstein concluded that estrogen treatment was beneficial for aging male-to-female patients with mild to moderate

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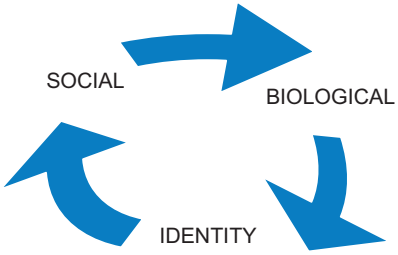
depression, and that surgery may be the treatment of choice for some elderly patients. Thus, although he egregiously pathologized the aging cohort, he nevertheless recognized, and indeed endorsed, the therapeutic efficacy of medical and surgical interventions for the treatment of gender dysphoria.

Secondly, and more germane, is his apt description of the clinical features of the aging patient: "The aging gender dysphoric patient presents in acute crisis, that is, exhibiting marked depression. . .and urgent perception of time." He goes on to portray such an individual as "particularly ill-equipped to face the physical deterioration caused by aging." He perceived, in the phenomenological angst unearthed, that aging and gender dysphoria conspire at their intersection to create a particular pathos.

In contemporary Western societies, it is not unusual for transgendered individuals to present to a clinician at age sixty, or older. A case report of an individual undergoing gender confirmatory surgery at the age of 74 was published in 1985 [8]. In this case report a man "happily married" for 37 years with heterosexual behavior (but also a low rate of fetishistic masturbation) is reported. Transvestic behavior did not occur until 10 years after the death of his wife. This early report describes social variables, role models and other external influences that contributed to his decision.

A recent study looking at health related quality of life following gender reassignment treatment of 148 current and former transgender patients at a clinic in Belgium describes factors of socioeconomic importance [9]. Significantly lower QOL scores for transgender persons that were older, uneducated, unemployed, had a low household income and were single were identified. The authors mentioned in general these findings are in line with previous European findings in general populations and other patient groups. As such they underlined the importance of providing qualitative accessible care for those in more vulnerable socioeconomic positions.

Three forces converge in late adulthood to provoke personal crisis in the elderly transsexual: social, identity and hormonal.



1.1. Social factors

With normal aging, social responsibilities decline. Career and work expectations wane, and some individuals enter retirement. Similarly, child-rearing typically reaches an end, as children mature and leave home. For many, social networks decline, as friends and acquaintances die, or withdraw from social constellations.

The deterioration of physical strength and health, cause many to limit activities, or become more dependent on others. Likewise, reduced income, and rising health care costs may limit social interaction.

Case vignette 1:

Dr. Bradley Jones is a 65-year-old retired physician. His early life was spent attending the best preparatory and medical schools. After completing his training, he became chief of medicine at a large teaching hospital. He was married, with children and grandchildren, when he retired from active practice.

Since age four, Dr. Jones felt as though he would have preferred to have been born female. Although this feeling persisted throughout his lifetime, he never cross-dressed or associated with anyone who was gender-variant. In fact, while the feelings arose frequently, they never interfered with his exceptionally high level of functioning. That is, until he retired. At that time, he began to experience an intense preoccupation with transforming himself into a woman.

Traveling to a small town where he was unknown, Dr. Jones obtained hormones and began counseling. His wife divorced him, and he continued to pursue information about this previously closeted sector of his life. However, Dr. Jones met a middle-aged woman, and fell in love. Concluding that his decision to take hormones was foolish, he committed to a new marriage.

Much to his surprise, nine months later, the urge to pursue feminization reared its head again. This time, Dr. Jones felt he had no choice but to resolutely address the issue. He dismantled the brief marriage and underwent facial feminizing surgery, hormonal reassignment, genital surgery, and preparation for a life devoid of the status he had previously enjoyed.

Case vignette 2:

Martin is a 70-year-old natal female who lives alone with his beloved animals in a small, rural town. At age 40, he realized he was not a lesbian, and determined that he must live as a man. The neighbors in the community and church thought of "her" as a spinster, and were puzzled as "she" slowly altered "her" appearance. Martha requested that they call him "Marty". He underwent chest surgery and enjoyed the congruity of living as a man, although he suffered many social losses in his conservative community and church.

Last year, Martin was admitted to a large urban hospital for treatment of melanoma. When the medical personnel saw that "she" had undergone mastectomy, they assumed it was due to a disease condition, i.e. breast cancer. Martin was uncomfortable explaining his unusual presentation to all of the medical people involved with his care. The hospital staff treated him as though he were female, which further agitated Martin.

This illustrates how failing health can lead to a situation where many new people unexpectedly enter one's life. Suddenly, the elderly transsexual person has to educate a whole new cadre of people. And this scenario occurs when the person has the least available energy to deal with an influx of interlopers unenlightened about the condition.

A recent report from California by Smith et al. [10] collected qualitative data from the LGBT community which illustrates some perceived unmet needs. The findings suggest that aging can be a daunting prospect and particularly that elderly LGBT individuals may find themselves vulnerable to prejudice from professionals. Suggestions included open GLBT specific centers to congregate and more community activities for individuals and their partners. It was also suggested that housing projects specifically for LGBDQ people should be initiated. A respondent identified that this was already happening in other states outside of California.

1.2. Identity and phenomenological factors

Personality theorists have delineated crises and resolution in the human being at different developmental epoch. For the aged, they involve the imminence of one's own death and the realization that time is running out. Any identity alteration must be swift, and is often catalyzed by a dramatic event. For example, the death of one's spouse provokes the feeling that "life is short. . .I must act now." An opportunity for self-determination arises. Similarly, many clients come forth with a desire to transition following a global event—the