



Temperament and character in transsexuals

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ABSTRACT

The aim of this study was to evaluate personality in transsexuals. The Temperament and Character Inventory (TCI) profiles of 166 male-to-female (MF) and 88 female-to-male (FM) transsexuals were compared with those of a control group of males and females. MF and FM transsexuals scored significantly lower than males and females in RD4 (more independent) and C3 (more self-centeredness). MF transsexuals scored higher than males and females in HA4 (more fatigable), ST and ST3 (more spiritual acceptance), and lower in C5 (more opportunistic); moreover, they showed higher scores than males in RD1 (more sentimental) and lower than females in C (less cooperativeness). FM transsexuals scored lower than females in HA2 (more daring and confident), RD (less sentimental), and C5 (more opportunistic). Compared with FM, MF transsexuals scored higher on HA2 (more fearful), RD, RD1 (more sentimental), ST, ST2 and ST3 (more spiritual). All these differences were less than half a standard deviation except for C3. Data show that transsexuals and controls display a similar personality profile, even though there are some differential personality traits. Moreover, the personality profile of transsexuals was closer to the profile of subjects who shared their gender identity than those who shared their anatomical sex.

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1. Introduction

Transsexualism or gender identity disorder of adulthood or adolescence is characterized by a strong and persistent cross-gender identification and accompanied by persistent discomfort with the biological sex or sense of inappropriateness in the gender role of that sex. It is usually accompanied by the wish to make the body as congruent as possible with the preferred sex through hormone treatment and sex reassignment surgery (World Health Organization, 1993; American Psychiatric Association, 2000). However, information about whether behavior and personality in these subjects are congruent with the preferred sex is still lacking; this knowledge would provide valuable insights into the nature of this disorder.

Evolutionary psychologists have emphasized that divergent selection pressures on males and females are expected to produce consistent personality differences according to gender; greater sex differences are most likely to be found in traits and behaviors that ultimately relate to mating and parenting (Del Giudice et al., 2012).

Indeed, personality differences between men and women are well established in the literature (Mealey, 2000; Del Giudice et al., 2012). On average, females tend to be more nurturing, warm, affiliative and anxious than males, as well as less aggressive, impulsive, dominant, sensation-seeking, and risk-taking (Mealey, 2000).

In transsexuals, differences in personality between male-to-female (MF) and female-to-male (FM) subjects have been rarely reported, and the existing studies mainly assess the presence of psychopathology. The most commonly used psychometric instruments in the assessment of transsexual patients have been the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway and McKinley, 1982) and the MMPI-2 (Butcher, 2001). Specifically, several studies have found that transsexuals are notably free of psychopathology using these instruments (Miach et al., 2000; Michel et al., 2002; Vidal-Hagemeyer et al., 2003; Coussinoux et al., 2005; Gomez-Gil et al., 2008; de Vries et al., 2011). Two further studies have used structured clinical interviews for categorical personality disorder diagnosis according to DSM-III-R and DSM-IV criteria (Bodlund et al., 1993; Haraldsen and Dahl, 2000), and another report has used the Eysenck Personality Questionnaire (Eysenck and Eysenck, 1978) for dimensional evaluation of personality in transsexuals (Bozkurt et al., 2006). Bodlund et al. (1993) found significantly more criteria for pathologic personality among transsexuals (29%) than controls (17%), as well as more

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sub-threshold pathologic personality traits; however, their sample size was small (9 MF and 10 FM subjects). In contrast, Haraldsen and Dahl (2000) found that although the gender dysphoric patients generally scored slightly higher than the healthy control group, all scores were within the normal range, thus suggesting a low level of self-rated psychopathology and similar personality traits in transsexuals and controls. Bozkurt et al. (2006) found that transsexual participants showed significantly higher mean neuroticism scores than controls; however, the transsexual sample was also reduced ($n=52$) and limited to MF subjects. Given that transsexuals can be easily stigmatized, more studies are needed with larger samples and up-to-date instruments to dilucidate if their personalities are or are not different from that of the general population.

The Temperament and Character Inventory (TCI) is a self-report instrument based on the Unified Biosocial Theory of Personality of Cloninger; it measures four temperament dimensions and three character dimensions (Cloninger, 1994). It could be a well-suited instrument to evaluate personality in transsexuals due to its widespread use in both clinical and nonclinical populations. Furthermore, this instrument has been largely used to investigate sex differences in personality between men and women in a variety of cultures. Some research (Cloninger, 1994; Mendlowicz et al., 2000; Parker et al., 2003) and a recently published cross-cultural meta-analysis on sex differences in Cloninger's temperament dimensions (Miettunen et al., 2007) concluded that women scored consistently higher in the Harm Avoidance (HA) and Reward Dependence (RD) temperament dimensions. Similar differences have also been found in healthy Spanish (Al-Halabí et al., 2011) and Mexican (Fresan et al., 2011) populations. To the best of our knowledge, personality profile and sex differences according to the TCI have not been previously studied in transsexuals.

The aims of the present study were: (i) to compare the temperament and character dimensions of transsexuals with those of a control sample from the literature (Al-Halabí et al., 2011); and (ii) to evaluate sex differences between MF and FM transsexuals. Based on the literature (Miettunen et al., 2007; Al-Halabí et al., 2011), we hypothesize that MF transsexuals, like control females, would show higher scores in the HA and RD dimensions than FM transsexuals. That is, personality would be congruent with gender identity.

2. Methods

2.1. Sample

The sample was comprised of 269 transsexual volunteers recruited through the Gender Identity Unit of the Hospital Clinic of Barcelona. This public hospital is the only center providing specialized and comprehensive psychiatric, psychological, endocrine, and surgical sex reassignment therapy for transsexual patients in Catalonia.

Diagnostic assessment of transsexualism, or gender identity disorder in adulthood or adolescence was formulated according to the 10th revision of the *ICD Classification of Mental and Behavioural Disorders (ICD-10)* (World Health Organization, 1993) or the fourth revised edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (American Psychiatric Association, 2000). The diagnosis was made after several sessions with two mental health professionals (psychiatrist and psychologist). We used semi-structured socio-demographic, clinical, and psychiatric interviews (Gómez-Gil et al., 2009). The unit has adopted the standards of care described by the guidelines of the World Professional Association for Transgender Health (Meyer et al., 2002). The present study includes transsexuals enrolled in previous reports with a focus on depression, anxiety and social phobia (Gómez-Gil et al., 2012) as well as on quality of life (Gómez-Gil et al., in press).

All participants experienced early-onset gender nonconformity (before puberty) and were right-handed in writing. Participants did not show neurological or major psychiatric comorbidity.

The control group for comparisons used in this study (Al-Halabí et al., 2011) comprised 404 healthy subjects (males and females), all of Spanish origin from the Asturias region, aged 20–60 years, with an average age of 41.0 (S.D. = 11.5) for men and 40.1 (S.D. = 11.0) for women.

The participation of the transsexuals was wholly voluntary and unrewarded. The study was approved by the Ethics Committee of the Hospital Clinic of Barcelona (Spain) and was conducted in accordance with the Declaration of Helsinki. Participants, or parents if the patients were under 16 years of age, provided written informed consent.

2.2. Instruments

The TCI (Cloninger, 1994) is a 240-item, self-administered, true/false questionnaire, developed to assess seven basic dimensions of personality. It includes four temperament dimensions: Novelty Seeking (NS), Harm Avoidance (HA), Reward Dependence (RD), and Persistence (P), and three character dimensions, Self-Directedness (SD), Cooperativeness (C), and Self-Transcendence (ST). The TCI has been reported to be valid and reliable for both healthy and psychiatric Spanish people (Gutiérrez et al., 2001). Raw scores were converted to *T* scores, based on the control sample of Al-Halabí et al. (2011), in order to facilitate visual and statistical comparison in the graphs. Thus, 50 represents the control mean, while 40 and 60 respectively represent one standard deviation below or above the mean.

2.3. Procedure

All evaluations were performed in an office at the Mental Health Department of the hospital. Subjects were informed that the purpose of the study was to investigate their personality; none of them were aware of the specific nature of our hypotheses. Sociodemographic variables—age, educational level, employment status, and hormonal treatment history—were obtained from clinical records.

2.4. Statistical analysis

Data was analyzed using OpenEpi 2.3.1. Differences on TCI dimensions and subscale scores between groups were examined with Student's *t* test (MF transsexuals vs. control males, MF vs. control females, FM vs. control males, FM vs. control females, and MF vs. FM transsexuals). We applied Bonferroni's correction for 35 comparisons (7 dimensions $\times$ 5 comparisons). Thus, significance level was set at $p=0.0014$.

3. Results

3.1. Demographical characteristics

The response rate was 90.7% of 280 patients who were invited to participate, with failure to participate being mainly due to declining to participate or to incomplete answers. The final study sample consisted of 254 transsexuals (166 MF and 88 FM).

Transsexuals were approximately 10 years younger than the control group (MF vs. male; $t=9.501$; $p<0.001$; FM vs. female; $t=9.015$; $p<0.001$), but no differences were found between MF and FM subjects concerning age, educational level, or employment status (Table 1). Hormonal therapy at the time of the study was more frequent in the MF than in the FM group (47% vs. 12.5%). Demographic and clinical characteristics from a similar Spanish sample have been described in detail elsewhere (Gómez-Gil et al., 2009, 2012).

3.2. Personality differences between transsexuals and the control group

As detailed in Table 2 and Figs. 1–3, neither group of transsexuals differed significantly from the control groups in any scale or subscale beyond half a standard deviation with the only exception of the variation in the C3-Helpfulness subscale.

Both the MF and FM transsexual groups scored significantly lower than the two control male and females groups in RD4-Dependence and C3-Helpfulness. MF subjects scored higher than control males and females in HA4-Asthenia, ST-Self-transcendence and ST3-Spiritual Acceptance, and lower in C5-Integrated Conscience; moreover, they scored higher than males in RD1-Sentimentality and lower than females in C-Cooperativeness. FM subjects scored lower than the control females in HA2-Fear of Uncertainty, RD-Reward Dependence, and C5-Integrated Conscience.

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