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TRANSSEXUALISM – AN INVESTIGATION

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INTRODUCTION AND BACKGROUND

Transsexualism (also referred to as *transsexuality*) is a phenomenon that is not always well understood in society. From the time that this term was first used it has often been confused with sexual deviations such as homosexuality, bisexuality, transvestism or hermaphroditism. The term "transsexualism" was used for the first time in 1950 by Cauldwell, when George Jorgensen became Christine Jorgensen in 1951-52 in Copenhagen after a series of hormone treatments and a sex-change operation (Crown, 1976:231; Cavanagh, 1977:118; Louw, 1992:307; Comer, 1995:512). The first "sex-change" operations had already been performed in the 1930s; however, sex reassignment did not receive much attention until the highly publicised case of Christine Jorgensen (Bootzin, Acocella & Alloy, 1993:346). By 1980 sex-reassignment surgery was routine in at least forty medical centres in the Western hemisphere (Arndt, 1991 in Comer, 1995:512).

According to Louw (1992:307), very little research has been done in this specific area. Currently transsexual patients in the RSA are treated mainly by private psychologists, psychiatrists, social workers and surgeons. Hardly any of these practitioners specialise in the treatment of transsexualism. Louw (1992:307) mentions the following reasons that professionals have neglected either to investigate or to specialise in this field:

- Medical specialists are unwilling to remove or change healthy organs because generally, in these cases there is no pathology of transsexual persons' sex organs;
- Many scientists maintain that a sex change is unethical and immoral for cultural and religious reasons;
- Many people feel threatened by the issue of sexuality. Some medical practitioners regard this issue as too controversial and do not want to be involved in such sensitive matters;
- It is very difficult to identify a genuine transsexual, because it is not easy to distinguish between this phenomenon and homosexuality, bisexuality and transvestism.

The following may also be added to the list of reasons why so little research has been done in this area:

- Transsexualism is a highly isolated phenomenon;
- It is a very rare phenomenon and individuals who really want to undergo a physical sex change are therefore rare;
- Fear of being classified as sexually abnormal when a phenomenon of this nature is to be investigated;
- Medical science conveniently ignored the topic in the past because a solution to the problem could not easily be found. (The situation today is very different because a sex change is possible through removing sex organs and physically reconstructing organs by means of plastic surgery, accompanied by hormone and psychological treatment. However, practitioners in the medical and psychology field are still not willing to become involved in

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such an operation and treatment as they dread the possibility of an error of judgement or an unsuccessful operation.);

- Masters, Johnson and Kolodny (1992:281) state that the responsibility on the part of the surgeon and the psychologist who are involved in the identification, selection, surgery and treatment of the transsexual is very high as the operation is irreversible.

STATEMENT OF THE PROBLEM

Transsexualism is a phenomenon with many associated implications and possible complications. The general public have very little knowledge and empathy, and often hold misperceptions and myths about the phenomenon. Incorrect identification and classification of these individuals as homosexuals, bisexuals and transvestites may cause irreparable harm to them. In transsexualism it is not the object of sexual interest but rather the *gender identity* that is askew in terms of conventional standards (Bootzin *et al*. 1993:346). The physical gender of a foetus is established by the pairing of a single chromosome from both parents at the moment of conception – XX for females and XY for males. However, physical differences based on the foetus's chromosomal gender develop only at a later stage. These differences are triggered by an infusion of hormones. At the same time the foetus's corresponding gender identity - the "gender of the brain" - begins its development. According to a widely held theory which attempts to explain the origin of transsexualism, a mismatch of mental and physical gender may occur "…if the timing of this hormone shower is off, or if the mix of hormones is somewhat faulty" (Renaissance Transgender Association 1990:1). This is why transsexualism is frequently described as a birth defect.

Unfortunately, for the transsexual trying to gain acceptance from others this birth defect has no visible effects. The transsexual appears to be a perfectly normal male or female with normal primary and secondary sexual characteristics. Unlike the distinctive facial characteristics of Down's syndrome, or the lack of muscle control caused by cerebral palsy, transsexualism cannot be detected visually or by any other means. Since others cannot see that anything is amiss, they conclude that transsexualism is not a physical defect, but an emotional/psychological problem. It is a common but erroneous belief that, with a little self-discipline, or with counselling, a transsexual person can act normally and accept his of her lot in life.

For the sake of these people's wellbeing and happiness, it is important that they should be accepted for what they are by everyone around them. A study such as this one may contribute to a better insight into and empathy for the world of the transsexual.

PURPOSE OF THE STUDY

The primary aim of this study is once again to raise public awareness of the erroneous classification of the transsexual as a homosexual, bisexual, transvestite or even hermaphrodite. The investigators also believe that studies of this kind acknowledge the uniqueness of transsexuals; therefore, this finding answers to the following problem questions will be beneficial:

- What are the distinctive characteristics of transsexualism?
- What are the differences between transsexualism, homosexuality, bisexuality, transvestism and hermaphroditism?
- How do they experience themselves, and do they experience any problems with socialising and adjustment?
- Are they accepted by other people: their family members, friends, colleagues, employers and the rest of the community?

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- Is a physical change of sex ethically acceptable?
- To what extent is such a change successful?

The secondary objective of the investigation is to make the community aware of the phenomenon of transsexualism – in other words, to provide all members in the community with knowledge and empathy for these people's frustrations, inner conflicts, feelings, problems and potential. It is necessary that the community should realise that transsexuals are "normal" individuals with the same dreams and ambitions and a right to successful careers, marriages and family settings in the community like everybody else.

METHOD OF INVESTIGATION

A literature study will be followed by a qualitative investigation. The following aspects are addressed theoretically:

- Definitions of transsexualism, bisexuality, transvestism, homosexuality and hermaphroditism;
- Statistics indicating the rarity of the phenomenon;
- The identification and selection of transsexuals;
- The distinctive characteristics of the phenomenon.

This qualitative investigation took place in Bloemfontein, Johannesburg and Pretoria and involved four case studies (persons called A, B, C and D; cases A, B and D underwent a sex change from woman-to-man and C from man-to-woman). At the time of the investigation these four transsexual experimental respondents had already been identified and selected for sexual reconstruction. Their ages ranged from 20 to 47 years. Their qualifications ranged from matriculation to tertiary qualifications. All four were permanently employed. They were all involved in a relationship with a person of the opposite gender (opposite to that of the respondent after the sex change).

The choice of respondents was made, in the first instance, with the respondents' consent and willingness to co-operate and, secondly, with the assistance of the psychologists, social workers and surgeons who work with the transsexuals in general, and the respondents in particular.

To obtain the desired data three measurement instruments were used: two self-structured questionnaires, interviews and autobiographies. One questionnaire was structured in such a way that it addressed the main issues in the investigation, namely, the manner of identification, possible causes of the phenomenon and adjustment problems that the respondent experienced and/or still experiences. The purpose of the other questionnaire was to determine the perceptions and acceptance of transsexualism by different respondents (psychologists, theologians, employers, colleagues and general members of the community).

Personal *ex post facto* data were also obtained from the psychologists with the necessary permission of the four respondents. Case studies discussed by Bergh (1973) were also compared with these four case studies to determine possible differences and similarities.

A questionnaire was also compiled as guideline and basis for the structured interviews with randomly selected members of the community, psychologists, employers, colleagues and theologians. The main purpose of these interviews was to determine the respondents' social acceptance of transsexuals as "normal" members of the community as well as their perceptions informing the ethical code that pertains to a physical sex change.

The questionnaire for the four experimental respondents was posted to them via a go-between to protect their identity. In a follow-up to the questionnaire it was possible to conduct personal

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interviews with only three of the four respondents. Investigators were allowed to involve only respondents above the age of 18. The sex-changes involving the four cases were either totally or partially completed.

DEFINITION OF CONCEPTS

Before the main concept in the investigation, namely transsexualism, is discussed in more detail, it is necessary to provide a succinct definition of the concepts below (as defined by Plug, Meyer, Louw & Gouws, 1987:145, 371, 370; Nevid, Rathus & Greene, 2000:389-389; *Transsexuals: A Primer*, 2002:2-4).

Homosexuality

Homosexuality refers to persons who are sexually attracted to members of the same sex, or the term denotes sexual intercourse with members of the same sex. Homosexuality has no connection at all with transsexualism – gay men and lesbians are generally totally happy with their anatomical sexual features and their corresponding gender identity.

Bisexuality

Bisexuality refers to individuals with biological or psychological characteristics of both genders or persons who feel sexually attracted to both genders. Homosexuality and bisexuality are very common; statistics often suggest that people exhibiting some degree of bisexual or gay attraction could outnumber pure heterosexuals (*Transsexuals: A Primer*, 2002:3). At the minimum, homosexuals and bisexuals represent a large minority.

Transvestism

Transvestism refers to a psychological disorder which is typically associated with wearing clothes of the opposite sex frequently and persistently. The chief feature of transvestism (also referred to as "transvestic fetishism") is recurrent, powerful urges and related fantasies involving cross-dressing for purposes of sexual arousal. Other individuals with fetishes are often satisfied when they handle objects such as women's clothing while they masturbate; transvestites want to wear them (Nevid *et al.*, 2000:389). When one interferes with this activity, the transvestite experiences intense frustration.

Transvestites generally regard themselves as fundamentally male and most would be appalled at the idea of actually changing their sex. However, it is not uncommon for transsexuals to go through a phase of seeing themselves as (or perhaps trying to convince themselves that they are) merely transvestites, before they come fully to accept their true condition. Conversely, a few transvestites carry their fantasy of 'female self' so far that they delude themselves into thinking that they are transsexual. Rigorous psychiatric screening is necessary before allowing sex-change treatment to minimise the possibility of such people embarking on a course of action that they would come to regret.

Hermaphroditism and Intersex

Hermaphroditism is a very rare condition in which the genitals are neither clearly male nor clearly female. There is a school of thought that maintains that, although this condition is related to transsexualism, it is a much more extreme case resulting in a strongly intersexed body, rather than the mind/body mismatch that characterises transsexualism.

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Many milder intersex conditions exist, often resulting in varying degrees of malformation or dysfunction of the genitals. Such conditions appear to be significantly more common among transsexuals than the general population, albeit that the majority of transsexuals are not obviously physically intersexed.

Transsexualism

Transsexualism refers to a psychosexual disorder where individuals experience a permanent feeling of discomfort and 'inaptness' with regard to their anatomical sex, at least for a period of two years or longer. An urgent wish also develops to change their own sex organs to that of the opposite sex and to be accepted and live as a member of the opposite sex. The condition is not due to a genetic abnormality or any other psychological disorder. This phenomenon will subsequently be discussed in more detail.

6. DEFINITIONS AND CHARACTERISTICS OF TRANSSEXUALISM

Definitions

Many authors (e.g. Benjamin & Ihlenfeld, in Lion 1982:183; Harre & Lamb 1983:507; Poorman 1988:169; Calderone & Johnson 1992:186) define a transsexual as a person who is genetically and anatomically man or woman, but is strongly convinced that he/she has the psyche of the opposite sex, lives partially or totally the life of the opposite sex and longs to undergo a legal sex change through hormonal treatments and surgery.

Contrary to popular belief, this does not only occur among gays, lesbians and bisexuals, but may also occur among heterosexuals and rarely has very much to do with the sexual preferences of the individual concerned (*Transsexualism, 20*02:3). According to the source *Transsexuals: A Primer* (2002:1), transsexualism is a complex and little-understood condition. Because it involves fundamental aspects of human identity, it attracts considerable misunderstanding, fear and prejudice.

The *Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (*DSM-III) (1980:75) adopts the diagnosis of transsexualism for people who have reached puberty and who harbour persistent discomfort because of the belief that their anatomical gender is unsuitable. They are preoccupied with transforming their sex characteristics to those of the other gender.

Characteristics

In contrast to sexual dysfunctions, which involve any disruption of the normal sexual response cycle, transsexualism may be described as a *gender identity disorder*. Such disorders are characterised by conflict between a person's anatomical sex and his or her gender identity, or self-identification as male or female (Sue, Sue & Sue, 2000:307). These disorders are relatively rare and they may appear in adults as well as in children.

Gender identity and gender role should not be separated for they are actually two sides of the same coin (Money 1988:53). Consequently, transsexualism may be characterised as an incongruence between biological sexual differentiation and gender identity. For clinical and diagnostic purposes the following criteria, as stipulated in the DSM-III (1980:261) are often used:

- Sense of discomfort and inappropriateness about one's anatomical sex;
- Feelings of needing to rid oneself of one's own genitals and live as a member of the other sex;
- The disturbance has been continuous (not limited to periods of stress) for at least two years;

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- Absence of physical intersex or genetic abnormality;
- Absence of a coexistent mental disorder, such as schizophrenia.

The DSM-IV (1994:493) classifies these disorders into two categories: specified gender identity disorder, and gender identity disorder (GID) not otherwise specified.

The key features of GID are:

- A strong and persistent cross-gender identification;
- Persistent discomfort with personal assigned natal sex and its associated gender role;
- Absence of any physical intersex condition;
- Clinically significant distress or impairment of social or occupational functioning.

Unlike transvestites, transsexuals - most of whom are males - believe that they truly *do* belong to the opposite sex. They consider their biological gender a mistake and their genitals ugly appendages (Bootzin *et al*. 1993:346). They typically cross-dress, without feeling the sexual arousal that the transvestite feels in woman's clothes; rather they feel relaxed, "at home". According to Green (1971 cited in Bootzin *et al*. 1993:346), they may feel as strange in men's clothing as a normal man would feel in women's clothing. By biological standards they are usually homosexual, but since they think of themselves as women, but in their minds they are heterosexual. They hold a lifelong conviction that nature has played a cruel hoax by placing them in a body of the wrong gender, or as it is formulated in another article (Merck Manual, 2002:1): "A transsexual believes that he or she is the victim of a biological accident, cruelly imprisoned within a body incompatible with their real sexual identity". This feeling produces a preoccupation with eliminating the "natural" physical and behavioural sexual characteristics and acquiring those of the opposite sex (Sue *et al*., 2000:307).

People with gender identity disorders tend to exhibit gender-role conflicts at an early age and report transsexual feelings in childhood. Boys may claim that they will grow up to be women, may demonstrate disgust with their penis and testes, and may be exclusively preoccupied with interests, activities and clothing that are stereotypically associated with the other gender. They are frequently labelled "sissies" by their peers. Girls with this disorder, on the other hand, may insist they have a penis and insist on urinating standing up or assert that they do not want to grow breasts and may exhibit an avid interest in rough-and-tumble play. They are often labelled "tomboys" during their childhood (Tsoi, 1993 in Sue *et al*., 2000:307; Nevid, *et al*., 2000:381).

Adult male transsexuals are adept at acquiring skills enabling them to adopt a feminine gender identity. Some individuals are satisfied with achieving a more feminine appearance, together with employment and an identity card allowing them to work and live in society as women. Others are not content with changing their social identity, but can be assisted to achieve a more stable adjustment with small doses of feminising hormones. Many transsexuals request feminising operations in spite of the sacrifices entailed. The decision in favour of surgery often raises grave occupational, social and ethical problems. A transsexual was, for instance, illegally dismissed by his employer as the result of the fact that he decided on a sex change and had already undergone a first operation for the change. The employer made an offer to pay him a salary for six months in advance, but the transsexual was unwilling to accept the agreement. The employer subsequently attempted to negotiate a settlement, but the transsexual was unwilling to accept the offers. This resulted in a court case. Medical costs; loss of medical fund, income, pension, and enjoyment of life, as well as impairment of personal rights, emotional shock and sexual discrimination were

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involved. Because he lost his income, he could not complete the operations and is still caught between two genders. The case is continuing.

According to *The Merck Manual* (2002:2), adult female transsexuals increasingly report in medical and psychiatric practice. The patient generally asks for a mastectomy, hysterectomy and oophorectomy, and also wants androgenic hormones to alter her voice and promote a more masculine appearance. She may ask for an artificial phallus to be fashioned by means of plastic surgery. Stable and effective personalities, whose social adaptation in most spheres of their lives has been successful, may sometimes be helped to achieve greater satisfaction through surgery. Female patients must be carefully selected, because the anatomical results of female-to-male surgery are often less satisfactory than in the male-to-female procedure.

Follow-up studies have provided evidence that some true transsexuals achieve happier and more productive lives with the aid of surgery. This is only the case for highly motivated true transsexuals with stable social and work records (*Merck Manual*, 2002:2).

FINDINGS AND CONCLUSIONS

From the literature study and the results of the empirical research, specific findings as well as meaningful deductions and conclusions were arrived at for the phenomenon of transsexualism. Meaningful similarities between the findings in the empirical research and the findings from the theoretical research were observed. These findings are outlined below.

Distinctive characteristics of transsexualism

The four respondents involved in the study were in agreement about the initial age of the onset of the phenomenon, namely, their awareness of their otherness. The phenomenon has been present since their pre-school years. During the pre-school and early childhood years, sexual identification was present in the four cases with the parent of the opposite sex, in other words, the daughter with her father and the son with the mother. No specific incident occurred that made them realise that they wanted to be a member of the opposite sex; they simply knew it as a feeling that was there all the time - a feeling that grew more intense the older they became.

From their early youth they secretly tried to read about sexual disorders in an attempt to find answers to their many questions about themselves. Among other things, they learned about the concept *transsexualism* and heard about it from the "Phoenix Society", from where they obtained more detailed information. The age at which they obtained this information ranged from 16 to 43 years.

Cross-dressing occurred at a very early age (from three to four years) in their lives. When they were forced to wear clothes of their biological gender, they thought of all kinds of excuses not to do so (as indicated in paragraph 6.2).

Sexual education was neglected by the parents of all four respondents. Either no sexual education was given, or only very little by either of the parents, or the parent(s) gave them a book on sexuality education to read without any follow-up conversation regarding the contents of the book.

When they were asked to describe how they experienced their sexual preferences, they indicated that they experience a specific feeling of attachment to members of the same biological sex, but that they did not see this as a homosexual tendency. They loathed their own physiological sex organs, as well as the functioning of their bodies as that of a man or a woman (as indicated in paragraph 6.2). The thought of having a child filled the three women with a feeling of repugnance. Case A, for instance, mentioned that she shuddered every time when she looked at her biological

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self in the mirror, especially when she started developing breasts. In the same way the physiological man (case C) loathed his masculine sex organs. They could not deal with the normal functioning of their bodies as men or women. They even hated their baptismal names. As a result of these "abnormal feelings and needs", they were often confused and experienced feelings of inner conflict and ambivalence. All the respondents considered suicide at a stage in their lives to get rid of the "problem" and corresponding taunting and pestering thoughts and feelings. Similar to any other human being, they longed for self-preservation and to be acknowledged as complete men/women in all situations and all spheres of life (as indicated in paragraph 6.2).

Perceptions of the transsexuals of themselves and the way others experienced them

From the investigation (interviews with the four respondents and with other representatives in the society), it seemed that there are still many negative perceptions regarding the profile of the transsexual. Next we report on the four respondents' views of themselves followed by significant others' perceptions of their condition.

- **The transsexuals' perceptions of themselves**

Al the respondents indicated that they still (even after their sex change) felt rejected. They regarded themselves as failures. They saw their situation as being the result of some kind of psychological or biological or genetic dysfunction.

All the respondents experienced the situation of bringing their condition into the open as extremely traumatic, mainly because they feared rejection by their parents, family and friends. When they were addressed and treated as members of the opposite gender (before the sex change), they felt very good and satisfied about it. It confirmed their conviction that it was what they wanted to be. This response, however, was not without feelings of conflict and ambivalence, as the result of the fact that they, at that stage, still battled with the perception that there was something wrong ("abnormal") in their make-up as human beings.

Three of the respondents (cases A, C and D) reacted positively to the question whether they were involved in any personal relationship with a person of the opposite sex before the sex change. Two of the respondents (cases C and D) even had children of their own (case study C as a man (father) and case study D as a woman (mother). Despite the fact that they had children of their own, they decided on the sex change, because they could no longer endure living a lie; they simply had to become what and who they wanted to be.

As mentioned before (as indicated in paragraph 6.2), their feelings and needs confused them: they could not understand why and how one could look like a man/woman but feel like a woman/man, albeit that they did not know what was happening to them. They were very sure of what they wanted to be: a member of the opposite gender. Respondent D, for instance, was very sure about himself (biologically a woman) when he said: "I don't act like a man. I am a man!".

They realised, however, that they were victims of some kind of disorder or abnormality and they experienced shame. A comment by respondent A was that "It felt as if nature or somebody tricked us". Respondent B described this confusion as "sheer hell". When, prior to the operation, respondent C (sex change from man to woman) realised that her needs were not those of a man, she described herself as follows: "I could put no logical explanation to my feelings; all I knew or thought was that I was a freak and the only person like me and that I couldn't reveal myself to anyone, doctor or otherwise, for fear of ridicule". When they were suspected by other people of being homosexual, they became very angry and experienced frustration and humiliation.

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According to all the respondents, the perceptions, norms and codes of society are unfair, judgmental, rigid, conservative and non-empathic.

The socialising process of the four respondents seemed to be normal, similar to any "normal" heterosexual person. Their circle of friends consisted mainly of heterosexual people and predominantly married couples. All of them made friends easily and they were caring, sensitive and spontaneous persons to talk to.

Most of the respondents' feelings about themselves coincide with the findings on transsexuals reported in the literature (as indicated in paragraph 6).

- Attitudes, views and perceptions of parents, other family members and friends

Parents and especially the grandparents were initially very upset when they realised that something was "wrong" with their child/grandchild. They then accused them of being "gay" or "lesbian". When they were confronted with their child's sex change, they initially tried to ignore the change and, for a while, kept on treating their child as a member of their biological gender. Similar to most such cases, the parents struggled with a feeling of guilt as if they were responsible for their child's being "different"; they thought they failed in educating their child properly. Until they accepted their child's change, they felt ashamed of their child's bodily change and whole new image. They often did not know how to deal with the matter. The brothers and sisters seemed to accept this more readily.

The parents of three of the four experimental respondents (B, C and D) were initially not aware that their child was already in the process of a physical sex change, but eventually accepted the situation when they were informed. At the time of this investigation the mother of respondent A still did not know about her child's sex change. His father died the year before and he did not want to shock his mother again with the information.

- Attitudes, views and perceptions of employers

The respondents' work situation seemed to be fair and reasonable. However, at the time of the research respondent A was experiencing a great deal of adjustment problems because the physical reconstruction was not entirely completed and he (biologically a woman) was still under hormonal treatment. The whole process of applying for a job, the interview with a new employer and the screening interview which preceded this research was a nightmare to him, because he had to play a dual role.

At the time of the interview all the respondents were permanently employed and maintained a high profile in public life. In three of the cases (cases B, C and D) their employers assured them that there would not be any discrimination against them and that their possibilities for promotion would be exactly the same as for any of the other employees. All that they expected was that the work should be done well. They were not interested in their employees' private lives, as long as their private lives did not interfere with their work situation. The fact that their only concern was their abilities and achievements in the job motivated them to do their best and attempt not to disappoint their employers.

The four respondents were aware of their good fortune at having employers who were willing to accommodate and support them despite their sex change. They argued, however, that one cannot generalise to say that all employers would necessarily have such positive attitudes towards transsexual employees; it could differ from person to person. Some employers would perhaps be extremely uncompromising and discriminatory (the case referred to in 6.2).

In three of the four cases the respondents (B, C and D) were most appreciative of their colleagues, who accepted them unconditionally. When interviewed, the three respondents' colleagues

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confirmed that the transsexuals maintain a very healthy relationship with them (as their colleagues) and with their employers. In the researchers' interview with transsexual C's colleagues, one of the colleagues made the significant comment that "…it is very strange to approach a colleague one moment as a man and the next moment as a woman, but one quickly gets used to anything in life and then you simply carry on as if nothing strange happened". In the case of respondent A, who still has to undergo part of the reconstruction and the hormonal treatment, the colleagues are not aware of the change and they continue to treat her as a woman. Because she still had to break the news at work that she would soon be a man and wished to be treated as such, she experienced a large measure of tension and stress: she did not know how they would react.

In the interviews there were non-transsexual respondents (colleagues of the transsexuals), however, who voiced some fear that it might perhaps have a negative effect on the relationship with and among colleagues, and impact on the "normal" atmosphere in their job environment, but they gradually noticed that nothing negative, abnormal or unusual occurred; therefore they realised that they did not have to be concerned about the situation. There was also a minor group of colleagues who indicated that they were initially unwilling to be involved in a friendship with such a person, because they felt awkward and uncomfortable in this person's presence. These feelings disappeared over time and they soon became friends with the transsexual, because they also realised that it was a person's personality, interests and abilities that mattered and not his/her gender.

- **Attitudes, views and perceptions of theologians and psychologists**

Interviews that were conducted with theologians were mainly randomly selected ministers from different religious denominations. Although 75% of the theologian respondents indicated that they had no experience with or ever came into contact with transsexuals, all of them were able to define the concept "transsexualism".

It was a general argument among them that a phenomenon such as transsexualism was, among other things, the result of the sinful nature of man. A minority of the respondents (22%) were against the idea of a physical sex change, because man has no right to change what God has created. This small number of respondents also feel that such a change is unacceptable on religious grounds, because such people are not able to fulfil God's command to have children of their own.

As opposed to this approach, the majority of theologians (65%) hold the opinion that such an operation was ethically acceptable because, as one respondent remarked, "God gave us the abilities to develop science to make such an operation possible".

Most of the theologian respondents argued that it was essential that individuals who wanted to undergo a sex change should be selected very carefully and that they should undergo a thorough preparation process before the operation (reconstruction). They should also have firm religious convictions regarding this drastic change in their lives. The primary aim for this operation should also be to enable the person involved to lead a more meaningful personal and social life. Most of the respondents in the survey also agreed to the fact that they should be allowed to marry a person from the opposite sex (opposite to their own gender after the change) and that they should be allowed to have children of their own, whether by means of artificial insemination or adoption. Nothing prevents them from being good parents who are able to love their partners in marriage. From the beginning they should inform the children about the real situation, otherwise it could come as a shock to them if they later find out that their father or mother was earlier a woman or man. Some respondents also indicated that it must be possible for the individuals to be able to fulfil their sexual expectations in marriage.

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All the psychological respondents (educational and clinical psychologists) were fully acquainted with the phenomenon. Fifty percent of the respondents had already worked with such a patient therapeutically. They all had a supportive and empathic attitude towards transsexuals. Most of them were aware of all the wrong perceptions and myths among the public regarding this phenomenon and they welcomed research such as this study aimed at focusing on these people's wellbeing. All the psychologists were aware of the fact that there is no cure for transsexuals; a physical operation, hormonal treatment and psychological therapy are the only solutions to this gender identity disorder. All of the respondents emphasised the necessity of a very strict process of identification and selection before this drastic and irreversible step of a sex change was undertaken. They also argued that a multi-disciplinary team should be involved in this process, for example, a psychologist (with the necessary experience of such cases), a surgeon (naturally, also with experience in this field), a social worker (who would not only assist the patient him- or herself socially, but also the family and even friends involved), and the individual's minister.

- **Attitudes, views and perceptions of the general public**

The attitudes, views and perceptions of members in society were determined by means of personal interviews. The researchers wanted to determine the social acceptability of transsexuals in the community. From these interviews the researchers came to the conclusion that an increasing feeling of compassion, empathy and acceptance for transsexuals was emerging in society. The researchers came to the conclusion that there is a lack of knowledge among a large majority of people regarding sexual matters in general – let alone a gender identity disorder, such as trans-sexualism. It was the perception and experience of the experimental respondents that many people wanted to avoid them; that many persons felt uncomfortable in their presence and saw them as homosexuals. Even after their sex change, there were still some people who described them as "freaks".

The problem is, however, that there is still a large majority of people who do not exactly know what a transsexual really is. The investigation revealed that there are still myths, assumptions and wrong perceptions among the respondents from the community. The results of the investigation indicated that 89% of non-transsexual respondents were vaguely familiar with the concept of transsexualism. Many of them, however, were not familiar with the characteristics of the phenomenon and confused it with homosexuality, bisexuality or transvestism. A significant number of respondents (75%) did not realise the impact and implications of the phenomenon. Reasons for such a lack of knowledge could include, among others, that only a very small number of people (according to the investigation, only 28%) had ever come into personal contact with a transsexual or had read about the phenomenon or had a detailed knowledge of the condition.

RECOMMENDATIONS

Because the origin of transsexualism is in most cases genetic, very little can be done as prevention or cure. It is a social problem that should be addressed so that the lives of these people may be more acceptable and livable. The questions were posed earlier as to what may be done:

- to make their circumstances more pleasant and easier;
- to assist transsexuals to accept their circumstances more willingly and to adapt more appropriately to the situation;
- to provide members of society with a better knowledge, insight and acceptance of this phenomenon.

The following recommendations might be relevant in this regard:

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- As part of their internship training, potential psychologists should acquire a thorough knowledge of the phenomenon of transsexualism, so that they may be able to assist transsexuals in solving their myriad of problems;
- In therapy psychologists should assure transsexuals that their disorder is not a punishment, a matter of shame or an illness, despite various aberrant perceptions, negative attitudes and myths among members of the society;
- Once a transsexual has decided on an operation for a sex change, psychologists and physicians should do much more to prepare, assist and support the person to facilitate his/her adjustment to life. More and intensive counselling with parents, family members and even friends is important. It is essential that the people living close to the transsexual should be comforting, empathic and supportive;
- More sex clinics should be established so that people who are victims of any kind of sexual disorder, including transsexuals, may receive counselling and assistance;
- When family and sexual guidance and counselling are provided in schools, the persons responsible for this task should also have a thorough knowledge of this phenomenon in order to inform non-transsexual learners about the phenomenon. This may lead to the necessary understanding and empathy for such individuals. This may also provide potential transsexuals with more confidence to come into the open with their problem, so that they no longer need to carry their burden secretly with pain and anxiety;
- Based on the findings of ignorance and antagonism among the public regarding transsexuals, more should be done to inform the public about the phenomenon. This may be done through articles in journals, papers, discussions on radio or television, or during seminars, conferences, congresses, symposia, etc. It is especially important that the public should be aware of the differences between phenomena such as transsexualism, homosexuality, bisexuality, transvestism and hermaphroditism. Such reports and discussions should be presented scientifically in as professional a way as possible. Any trivial, sensational or popular presentations should be avoided;
- In their management and staff-development programmes, employers and managers should include education on sexual and gender identity disorders, such as transsexualism. Discrimination against transsexuals should be prevented and strongly prohibited. Staff members should be motivated to treat and accommodate such persons in the same way as any other non-transsexual person.

FURTHER POSSIBILITIES FOR RESEARCH

Further possible investigation stemming from this study may include the following:

- Further follow-up studies may be done regarding the transsexual's adjustment after his/her sex reconstruction;
- In-depth research may be done concerning the transsexual's love and/or marriage life after the sex-change. Especially when children are involved, it would be relevant to determine how the transsexual fulfils his/her role as parent;
- Different cultural groups' attitudes, views and perceptions regarding this phenomenon may be investigated;
- Pastoral research may be undertaken to determine ethical-religious views of different religious denominations;
- Thorough research on the legal aspects involved in a sex change would be relevant;

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- Research may be undertaken to determine whether parents have any influence on the individual in making this drastic decision to undergo the operations for the sex change. The research may also be extended to determine the role and influence of the family regarding the transsexual's adjustment to life after the sex-change;
- The influence of the transsexual's open acknowledgement of his/her condition and the subsequent sex-change, on the parents and the rest of the family could be investigated.

CONCLUSION

In conclusion, it should be emphasised that transsexualism itself is not a psychiatric disorder, although it may be a contributory factor precipitating other psychiatric symptoms, such as depressive conditions. Transsexuals vary greatly in their need for counselling or psychiatric assistance. At one extreme, one could see a patient who has detailed knowledge of the condition, has planned exactly how he/she intends to deal with it, and only requires the diagnosis to be confirmed by a consultant psychiatrist or psychologist who will start him/her on the appropriate treatment (*Transsexuals: A Primer*, 2002:4). In the latter booklet, the anonymous author argues that a patient may have a severe depressive disorder and a history of suicide attempts and may need extensive support from a counsellor and/or psychiatrist before or during their gender role change-over. Patients may also be uncertain as to whether they are genuinely transsexual or not.

Patients with severe psychiatric problems associated with their gender identity disorder should be referred to a psychiatrist or psychologist experienced in transsexual issues. Other patients will probably find the services of a counsellor sufficient. Attempting a psychiatric 'cure' on a genuine transsexual is disastrous and must be avoided at all costs; an experienced gender counsellor will be able to help the patient explore his/her own issues and experiences and decide for him/herself whether he/she is indeed a genuine transsexual who should undergo sex reassignment, or if he/she is indeed a transvestite or homosexual who merely requires support in learning to accept his/her own nature.

After decades of trying, psychiatrists have had to admit defeat in resolving this dilemma. In all the years that psychiatry has tried to 'cure' transsexualism, not one case has responded positively and permanently (*Renaissance Transgender Association*, Inc., 2002:2). It was not until the 1950s that the pioneering psychiatrist and endocrinologist, Dr Harry Benjamin, decided to apply his specialities to the treatment of the transsexual. "If the mind could not be changed to correspond to the body", he reasoned, "then the body should be changed to match the mind". For the first time transsexuals were able to live contentedly in their own bodies. But gender reassignment is not a cure, it is merely a treatment that may prevent other, more serious problems such as suicide or substance abuse.

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