The Aging Gender Dysphoria (Transsexual) Patient

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Ten aging gender dysphoria patients (eight men and two women, average age 52 years) were the subjects of this study. All had presented to the Gender Identity Clinic at Case Western Reserve University requesting sex-reassignment surgery. A psychiatric-psychological profile of the patients, their sexual functioning, problems with aging, diagnostic issues, and follow-up are discussed. The aging gender dysphoric patient presents in acute crisis, that is, exhibiting marked depression, increased suicidal ideation and behavior, and urgent perception of time. Diagnostic and treatment recommendations for aging gender dysphoria patients and their depressions are provided. Furthermore, guidelines are suggested for differentiating the aging transvestite with transsexual symptoms and the aging transsexual for whom sex-reassignment surgery may be indicated. Specific treatment strategies for an aging population, including sexual surgery, are also discussed.

KEY WORDS: transsexualism; gender dysphoria; aging; transvestism; homosexuality.

INTRODUCTION

Although much has been written about the diagnosis (Benjamin, 1966; Fisk, 1973; Green, 1974; Meyer, 1974; Pauly, 1965; Stoller, 1968, 1975; Person and Ovesey, 1974a, b) and treatment (Sperling, 1964; Green and Money, 1969; Stoller, 1975; Baker and Green, 1970; Lothstein, 1977a, b, 1979a) of transsexualism, the focus has always been on the younger patient. While several

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researchers have alluded to the problems of the aging gender dysphoric patient (Hastings, 1973; Ihlenfeld, 1973; Meyer, 1974; Walinder and Thuwe, 1975), the relationship between diagnosis and treatment has been neglected. Moreover, a review of the literature failed to reveal a single article wholly devoted to this issue.

As more older gender dysphoric patients request sex-reassignment surgery, there will be increasing demands for differential diagnostic and treatment strategies. Correct diagnosis is especially crucial since life stresses may lead some transvestites to clinically present as transsexuals desiring sex-reassignment surgery (Newman and Stoller, 1974; Person and Ovessey, 1974b; Kirkpatrick and Friedman, 1976). This article is an attempt to clarify the problems of aging gender dysphoric patients and provide a framework for diagnosis and treatment of their gender identity conflicts.

PROBLEMS WITH AGING

The gender dysphoric patient is particularly ill-equipped to face the physical deterioration caused by aging. The body is no longer supple or elastic. It cannot be transformed through surgery into the transsexual patient’s image of the ideal male or female body. There are also higher risks with hormones and/or anesthesia. The gender patient’s preoccupation with body image, narcissism, and perfectionism heightens awareness of physical deterioration. An aging body is seen as an indication of worthlessness of the self. Moreover, society undervalues and isolates the aging person. There is also little chance that the aging patient will be gratified by admiring looks and glances when cross-dressing or masquerading as a man or woman. There is a greater likelihood of public ridicule and harassment when the patient’s “impostering” is exposed.

The cultural premium on youth and beauty greatly affects the transvestite-transsexual’s attitudes toward aging. In the transsexual-transvestite underworld, those who make it to the top of the hierarchy are labeled “queens.” The older patient cannot share the younger gender dysphoric patient’s hope that, as a woman, he may be able to attract a lover and overcome his loneliness. In fact, it is possible that an older patient may become more isolated when surgery does not magically provide a lover.

Isolation, disengagement, and depletion are the dominant life cycle issues in middle to old age. These periods of the life cycle (Erikson, 1963) involve the major conflicts of generativity vs. self-absorption and integrity vs. despair. Busse (1975) notes that depressive episodes in the normal process of aging “can be readily linked with the loss of so-called narcissistic supplies.” The older subject becomes depressed when social environmental changes or the decreased efficiency of the body prevent meeting needs and reducing tensions. The person is likely to have a loss of self-esteem, and hence feels depressed (p. 74). In ad-