

# [Transsexualism assignment](https://assignbuster.com/transsexualism-assignment/)

Transsexualism is the most pronounced form of Gender Dysphoria. A typical medical definition of transsexualism would be along these lines: A transsexual is someone who experiences a deep and long-lasting discomfort with their anatomical (genital) sex, and wishes to change their physical characteristics, including genitals, to the opposite of those usually associated with their anatomical sex, and to live permanently in the gender role opposite to that normally associated with their anatomical sex.

The medical definition is usually hedged around to exclude conditions such as hermaphroditism and various forms of psychosis which may lead to patients thinking they are transsexual without really being so. Some transsexuals also exhibit a degree of physical androgyny (which supports the view that transsexualism stems from an endocrine disorder, like hermaphroditism) but this is not part of the required conditions for diagnosis.

Transsexualism is still thought by many people to be a psychiatric condition, even though most transsexuals are perfectly sane and rational and recent research has shown that the condition has a physical basis — that the ‘ female brain in a male body’ is a biological reality. Nevertheless, in most countries the person in overall charge of a gender reassignment (‘ sex-change’) will be a consultant psychiatrist. The psychiatrist’s role is to ensure that the patient is sane, really is transsexual, and is mentally stable enough to make the necessary adaptation to the new gender role.

Most transsexuals dislike the typical medical description, as it still tends to suggest a psychiatric, rather than physical, origin for the condition, in spite of the criterion that one must be sane to be allowed gender reassignment. The present author would like to suggest an alternative, and personal, view of what it means to be transsexual: I am a woman who, probably due to some endocrine malfunction before birth, was born with male genitals.

Since our society assumes that gender and sex always correspond, I was wrongly assigned to the gender pigeon-hole called ‘ male’ by a doctor who looked at my genitals instead of my mind. Throughout my childhood I knew perfectly well that I was really a girl (after all, it’s my mind, not my genitals, that make me the person that I am), but because my body seemed to insist otherwise, I was forced to try to fit in to the gender role of a boy. This produced intense unhappiness and almost totally ruined my life until I accepted the reality of my situation and underwent gender reassignment as an dult. I now live in the gender role called ‘ female’ that matches my gender identity; the medical profession labels me as a ‘ post-operative true primary male-to-female transsexual’, but I regard myself as a perfectly normal, well-adjusted and happy woman. Bearing in mind the definitions of ‘ sex’ and ‘ gender’, some transsexuals are uncomfortable with the accepted medical term ‘ gender reassignment’ to cover what is popularly known as ‘ a sex change’.

While many medics would adopt the reductionist viewpoint that sex is properly determined by chromosomes and not by genitals, and that there can therefore be no true change of sex, it is not really a change of gender either. It is a change of gender role , to bring it into conformity with the person’s gender identity , with hormonal and surgical reconstruction, as far as possible, of the body’s sexual characteristics.

Many specialists draw a distinction between primary and secondary transsexuals, although in reality there is probably a spectrum rather than a black-and-white division. Primary transsexuals exhibit cross-gender identity and severe gender dysphoria from an early age, and are unable ever to function satisfactorily in their natal sex role. Secondary transsexuals arrive at their cross-gender identification later in life, often after being fully functional in their natal sex role for some time, perhaps having even married and raised families.

It seems likely that primary transsexuals are the true ‘ female brain in male body’ case, with extensive feminisation of the brain, while secondary transsexuals represent a less severe version of the condition, with only partial feminisation of the brain. This view has been borne out by psychometric tests that aim to quantify ‘ masculine’ and ‘ feminine’ personality traits. Transsexualism is a fairly rare condition. About one person per thousand is gender dysphoric to some extent, although true primary transsexuals are far fewer.

Recent estimates would suggest that around one person per 25, 000 is a true primary transsexual, with perhaps ten times that number of secondary transsexuals. After reassignment most, but by no means all, transsexuals are heterosexual. Among the transsexual population, the usual spectrum of human sexuality can be found. Gender identity and sexual preference are not very strongly connected. Interestingly, it appears that primary transsexuals exhibit a similar incidence of sexual preferences to the natural-born female population, while secondary transsexuals demonstrate a much higher incidence of lesbianism or bisexuality.

There is also an increasing number of people who label themselves as ‘ transgenderists’. They typically wish to live as members of the opposite sex, but without undergoing genital surgery. This could be regarded as a kind of mid-point between the Gender-Motivated transvestite and the transsexual. While this unquestionably another manifestation of Gender Dysphoria, it is debatable whether such people are transsexual in the true sense.