Case report

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To be or not to be! – A case of an aging transvestite presenting with gender dysphoria

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Abstract

Gender dysphoria is defined as the incongruence between one's expressed gender and assigned sex at birth. We present a case of an elderly male with a history of transvestism and autogynephilia, seeking transition to female gender in the background of depressive symptoms, following an episode of acute angina. Worsening physical health, poor psycho-sexual adjustment with aging and depression were identified to be the key precipitants of this client's desire for sex change. Comprehensive evaluation is crucial to exclude cognitive deficits, paraphilic behaviours, or mood disorders to provide appropriate and individualized care for those requiring gender-affirming therapy.

Keywords: transvestism, autogynephilia, gender dysphoria, gender-affirming-therapy

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Introduction

Gender dysphoria is described in the DSM-V as the marked incongruence between one's experienced gender and the assigned gender at birth. Although not recognized as a psychiatric illness in newer classifications, over the past decades the number of individuals presenting to psychiatric clinics with the anguish of coping with distressing feelings of gender incongruence have increased remarkably.

However, all individuals who show discontent with their biological sex and requesting hormonal or surgical interventions may not fit into a diagnosis of gender dysphoria. The decision to transition may be influenced by many social and cultural factors, life experiences and affective changes specially in late presentations. We report a case of an older male with depressive symptoms and a history of transvestism and autogynephilia presenting as gender dysphoria which posed a great diagnostic dilemma and treatment challenge.

Case report

A 58-year-old married male, with three grown-up children, presented at a transgender clinic expressing a strong desire to transition to a female over four months. He reported low mood, feelings of worthlessness associated with sleep disturbances and poor appetite for four to five months following an episode of acute angina. He enjoyed dressing in female clothes and undergarments during sexual activity but lately expressed poor libido. He believed he was uncomfortable with a male identity and that he had lived a lie his whole life and wanted to transition completely into a female with hormonal treatment and sex assignment surgery. He lacked motivation to engage in his employment and had requested an early retirement from his job as an engineer. He began cross-dressing secretly in his late teens, using female garments of his mother and sister. He felt discomfort with secondary sexual characteristics during adolescence but did not publicly dress as female or adopt female mannerisms. He preferred the company of females during school and enjoyed playing female roles in stage plays. He experienced intense sexual arousal during masturbation while wearing female clothes and was sexually aroused by thoughts and images of himself as a female. He revealed his preferences to his wife after marriage, initially receiving support. He engaged in sexual activity with his wife wearing female under-garments and preferred a less dominant role. Over time, he struggled to maintain erections without cross-dressing.

He was diagnosed with depressive disorder at age 20 after an impulsive medication overdose and treated with antidepressants but discontinued after recovery. He had no history suggestive of mania, hypomania, or other paraphilic behaviors like voyeurism, exhibitionism, or frotteurism. He received treatment for hypertension, ischemic heart disease, and hypothyroidism with good control.

He was comfortable in male attire during the interview. The mental state examination revealed depressive thoughts and mild cognitive impairment in attention and concentration. Physical examination showed no gynecomastia or hypogonadism, no cerebellar or other focal neurological signs and basic blood investigations were normal.

He was diagnosed with recurrent depressive disorder currently a moderate depressive episode with comorbid transvestism and autogynephilia. His treatment was initiated with sertraline 50mg, titrated to 100mg daily. Behavioral analysis linked worsening medical conditions and depressive episodes to be precipitants of his thoughts of sex reassignment. Psychotherapeutic interventions included education of the patient and his wife about sexual preferences and gender identity. Follow-ups were conducted twice a month initially, then monthly. His depressive mood improved within one month of treatment. With improvement in his depressive symptoms, his desire for sex reassignment diminished.

Discussion

Diagnosis and treatment of an aging patient with sexual and gender identity is complicated by the intervening aging process on many psychosocial attributes (1). Many clinical reports suggest aging individuals with desires of sex reassignment present in acute crises with urgent need of surgical interventions. Management plans are obscured by deteriorating physical health, increased social isolation, depressive symptoms and suicidal ideation (2). On the brink of challenging critical life events, in susceptible individuals, sex reassignment may provide a sense of achievement and renewal in life during old age (3).

Males with heterosexual orientation desiring sex reassignment are present later in life even after periods of long-term cohabitation or parenthood. Majority of them report a lifelong preference of cross dressing and an erotic response to one's own femininity by being sexually aroused by the thoughts of imagining oneself as a female (4). A number of key defining features of aging transvestites have been described to differentiate them from aging transsexuals including a persistent fetishistic arousal with cross dressing, lack of an internalised opposite gender schema, an identifiable loss or precipitant, increased urgency and demand for surgery even after starting hormonal and psychological interventions (2).

Due to lack of awareness of one's own mode of sexual pleasure and identity, in old age one finds it difficult to adjust to new socio-environmental changes and the less efficient aging body that prevents meeting the same requirements as before. Thus, the behaviours, experiences and attitudes related to transvestism are extremely dynamic and their decision to completely transition is subject to fluctuation. Our client who was well content with his transvestic practices with adequate support from his wife during his younger years found it challenging to maintain his sexual life following the deterioration of his physical health and emergence of depression.

The heteronormative culture that prevails in South Asia where sexual health is a taboo topic and which promotes people confirming into a gender binary could also precipitate individuals with various paraphilic sexual fantasies such as transvestic fetishism to seek sex reassignment as a mode of social acceptance. An extensive evaluation is required to formulate the correct diagnosis in order to identify individuals who need gender-affirming therapy. Poor access to specialized healthcare services among this population is an added challenge that needs to be addressed (5).

Psychotherapy focusing on educating and accepting one's sexual behaviours and conjoint therapy with the spouse appears beneficial. Treatment of comorbid mental health problems is essential before deciding on gender-affirming therapy.

Conclusion

Older persons requesting gender-affirming therapy need to be evaluated meticulously to exclude cognitive deficits, paraphilic behaviours or mood disorders which may alter one's emotions and sentiments regarding their sexual and gender identity. A correct diagnosis is vital as the treatment methods entail a series of physical and mental health interventions accompanied by legal measures.

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