

Karen W Gurney

Transsexualism

Attitudes in general practice

'The human mind treats a new idea the same way the body treats a strange protein; it rejects it'.
P B Medawar (1915–1987)

Transsexualism was long regarded by the medical profession as a mental disorder. Historically, denial, aversion therapies, hormone 'reinforcement' and even electroconvulsive shock treatments were the lot of those compelled to articulate their overwhelming need to identify as members of the gender opposite that assigned to them at birth. We now know and understand that, just as the gonads, genitals and chromosomes are differentiated as to gender, so too is the brain. While the relationship between brain morphology and 'gender identity' is yet to be finally proven beyond scientific doubt, the extent of empirical and anecdotal evidence supporting it continues to grow such that the factors to be considered when determining the legal gender of a person now include the person's self perception and any biological features of the person's brain that are associated with a particular gender.¹

My own gender identity crisis took the form of a total breakdown. I didn't know it at the time but mental health issues, especially depression and suicidal ideation, regularly accompany a crisis in gender identity.² It was 1998 and I was confused, lost and terrified of the feelings that I could no longer contain. Psychopathologies such as these are now thought not to be symptomatic of transsexualism *per se*, rather they are a manifestation of the attitudes that others in the community have toward the affected person and their incongruent gender identity.³ The next edition of the *Diagnostic and statistical manual of mental disorders* will refer to 'gender incongruence' rather than gender dysphoria

and this will broadly apply across those who might identify with terms such as transgender, transsexualism and intersex.⁴

In my case I went to see an inner Melbourne practitioner working in the area of sexual diseases and blurted out that, 'I wanted to be a woman'. I think he was even more embarrassed than I was. But he referred me to Dr Darren Russell, who was then at the Carlton Clinic, and for that I am most grateful. Rather than openly regarding me as crazy, Darren kindly listened to my outpourings and settled me down. After a long session, I left his rooms feeling a little less inclined to end my life right there and then and instead started counting the days and hours until I could speak to him again. A week later, I was back. This time, I left with a prescription for oral hormones and a referral to a local psychiatrist. Both were much needed and in the end I survived. It may be useful for general practitioners to remember that while gender identity issues are separate and distinct from sexual orientation, medical practitioners who have a particular interest in the health management of the gay and lesbian community are often more aware of the issues peculiar to those who are regarded as experiencing gender incongruence.

Twelve years on, I continue to enjoy a high standard of care from a GP at my local family practice. He openly admitted his lack of relevant expertise at my first consultation with him, but indicated his willingness and interest to work with me in a collaborative manner. Importantly, he and his colleagues and staff have always demonstrated a high level of respect for, and acceptance of, my gender identity without ever pathologising me, the individual. Such respect and an open mind, as always, are fundamental to a successful patient-doctor relationship. A crisis of gender identity invariably leads to a near total loss of self esteem. The support and assistance of caring medical practitioners plays an immensely important part in any subsequent return to

normality of existence. The GP is, and must be, the first link in the chain of medical responses to this often life threatening condition.

I still deal with an immense sorrow and at times devastating feelings of loss – arising from the total breakdown of most of my family relationships and old friendships – but I also feel at peace with myself. I feel fortunate to have not only survived but, with a lot of help along the way, to have found myself in a position where I can now provide assistance to members of the broader community whose own vulnerabilities – mental health issues, homelessness, abuse, or substance addictions alone or in combination – have led them into contact with the criminal justice system.

Resources

- Information of local relevance: www.health.vic.gov.au/glbtimeac/resources.htm#glbti
- Other sites that may assist with basic information:
 - www.gires.org.uk/
 - www.trans-health.com/ and transhealth.ucsf.edu/trans?page=lib-00-00.

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