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Differences in personality traits between male-to-female and female-to-male gender identity disorder subjects

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ABSTRACT

The present study aimed to investigate differences in personality traits among male-to-female (MtF), female-to-male (FtM) gender identity disorder (GID) subjects and non-transsexual male (M) and female (F) controls. Subjects were 72 MtF and 187 FtM GID subjects without psychiatric comorbidities together with 184 male and 159 female non-transsexual controls. Personality traits were assessed using a short version of the Temperament and Character Inventory (TCI-125). Group comparisons were made by two-way ANOVA. Statistical significances were observed as follows: 1) lower novelty seeking in FtM than in M or MtF, 2) higher reward dependence in FtM than in M, 3) higher cooperativeness in FtM than in M or MtF, 4) the highest self-transcendence in MtF among all the groups. The highest self-transcendence in MtF subjects may reflect their vulnerable identity and constrained adaptation to society as the minority. Nevertheless, higher reward dependence and cooperativeness in FtM subjects can be related to more determined motivation for the treatments of GID and might promise better social functioning and adjustment than MtF subjects.

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1. Introduction

The GID patients were diagnosed according to the criteria of ICD-10 (World Health Organization, 1993) and DSM-IV-TR (American Psychiatric Association, 2000). Diagnosis was made by more than 2 well-trained psychiatrists, in which transvestism was excluded, and only transsexualism was considered. Persons with gender identity disorder (GID) usually have kept uncomfortable feeling to their biological sex since their early childhood. The friction between mind and body, i.e., unwanted secondary-developed biological sex characteristic vs. unmet desire for sex reassignment, reaches its peak around their adolescence. Accordingly, GID subjects are sometimes accompanied by psychiatric comorbidities (Hepp et al., 2005; de Vries et al., 2011a; Terada et al., 2012a) and behavioral/adjustment problems (Terada et al., 2011, 2012b). According to previous reports, the prevalence of psychiatric comorbidity ranged from 17.8% to 39% (Hepp et al., 2005; de Vries et al., 2011a; Terada et al., 2012a), whereas school refusal as an adjustment problem (29.2%) (Terada et al., 2011) and self-mutilation as a behavioral problem (31.8%) (Terada et al., 2012b) were also found in patients with GID.

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Meanwhile, differences in prevalence and severity of psychiatric comorbidity in male-to-female (MtF) and female-to-male (FtM) GID patients have been also pointed out (Hoshiai et al., 2010; de Vries et al., 2011a). The prevalence of the overall psychiatric comorbidities was higher among MtF patients (19.1%) than that among FtM patients (12.0%) (Hoshiai et al., 2010). Likewise, MtF patients showed higher incidences of mood disorders (20.8% vs. 3.8%) and social anxiety disorder (15.1% vs. 3.8%) compared with FtM patients (de Vries et al., 2011a). Furthermore, MtF patients more often suffered from two or more comorbid diagnoses (22.6%) than FtM patients (7.7%) (de Vries et al., 2011a). Multicenter studies on sociodemographic features revealed that FtM displayed significantly better social functioning (Fisher et al., 2013), while MtF conceptualized themselves as more vulnerable and deficient (Simon et al., 2011).

In our clinical practice, FtM patients generally have unbudging gender orientation and consistent desire for sex reassignment whereas gender orientation and treatment-seeking behavior in MtF patients tend to be more easily influenced by their circumstances and situations than those in FtM patients. In fact, the proportion of FtM patients who had marriage as a female is very low, and very few had children, while MtF-type GID patients seem to be less homogeneous and have more confused gender orientation (Okabe et al., 2008).

It has been recently suggested that some differences in personality traits exist between MtF and FtM subjects, e.g., higher harm

avoidance, reward dependence and self-transcendence in MtF than those in FtM (Gómez-Gil et al., 2013) assessed by the Temperament and Character Inventory (TCI), which was developed by Cloninger et al. (1994). However, studies focusing on personality traits in GID patients are still few. Considering transcultural effects, personality traits in GID subjects need to be re-examined in different ethnic populations.

TCI (Cloninger et al., 1994) consists of novelty seeking, harm avoidance, reward dependence and persistence, which are associated with activation, inhibition, maintenance and preservation of behavior, respectively. Character dimensions are classified into self-directedness, cooperativeness and self-transcendence, which reflect the concept of self as an autonomous individual, a harmonization with humanity/society and an integral part of the universe, respectively. TCI has been widely used in clinical researches as a probe for premorbid personality factors for depressive disorders (Cloninger et al., 2006; Farmer and Seeley, 2009).

Therefore, the present study aimed to comprehensively investigate differences in personality traits using TCI in Japanese MtF and FtM patients with GID, including comparison with non-transsexual control subjects.

2. Methods

2.1. Subjects

The data were collected from voluntary participants (both transsexuals and controls) in the present study. Control subjects consisted of university students, teaching staffs, hospital workers and their families. Transsexual subjects were recruited from our clinic and the affiliate institutions by providing information on voluntary participation in our study at their medical examination. The overall subjects finally consisted of 72 MtF and 187 FtM transsexual patients without psychiatric comorbidities together with 184 male and 159 female non-transsexual controls. Diagnosis of GID was made according to the DSM-IV criteria. Social status of the subjects was simply classified into three categories, i.e., student, employed or unemployed (Table 1).

2.2. Assessment

Personality traits with seven dimensions were assessed by using the simplified version of 125-item TCI (TCI-125) which was originally 240-item questionnaire (Cloninger et al., 1994). In the present study, Japanese version of TCI-125 with four-step steps was used, which was already validated by Kijima et al. (1996).

All the results were recorded as anonymous and grouped data after encoded, adhering to privacy policy to protect personal information. Subjects were informed about the voluntary nature of participation and assured of anonymity in handling of data. Each participant could receive feedback of his or her analyzed personal data unless he or she refused to know his or her data. This study had been approved by the Ethics Committee of the University of the Ryukyus, and written informed consent to participate in this study was obtained from each subject.

2.3. Statistics

Age was compared among the four groups (control males, control females, MtF and FtM) by one-way ANOVA followed by Tukey test as a post-hoc analysis (Table 1). Kruskal–Wallis test was performed to compare social status among the four groups

(Table 1). Group comparisons of temperament and character profiles among the four groups were made by two-way ANOVA (transsexuality/gender awareness) as shown in Table 2. For each dimension of personality traits in GID subjects, two-way ANOVA was performed to investigate interactions between GID subtypes and past hormonal/surgical treatments (Table 3).

A two-tailed *P* value less than 0.05 was regarded as statistically significant. SPSS 19.0 for Windows (SPSS Japan, Tokyo, Japan) was used for the statistical analyses.

3. Results

Table 1 shows age and social status of transsexual and control subjects. The mean age \pm S.D. (range) was 35.2 ± 11.7 (14–60) years for the MtF group, 25.1 ± 5.7 (14–45) years for the FtM group, 30.4 ± 7.5 (22–62) years for male controls and 30.0 ± 8.9 (18–60) years for female controls. Mean age of the FtM group was the lowest while that of the MtF group was the highest among all the groups ($P < 0.05$). The proportion of students was higher in control subjects (both males and females) than the transsexual subjects (MtF and FtM) while transsexuals had more employed workers or unemployed subjects than in controls ($P < 0.05$). Among MtF subjects, 46 (63.9%) already received hormonal/surgical treatments within 1 year after formally diagnosed as GID while 22 did not and four had unknown treatment history. Likewise, 127 FtM subjects (67.9%) had histories of hormonal/surgical treatments while the remaining 60 did not. No difference was found in the rate of past hormonal/surgical treatments between the two GID subtypes.

Table 2 summarizes comparisons of seven dimensions of personality among the four groups (control males, control females, MtF and FtM). Regarding temperament dimensions, FtM showed the lower score for novelty seeking than male controls and MtF whereas FtM showed the higher score for reward dependence than male control subjects ($P < 0.05$). As for character dimensions, FtM showed the higher score for cooperativeness than in male controls and MtF. The mean score of self-transcendence was the highest in MtF, and that in FtM was lower in male controls ($P < 0.05$).

Among seven dimensions of personality traits, only persistence caused a significant interaction between GID subtypes and the history of hormonal/surgical treatments (Table 3). Persistence was lower in untreated MtF patients than treated MtF patients or untreated FtM ($P < 0.05$).

4. Discussion

It has been suggested that cluster B (22%), cluster C (12%) and cluster A (2%) personality disorders were observed as Axis II disorders in GID patients requesting sex reassignment surgery (Madeddu et al., 2009). However, other than such robust personality deviation, vulnerability in predisposed temperament and acquired character may exist as characteristic of personality traits in transsexual subjects. GID subjects tend to be more influenced by

Table 1
Age and status in male-to-female and female-to-male transsexual subjects and non-transsexual controls.

	Controls		Transsexuals		Differences ($P < 0.05$)
	M ($n = 184$)	F ($n = 159$)	MtF ($n = 72$)	FtM ($n = 187$)	
Age (years)	30.4 ± 7.5	30.0 ± 8.9	35.2 ± 11.7	25.1 ± 5.7	MtF > M, F > FtM
Student (%)	95 (52)	73 (46)	8 (11)	34 (18)	Controls > transsexuals
Employed (%)	89 (48)	86 (54)	52 (72)	143 (76)	Transsexuals > controls
Unemployed (%)	0 (0)	0 (0)	12 (17)	10 (5)	Transsexuals > controls

M: male controls, F: female controls, MtF: male-to-female transsexuals, FtM: female-to-male transsexuals.

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