



Transidentity of children and adolescence

Prof. Dr. Hans-Werner Gessmann

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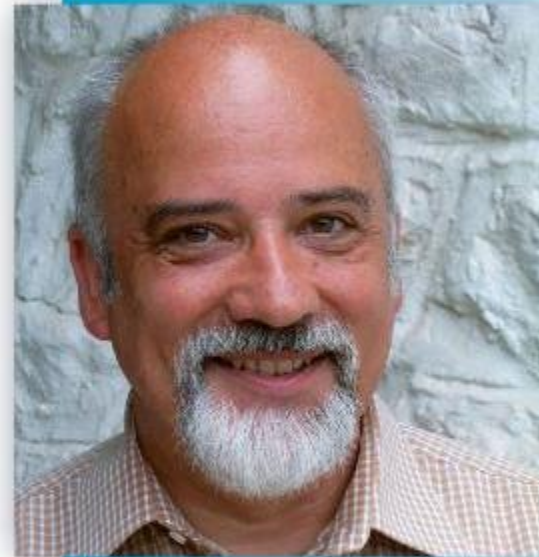
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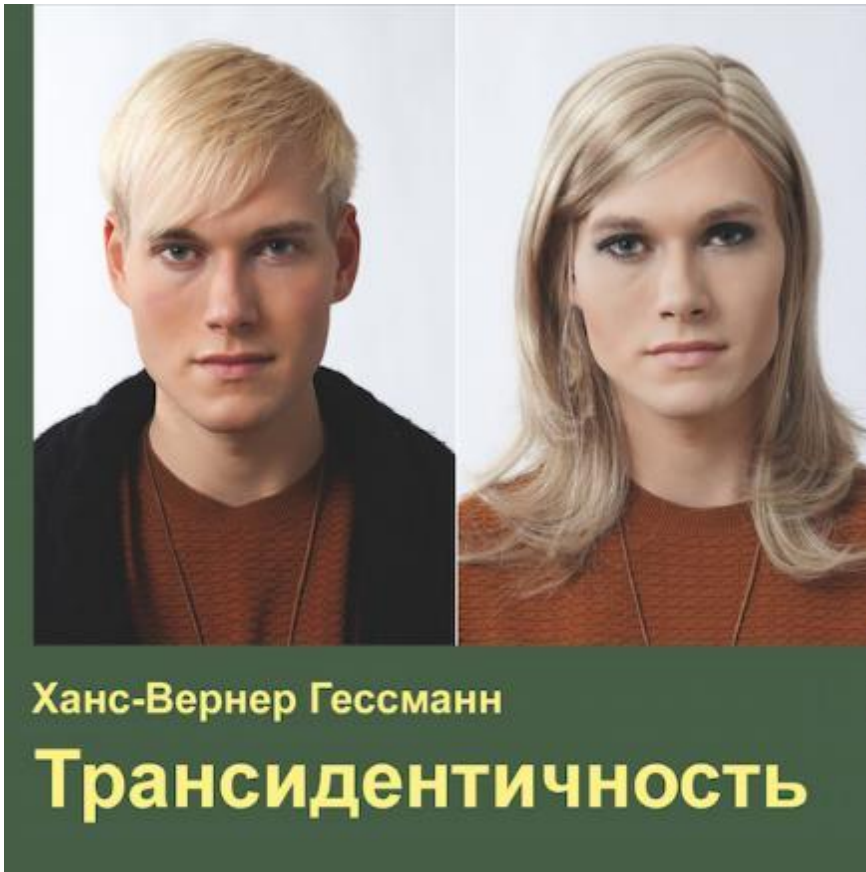
Founder of Humanistic Psychodrama



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What am I:
male or female?

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Transgender people, transsexuality and sexual dysphoria: current developments in diagnosis and therapy

- Not all people develop a sense of identity that is in tune with their physical sex characteristics.

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Sexual incongruence and dysphoria

If the feeling of gender identity does not coincide with the sex characteristics of the body, one speaks of sexual incongruence. If a person suffers from an absent or uncomfortable coincidence, then this is called

Gender Dysphoria.

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Transsexuals

- For some, it is important to change their body, and for others, the level of suffering is reduced if they can live in the chosen gender role.
- Previously, those people who underwent medical measures carried out with their bodies during gender reassignment were called

transsexuals.

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- Changing the name and civic status required physical adjustment to the perceived gender.
- In this case, there were only two possibilities: either a man or a woman. In recent years, more and more people have appeared who, although they feel a certain degree of sexual incongruence, do not strive for any (or only small) bodily changes, and sometimes consider their life as desirable in both sex roles. All these groups of people can be united under the general name

transgender.

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Transgender people

Generic name for people with sex incongruence, despite the fact that only some of them strive for bodily changes.



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Transsexuality

- The concept of transsexuality is often associated with the metaphor of "living in someone else's body."
- However, in the center there is not so much the whole body as a whole, which is perceived as incorrect, but specific sexual characteristics that do not coincide with the feeling of one's own gender.
- The concept of "sex" refers to the English expression and takes into account the totality of sex-related body signs.

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- Individual development in the context of transsexuality can take place in very different ways.
- Decisive for various processes is, on the one hand, the moment in time at which the discrepancy between the sense of identity and the features of the body and / or dissatisfaction with the body becomes conscious and expressed.
- On the other hand, there is a need for measures leading to changes in the body, in different age groups and at different key phases.

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- When describing sexual characteristics, the following aspects play a role:



- sex role,
- sexual role behavior,
- gender identity,
- sexual identity and
- gender-related body signs.

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Sexual roles

- The concept of a sexual role denotes a set of typical culturally expected, considered as appropriate and attributed abilities, interests, attitudes and behaviors of the corresponding sexual form.
- These stereotypes are subject to transformation both within culture and between cultures.

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Sexual role behavior

- Sexual role behavior describes the open manifestation of a person's gender identity in a specific role behavior.
- It includes everything that a person says or does to demonstrate to others and / or to himself the extent to which he or she feels that he or she is of a particular gender. However, sexual role behavior can deviate from a sense of gender identity.

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Gender identity

- Gender identity encompasses those aspects of identity that are felt to be gender-related. It is usually thematized later if
- there is uncertainty in the sense of gender identity, such as the state infertility ("Am I a real woman, a real man?"),
- if the body and sensation of gender do not match (sexual incongruity) or
- if a sense of identity is brought up for discussion in the presence of ambiguous or ambiguous male or female physical sexual development (intersexuality).

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Sexual identity

- Sexual identity describes a person's subjective experience as hetero-, homo-, bi-, pan-, or asexual. (Pansexual refers to people for whom the gender of their sexual partner does not matter. Asexual refers to people who have no interest in sexual intercourse.)

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- Sexual identity implies both sexual preference regarding the object that sexually arouses a person (subject) and sexual orientation.
- The latter can be gynephilic (for women) and androphilic (for men), and can also be directed at both, or at people with transsexuality or sex-ambiguous bodies. More often than not, different facets of sexual identity coincide. However, they can also deviate from each other.

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Physical signs related to gender

- With regard to physical sexual characteristics, different areas are distinguished:
- genetic propensity (set of chromosomes)
- gonads (sex glands)
- endocrine system (primarily sex hormones)

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- internal structure of the genitals (gonoductal organs)
- external structure of the genitals
- secondary sexual characteristics (voice, body and face hair, etc.)

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- functions and structures of the brain
- body structure
- Based on the current level of knowledge and currently available measurement techniques, these areas in transsexual people, as a rule, are congruent with respect to each other, i.e., they are uniquely attributed to only one sex.

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Concepts

- *A transsexual is a woman* whose physical sex characteristics indicate initially masculine traits.
- *A transsexual man is a man* with initially female physical sex characteristics.

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The explicit conceptual association between transsexuality and sexuality in the German linguistic and cultural space is often not accepted for conceptual reasons.

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Some, therefore, prefer to use the concept of transidentity, which is much more to reveal the relationship to the sense of identity.

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Others, on the contrary, criticize this concept, arguing that it is not the perception of identity that deviates from the body, but the body from the perception of identity.

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Following this perspective, they give preference to the concept of "transgender".

The earliest concept of community is "trans", which again acted as a general concept. It should provide an initial framework for all those people whose sense of gender identity does not coincide (or not completely and / or for a long time) with a given sexual role from birth.

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Diagnoses and diagnostics

The possibilities for a diagnostic review of the phenomena described are found in ICD-10 exclusively in Chapter V (F):

Mental and Behavioral Disorders. If we transfer the historical perspective to the phenomenon, then it quickly becomes clear that the classification of mental disorders is more about attitudes, values and positions of the 20th century, and only then scientific or clinical evidence.

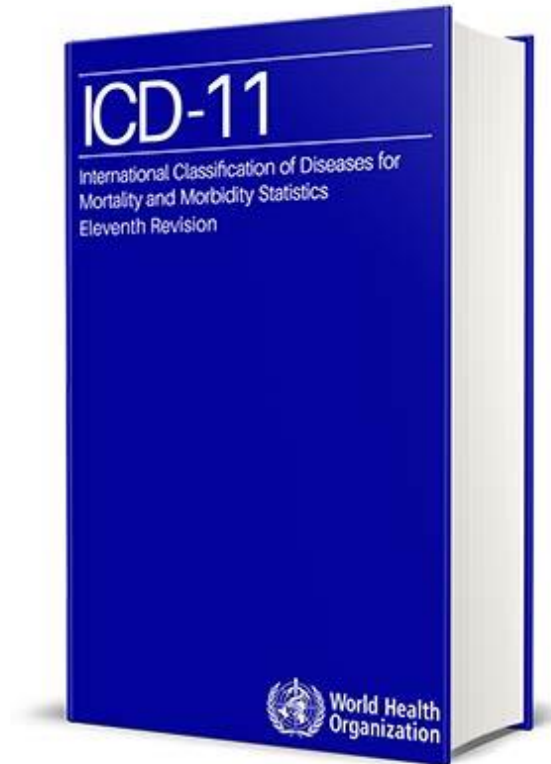
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Thus, an open diagnosis of transsexualism (F64.0) makes it possible to access the services provided by the healthcare system for those people

whose sense of gender identity does not coincide with their gender-specific physical characteristics,

and who would like to bring their body in line with the sense of identity when helpsomatomedical measures.

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ICD-11

The danger of additional stigmatization as a result of psychopathologization of non-conformal sexual and sexual ways of experience and behavior was dealt with by a working group convened by WHO to republish the diagnoses described above for ICD-11. The aim was to overcome the psychopathologization of transgender people and establish

- That The Best Practice Model is as reflexive as possible, systematic and evidence-based,
- is closely focused on the needs and experiences of this sensitive group
- and is committed to respecting human rights and provides the creation and access to high quality health care

(p. 575; review TN).

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- The 11th edition of the ICD raises the topic of psychopathologization of transgender people.
- The field of tension of the existing controversial questions about the necessity and consequences of the following diagnoses can be designated as follows:

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- Variations in sexual and sexual perception and behavior of individuals should not be construed as an expression of mental disorder.

The danger of additional stigmatization of sexual minorities is greatly reinforced by the classification of mental disorders.

At the same time, there is no need to strive for a pathologizing classification by the field of mental and behavioral disorders (for example, examples of obstetric aid during uncomplicated childbirth).

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- Complete removal of relevant diagnoses from classification systems greatly increases the likelihood that statutory and private health insurances will reject necessary treatment.

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Criterion A

Significant incongruence between feelings of gender identity / sexual role behavior and existing sex for at least 6 months is recognized when at least 2 of the following criteria are met:

- Substantial incongruence between feelings of gender identity / sexual role behavior and primary and / or secondary sex characteristics (or, in the case of adolescents, the anticipatory development of secondary sex characteristics)

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- a strong desire to get rid of primary and / or secondary sex characteristics, based on a significant mismatch in the sense of gender identity / gender role behavior (or, in the case of adolescents, a desire to stop the anticipatory development of secondary sex characteristics)

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- a strong desire to have primary and / or secondary sexual characteristics of the opposite sex

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- a strong desire to have a different sex (or an alternative sexual form, which would be different from the existing gender)

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- a strong desire for a person to be addressed as a person of the opposite sex (or as having an alternative sexual form that would be different from the specified gender)

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- a strong belief that a person has typical feelings and reactions of the opposite sex (or a sexual form that is different from the specified gender)

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Criterion B

The condition is associated with clinically significant suffering or impairment in the social, occupational, or other important functional area.

Subtype I

- In combination with a violation of sexual development (eg adrenogenital syndrome or androgen resistance): the disorder encountered here must be additionally coded.

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Subtype II

- **Posttransition:** This person fully lives in the desired sexual role (regardless of whether there has been a formal change in civil status). At least one intervention to modify specific genital traits has been or is being undertaken (eg sex hormone treatment and suppression, breast and genital surgery).

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Transidentity in children and adolescents: the German Ethics Council publishes special guidelines

- **Main idea ...** In a public event in the Bioethics Forum series, the German Ethics Council discussed the topic of transidentity in children and adolescents with stakeholders, healthcare professionals, ethics specialists, lawyers and the public. In this regard, special recommendations were published that affected public and medical attitudes towards transidentity in children and adolescents.

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- **Prerequisites...** In recent years, there has been a dramatic increase in the number of children and adolescents who have contradictory perceptions of their gender identity and the sex assigned to them in the civil registration records. From a critical point of view, it was discussed what the consequences of this will lead, and also, first of all, what medical and psychotherapeutic measures (for example, talk therapy) might be appropriate. Children and adolescents must first develop the ability to reflect, inherent in young people.

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- In this situation, both the treatment options taken into account and their failure to fulfill can lead to serious and partially irreversible consequences. The ethical challenge is to support minors in their development of their own gender identity and, at the same time,

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- **Ethical principles as a setting.** The German Ethics Council states the following ethical principles in the management and treatment of transidentity in children and adolescents:
- General human rights also include the right to live in accordance with one's own, subjectively perceived gender identity, and that this identity is recognized.

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- In all decision-making processes, the child must be heard, and his ideas and desires must be taken into account in accordance with his degree of maturity and his age. This rule is very significant, as it deals with issues of personal identity, the decision of which the affected person is involved in the last.

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- The therapeutic interaction with the child must be structured in such a way that, as it grows, it leads to influential decisions. The task of the parents who are entrusted with the care and the specialists who carry out the treatment is to support the child as much as possible.

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- If the child is sufficiently reasonable and judicious in order to understand the consequences and significance of the planned treatment, if he can form his own judgment and make a decision, then his will, to a large extent, should be taken into account. Without his consent, and even more so against his will - only on the basis of the consent of his parents - the child cannot be treated.

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- The benefits and harms of therapeutic interventions, which can sometimes be controversial, must be carefully weighed on a case-by-case basis. As risks, (side) effects and long-term consequences (including possible infertility) that could arise in a minor / s during active medical therapy, it is also necessary to take into account the risks of neglect of such measures. Precisely in view of the controversial issues regarding the possibility of action, the people in question and their parents have the right to balanced consultation and explanation.

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- There is a need to support the removal of stigma when it comes to transidentity in children, and to combat the discriminatory pathologization of sexual incongruence. Appropriate offerings of psychosocial counseling and their cooperation with medical institutions should be strengthened.



THANKS

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