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ANALYSIS OF THE RESULTS OF THE TREATMENT OF VARIOUS FORMS OF GENDER IDENTITY DISORDERS IN MEN

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ABSTRACT — The medical records of patients with male transsexualism were studied, medical assistance was received at the Clinical and Diagnostic Center of Andrology and Transplantology. It was revealed that the availability of adequate measures for the prevention of suicides and the occurrence of problems of people with impaired self-identification (transgender people) leads to a biological and passport state in accordance with mental status. To develop an algorithm for complex therapy of specialists of various profiles [3].

KEYWORDS — igender identity, incomplete masculinization, violation of gender formation, hermaphroditism, male transsexualism, suicidal tendencies, gender correction.

The term *gender* is a complex of anatomical, physiological and biological characteristics of people, where a person is identified as a man or woman. The concept of "gender" is used to describe the socio-psychological criteria of personality. This concept includes such characteristics as biological gender, gender stereotypes, gender norms and gender identity [1]. Gender identity is one of the basic characteristics of a person and a product of a person's social adaptation. It begins by showing patterns of male and female behavior.

Naturally, in the family, there are standards that form ideas about one's own identity: gender behavior, self-esteem and its place in society [3]. Gender identity is finally formed in adolescence. Gender stereotypes and gender preferences [2].

In our scientific society, two models are indicated: human identity: bipolar and multipolar. The bipolar model is based on the idea of strict differentiation: on the basis of gender identity: men have only masculine qualities, and women have serious feminine qualities. A softer multipolar model that allows the existence of

several options for gender identity within the same sex.

Thus, individuals have reliable inner sensations of being male or female. Science considers any violation of gender auto-identification of a person as a pathological condition. The most severe form of gender identity violation is transsexualism.

Objective:

To study the frequency of occurrence of psychogenic male transsexualism and to assess the compliance of the main criteria for sexual identification.

MATERIAL AND METHODS

We studied the medical records of patients with a violation of gender identity and who received treatment at the Clinical and Diagnostic Center of Andrology and Transplantology, RUDN University, Moscow. Only 20 patients of male (passport) gender with violation of gender identity. In the work, standard examination methods were used to identify the patient's gender: genetic, gonadal, hormonal, phenotypic, psychological and legal.

RESEARCH RESULTS AND DISCUSSION

Studied 20 cards of male patients. The analysis did not include patients with endogenous mental illnesses and organic brain diseases [4.]. The average age of transgender patients who applied to the Clinical Center was 27 ± 2 years, which corresponds to the active labor and reproductive period of a person. The appearance of the first symptoms of gender identity violations in childhood was noted by 11 patients: they repeatedly expressed their desire to be a girl to their parents, often changed into women's clothes and preferred to play with dolls.

The results showed an analysis of medical records that the genetic gender in all patients corresponded to normal digital parameters. We found a match in the gonadal and genetic sex in only 17 examined, which amounted to 85% from the total. A standard hormonal study showed that in 15 out of 20 patients, the data are within normal limits and correspond to the gonadal form. Moreover, in all examined patients, the phenotypic gender corresponded to the hormonal and gonadal sex. Whereas in 8 patients (40%) the pheno-

typic gender did not coincide with the legal one. We found that the psychological gender in 15 patients (75%) was different from the genetic, gonadal, and phenotypic. It should be noted that the legal gender obtained at birth was retained by 11 subjects (55%). Of the 20 examined 8 patients (40%) had already changed their passport gender before contacting the Clinical Center. Medical records did not provide data on concomitant and hereditary diseases. Sex correction surgery was performed on 15 patients at the Clinical Center of Andrology and Transplantology. Surgical intervention was carried out according to the standard technique in several stages throughout the year. Of the 15 operated, only one patient experienced complications in the early postoperative period, which were successfully eliminated. All patients are satisfied with the results of gender reassignment surgery. The psychological state of patients (Table 1) was assessed as stably positive on some issues of the diagnostic scale (the diagnostic scale of the questionnaire *Masculinity, Femininity, and Gender Type of Personality* of the Russian analog of BSRI, 2010–2012).

Table 1. Dynamics of patient self-esteem

Masculinity Scale	Before Surgery	After Surgery
Courage	low	high
Willingness to take risks	low	high
Domination	low	high
Masculinity	mild	moderate
Leadership	low	high
A sense of self-sufficiency and confidence	low	high
Psychological satisfaction with the results of surgery	excitement	high

However, two patients were forced to refuse sex reassignment surgery in accordance with the psychiatrist's opinion. One — in connection with suicidal tendencies and mental instability. Highly qualified psychiatric care was successfully provided to the second patient. However, even with the development of severe surgical complications, patients rarely regret the surgery performed to correct the sex.

CONCLUSIONS

All medical measures in patients with pathology of sexual development should be regarded as interventions for health reasons since they prevent suicidal attempts. The moral component of the quality of life of patients improves markedly after surgery [5]. However, gender change does not completely solve all the problems of people with pathology of gender development, as new difficulties arise associated with the loss of previous social and physiological skills and adaptive experience to life in society. Patients who undergo surgery should undergo regular medical examinations in accordance with the guidelines recommended for their age. All stages of the examination, diagnosis, and treatment should be carried out in accordance with the International Medical Standards for Transgender People [6].

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