

## MENTAL HEALTH OF INTERSEX PEOPLE: EARLY INTERFERENCE X WAITING FOR PERSONAL GENDER IDENTIFICATION

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**Abstract:** Intersex people have biological characteristics of both genders, which causes dilemmas and setbacks throughout their lives, with the decision to undergo early surgery possibly being one of the most difficult and important. Although surgery was recommended as the medical standard, today the possibility of waiting until the child has adequate development to make such a decision is being discussed. A literature review was carried out with the aim of analyzing the role of surgery. It was concluded that more research is needed on this topic and also that more information is needed in society so that these individuals have a better quality of life.

**Keywords:** Intersex people; Sexual readjustment procedures; Mental health

## INTRODUCTION

Leaving aside all the peculiarities, mainly from childhood and adolescence, that exist around intersex patients, we have to remember that, according to any dictionary, an intersex patient is one with characteristics of both genders. (SPINOLA, 2005). Analyzing biologically, disorders of sexual differentiation (DDS) are congenital conditions in which the development of chromosomal, gonadal or anatomical sex is atypical (SBP, 2014) that is, both genitalia can be present, which encompasses the situation in a context that It requires attention and care in its management. Therefore, because they have these characteristics, most patients go through countless difficulties, physical and psychological, personal and social, during their development and maturation, from the moment of their birth until they reach adulthood. Furthermore, early surgical approach and gender assignment is also a hotly debated topic, and as it is a very delicate topic, there is a lot of evidence both for and against this type of surgery, which will be addressed below.

## METHODOLOGY

To carry out this work, a bibliographic review of national and international scientific articles was carried out. The search for articles was carried out on the Scielo Platform and PubMed, and to choose the references, an analysis was carried out based on criteria for identification, compilation, registration and interpretation of the works. The research period was between 2001 and 2024, as the debate about intersex patients has become exponentially more relevant in recent decades, with the advent of the internet and social media, in addition to gender equity. The descriptors used were “intersex”, “surgery”, “approach”, “children” and “adolescent”.

## RESULTS AND DISCUSSION

### PECULIARITIES OF CHILDHOOD AND ADOLESCENCE OF INTERSEX PATIENTS

According to a study carried out by psychoanalyst Robert J. Stoller, we sought to identify the causes for this manifestation in early childhood and classified transsexuality as an anatomically normal person, but who wants to change sex because they feel like they belong to another, although they are conscious of their biological situation. (COSTA, 2011)

The search for understanding about your body and mind, in childhood, is the hardest process, because at the same time that the person does not self-relate to their biological sex, society imposes tasks of this kind on them, but as a child, maturity is not enough and you don't even have the necessary understanding to let this person's desire emerge.

When a child does not identify as their gender and does not present representation or certain knowledge, they end up frustrated because their reality is different from what is shown to them. Parents, family and friends, when considered “normal” because they live

in a reality that was shown to them, in this case recognizing themselves as the same biological sex, do not understand the fact that the child does not identify with toys, with clothes or not feeling like they belong to a place that in theory it would be “obligatory” to like because the child has a biological sex equal to that indicated for these objects.

According to Freud, in a psychoanalytic study “Three Essays on the Theory of Sexuality”, he highlighted the importance of sexuality in childhood and was the first to talk about sexual identities. The example of cases of children who suffered bullying, simply due to society’s lack of understanding of intersex, is very present and is only presented to them late after a lifetime. Just like for transsexuals, who spend their entire lives without understanding why they feel different, and thus live their lives trying to fit into a pattern that does not exist but has been imposed on them. (COSTA,2011)

Sex adjustment surgery came to bring the personification of what was in mind, but now in the physical, as a personal and social recognition of what the person feels and has the desire to be.

### **EVOLUTION IN THE APPROACH TO INTERSEX PATIENTS AND THEIR DIFFICULTIES**

The development of an intersex patient is based on 3 components: Gender identity (how the person wants to be identified, male or female); Choice of sexual role (which is the choice of roles within the sexual context, where you can identify as male but prefer to have a female role, for example); And sexual orientation (heterosexual, bisexual, homosexual, etc.) in addition to the behaviors, fantasies and attractions that each person has (Arch Dis Child. 2006). With all this in mind, it is clear how difficult these patients must be to integrate and be able to prove that they

want to change sex, therefore requiring several assessments with trained psychoanalysts.

When it comes to the evolution of surgery in this patient, it becomes even more complex, especially when it comes to surgery in children and adolescents. Whether due to ambiguous genitalia, or due to sexual identity, it is impossible to define who really needs a clitoral reduction or vaginoplasty in childhood, with the ‘Intersex Society of North America’ defining that no surgery must be recommended unless it is absolutely necessary. for the physical health and comfort of an intersex child (J R Soc Med. 2001). Feminization surgery, as it irreversibly removes the size of the phallus and creates a neovagina, is the most controversial of intersex surgeries. There is no evidence that postponing surgery can bring beneficial results. The initial objective of surgery is to allow the child to conform to the designated sex and gender and also to provide parents with psychological benefits.

### **EARLY APPROACH WITH SEX REASSIGNMENT SURGERY (CRS)**

Despite advances in management towards intersex people, there is still a great deal of debate regarding sexual reassignment surgery (CRS) (Sanberg et al. 2012). Some surgeries are more accepted, as in the case of patients with androgen insensitivity syndrome (AIS), who identify as women. However, these cases involve older patients with decision-making possibilities. It is important to highlight that CRS is not indicated in children and adolescents without Sexual Development Disorders (DDS). However, until recently, surgery was recommended for infants to accommodate them to binary gender assignment. Therefore, the discussion on the use of early CRS as a valid therapy for these patients is relevant.

The arguments in favor typically fit within the psychosocial view of the intersex approach. For example, the reduction of stigma, construction of gender and sexuality identity, and better relationships with parents are advantages. Most parents opt for the procedure if available, indicating the desire for their child to have genitalia that match the decided gender (Wisniewski, Amy B.; Tishelman, Amy C, 2019).

It is difficult to determine the real psychological impact among patients who underwent CRS in early childhood, as social factors such as family acceptance, rigidity of gender roles and safety vary enormously regardless of the surgery. Many argue that gender ambiguity would be more detrimental to the patient's mental health, exposing them to bullying, feelings of inadequacy and confusion, violence, and family and social exclusion (Sam Rowlands & Jean-Jacques Amy, 2018). In this sense, it would make more sense to designate a binary gender, accepting a possible rejection of that identity in the future as happens with other transgender individuals. A study by Vries et al. brought up the fact that the majority of women with AIS do not develop dysphoria to the point of transitioning to the male gender, pointing to an acceptance of the gender as they were created regardless of biological factors (Sanberg et al, 2012). With this, it is argued that for a child and adolescent in the phase of identity creation and emotional disturbances regarding the body and sexuality, a binary gender would be the best way to ensure healthier growth psychologically and emotionally in light of the society in which we find ourselves.

Regarding the evaluation of the intersex patient, hormonal investigation (adrenal and gonadal functions) and peripheral action of androgens (testosterone/dihydrotestosterone ratio, antimullerian hormone and inhibins) are necessary. Imaging exams such as pelvic

and kidney and urinary tract ultrasound must also be included, in addition to contrast genitography. Lastly, genetic counseling can be used (CFM, 2003).

Arguments against surgical intervention typically point to lack of patient consent and permanent damage to the intersex body as moral reasons for not undergoing the procedure. Additionally, there is the fact that it possibly affects sexual development (by removing gonads) and identity by removing the choice of being male, female, or non-binary. It is also worth noting that some intersex patients are able to maintain varying degrees of fertility, consequently, the decision to undergo surgical intervention could harm the individual's reproductive capacity (Sam Rowlands & Jean-Jacques Amy, 2018).

In addition to possible infertility, there is also the chance of incontinence, loss of sexual sensation, and psychological distress such as depression (OHCHR, 2016). In 2003, a transgender woman won a legal case in Germany after arguing for the removal of her reproductive organs at the age of eighteen. Her argument consisted of: having been raised as a boy all her life and not having been correctly instructed about her syndrome and possibilities, she was a victim of CRS without consent and had consequently lost the opportunity to develop as a woman and enjoy the sexuality and female reproductive capacity (Sam Rowlands & Jean-Jacques Amy, 2018). A study by de Vries et al demonstrated that women with congenital adrenal hyperplasia (CAH) demonstrated greater levels of dysphoria, with 5% following the transition to men. He also argued that 69 of 117 5 $\alpha$ -RD-2 (59%), and 20 of 51 17 $\beta$ -HSD-3 (39%) women decided to transition to the male gender. Maimoun et al contradicts their colleague, citing that only 12.5% would present dysphoria to the transition point (Sanberg et al, 2012). The discrepancy between the

authors demonstrates the scarcity of studies in the area, but the possibility of more cases like that of the aforementioned patient clarifies the potential harm of physically modifying the intersex patient's body.

In short, the study of intersex patients continues to be poor and without sufficient data to draw conclusions. However, it is important that studies are carried out, as DSD is still a marginalized, poorly understood and vastly complex disorder. Although many parents assume that genitalia-gender coherence equates to good mental and emotional development, there are still bio-psycho-emotional aspects that are not well understood. Some point out that social upbringing is what most determines gender identity, while some studies point to early exposure to sexual hormones as a factor in gender identity. This theory is still not well understood, especially in relation to how it affects intersex children (Sanberg et al, 2012). This way, the movement to let the child develop and when they are more mentally mature, choose surgery or not (Gardner et al. 2018) has been growing. Thus protecting

all the individual's biological capabilities and allowing a unique development and identity as intersex.

According to the United Nations, only patients must have the right to their bodies, in the case of children, when they are mature, they will have the decision.

## CONCLUSION

In view of the above, it is possible to see that there is still immense psychosocial work to be carried out, both with the patients themselves, intersexual children and adolescents, and, mainly, with society, which does not know how to understand and welcome them, and who instead, for the most part, choose to judge them, causing greater pain and suffering. Furthermore, regarding the surgical evolution of patients, it is a dilemma that remains, showing some concrete points both in favor and against surgery for intersexual patients, however, there is still no general consensus on what is best for the patient, which demonstrates the scarcity of studies within this branch of medicine.

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