

Accompagner les personnes
transidentitaires
Quelle place pour les soins
psychiques ?

Alexandra Castard
(Psychiatre de l'Enfant et de l'Adolescent)

17 novembre 2022

- Une question clinique
- Une question actuelle (groupe de travail de la HAS "Parcours de transition des personnes transgenres", recommandations de bonnes pratiques prévue en sept 2023/ médias...)

Rappels, définitions

- Cisgenre/ transgenre
- Dysphorie de genre, DSM 5, 2013

Incongruence de genre, CIM 11, 2022

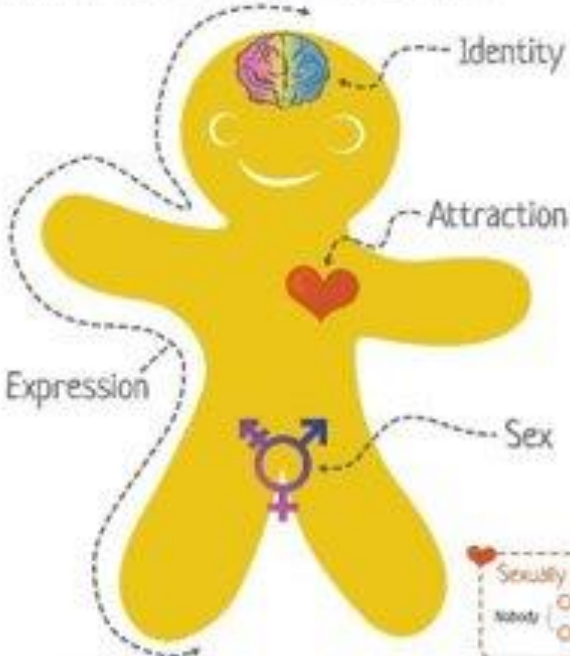
- Parcours de transition
- Cadre déontologique actuel:
sexe/ identité de genre/ orientation sexuelle

Gender Bread, SOGIESC identity

The Genderbread Person v3.3 by its pronounced METROsexual.com

Gender is one of those things everyone thinks they understand, but most people don't. Like Instagram, gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This handy little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

This is just an idea. You can use it to help you understand yourself or others. It's not a prescription. It's just a guide. It's not a checklist. It's just a starting point. It's not a goal. It's just a place to start.



Identity
How you see yourself, how you feel about yourself, and how you want to be seen by others.

Attraction
How you feel about others, how you want to be seen by others, and how you want to be seen by yourself.

Expression
The ways you present yourself through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Sex
The physical sex characteristics you're born with and through, including genitalia, body shape, and your body's hormones, chromosomes, etc.

Gender Identity
How you see yourself, how you feel about yourself, and how you want to be seen by others.

Gender Expression
The ways you present yourself through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex
The physical sex characteristics you're born with and through, including genitalia, body shape, and your body's hormones, chromosomes, etc.

Sexually Attracted to
Nobody
Women/Women/Femininity
Men/Men/Masculinity

Romantically Attracted to
Nobody
Women/Women/Femininity
Men/Men/Masculinity

For a bigger bite, read more at <http://thegenderbread.com>

© 2014-2015, METROsexual.com

Représentations culturelles du genre

- Modèle de sexe unique

Antiquité > XVIIIème

- Modèle de la différenciation sexuelle/ binarité des sexes

XVIIIème

"Désormais à chacun un sexe et un seul " Le vrai sexe, M. Foucault, 1980

- Modèle catégoriel binaire

Modèle catégoriel en gradient/ Selon le genre d'assignation à la naissance/
Modèle dimensionnel non binaire

Histoire médicale des transidentités: confusion, pathologisation

- Aujourd'hui: Dysphorie de genre, DSM 5, 2013/ Incongruence de genre, CIM 11, 2022

- Monomanie

Inversion génitale

"il se persuada qu'il était une femme et voulait en convaincre tt le monde... , hors ce travers d'esprit, M. ne déraisonnait point"

Des maladies mentales considérées sous les rapports médical, hygiénique et médico-légal, Esquirol, 1838

- Perversions sexuelles

Inversion sexuelle, "façon de se sentir sexuellement contraire"

Psychopathia sexualis, Ebing, 1886

« abâtardissement » progressif des générations. Ainsi une famille saine peut en quatre générations produire un « dégénéré complet qui, heureusement stérile, éteint la lignée »

Les fondements du savoir psychiatrique sur la sexualité déviante au XIXe siècle, Chaperon S, 2010

- Transsexualisme, Harry Benjamin, 1953

Diffère des perversions et des psychoses

De l'homosexualité

Du travestisme

- Il faut néanmoins attendre 1977 pour que le transsexualisme apparaisse dans la neuvième version de la CIM et 1980 pour son entrée dans le DSM III.

Genre

- Rôle sexuel, Margaret Mead, 1930
- Rôle de genre, John Money, 1955
- Identité de genre (core identity gender), Robert Stoller, 1968
- Gender Studies, années 70
- Performativité du genre, Judith Butler, 1990
- Dissidence de genre, dissidence politique?
- Monique Wittig, Paul B. Preciado, Juliet Drouar

Etude des représentations, par les psychiatres, de la transidentité, M. Bernard, 2018

Selon 13 personnes interrogées, la dysphorie de genre serait le symptôme d'une pathologie psychiatrique (11,4 %)

> trouble de la personnalité (n=4), psychose (n =4) un traumatisme (n =2)

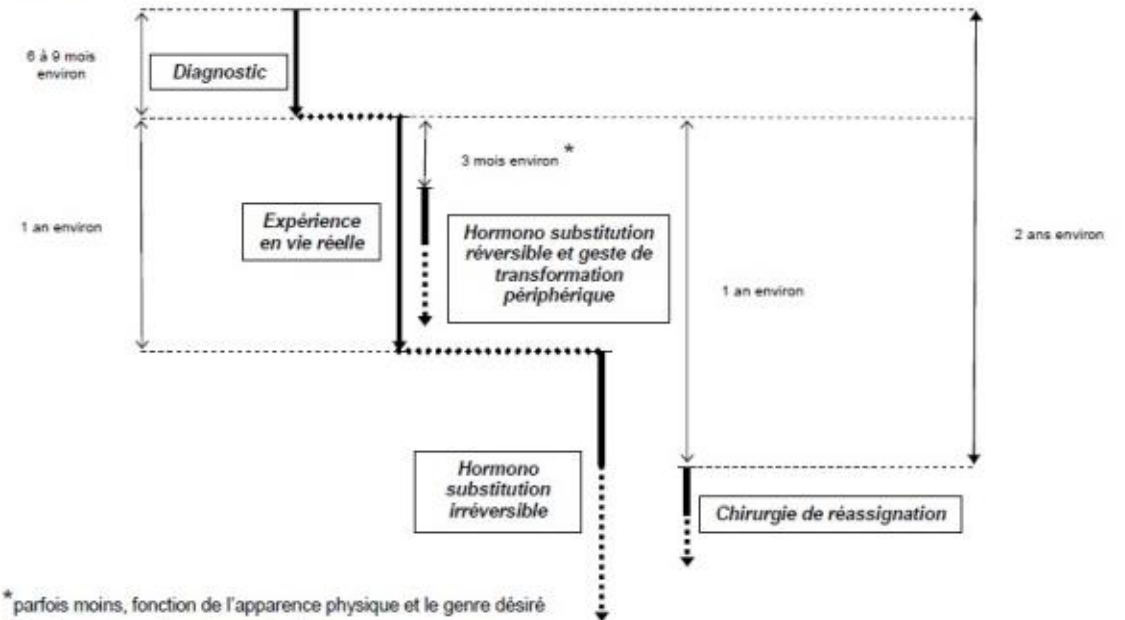
Il serait possible d'éviter un parcours de transition via une psychothérapie de première ligne selon 22,8% des répondants

Il semblerait, à travers cette analyse, que la seule variable qui aurait un impact significatif sur la réponse des praticiens serait le **nombre de patients concernés rencontrés**. Comparativement aux praticiens n'ayant pas rencontrés de patients concernés (OR = 1), ceux ayant rencontrés plus de 10 patients trans semblent d'avantage estimer que leurs accompagnements relèvent de la psychiatrie classique (OR =18.31 – p=0.02).

Les soins psychiques dans le parcours de transition

- HAS, 2009, *Situation actuelle et perspectives d'évolution de la prise en charge médicale du transsexualisme en France*
- Modèle "en couloir"

Figure 2 : Présentation schématique des principales étapes du parcours de soins



* parfois moins, fonction de l'apparence physique et le genre désiré

NB : Ce parcours de soins est à adapter au cas par cas.

- Associatifs et rapport IGAS sollicité par le Ministre de la Santé en 2011 décrit des pratiques qui « *ne permettent pas de garantir le respect des droits de la personne* »
- Nouvelles recommandations en 2023

WPATH (World Professional Association for Transgender Health) , 7ème version, 2011

Prise en charge psychiatrique

Le rôle du psychiatre

- évaluation de la DDG
- information (diversité des identités et expressions de genre, options d'accompagnement)
- évaluation, diagnostic et traitement des comorbidités (CI décompensation aigue)
- évaluation de l'éligibilité/ préparation/ orientation vers hormonoth/ chir si indiquées

WPATH, Standards of Care for the Health of Transgender and Gender Diverse People, 8ème version, 2022

Statements of Recommendations

18.1- We recommend mental health professionals address mental health symptoms that interfere with a person's capacity to consent to gender-affirming treatment before gender-affirming treatment is initiated.

18.2- We recommend mental health professionals offer care and support to transgender and gender diverse people to address mental health symptoms that interfere with a person's capacity to participate in essential perioperative care before gender-affirmation surgery.

18.3- We recommend when significant mental health symptoms or substance abuse exists, mental health professionals assess the potential negative impact that mental health symptoms may have on outcomes based on the nature of the specific gender-affirming surgical procedure.

18.4- We recommend health care professionals assess the need for psychosocial and practical support of transgender and gender diverse people in the perioperative period surrounding gender-affirmation surgery.

18.5- We recommend health care professionals counsel and assist transgender and gender diverse people in becoming abstinent from tobacco/nicotine prior to gender-affirmation surgery.

18.6- We recommend health care professionals maintain existing hormone treatment if a transgender and gender diverse individual requires admission to a psychiatric or medical inpatient unit, unless contraindicated.

18.7- We recommend health care professionals ensure if transgender and gender diverse people need in-patient or residential mental health, substance abuse or medical care, all staff use the correct name and pronouns (as provided by the patient), as well as provide access to bathroom and sleeping arrangements that are aligned with the person's gender identity.

18.8- We recommend mental health professionals encourage, support, and empower transgender and gender diverse people to develop and maintain social support systems, including peers, friends, and families.

18.9- We recommend health care professionals should not make it mandatory for transgender and gender diverse people to undergo psychotherapy prior to the initiation of gender-affirming treatment, while acknowledging psychotherapy may be helpful for some transgender and gender diverse people.

18.10- We recommend "reparative" and "conversion" therapy aimed at trying to change a person's gender identity and lived gender expression to become more congruent with the sex assigned at birth should not be offered.

- **Dépsychiatisation** du parcours d'affirmation de genre:

- * traiter les symptômes psychiques qui interfèrent avec la capacité de consentir à un ttt d'affirmation de genre avant l'initiation de celui-ci, sans que ceux-ci ne constituent une CI à la transition

- * la psychothérapie ne devrait pas être rendue obligatoire avant l'initiation du ttt d'affirmation de genre

- Traitement des **comorbidités** psychiatriques (dépression, anxiété, suicidabilité, trouble de l'usage de substance...)

- **Thérapie d'affirmation de genre:**

- * soutien psychosocial durant la période périopératoire

- * aide au sevrage tabagique avant l'opération

- * s'assurer de l'usage du prénom, pronom, toilettes, chambre adéquats en cas d'hospitalisation et de la poursuite du ttt hormonal

Enfants

Statements of Recommendations

- 7.1- We recommend health care professionals working with gender diverse children receive training and have expertise in gender development and gender diversity in children and possess a general knowledge of gender diversity across the life span.
- 7.2- We recommend health care professionals working with gender diverse children receive theoretical and evidenced-based training and develop expertise in general child and family mental health across the developmental spectrum.
- 7.3- We recommend health care professionals working with gender diverse children receive training and develop expertise in autism spectrum disorders and other neurodiversity or collaborate with an expert with relevant expertise when working with autistic/neurodivergent, gender diverse children.
- 7.4- We recommend health care professionals working with gender diverse children engage in continuing education related to gender diverse children and families.
- 7.5- We recommend health care professionals conducting an assessment with gender diverse children access and integrate information from multiple sources as part of the assessment.
- 7.6- We recommend health care professionals conducting an assessment with gender diverse children consider relevant developmental factors, neurocognitive functioning, and language skills.
- 7.7- We recommend health care professionals conducting an assessment with gender diverse children consider factors that may constrain accurate reporting of gender identity/gender expression by the child and/or family/caregiver(s).
- 7.8- We recommend health care professionals consider consultation, psychotherapy, or both for a gender diverse child and family/caregivers when families and health care professionals believe this would benefit the well-being and development of a child and/or family.
- 7.9- We recommend health care professionals offering consultation, psychotherapy, or both to gender diverse children and families/caregivers work with other settings and individuals important to the child to promote the child's resilience and emotional well-being.
- 7.10- We recommend health care professionals offering consultation, psychotherapy, or both to gender diverse children and families/caregivers provide both parties with age-appropriate psychoeducation about gender development.
- 7.11- We recommend that health care professionals provide information to gender diverse children and their families/caregivers as the child approaches puberty about potential gender affirming medical interventions, the effects of these treatments on future fertility, and options for fertility preservation.
- 7.12- We recommend parents/caregivers and health care professionals respond supportively to children who desire to be acknowledged as the gender that matches their internal sense of gender identity.
- 7.13- We recommend health care professionals and parents/caregivers support children to continue to explore their gender throughout the pre-pubescent years, regardless of social transition.
- 7.14- We recommend the health care professionals discuss the potential benefits and risks of a social transition with families who are considering it.
- 7.15- We suggest health care professionals consider working collaboratively with other professionals and organizations to promote the well-being of gender diverse children and minimize the adversities they may face.

Adolescents

Professionnels de santé formés
Évaluation biopsychosociale compréhensive
Faciliter l'exploration et expression de genre de façon ouverte et respectueuse, sans favoriser une identité
Promouvoir l'acceptation (ado/ école/ famille)
Fournir des infos sur les soins d'affirmation de genre
Favoriser le soutien et lien social avec pairs
Les tb psy doivent être traités s'ils gênent le diagnostic/ capacité à consentir

Statements of Recommendations

- 6.1- We recommend health care professionals working with gender diverse adolescents:
- 6.1.a- Are licensed by their statutory body and hold a postgraduate degree or its equivalent in a clinical field relevant to this role granted by a nationally accredited statutory institution.
- 6.1.b- Receive theoretical and evidenced-based training and develop expertise in general child, adolescent, and family mental health across the developmental spectrum.
- 6.1.c- Receive training and have expertise in gender identity development, gender diversity in children and adolescents, have the ability to assess capacity to assent/consent, and possess general knowledge of gender diversity across the life span.
- 6.1.d- Receive training and develop expertise in autism spectrum disorders and other neurodevelopmental presentations or collaborate with a developmental disability expert when working with autistic/neurodivergent gender diverse adolescents.
- 6.1.e- Continue engaging in professional development in all areas relevant to gender diverse children, adolescents, and families.
- 6.2- We recommend health care professionals working with gender diverse adolescents facilitate the exploration and expression of gender openly and respectfully so that no one particular identity is favored.
- 6.3- We recommend health care professionals working with gender diverse adolescents undertake a comprehensive biopsychosocial assessment of adolescents who present with gender identity-related concerns and seek medical/surgical transition-related care, and that this be accomplished in a collaborative and supportive manner.
- 6.4- We recommend health care professionals work with families, schools, and other relevant settings to promote acceptance of gender diverse expressions of behavior and identities of the adolescent.
- 6.5- We recommend against offering reparative and conversion therapy aimed at trying to change a person's gender and lived gender expression to become more congruent with the sex assigned at birth.
- 6.6- We suggest health care professionals provide transgender and gender diverse adolescents with health education on chest binding and genital tucking, including a review of the benefits and risks.
- 6.7- We recommend providers consider prescribing menstrual suppression agents for adolescents experiencing gender incongruence who may not desire testosterone therapy, who desire but have not yet begun testosterone therapy, or in conjunction with testosterone therapy for breakthrough bleeding.
- 6.8- We recommend health care professionals maintain an ongoing relationship with the gender diverse and transgender adolescent and any relevant caregivers to support the adolescent in their decision-making throughout the duration of puberty suppression treatment, hormonal treatment, and gender-related surgery until the transition is made to adult care.
- 6.9- We recommend health care professionals involve relevant disciplines, including mental health and medical professionals, to reach a decision about whether puberty suppression, hormone initiation, or gender-related surgery for gender diverse and transgender adolescents are appropriate and remain indicated throughout the course of treatment until the transition is made to adult care.
- 6.10- We recommend health care professionals working with transgender and gender diverse adolescents requesting gender-affirming medical or surgical treatments inform them, prior to initiating treatment, of the reproductive effects including the potential loss of fertility and available options to preserve fertility within the context of the youth's stage of pubertal development.
- 6.11- We recommend when gender-affirming medical or surgical treatments are indicated for adolescents, health care professionals working with transgender and gender diverse adolescents involve parent(s)/guardian(s) in the assessment and treatment process, unless their involvement is determined to be harmful to the adolescent or not feasible.

Prévalence

Transidentité auto rapportée: entre 0, 5 et 1,3%

Zucker, *Epidemiology of gender dysphoria and transgender identity*, 2017

1,2 à 2,7% des jeunes ne s'identifient pas comme une personne cisgenre

Zhang, *Epidemiological considerations in transgender health: A systematic review with focus on higher quality data*, 2020

Comorbidités

- Risque suicidaire x 19 chez ados trans (Adams, 2017)
- Episode Dépressif Caractérisé: 50% des personnes trans vie entière (Heylens, 2014), RR x 4 (Wicomb, 2018)
- Troubles anxieux: RR x 3 (Bouman, 2017)
- Troubles lié à l'usage d'une substance: 15 à 25 % des trans (Keuroghlian, 2015)
- TSPT: 40% des personnes trans (Reisner, 2016, Keating, 2020)
- Automutilations: 58% des ho trans/ 26% fe trans (Claes, 2015)
- Co occurrence TSA: traits 4 à 17 fois + fréquents chez ados trans (Strang, 2018)
- TCA à étudier

Théorie du stress minoritaire/ Gender Minority Stress

"stress excessif auquel les individus issus de catégories sociales stigmatisées sont exposés en raison de leur position sociale minoritaire"

Tan KKH, *Gender Minority Stress: a critical review*, 2019

Figure 1 : Facteurs de stress et de résilience chez les personnes transgenres et de genre non conforme (adapté à partir de *Development of the Gender Minority Stress and Resilience Measure*, Testa, 2015)

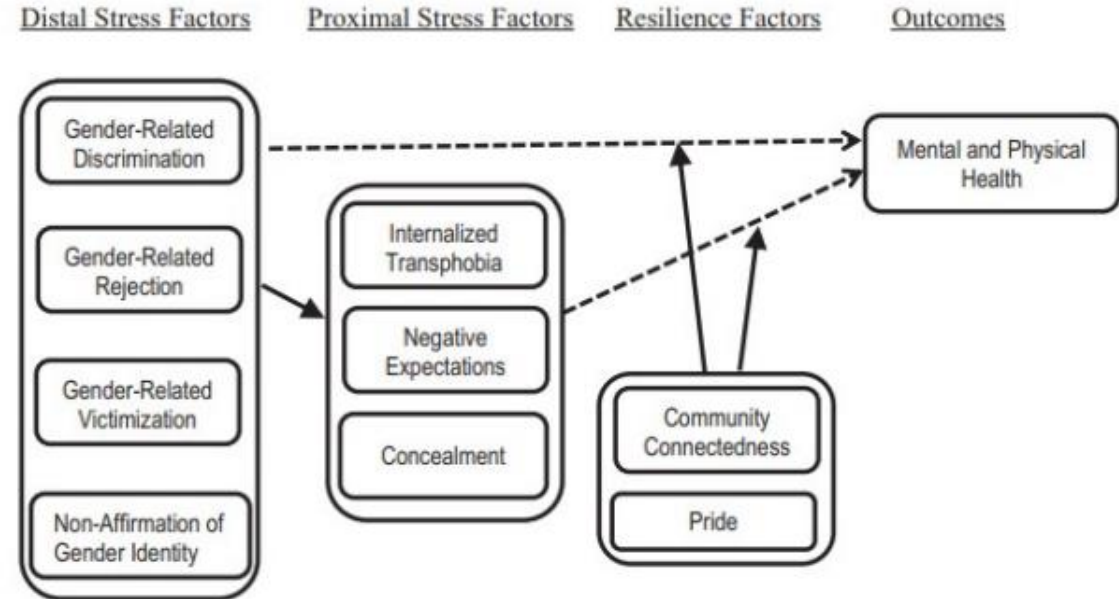


Figure 1. Minority stress and resilience factors in transgender and gender non-conforming people. Dashed line indicates inverse relationships.




Gender Minority Stress

"Être trans, c'est pour beaucoup faire le deuil de la grande vie, de la lumière et de la sécurité, des vacances au bord de la mer et des grandes maisons au crépi bleuté. C'est renoncer à tant de gloires fantasmées, puisque souvent, être trans, c'est la pauvreté, le proprio et le patron qui vous virent parce qu'eux non plus ne veulent pas de ça sous leur toit."

Tal Madesta, *Être trans, du deuil à la lumière*, La déferlante, 2022

Les approches thérapeutiques

- Approche "prudente"
- Approche "gender/ trans affirmative"
-  Approche "corrective"/ Thérapies dites "réparatrice" ou "de conversion"

Approche "prudente"

"attente vigilante"

taux bas de persistance chez les enfants : 27 % chez les 5-12 ans (De Vries, 2012)

- Populaire jusqu'en 2010
- Alternative amenée par Stephanie Brill et Rachel Pepper en 2008

The transgender child, a handbook for families and professionals

> approche d'affirmation de genre/ transaffirmative

Approche transaffirmative



"Vision non binaire du genre, non pathologisante, respectant l'autodétermination et l'expertise des personnes sur leur vie"

Jeunes trans et non binaires, Annie Pullen Sansfaçon et Denise Medico, 2021

- **Exploration** ouverte de l'identité de genre/ **affirmation** de cette id de genre dans le but de soutenir l'individu dans le dev de stratégies et d'outils émotionnels nécessaires pour acquérir une perception positive de son id de genre
- Soutenir le développement id sans mettre l'accent sur l'id de genre ni chercher à le/ la fixer dans un genre ou un autre

Axes thérapeutiques

- Approche globale et intégrative

- > Favoriser le développement d'environnements familiaux, scolaires, sociaux sécurisants et soutenant

- > Renforcer les capacités d'affirmation et de gestion des relations interpersonnelles

Respect du parcours développemental de l'ado

- > Lutter contre les effets du GMS dont les expériences de "neutralité négative"

- > Renforcer les facteurs de résilience: Fierté identitaire, lien avec la communauté LGBT

Approche systémique et globale

- Interventions dans le milieu familial: thérapie de couple ou familiale, groupe de parents
- Interventions dans le milieu scolaire/ sur les lieux de soins
- Interventions de proximité et travail de rue
- Pair-aidance
- Psychothérapie individuelle

Conclusion

- Les approches étiopathogéniques?

« Être embarrassé face à ces adolescents et accepter de l'être nous évite l'écueil de poser la question de la folie, question qui surgit si facilement de manière défensive »

"Être sans désir, sans mémoire et sans connaissance... Sans connaissance mène vers un lâchage de nos théories, y compris peut-être celle de la différence des sexes... Sans désir parle du désir de comprendre et de trouver rapidement du sens et des explications »

Bufnoir J. Des embarras du psychanalyste face à l'adolescent transgenre, 2016