

The theory of transitions as a framework for research on gender identity

A teoria das transições como referencial para questões de pesquisa sobre identidade de gênero

La teoría de las transiciones como marco para la investigación sobre identidad de género

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ABSTRACT

Objective: to promote a reflection on the Theory of Transitions from the gender identity perspective in children and adolescents.

Content: a descriptive study of a reflective nature that analyzed the aspects related to the gender identity transition from the perspective of the theoretical assumptions of transitions. The reflection results were presented through two analysis axes: the first one details Afaf Meleis' conceptual assumptions and the second explores the convergence of Meleis' theory with the possible contributions to research questions on gender identity regarding its limits, possibilities and developments in the personal, community and social systems. **Final considerations:** the reflections on Meleis' Theory of Transitions made it possible to recognize and understand phenomena that ease the transition process in these children and adolescents, turning the Theory into a reference instrument to guide nurses in developing their insights to identify individual singularities.

Descriptors: Nursing; Child; Adolescent; Transgender Persons; Gender Identify.

RESUMO

Objetivo: promover uma reflexão sobre a teoria das transições na perspectiva da identidade de gênero em crianças e adolescentes. **Conteúdo:** estudo descritivo de caráter reflexivo que analisou os aspectos relacionados à transição da identidade de gênero sob a óptica dos pressupostos teóricos das transições. Os resultados da reflexão foram apresentados mediante dois eixos de análise: no primeiro, detalham-se os pressupostos conceituais de Afaf Meleis, e no segundo, explora-se a convergência da teoria de Meleis com as possíveis contribuições para as questões de pesquisa sobre identidade de gênero no que concerne aos seus limites, possibilidades e desdobramentos nos sistemas pessoal, comunitário e social. **Considerações finais:** as reflexões sobre a teoria das transições de Meleis possibilitaram reconhecer e compreender fenômenos que facilitam o processo de transição dessas crianças e adolescentes, tornando a teoria um instrumento de referência para orientar os enfermeiros a desenvolver sua perspicácia para identificar singularidades do indivíduo.

Descritores: Enfermagem; Criança; Adolescente; Pessoas Transgênero; Identidade de Gênero.

RESUMEN

Objetivo: promover reflexión sobre la Teoría de las Transiciones desde la perspectiva de la identidad de género en niños, niñas y adolescentes. **Contenido:** estudio descriptivo de carácter reflexivo que analizó aspectos relacionados con la transición de identidad de género desde la perspectiva de los presupuestos teóricos de las transiciones. Los resultados se presentaron a través de dos ejes de análisis: el primero detalla los presupuestos conceptuales de Afaf Meleis, mientras que el segundo explora la convergencia de la teoría de Meleis con posibles aportes a la investigación sobre la identidad de género en cuanto a sus límites, posibilidades y despliegues en los sistemas personales, comunitarios y sociales. **Consideraciones finales:** las reflexiones sobre la Teoría de las Transiciones de Meleis permitieron reconocer y comprender fenómenos que facilitan el proceso de transición de estos niños y adolescentes y hacen que la Teoría se convierta en instrumento de referencia para orientar a los enfermeros en el desarrollo de su perspicacia para identificar las particularidades de los sujetos.

Descriptor: Enfermería; Niño; Adolescente; Personas Transgénero; Identidad de Género.

INTRODUCTION

Gender identity is the identification of man/woman or something other than masculine or feminine, becoming a social element in which it is up to each person to identify themselves as is best for them¹. However, gender issues are associated with habits, behaviors, cultures, beliefs and male or female social roles experienced in a given society, which are independent of biological sex, that is, the genital apparatus at birth².

The concept of gender identity is associated with each person's experience and the feeling of belonging they have with their gender, which can be emotional and psychosocial³, in addition to their own way of perceiving, feeling and recognizing themselves with their gender regardless of their birth sex⁴. Gender recognition awakens the feeling of gender dysphoria, which results from affective/cognitive dissatisfaction with the assigned sex¹.

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A literature review of 43 studies conducted in 17 countries between 1968 and 2018 showed that the proportions of transgender people range from 100 to 2,000 subjects per 100,000, which means that, in percentage terms, from 0.1% to 2% of the adult population are transgender individuals. This number is higher among school-age children/adolescents, varying from 1.3% to 2.7% of the corresponding population segment⁵.

It is estimated that nearly 2% of the Brazilian population is made up of trans individuals⁶. A Brazilian study that mapped the birthplace of this population group by region in 2021 highlighted that São Paulo is the state where the most trans people are born, with 41% trans women and 55% are trans men. This population is also spread across other regions, such as the South, with 3% of transgender women and 2% of transgender men⁷.

However, gender identification begins in childhood: between the ages of 2 and 4, each person already shows signs identifying the gender to which they belong; and, between the ages of 6 and 7, these children are already able to interpret the meaning of “girl” or “boy” and the gender standards defined by society^{4,8}. In this sense, it is essential to understand that gender identity presents itself in several possibilities such as woman, man, transvestite, agender, non-binary, transsexual man and transsexual woman⁴.

Within the scope of people's rights to health, Law No. 8,080 grants all citizens within Brazilian territory access to health services in accordance with the Unified Health System (*Sistema Único de Saúde*, SUS) principles: universality, comprehensiveness and equality⁹. However, despite the law, the transgender population faces many challenges in accessing these services due to the deep-rooted social stigma, prejudice and discrimination prevailing in health systems, in addition to lack of knowledge among nurses and users about existing policies for the LGBTQIAPN+ population¹⁰.

Transgender individuals face challenges in social structures, such as exclusion from their environment, family rejection, persecution, abuse, harassment, trauma, violence and even homicide in extreme cases. This is because, in the last 15 years, Brazil has been the country with the most trans people killed in the world¹¹. In addition to the difficulties accessing health services, the trans population has been developing mental diseases such as depression and anxiety, triggering an increase in suicide attempts, in addition to the high prevalence of HIV cases^{12,13}.

An American study showed that some difficulties accessing Primary Health Care are related to transgender users' value judgments, such as anticipating the possible types of discrimination they may face, their personal inferiority and devaluation based on their self-declared gender identity and the actual discrimination and prejudice they have suffered. These factors strongly influence access, increasing health and social injustices for this population group¹⁴.

Although the number of research studies on gender issues is growing, there are still gaps and certain aloofness when it comes to the perspective of the gender transition process and transgenderism as it is experienced in society. To ease understanding of the identity processes related to gender issues, nurses must articulate care actions with reflections on Afaf Meleis' Theory of Transitions as an interpretative instrument for gender transition¹⁵.

In this context, the current study aimed at promoting a reflection on the Theory of Transitions from the gender identity perspective in children and adolescents.

CONTENT

This is a descriptive and reflective study that analyzed aspects related to the gender identity transition from the perspective of the theoretical assumptions of transitions. The reflection results were presented in two analysis axes: the first one details Afaf Meleis' conceptual assumptions and the second explores the convergence of Meleis' theory with possible contributions to research questions on gender identity regarding its limits, possibilities and developments in personal, community and social systems.

The Theory of Transitions: Conceptual assumptions

Egyptian researcher Afaf Ibrahim Meleis developed the Theory of Transitions for her PhD thesis in 1960, focusing her studies on the transition phenomena involved in the transformation of being a mother or father. Years later, in 1985, Meleis and researcher Norma Chick conceptualized the Theory of Transitions as interventions, defining that the Theory is based on transitioning from an unstable condition to a stable one¹⁶.

However, the transition aims at achieving, describing, interpreting, understanding and explaining phenomena of role changes, which produce behavioral and social transformations in each person. The Theory presents two stages: the first one concerns interventions, that is, the support and assistance provided to a team to promote a healthy transition,

allowing control of situations; in turn, the second stage is consists in understanding the experience of the transition itself and stands out because it deals with the process experienced by each individual¹⁷.

The Theory is structured as follows: Nature of transitions, Response patterns and Transition conditioning factors; each of these elements is subdivided and systematized into other axes to arrive at therapeutic or preventive interventions (Figure 1).

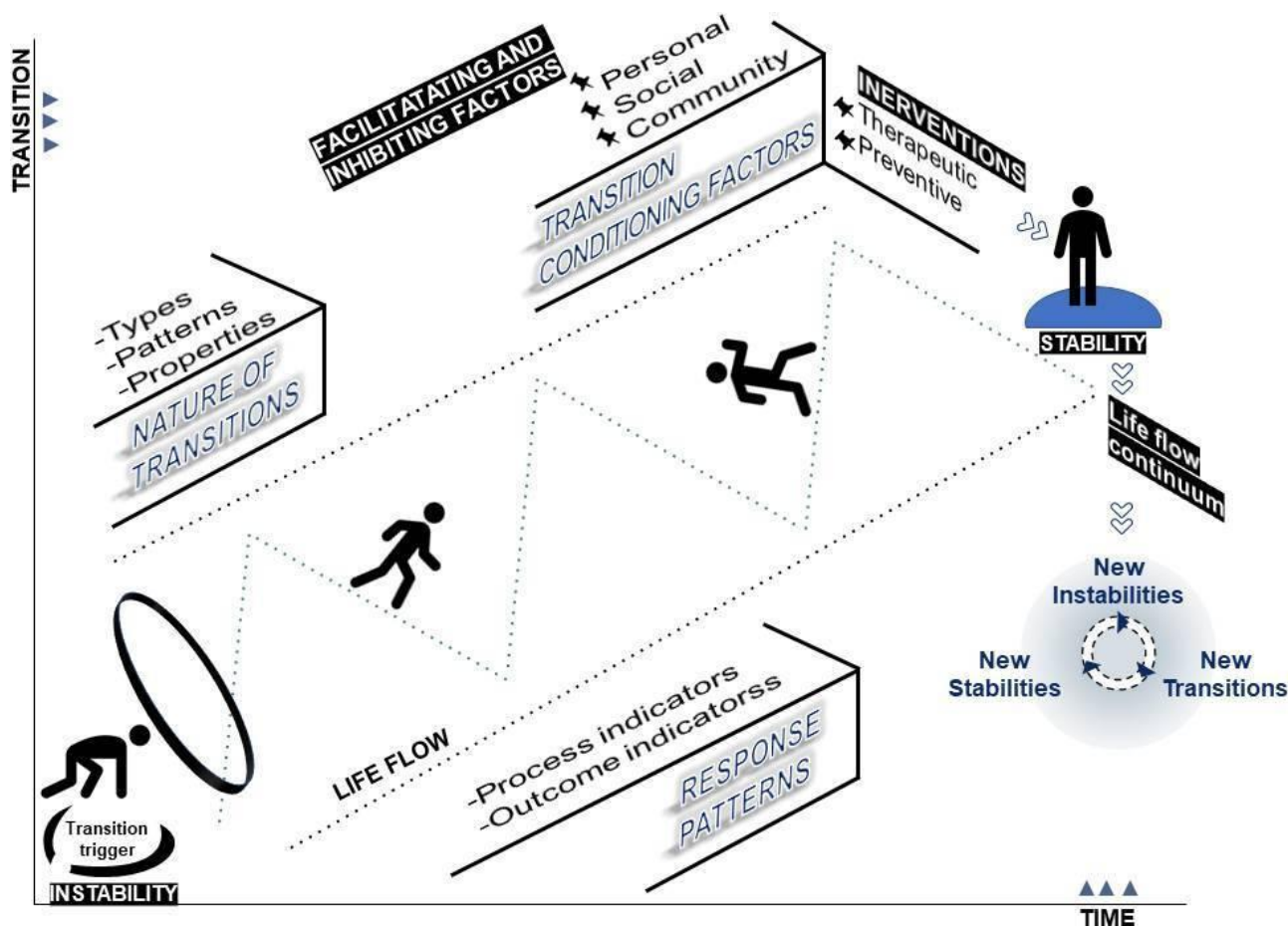


Figure 1: The Theory of Transitions adapted to the transitional process. Chapecó, SC, Brazil, 2024.

Regarding the Nature of transitions, transition triggers are necessary for change, a type of *starts* that are classified as follows: developmental (changes in the life cycle); situational (changes in the roles); health/disease (changes in the well-being state to some pathological condition); and organizational (transformations in the sociopolitical and economic context)¹⁷.

Patterns can occur at single, multiple, sequential, simultaneous, related or unrelated moments, and encompass the properties of the Theory, such as its significance and each subject's awareness of this change, and assimilate the critical points, changes and differences, disconnections, processes and time intervals caused by the transition process¹⁷.

The Transition conditioning factors are presented as personal, community and social in situations that can exert a favorable or inhibiting influence, which can migrate and be in favorable and/or unfavorable circumstances at the same time; furthermore, in personal issues we can understand the following as cultural conditions: beliefs, socioeconomic status, intellectual knowledge and attitudes¹⁶.

However, the Theory proposes Response patterns common to all transition processes, subdivided into Process indicators such as feeling connected, interacting, situating oneself and developing confidence and *coping*; and into Outcome indicators like mastery, healthy interaction and resources in the Theory¹⁶. The researcher also demonstrates that interventions can be developed to prevent transition triggers or act as therapeutic measures for the response patterns¹⁷.

The transition process perception and experience is unique, complex and with diverse possibilities and meanings for each person, and can be a constant life flow, giving rise to new transitions, instabilities and stabilities. Thus, the transformations in routine, life, places and people with whom we relate are direct consequences that have repercussions on the transition process. Figure 1 outlines and exemplifies the theory created by Meleis^{15,16}.

Contributions of the Theory of Transitions to research on gender identity

Nature of transitions

In an attempt to elucidate transgender people's transition process, we analyzed this phenomenon in Afaf Meleis's Theory of Transitions. Gender identity transitions usually begin with instability, when these people are faced with a feeling of anguish for not belonging to their birth gender: this instability is recognized as gender dysphoria.

The dysphoric feeling is the trigger for the transition and, in this case, transgender people's transitional nature is situational and unique in pattern, as changes take place in social and individual roles, understanding the significance of this transition, internalizing and externalizing feelings and behaviors that were previously repressed by them. These *insights* can come in different forms, such as behavioral changes and a new personification, like changes in clothing style, haircuts, how these subjects express themselves socially, seeking to understand their self-perception and creating a new identity based on these transformations.

Transition conditioning factors

Transgender people encounter facilitating and inhibiting factors in their transition process. These factors can be at the individual, social and community levels since, in these circumstances and in addition to the stigmas linked to society, their own values rooted within them also inhibit the transition.

Therefore, sociability can be a facilitating vehicle in this process through Public Health policies and programs aimed at the LGBTQIAPN+ population, in addition to creating support networks for transgender people that can be promoted by Nursing in Primary Health Care (PHC).

The facilitating factors strengthen the direction for a healthy transition through therapeutic measures based on health promotion and disease prevention, providing humanized and personalized care. However, there are still dysphoric transgender people that face misaligned health services, without effective strategies or referrals that address their uniqueness with inclusive actions of public policies specific to the LGBTQIAPN+ population¹⁸. These particularities are hindering conditions in the transition process according to the Theory of Transitions^{15,16,17}.

In turn, another important aspect with repercussions on the transition process within social spheres is professional unpreparedness, as professionals adopt an invisibility stance and deny that discrimination and prejudice affect the search for services. These conceptions delay the transition process, as transgender people do not feel like seeking health services because they sense their gender identities are neglected when their social names are not used^{18,19,20}. In this case, the professionals could use welcoming strategies, such as asking "How would you like to be called?" and/or "Which is your pronoun?". These behaviors enhance bonds and ease transitions.

Response patterns

In this scenario, the Response patterns (represented by process and outcome indicators in transgender children's and adolescents' transitions) are related to involvement of their families, to the tolerance and acceptance levels toward the transition process and to developing environments marked by bonding and trust with their children, counting on intersectoral support from teachers and Nursing professionals with whom they are in contact and who adapt to the gender perspective of these transgender children and adolescents, providing understanding of the process and achieving the outcome indicators proposed.

Dysphoric people face internal and external processes during their transition, and understanding them is interpreted as an outcome indicator: each person will go through a process of accepting themselves, of what it means to be transgender through new meanings and behaviors; this action demonstrates development of the process.

Nursing contributions

Understanding gender identity transitions provides nurses with theoretical and practical support to implement health care methods agreed upon in the principles of public social and health policies, as well as to increase awareness

about individualized and humanized assistance, promoting significant support networks to recognize other Nursing practice areas that still require special care, such as preparing parents and family members for a gender transition²¹. Apart from parents, Nursing is one of the main support networks that can contribute to devising therapeutic strategies, in addition to encouraging the promotion of healthy transitions.

Early identification of facilitating and inhibiting factors for the transition process allows professionals to recommend Nursing interventions so that these children and adolescents can undergo their transition in a healthy way, and there are some guidelines for this²² that can help Nursing teams to consolidate a care praxis from the gender identity perspective.

Therefore, Nursing teams have to be aware of the need to seek knowledge and develop skills to provide personalized and comprehensive care with a multiprofessional team, seeking to address psychosocial issues in self-esteem, gender self-affirmation, sexual orientation, pleasure and life satisfaction, in addition to discussing the impacts of hormone treatments on health and social expression²².

A study²³ considers that Nursing professionals should be aware of the need to create respectful and welcoming spaces, involving family, educational and professional support networks, nurses capable of breaking biomedical and curative concepts to promote the implementation of Public Policies that recognize the existing gender diversity, breaking away from paradigms and social prejudices. However, ensuring healthy transitions represents a substantial challenge for nurses, as each individual is unique and has their own singularities, with a need to develop new skills and responsibilities during this process²³.

It is up to Nursing to identify the gender dysphoria initial triggering factors (transition triggers) that create instability situations, in order to understand the complexities inherent to the transition and, thus, provide assertive assistance with the implementation of Singular Therapeutic Projects (STPs)²⁴ for children and adolescents and their families, contributing to the process of exploring the experience of their new gender identity conceptions, collaborating for early identification to become a reality in order to minimize distress, discomfort and neglect, mistaken behaviors that are not in tune with the transitional stage the patients are undergoing.

In fact, nurses play a role that can ease or hinder this process since, by becoming familiar with current policies (such as the 2013 National Policy for Comprehensive Health of the LGBT Population²⁵), protocols, booklets, and manuals for welcoming and caring for transgender people, they more easily understand fundamental concepts that help adapt and individualize consultations to a new gender identity perspective, while also promoting emotional strengthening and encouraging the creation of dialogue groups with family members about this topic. In addition, they can create favorable conditions for healthy transitions by producing discussion spaces to understand what it means to be a transgender person and how complex and unique each patient's transition is, realizing that this process begins internally and demands a lot of self-knowledge, self-love and self-esteem.

To this end, some interventions are suggested to guide and improve the Nursing care practice with transgender children and adolescents, such as strengthening public policies, raising awareness and reducing bureaucracy among professionals towards using social names, in addition to encouraging them to introduce a therapeutic approach aimed at affirming the corresponding gender, at early identifying gender dysphoria situations and at working on a mental health approach for children, adolescents, family members and peers¹⁸.

Furthermore, it is essential that nurses guide their patients and families on the relevance of monitoring by a multidisciplinary team in order to develop strategies that promote healthy transitions, ensuring quality of life and mitigating gender dysphoria. These strategies should include using affirming words and body interventions, as well as changes in social roles and expressions, aligning body and mind with each individual's desired gender identity^{18,26}.

FINAL CONSIDERATIONS

The reflections on Meleis' Theory of Transitions allowed recognizing and understanding phenomena that ease the transition process in these children and adolescents, turning this Theory into a reference instrument to guide nurses, helping to develop their insights into each person's uniqueness. It is expected that the possible Nursing interventions presented can help guide decision-making as the main support networks, in addition to deepening understanding of the transition process, raising awareness among nurses to help children and adolescents affirm their gender identity and transition in a healthy way.

It is recommended that Public Health policies aimed at the transgender population be reviewed, that these issues be included in curricular training guidelines and that this line of research be invested in, enabling the creation of protocols to guide nurses. Finally, it is argued that Nursing professionals need to be aware of the transgender children's and adolescents' transition processes to promote healthy transitions.

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Author's contributions

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Use of artificial intelligence tools

The authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Author's contributions*".