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The Final Thesis

The Clinical Appearance, Psychosocial and Comorbidities of Transgender Identity – a Case Analysis

Student: Luca Zion Salzgeber, **6th Year, 5th Group**

Department/ Clinic: **Institute of Clinical Medicine, Clinic of Psychiatry**

Supervisor Prof. Dr. Sigita Lesisnkienė

Consultant (if applicable)

The Head of Department/Clinic Prof. Dr. Sigita Lesisnkienė

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Email of the student: luca.salzgeber@mf.stud.vu.lt

Structure

Abstract

This paper offers a comprehensive exploration of transgender identity assessment, support systems, and associated comorbidities. It describes the societal and psychological hurdles encountered by transgender individuals, emphasizing the pivotal role of support networks in fostering their well-being and societal integration. Family, partnership, community resources, and governmental assistance are examined as vital pillars of support, alongside an analysis of prevalent comorbidities such as depression, anxiety disorders, and suicide risk. Furthermore, the paper investigates the interactions between hormonal therapy, surgical interventions, and overall health outcomes. In addition, it presents an analysis of eight transgender identity assessment reports, evaluating both legal and medical criteria. It supports the general tenor of crafting a prognosis and the crucial role of therapy in supporting transgender individuals before, during, and after transition are highlighted. Moreover, the paper discusses potential legal adjustments in Germany and proposes the development of specific criteria to streamline therapies and legal processes. Ultimately, it supports the existing tendency for a supportive and non-stigmatizing approach in assessing and supporting transgender individuals, while recognizing the need for further research and acknowledging the challenges inherent in statistical analysis within this field.

Keywords: Transgender Identity, Transition Process, Transgender Criteria, Gender Legal Criteria, Transgender Comorbidities, Transgender Psychosocial Aspects

1. Introduction

A person with transgender identity faces several challenges during the process of transitioning to their true gender. Initially individuals with transgender identity may not fulfil certain criteria to feel and be perceived as the prefer gender. The process of transitioning therefore is the process of fulfilling these criteria. For the transition to be complete, these criteria must be satisfied. Abstractly and theoretically, anyone could change to their preferred gender, but to feel and be perceived as such, certain established or constructed criteria must be met. The main fields of criteria are socially, medical, and legal. The question that needs to be examined more closely here concerns the role of psychiatric evaluation in the transition process, particularly with its connection to legal aspects. On one hand, it involves investigating which criteria receive which corresponding evaluation, and on the other hand, how they are ultimately applied? The approach of the psychiatrist in gathering the criteria is to discover in this regard. Also of interest is the role of possible differential diagnoses and comorbidities, as well as their assessment in the final evaluation. Central to this investigation are eight anonymized assessment cases collected from a specialized psychiatrist. These cases serve as exemplars, shedding light on the practical application of psychiatric evaluation within the legal framework of name and gender marker changes. The legal criteria will be solely based on German law in the legal process of changing one's official name and gender marker[1]. In each specific case, when an official name and gender marker change is sought, the court requires an examination by a medical professional[2] on its behalf.

In the following the Social Criteria will not be separately focused on.

The purpose of the case analysis is to conduct a thorough examination and assessment of the criteria relevant to individuals with transgender identity throughout their transitioning process. Initially, this involves analysing existing literature concerning to the multifaceted challenges encountered during transition, with the aim of identifying essential criteria for transgender identity. These identified criteria will then be described and organized to serve as the foundation for subsequent case analyses.

The primary objective of the case analysis is to find out the criteria utilized by both legal and medical entities, as well as within the framework of treatment perspectives. Additionally, it

[1]The specific German law is „Gesetz über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit in besonderen Fällen (Transsexuellengesetz - TSG), zweiter Abschnitt Feststellung der Geschlechtszugehörigkeit §8 Voraussetzungen."

[2] In Germany the medical professional has to be a psychiatrist by law

aims to highlight any criteria that may have been overlooked or underutilized in the assessment of these cases. Through this analytical process, we seek to gain insights into the application of evaluation criteria, facilitating a nuanced assessment of their relative importance within the broader context of therapy.

2. Methodology

The methodical approach to the case analysis involves analysing and describe literature with the focus on underlying and basic aspects of transgender identity in order to rule out the main criteria. The fields of interest on upon we will focus are the clinical appearances, the psychosocial aspects, and comorbidities. Sources for the criteria were restricted to a timeframe starting from 2016, with the country of publication mostly being Germany. These worked out criteria from the literature will then present the foundation for analysing different assessment cases.

Following selected expert opinions will be obtained from individuals currently in transition. Theses expert opinions on the assessment cases are obtained from specialized psychiatric doctor's office. These eight assessment cases were evaluated by a psychiatrist between 2023 and 2024. The individuals have been evaluated, because of their intention to change their official name and gender marker. The selection of these cases was primarily based on their homogeneity of their cause, the change of name and gender marker, as well as the timeframe of their consultation, which occurred between 2023 and 2024. These assessment texts got anonymised and summarised. Both the criteria for legal evaluation shared by the court and those from relevant guidelines are considered.

These legal and medical criteria will then be examined on their application. The focus is on identifying indications of the application of specific criteria and assessing their utility within the overall therapy. A thorough examination is conducted regarding the extent to which the criteria are applied in practice and whether certain aspects can be neglected in this process. Special attention is given to determining why certain criteria may remain overlooked and what relevance they hold in the specific case.

3. Results

The subsequent sections offer a comprehensive overview of the analysed literature and a detailed description of the criteria identified, spanning both legal and medical domains. Subsequently, the analysis of cases will be conducted, drawing upon these established criteria.

3.1. Court criteria

In legal contexts, the criteria for recognizing transgender individuals often revolve around specific considerations. Firstly, applicants are typically expected to demonstrate a consistent identification with the other gender for a minimum of three years. Additionally, there is an expectation that the applicant has been compelled to live in accordance with this gender identity throughout this period. Finally, a crucial criterion involves assessing the likelihood that the individual's sense of belonging to the other gender is highly stable and unlikely to change in the future. These criteria aim to establish a comprehensive understanding of the individual's transgender identity within the legal framework.

3.2. Medical Criteria

The medical criteria have evolved from practical experience over time and have general validity. They are neither based on legal criteria nor were they created in accompaniment. They are continuously reviewed and adjusted to meet changing needs and knowledge. This process involves integrating both clinical experiences and scientific insights from various fields such as psychology, endocrinology, and surgery. The following will outline relevant medical aspects in connection with transgender issues in more detail.

3.2.1. Clinical Manifestation of Transgender Identity

The subject of gender is a broad field, and the central concept of this debate is Sex and Gender. With gender being seen as the construct resulting from the sex which is defined as "characteristics commonly used to distinguish between men and women; gender specifically refers to the physical and biological features that are visibly apparent at birth".[1]
Concordance with assigned gender at birth may or may not exist with one's innate sex. This internal sense of gender is known as gender identity. Gender identity can exist within the binary

male/female spectrum but also within the non-binary realm or concurrently in multiple forms. In the case of transgender identity, there is usually a binary affiliation. Therefore, transgender implies that one's internal gender identity differs from the gender assigned at birth, often described as being "born in the wrong sex".

It is important to distinguish other terms such as gender incongruence or non-gender conformity, which primarily relate to societal expectations regarding biological gender and are not exclusive to transgender experiences. Crucial in determining such a diagnosis is not only a genetic testing of the karyotype but also gender presentation. This refers to an individual's appearance in connection with their gender identity. If incongruence with the assigned gender is accompanied by significant stress or psychological distress, it may be referred to as gender dysphoria.

As gender presentation is a highly subjective assessment and depends on factors such as generations and cultures, it is challenging to make a quantifiable judgment based on it. Therefore, various diagnostic criteria exist, marking key points that differentiate a transgender identity. The following references the ICD-10, DSM-5, and the S3 guideline[3].

3.2.2. Definition and Diagnostic Criteria

The ICD-10 defines transgender as the pronounced desire to live in the opposite gender, coupled with the additional wish to adapt one's own body to the desired gender through therapeutic and surgical measures [2]. In the planned ICD-11, there is a proposed replacement of the term "transsexualism" with the term "gender incongruence," reflecting the disparity between the gender assigned at birth and gender identity or gender role [3].

In the DSM-5 also speaks of a pronounced incongruence between the assigned gender at birth and gender identity, but the definition of "strong desire" is more precisely elaborated. A specified time frame is provided, covering a minimum duration of six months. Additionally, at least two of the five listed criteria must be met:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)

[3] The S3 guideline on the diagnosis, counselling, and treatment in the context of gender incongruence, gender dysphoria, and trans health aims to update the "Standards of Assessment and Treatment of Transsexuals" from 1997 to current conditions. The recommendations are based on empirical evidence, developed in collaboration with representatives of trans individuals, and are intended to enable individualized and deregulated trans health care in Germany. The guideline reflects international standards and should be applied with clinical and therapeutic expertise.

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender (or some alternative gender different from one's designated gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one's designated gender)
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's designated gender)[4]

In the S3 guideline, often used for the diagnosis and therapeutic management of transgender individuals, the diagnosis of transgender identity is based on three pillars: a comprehensive history, specifying psychosexual development, a duration of at least "several months," and differentiation from disorders such as psychotic disorders.[5] This involves intensive exploration of the content and psychosocial aspects of the history. It is particularly recommended to comprehensively gather anamnestic information on the topics of psychosexuality and individual development from birth to the present.
"Trans feminine" describes transgender individuals assigned a male sex at birth who identify as female, and "trans masculine" describes transgender individuals assigned a female sex at birth who identify as men.

3.2.3. Psychosocial Aspects of Transgender Identity

Psychosocial aspects of transgender identity constitute a complex and multifaceted subject that goes beyond purely biological aspects. The challenge in the medical and therapeutic handling of this issue lies in the fact that, for example, hormonal treatment during adolescence cannot be solely reduced to the physiological process. In addition to hormonal management and individual challenges, the interdisciplinary therapeutic focus is on the development and social dynamics of the youth. This developmental phase is fundamentally a challenging time for adolescents. Therefore, in the case of treating such individuals, it is necessary to offer support in all aspects of life, making the care of such a patient significantly demanding.
A healthy sexuality development, especially within the social context of peers, are complex and can present interpersonal hurdles. In the context of transgender identity, additional difficulties arise, particularly concerning the compatibility of a biological desire for children

and the process of transitioning. This issue can lead to psychosocial conflict situations, especially regarding family planning in the corresponding phases of life. These aspects associated with transgender individuals are crucial considerations central to emotional well-being.

The challenges and experiences of transgender individuals span psychological, social, and emotional domains, requiring in-depth exploration. A profound understanding of the development and maturing of a person with transgender identity can contribute to better capturing individual life stories and illuminating the complex influencing factors. Simultaneously, the societal pressure faced by transgender individuals plays a significant role. Social norms and expectations can significantly impact the process of self-acceptance and identity development, emphasizing the crucial importance of a thorough analysis of social dynamics.

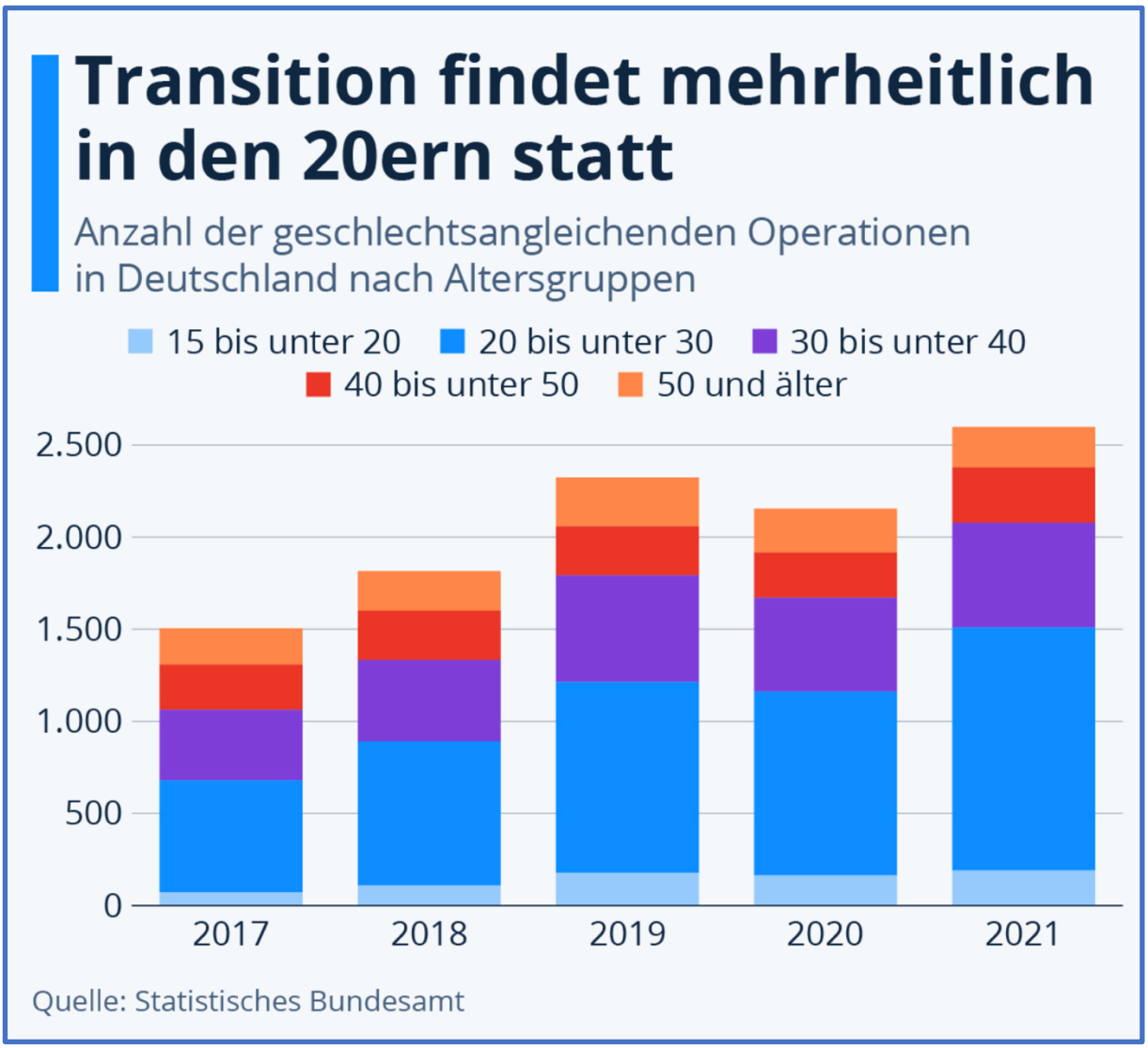
3.2.3.1. Identity Development

Identity development spans the entire lifespan and is an ongoing process throughout one's life. This process can be split into internal mechanism, involving one's own self-perception and resulting self-acceptance, and external mechanisms, encompassing others' perception of oneself formed through social interactions. This continuous developmental process is shaped by interchange with others and within the context of individual cultural influence. Coping with phase-specific conflicts plays a crucial role throughout the entire course of development. Particularly during adolescence, identity development emerges as a central task, although it is not exclusively confined to this life phase.[6] To highlight the specific challenges faced by children and adolescents with transgender identity, it should be noted that there is a disproportionately higher number of transgender boys identified during these life stages.[7] This disparity in numbers could be attributed to differing ages at which girls and boys choose their coming-out. As a crucial aspect of transgender identity involves outward appearance and perception by others, transgender boys might find it easier to come out at a younger age compared to transgender girls. A commonly described coming-out event for transgender boys is cutting their long, feminine hair, representing the first step towards the male gender. However, for transgender girls, this event is not as straightforward, as the sudden growth of long hair is not possible. Additionally, a boyish style of clothing, such as loose pants and a hoodie, is more accepted among girls than a boy wearing dresses, which often leads to misunderstandings and criticism within the community. These factors could collectively

contribute to a shift in the timing of coming out for transgender boys compared to transgender girls.

When considering the age distribution of gender-confirming surgeries conducted in Germany (see Table 1), a similar trend can be observed. The majority of patients are in the phase of young adulthood. However, a significant proportion of patients are in their second half of life, contradicting the hypothesis that the outcomes of gender-confirming surgery result from a youthful identity exploration crisis in transgender individuals.

(Table 1)



[Transition mostly occurs in one's twenties: Number of gender-confirming surgeries in Germany by age distribution][8]

3.2.3.1.1. Self-Acceptance

Self-acceptance is a central component of mental health and personal development. It refers to the positive evaluation and embrace of one's own personality, abilities, and characteristics. Cultural and social environments, alongside internal pathways, contribute to the hygiene of self-image. Impaired self-acceptance is a central theme in depression. Being transgender, due to increased psychosocial conflicts, is a risk factor for reduced self-acceptance and therefor an elevated risk of suicide.

3.2.3.1.2. Social interactions

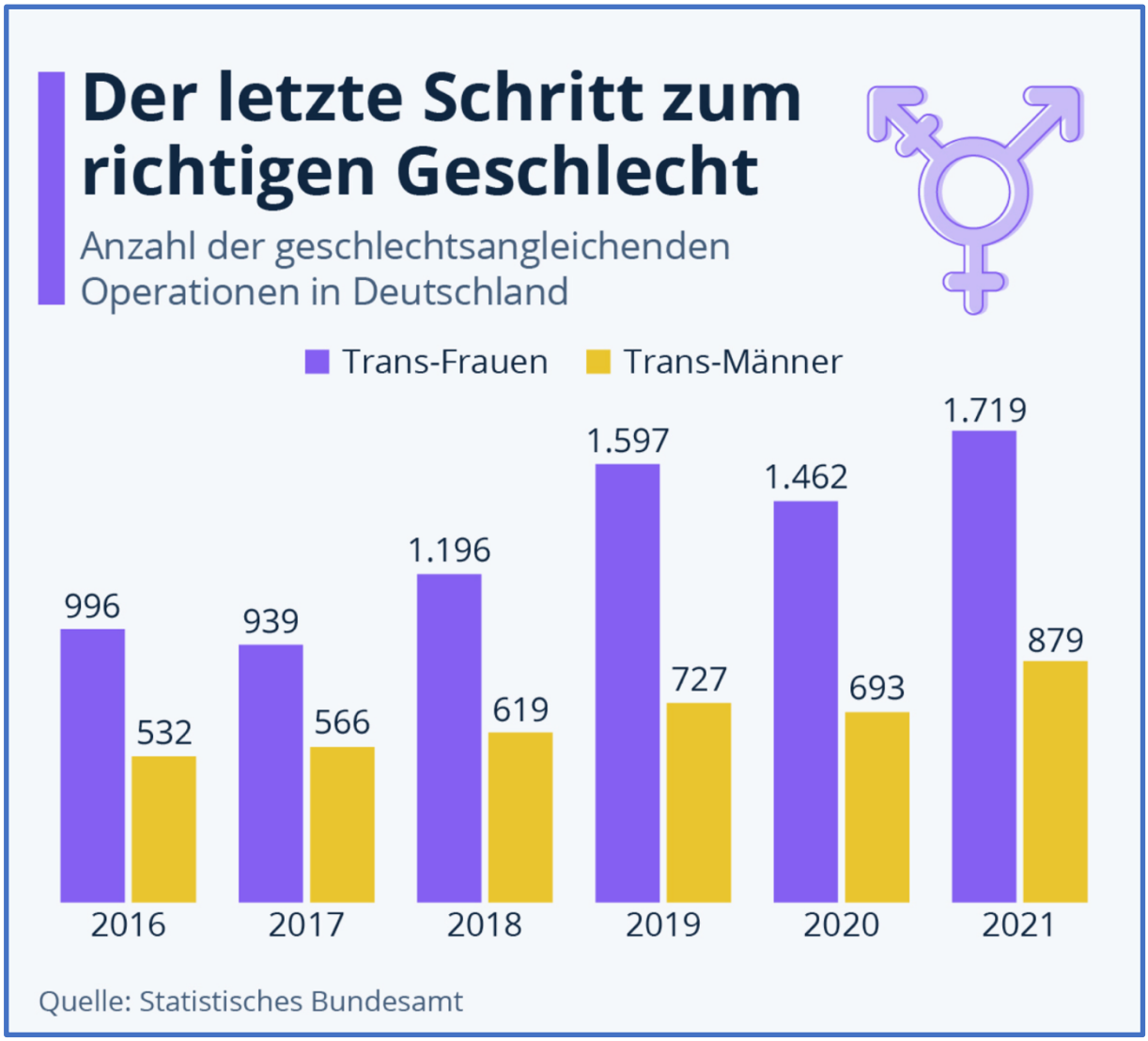
Social interactions are fundamental human experiences that enable the exchange of information, emotions, and relationships between individuals. They are crucial for social integration, identity formation, and overall well-being.
In the context of transgender identity, social interactions play a significant role as they influence the interplay between individual identity development and societal norms. Transgender individuals may face various challenges during social interactions, including discrimination, prejudice, or the pressure to conform to societal expectations. These experiences can impact self-perception and mental well-being. Simultaneously, supportive social networks and positive interactions can contribute to empowering and fostering acceptance of transgender individuals in society. A deeper understanding and respectful integration of transgender individuals into social structures are essential to create an inclusive and supportive environment.

3.2.3.2. Discrimination and stigmatization

Discrimination and stigmatization of transgender individuals are unfortunately widespread social phenomena. Transgender individuals often face prejudice, exclusion, and hostile treatment, both at the individual and institutional levels. These forms of discrimination can have significant impacts on the mental well-being, quality of life, and social integration of transgender people. Through ongoing public education on the topic of transgender issues over the years, discrimination and stigmatization seem to have slightly diminished. One explanation for the overall increase in the number of transgender individuals may be the assumption that,

with a more open-minded society, more people feel comfortable publicly coming out. (See Table 2)

(Table 2)



[The final step to the right gender: Number of gender-affirming surgeries in Germany.][9]

3.2.3.3. Support systems

Support systems for transgender individuals are particularly crucial to ensure their mental well-being and promote their integration into society. Especially in situations marked by discrimination or psychosocial challenges, a safe refuge plays an important role. The primary support systems in this context include family, partnership, community, and governmental assistance. These networks should not only provide emotional stability but also create a space for understanding and acceptance, which is paramount for the well-being and integration of transgender individuals. Strengthening these support systems can make a significant contribution to creating an inclusive environment.[10]

3.2.3.3.1. Family and Partnership

Families often constitute the first and most crucial support system for transgender individuals. A supportive family can exert a positive influence on mental health and self-acceptance by fostering open dialogues and actively advocating for the well-being of the individual family member.

Furthermore, a partnership can provide a significant psychological support system by creating emotional stability and familiarity. By fostering a reliable bond, it can serve as a source of comfort, understanding, and support. In a healthy partnership, both partners contribute to providing each other with reassurance during times of stress or uncertainty, thereby promoting emotional well-being.

3.2.3.3.2. Community Resources

Community resources, such as local LGBTQ+ organizations or support groups, represent another crucial aspect of social support. These resources facilitate the exchange of experiences, information, and emotional support among like-minded individuals, playing a significant role in coping with challenges associated with transgender identity. Especially if support from one's family misses, community resources may be important as the main supportive system.

The German Society for Trans identity and Intersexuality provides a valuable counselling service specifically tailored to the needs of transgender individuals. Professional support from

such organizations can create a safe space for counselling, information, and education, thus playing a significant role in empowering and assisting transgender people.[11]
In addition, State support, in form of financial assistance for counselling and advocacy organizations, contributes to Transgender support systems. The development of educational programs, training sessions, and information campaigns aimed at promoting understanding of the concerns of transcendent individuals in society and reducing. discrimination further plays a role in this regard.

3.2.4. Comorbidities related to transgender identity

Transgender is associated with fundamental stress resulting from a profound gender identity crisis. This stress can culminate in various mental health disorders, most commonly depression, anxiety disorders, and substance abuse, but also a substantial increase of risk of suicide. In addition to psychogenic comorbidities, somatic issues may also arise. Cardiovascular diseases, for example, may occur in transgender individuals in connection with increased stress as a side effect.[12] The effects of gender-confirming measures, such as hormonal therapy or surgeries, integral components of the transition process for transgender individuals, are also highly linked to comorbidities.

3.2.4.1. Depression & Anxiety Disorders

Depression and anxiety disorders were identified in 33.3% and 29.6% of transgender individuals, respectively.[13] In comparison, the percentage of all Germans who experienced unipolar or persistent depression at least once in their lives is 8.2%. Similarly, around 15% of all Germans have been diagnosed with anxiety disorders at least once in their lives.[14],[15] These figures underscore the higher prevalence of depression and anxiety disorders in the transgender population compared to the general population, indicating the additional burdens and challenges that transgender individuals may face.

3.2.4.2. Suicide

Gender-incongruent individuals have higher rates of suicidal thoughts (approximately 61%) and suicide attempts (approximately 31%) compared to their cisgender peers (approximately

20% and 7%).[16] It can be inferred that transgender individuals are particularly vulnerable to the most severe form of self-harm, suicide.

This underscores the need to tailor suicide prevention and mental health support specifically to the needs of the transgender population and bring this aspect of healthcare into focus. The development of comprehensive preventive measures, along with societal awareness, is essential to reduce the risk of suicide among transgender individuals and create a supportive environment that promotes their mental health.[11]

3.2.4.3. Interactions with other health aspects

Understanding the complexities of transgender healthcare involves examining the intricate interplay between various health aspects. Among these, hormonal impact and surgical intervention stand out as pivotal components in gender affirmation and holistic well-being. These aspects not only address physical transitions but also profoundly influence mental and emotional health, social integration, and overall quality of life. Exploring the interactions between hormonal therapy, surgical procedures, and other health dimensions requires comprehensive consideration and approaches to healthcare delivery.

3.2.4.3.1. Hormonal impact

Feminizing hormone therapy carries a significantly increased risk of venous thromboembolism.[4] A moderate risk exists for cerebral ischemia, cardiovascular complications, hypertriglyceridemia, elevated liver enzymes, depressive symptoms, or worsening of pre-existing depression, as well as weight gain. In comparison, masculinizing hormone therapy entails a significantly increased risk of erythrocytosis[5] and acne, along with a moderately increased risk of weight gain and cardiovascular complications.

In the event of a substantial increase to more than double the upper norm, the estradiol dose should be adjusted, and if problems persist, imaging of the pituitary gland may be considered, as isolated prolactinomas have been described under prolonged, high-dose estradiol therapy.

Gender-affirming hormone therapy, which rapidly induces substantial and partially irreversible changes, requires precise indication. Prior to initiating therapy, comprehensive screening for

[4] The risk is reduced to an incidence of approximately 0.6–2% under modern therapeutic regimens.
[5] hematocrit > 50

potential risk factors is imperative, with any existing comorbidities requiring appropriate treatment.

Following the initiation of therapy, regular clinical and laboratory checks are essential. Even after a legal gender change, continuous gynecological/urological care must be ensured for transgender individuals. Due to the complex hormonal therapy, contraception with non-mechanical methods is no longer possible without further clarification with the treating physician. Therefore, if there is a need for contraception, consultation with the treating physician is strongly recommended.[17]

It is challenging to make a precise assessment of the psychological effects of hormone therapy with its psychological benefits and side effects. The inseparable connection with life circumstances complicates a clear evaluation of whether hormonal treatment can be perceived as an additional burden. At most, one could argue that hormone therapy and the resulting increased gender congruence could lead to an improvement in overall life situation, potentially exerting a positive influence on ones affect.[18]

3.2.4.3.2. Surgical interventions and their consequences

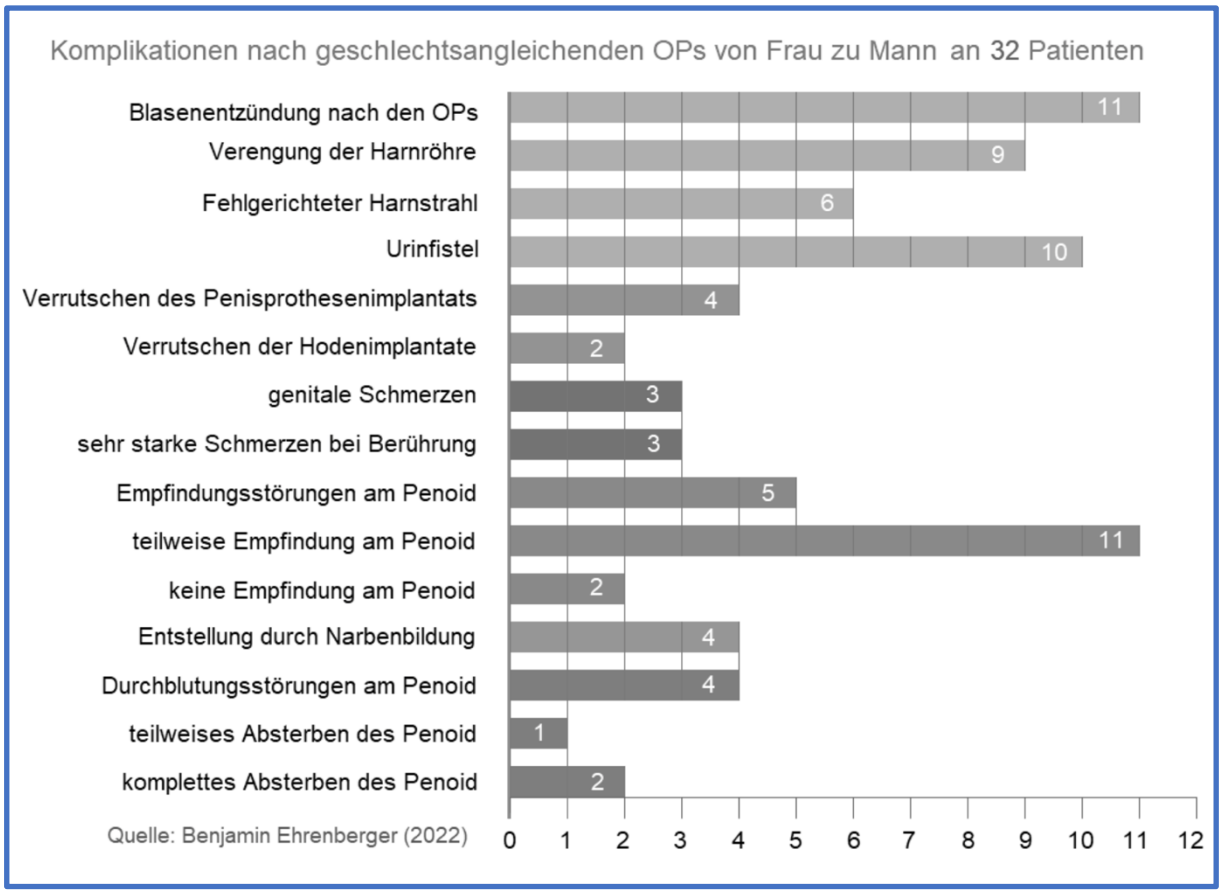
There is a distinction between genital-affirming procedures, which involve the primary sex characteristics, and additional procedures that address secondary sex characteristics. These gender-affirming surgeries, as the body's gonads are removed, inevitably lead to infertility. Prior to undergoing surgical procedures, transgender individuals almost always undergo hormone therapy, and according to current standards, a lifelong continuation of hormone administration is required.

Studies on 1,684 patients revealed an overall complication rate of 32.5% and a reoperation rate of 21.7%, performed for medical reasons. The most common complication was neo-meatal stenosis, occurring in 14.4% of patients, accompanied by wound infections with an increased risk for tissue healing (see Table 3). These results underscore the need for thorough consideration and education before gender-affirming surgeries for transgender individuals.[19]

Due to the complication rate and concerns regarding satisfaction and effectiveness of these procedures, even under optimal conditions, many individuals worry that the achieved results may not meet personal expectations and provide the desired realism and functionality. Therefore, in such cases, the diagnosis criterion of gender confirmation may be modified after careful assessment. Furthermore, it could explain the discrepancy between the numbers of trans-women and trans-men undergoing genital-affirming operations, as indicated in Table 2.

One explanation could be that female-to-male operations aren't perceived as satisfactory as male-to-female operations may be.

(Table 3)



[Complications following gender-affirming surgeries from female to male in 32 patients.][20]

4. Case analysis

The following will provide a comprehensive overview of the eight cases based on the exemplary assessment reports, with a focus on their substantive core. Each report will be thoroughly examined to extract key insights and common themes. The summary of these cases facilitates a comprehensive analysis of the cases under consideration, revealing patterns and peculiarities.

4.1. Description of the cases

The Description of the 8 assessment cases is presented in anonymized and summarized form, to provide an insight into the diversity of experiences encountered by these individuals with transgender identity during their transition process.

4.1.1. Case 1

The patient (trans man) has a socially intact family relationship with a sustained positive connection to primary caregivers and, aside from gender dysphoria, shows no psychiatric distress. He experienced himself as boyish from elementary school age, and this was accepted. Social development without anomalies. Gender dysphoric symptoms emerged during puberty, accompanied by efforts to conceal gender-typical features. Through personal research in adolescence, he identified as transgender, a realization confirmed after long-term psychotherapy. Initiation of hormone therapy in his late 20s. Gender-affirming surgery is planned. The participant has no biological desire for children.

4.1.2. Case 2

The patient (trans woman) grew up in institutional care from an early age. The relationship with the primary caregiver is negative. Aside from gender dysphoria, there is no psychiatric burden. She experienced herself as girlish from elementary school age, and this was accepted. Social development without anomalies. Gender dysphoric symptoms developed during puberty. Trans diagnosis confirmed after long-term psychotherapy. Living openly in a stable romantic relationship. Initiation of hormone therapy in her mid-30s. Gender-affirming surgery is planned, specifically glottoplasty.

4.1.3. Case 3

The patient (trans woman) initially grew up in an intact family environment. After the parents' divorce during childhood, there was reduced contact with the father. Intact relationships with primary caregivers. Aside from gender dysphoria, there is no psychiatric burden. Social development without anomalies. From elementary school age, she felt she did not belong to the role of boys, which was not accepted by peers and led to exclusion. Gender dysphoric

symptoms emerged during puberty. Self-identification as transgender in her early 40s. Trans diagnosis confirmed after long-term psychotherapy. Living openly in all areas. Initiation of hormone therapy in her early 40s. Gender-affirming surgery is planned. Episodic use of THC in the medical history.

4.1.4. Case 4

The patient (trans woman) grew up in the Middle East with his single mother. Her childhood and early adolescence were marked by numerous relocations. In early adolescence, her mother passed away, leaving her to fend for herself with mini jobs. There are indications of emotional trauma, and a diagnosis of post-traumatic stress disorder has been made. The patient lacks a formal education. Since migrating to Germany at the age of 20, she has been living here as a woman, identifying with the opposite gender since childhood. The anamnestic representation of psychosexual development, however, is irregular and incomplete. Since migrating, she has been undergoing topic-specific psychotherapy. He inconsistently takes feminizing hormone medication and has already undergone breast augmentation. She is outed in all social fields.

4.1.5. Case 5

The patient (trans man) initially grew up with two siblings in a stable family. His father died by suicide when the patient was in early adolescence. Prior to this event, there were no known mental health issues in the parents. This event triggered familial tensions and conflicts but was not adequately processed within the family. Psychotherapeutic intervention in this regard appears to have been beneficial. During adolescence, symptoms such as mood swings and school refusal emerged. The identification with the male gender developed in early adolescence, and hormone therapy commenced in the mid-twenties. The patient self-diagnosed as transgender in their early twenties.

4.1.6. Case 6

The patient (trans man) grew up in an intact family until the parents separated in early adolescence. Since then, he has been living with his mother, with whom he has a good relationship. The father struggled with alcohol problems and displayed violent behaviour. Additionally, fears and social phobia manifested, which were addressed through psychotherapy

and psychopharmacological treatment. Even in early childhood, he could not identify with the assigned gender. In his mid-twenties, a clear identification with transgender identity occurred. He countered body dysphoric symptoms through bodybuilding and has been living as a man in everyday life since his early forties. The initiation of hormone therapy is planned.

4.1.7. Case 7

The patient (trans man) initially grew up with his twin sister in an intact family environment. In early childhood, the biological parents separated, and since then, he has been living with his mother and the father of his older half-brother. In his late adolescence, he had to move in a youth home. Since early childhood, he has identified with the opposite gender and has been living openly as such since late adolescence. He has been receiving hormone therapy since that time. Additional psychiatric diagnoses include F90.0 & F91.2.

4.1.8. Case 8

The patient (Trans woman) grew up as the third of four children in an intact farming family. The relationship with parents (deceased) and siblings is described as positive. She married at the age of 30 and fathered two children in her early 40s. Since the late 50s, she has separated from the mother of the children, but still maintains a good relationship with her and a positive interaction with the children. Since early childhood, she felt uncomfortable in her biological gender and experienced gender dysphoria since puberty. From the mid-twenties to the late fifties, she undertook several transition attempts, attributing them to external difficulties. Since her late twenties, the official diagnosis of being Trans has existed. Since her late fifties, she feels sufficiently secure in her femininity to live openly in all areas of life, considering this as the only meaningful path.

4.2. Evaluation of the court criteria

The judicial requirements for establishing trans identity have been met in all presented cases. These criteria are not intended for a comprehensive assessment of the individual's diagnosis or life situation but rather to make a legally binding decision. This decision significantly impacts the legal process for changing names and gender markers, serving as the foundation for the further procedure of transition, including potential surgical interventions.

The distinction between the temporal requirement of three years in comparison to the medical criteria is not governed by any medical principle. This timeframe is a result of previous legal rulings and is perceived from a legal perspective as an acceptable period to recognize a legally binding gender change, thus differing from the diagnostic definition period of 3-6 months mentioned in the guidelines. Similarly, the individual assessment of the probability aspect mentioned in the third court criteria and its quantifiability should be considered.
It is important to note that such a legal change can have substantial consequences for a person's legal status, e.g., including matters related to Family law. Therefore, a well-founded assessment is necessary to prevent potential misuse of this situation for legal advantage. This ensures a careful legal handling of the extensive changes associated with trans identity and the transition process.

4.3. Evaluation of the medical criteria

The guidelines recommend capturing the development of gender identity through a thorough assessment, particularly in the realm of psychosexual and social medical history. Emphasis is placed on a holistic view of the individual. Criteria that can provide indications include typical developmental stages, especially concerning the period of puberty and post-puberty. This involves addressing physical and relationship-specific experiences, coming-out processes, and related reactions. Aspects of the social situation, such as the environment, partnership, and family, should also be considered.[5]
Additional criteria that should be assessed include experiences of discrimination and life-situation-specific aspects, such as housing and educational/occupational situations. One indispensable criterion outlined in the guidelines is the biographical history. Through its in-depth insight into the patient, important clues for the current situation can be derived, supporting nuanced diagnoses, e.g., to exclude the development of transsexual symptoms in cases of suppressed homosexuality. In reports 4, 6, and 7, additional external findings were included, providing information about previous psychotherapies and related hospital stays, although in all cases psychotherapy has taken place or is still ongoing. In the other reports, there were also external findings, but they were limited to hormone therapy. Reasons for the absence of similar findings can be diverse, yet it is presumed that this type of external findings, as seen in reports 4, 6, and 7, can offer a more comprehensive picture of the patient's history.
Equally important is the medical history, particularly the general psychological assessment, which is relevant in ruling out, for example, well-managed psychotropic disorders.

Theoretically, variants in gender development could also yield insights. Therefore, usually findings such as karyograms are available. Only in case 7, no karyogram was included in the endocrinological external findings. Aspects such as pre-existing conditions that might limit therapeutic options (e.g., predisposition to thrombosis) should not be overlooked in this context, although they are more relevant to medical treatment than to the criteria. The anamnesis of substance abuse can also provide information since it multifactorial influences the life situation and transition. These were not further listed in cases 4, 5, 7, 8. Finally, the patient's perspectives and future outlook, such as family planning and potential desire for children, are significant considerations. Concerning the Comorbidities, Case 4 Post-traumatic stress disorder (F43.1) & a Major depressive disorder with single, moderate episode (F32.1), Case 7 Attention-deficit hyperactivity disorder (F90.0) & Socialized conduct disorder (F91.2), Case 6 has described a social phobia, Case 1 & 5 hat described obesity and Case 1 had described the recreational use of cannabis. In all these cases a therapy concerning the stated aspect are already on-going. Further these aspects did not influence the outcome of each assessment text.

4.4. Evaluation of the applied criteria in the overall treatment context

The basic requirement for the criteria is to create a prognosis. However, deriving specific prognoses proves challenging, primarily due to the fundamental nature of “life path prognoses”. In collecting criteria for a transgender person, the emphasis is placed on biographical inquiry to make predictions about the future. The underlying principle states that if the past exhibits certain trends or manifestations, there is a likelihood that these situations could persist in the future. Therefore, biography holds a significant position in the medical diagnosis and therapy of the individual. Thus, it is confirmed that identity development is an essential prognostic tool. It is assumed that gender incongruence is persistent when, with increasing pubertal maturity, there is a significant escalation of gender dysphoric distress, and body-related gender dysphoria experiences no notable relief through socially accepted role changes. Furthermore, the prognosis examines whether a person can reflect androgynous or non-binary self-perceptions, ensuring that a conscious engagement has taken place, especially in younger patients [21].

In the diagnostic process, previous comorbidities are less interesting unless they are not yet in treatment or already healed. At least in the context of diagnosis, this aspect is less focused on, possibly serving as a poignant indication of specific patient distress. The subjective prognosis of patients regarding their mental health in the future is brief but fundamentally important.

Special emphasis is placed on prospects for family planning and acceptance in the social environment. Frequently, from the patient's subjective perspective, the prognosis of the transition is positively evaluated since it could, in principle, alleviate the stress of gender incongruence. The further prognosis of mental health concerning the impacts of these decisions often takes a backseat. It could be beneficial to examine the extensive aspects in more detail, such as whether a trans person, e.g., particularly from rural areas, might face absolute intolerance from family and social surroundings, potentially leading to relocation and triggering psychosocial stress. However, these complex consequences are often not thoroughly evaluated. The idea of a more comprehensive assessment of these comorbidities of transgender identity for the prognosis could be interpreted as a "prognosis of well-being". The question remains open as to whether a psychiatrist is entitled to this evaluation of the weighting of life aspects and prognosis.

Also, the focus on supporting systems and their role in the lives of transgender individuals is essential. The prognosis of these systems, e.g., regarding the relationship with their own children, could represent a crucial evaluation of mental health, particularly if there is suspicion that a supporting system might terminate during the course, potentially resulting in psychological costs and benefits.

In assessments, the question of the prognosis of possible changes in opinion about transgender identity is consistently answered with a high likelihood of no change. There is no further subdivision of possible probability variants offered, ranging from almost certain to sufficiently certain. The question here is whether even less certain probabilities of the prognosis should be considered in the treatment concept, considering the possibility that identity changes are always possible, albeit rare [6]. This could be especially relevant in the further treatment concept of therapy in support and assistance to the person.

Regarding the prognosis, it should be noted that detransition is a rather rare phenomenon, occurring at a rate of 4% after hormone treatment and 1.3% after gender-affirming surgery among transgender individuals [17]. While this figure may seem very low, it scrutinizes the actual relevance of the prognosis. Nevertheless, processes of de- and retransition are diverse, and social pressure, including e.g., admitting a potential mistake, can lead transgender individuals to refrain from reversing these processes. For instance, a perceived obligation or, in extreme cases, suicidal thoughts might emerge to avoid what is perceived as a hopeless situation.

Prognoses in an extrajudicial context or in the context of cost coverage by health insurance, in the interest of the individual's mental well-being, could be crucial to maintain such evaluative

hurdles for transitions, such as psychiatric assessments, as this judicial confrontation might be the only instance that could trigger medical and therapeutic assistance.

4.5. Analysis of the omitted criteria

A repeatedly emphasized aspect is the therapeutic treatment of transgender individuals. Typically, therapy is recommended before, during, and after the transition [5]. While topic-specific therapies before and during the transition are frequently utilized, sometimes initiated by the parents of transgender individuals in their younger age or jointly initiated with therapy, such as for social phobia as an accompanying symptom, the majority of transgender individuals do not avail themselves of post-transition conservation therapy services. A fundamental obstacle for many medically recommended therapies is, of course, the cost coverage and associated expenses. In the context of assessing a transgender person, it could be an interesting criterion for evaluating the compatibility of such post-transition conservation aftercare, in the sense of whether an individual might already be stable enough or have sufficient other supportive systems, or if such aftercare would be of high importance, especially in the context of questioning the immutability of the transition desire. Also, in the context of prior therapies, it is crucial to assess whether sufficient stabilization and therapeutic support have already taken place to ensure psychological well-being.

5. Conclusions

When collecting criteria for individuals with transgender identity, a clearly supportive and advisory approach should prevail, and under no circumstances should a pathologizing or stigmatizing approach be pursued. Although the judicial assessment is based solely on a legal evaluation, the associated psychiatric evaluation serves a supportive purpose. Furthermore, in addition to the medical treatment of gender identity, a topic-specific psychotherapy is recommended. This should be focused on addressing aspects such as self-forgiveness and the reduction of feelings of shame, as self-worth is significantly dependent on these. Topics that can be addressed in such therapy include support for identity development, dealing with coming-out-related questions, exploring different options, seeking support for medical treatments, legal aspects, networking, and establishing contacts with self-help organizations, among others. An important part of the therapy often involves the aspect of counselling.[5] To ensure comprehensive support, therapeutic guidance should ideally commence early in life.

This could help prevent comorbidities and provide assistance with specific questions and uncertainties. However, another challenge lies in determining the timing of initiating hormone therapy. In this context, there are two opposing views. On one hand, it is argued that starting early is preferable to alleviate the suffering of individuals, create a supportive environment, and maintain compliance. On the other hand, it is suggested that starting late is preferable to ensure that this significant decision is not made lightly. In particular, it is argued that children are not capable of making such a significant decision, aiming to prevent potential re-, detransitioning and associated distress. Both views require careful consideration, necessitating further research to identify a clear trend.[22]

The reports cited indicate that all individuals have been transgender since early childhood, but the self-recognition into transgender identity varies in point of times subjectively.

This insight could be helpful in practice to determine in cases of differential diagnoses e.g., Borderline, or other identity-associated crises whether it actually involves a sense of belonging to the other gender or the rejection of one's own identity, which arises through symptom formation and adaptation to the other gender, with the latter usually not extending significantly into early childhood. It can be argued that creating a differentiated diagnosis based on the existing criteria poses a challenge. A thorough individual assessment by an expert is necessary and therefore reliant on the experience of a professional.

The temporal criterion is therefore rather complex, yet still important. The sense of belonging and the prognosis of identity development are fundamentally challenging and complex but can be well captured through intensive and structured support of the individual.

Finally, the sensitivity can be argued. In essence, it can be summarized that while psychiatric assessment is based on the described criteria, the appearance and behaviour of a transgender person in social interactions remain decisive. A person who has always presented privately or publicly as the perceived gender and is trying to appear visually to belong to that gender would not arouse any scepticism from a psychiatrist.

6. Summary of key findings

In conclusion, the evaluation of court criteria has shown that the judicial requirements for establishing transgender identity have been met in all presented cases. These criteria serve to make legally binding decisions rather than provide comprehensive assessments of individual diagnoses or life situations. The temporal requirement of three years, as opposed to the diagnostic definition period of 3-6 months, reflects legal considerations rather than medical

principles. Additionally, the individual assessment of the probability aspect mentioned in the court criteria should be considered quantitatively.

Such legal changes significantly impact a person's legal status, necessitating a careful assessment to prevent potential misuse. In contrast, the evaluation of medical criteria underscores the importance of capturing gender identity development through a thorough assessment. Key considerations include psychosexual and social medical history, social situations, experiences of discrimination, and life-situation-specific aspects.

The biographical history and external findings play crucial roles in providing insights into the patient's history, supporting nuanced diagnoses. Furthermore, the patient's perspectives, such as family planning, are significant considerations. The application of criteria in the overall treatment context emphasizes the importance of creating a prognosis and the role of therapy in supporting transgender individuals before, during, and after transition.

Addressing the omitted criteria, it becomes evident that the cost coverage of medically recommended therapies poses a significant obstacle. Assessing the compatibility of post-transition conservation aftercare is crucial, considering the stability and support systems available to the individual. Additionally, evaluating prior therapies ensures that sufficient stabilization and therapeutic support have occurred to ensure psychological well-being.

7. Outlook

An outlook for the future entails a possible legal adjustment in Germany. The Self-Determination Act is designed to ensure the rights of transgender, intersex, and non-binary individuals in accordance with the German Basic Law. Its aim is to replace the outdated Transsexual Law of 1980 and establish a unified regulation for changing gender markers and names. Key changes include a uniform procedure for gender marker and name changes, with adults being able to make changes by declaration to the registry office. Minors either need the consent of their legal guardians or approval from the family court. There is also a one-year waiting period for subsequent changes after the first one. Furthermore, there is a prohibition on disclosure with fines for violating the wishes of the affected person.[23]

The Self-Determination Act solely concerns gender markers and names, excluding gender-affirming physical/medical procedures, which continue to be subject to specialized medical assessment criteria. Therefore, it would largely replace psychiatric evaluations concerning transgender individuals. Regarding state youth welfare organizations, their existing mandate is to assist young people in all aspects of life. Now, they are increasingly focusing on providing

resources for gender-related inquiries. This involves efforts to integrate diverse perspectives and intensify connections with external resources. This includes providing training for youth welfare personnel and establishing public awareness campaigns and creating safe spaces.[22]
Another outlook could be to develop more specific criteria in the future to simplify therapies, treatment processes, and legal matters and to promote compliance. A still partially utilized practice involves carrying out surgical or medical procedures abroad to partially circumvent the criteria applicable in Germany. It would therefore be of interest to restrict this practice by adjusting the criteria. Specific test procedures that still need to be developed could play a role in this and be important in the future as a crucial forecasting and assessment tool. It is important to find a supportive and non-discriminatory approach, particularly to minimize comorbidities.

8. Limitation

The limitations of this study are diverse. Firstly, it is based on a limited number of expert cases used for evaluation, potentially affecting the generalizability of the results. Additionally, assessing statistics related to transgender individuals is inherently challenging. Often, these statistics rely on survey data sourced from specific social groups, necessitating a critical perspective. While the thematic focus of many statistics is intriguing, they may encompass various groups, including transgender, genderqueer, or non-binary individuals, complicating the interpretation of absolute figures of solely Transgender.
Furthermore, the statistics addressed in this study partly stem from the number of gender-affirming surgeries performed. Although this may serve as a clear indicator for transgender individuals, not all transgender individuals undergo such procedures, and many may choose not to do so.

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Padalinys: Medical Faculty
Studijų programa: Human Medicine
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