

The Identity & Psychosis Policy



Of British Wadokai

英国和道会空手道連盟 - 本部道場

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**FEDERATION PRESIDENT
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**British Wadokai is a Full-Member of the
British Wado Federation**

BRITISH WADOKAI

Psychosis, Gender Identity Disorder, Age Identity Disorder, Body Integrity Disorder, and Schizophrenia.

Introduction

BWK is committed to providing a safe, welcoming and tolerant environment for men, women, children and young people.

Due to the nature of the style of Wadoryu, taught within British Wadokai Clubs, we are unable to facilitate individuals suffering from these various mental conditions, especially those diagnosed [and known] as Psychosis, Gender Identity Disorder, Age Identity Disorder, Body Integrity Disorder and Schizophrenia, etc.

British Wadokai and/or British Wadokai Instructors do not have the professional capacity or expertise to be able to facilitate complexed mental conditions, so will be unable to facilitate membership to individuals experiencing from these [and other similar or related] conditions.

There are no Civil Rights for a mental illness.

All categorisation for individuals within Competitions, Tournaments, Training, etc., will be conducted in the usual formal way of the natural biological interpretation of age and the binary, Male and Female status; this is in order to protect members, and with the interests and fairness of the majority of BWK Club Members wishing to compete and train.

THE SCIENCE

PSYCHOSIS

Psychosis is a medical term. It describes symptoms people have when they experience, believe or view things around them differently to other people. Some people don't find it helpful to think about psychosis a mental illness.

If you have psychosis, you might see or hear things that others may not, or believe things other people do not. Some people describe it as a "break from reality". You may also hear terms such as "psychotic symptoms", "psychotic episode" or "psychotic experience" describing the same thing.

In mental health care, these experiences are viewed as symptoms of mental illness. A report from the British Psychological Society has said that the use of experiences is more neutral than the term symptoms. We will use experience in order to ensure this section relates to everyone who reads it. As this report points out it can be difficult to discuss medical terms in a psychological way. Because of this there may be some overlap between medical and neutral terminology throughout this section.

If someone has psychosis they may not be aware of this and believe their experiences are real. About 1 in every 100 people will experience a psychotic episode in their lifetime.

Typical examples of psychosis include the following.

Hallucinations

These are when you see, hear or feel things which are not actually there. For example:

- Hearing voices,
- Seeing things which other people do not see,
- Feeling someone touching you who is not there, or
- Smelling things which other people cannot.

Delusions

These are beliefs that are not true and may seem irrational to others. For example you may believe:

- That you are being followed by secret agents or members of the public,
- That people are out to get you or trying to kill you. This can be strangers or family members,
- That something has been planted in your brain to monitor your thoughts, or
- You have special powers, are on a special mission or in some cases that you are a God.

You may not always find these experiences distressing, although people do. You *may* be able to stay in work and function at a high level in your life, even if you have these experiences.

Cognitive Experiences

Cognitive experiences are ones that relate to mental action; such as learning, remembering and functioning.

Some cognitive experiences are associated with psychosis are:

- Being unable to sustain attention
- Memory problems
- Unable to take on information
- Poor decision making

Different views on psychosis

Some people and cultures have different ideas about what causes mental illness. Depression and anxiety may be thought of as being caused by physical pain or discomfort. There can also be defences between the ways you may view your own mental illness. You may feel that your psychotic symptoms are caused by ghosts or evil spirits for example. You may find it difficult to tell you doctor about this

Some encourage people with psychosis to embrace their symptoms and understand their meanings. The psychologist Rufus May believes that delusions can be symptoms of deeper psychological distress which people should work through. For example, if someone feels their being is being controlled by outside forces, this might stem from feelings of lack of control in their life.

Rethink Mental Illness (NHS).

GENDER IDENTITY DISORDER

The **XY sex-determination system** is the sex-determination system found in humans, most other mammals, some insects (Drosophila), some snakes, and some plants (Ginkgo). In this system, the sex of an individual is determined by a pair of sex chromosomes. Females typically have two of the same kind of sex chromosome (XX), and are called the homogametic sex. Males typically have two different kinds of sex chromosomes (XY), and are called the heterogametic sex. Exceptions to this are cases of XX males or XY females, or other syndromes.

Gender Identity Disorder (GID), recently renamed gender dysphoria (GD), is a rare condition characterized by an incongruity between gender identity and biological sex. Clinical evidence suggests that schizophrenia occurs in patients with GID at rates higher than in the general population and those patients with GID may have schizophrenia-like personality traits. Conversely, patients with schizophrenia may experience alterations in gender identity and gender role perception. Neurobiological research, including brain imaging and studies of finger length ratio and handedness, suggests that both these disorders are associated with altered cerebral sexual dimorphism and changes in cerebral lateralization. Various mechanisms, such as Toxoplasma infection, reduced levels of brain-

derived neurotrophic factor (BDNF), early childhood adversity, and links with autism spectrum disorders, may account for some of this overlap.

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AGE IDENTITY DISORDER

What Is Age Regression and Who Experiences It?

Age regression, in its simplest definition, is when a person regresses, or goes backward, in age. Age regression can occur spontaneously, or as is more often the case, because of a trigger. While not inherently harmful, regressing can be dangerous if the person is not in a safe place.

Age regression is common in people who have experienced trauma, especially abuse in childhood. There is no limit to how much a person can regress. People may or may not be aware they are regressing.

Age Regression in Dissociative Identity Disorder

Because people with DID have a history of childhood trauma, they are more susceptible to age regression. When people with DID age regress, it's not always a full dissociation or switch to another alter. They may feel like themselves, but yet not feel the right age. They may talk in a more childlike voice and have childlike mannerisms. Sometimes they are aware of these changes, but they don't feel like they have control of them. Other times, they are fully dissociated and not aware that they have regressed. They may look in a mirror and not see themselves.

It is also possible to age regress while experiencing a flashback. These instances are especially difficult because it can lead to reliving the trauma, which can increase suffering and keep the person stuck in a dissociative state.

Peter Pan Syndrome.

The 'Peter Pan Syndrome' affects people who do not want or feel unable to grow up, people with the body of an adult but the mind of a child. They don't know how to or don't want to stop being children and start being mothers or fathers.

The syndrome is not currently considered a psychopathology, given the World Health Organization has not recognized it as a psychological disorder. However, an increasingly larger number of adults are presenting emotionally immature behaviours in Western society. They are unable to grow up and take on adult responsibilities, and even dress up and enjoy themselves as teenagers when they are over 30 years old.

Humbelina Robles Ortega, professor of the Department of Personality, Evaluation and Psychological Treatment of the University of Granada and an expert in emotional disorders, warns that the overprotection of parents can lead children to develop the Peter Pan Syndrome, given "it usually affects dependent people who have been overprotected by their families and haven't developed the necessary skills to confront life." The 'Peter Pans' of present society "see the adult world as very problematic and glorify adolescence, which is why they want to stay in that state of privilege."

More men than women affected

Peter Pan Syndrome can affect both sexes, but it appears more often among men. Some characteristics of the disorder are the inability of individuals to take on responsibilities, to commit themselves or to keep promises, excessive care about the way they look and personal well-being and their lack of self-confidence, even though they don't seem to show it and actually come across as exactly the opposite.

The UGR professor declares that these people are usually scared of loneliness, which is why they try to surround themselves with people who can meet their needs. "They become anxious when they are evaluated by their work colleagues or their superiors, given they are

completely intolerant towards any criticism. Sometimes they can have serious adaptation problems at work or in personal relationships."

Another characteristic of people suffering from the 'Peter Pan Syndrome' is that they are constantly changing partners and looking for younger ones. "Whenever the relationship starts to ask for a high level of commitment and responsibility, they become afraid and break it up. Relationships with younger women have the advantage of being able to live by the day without any worries, and they also involve less future plans, therefore less responsibilities."

The Wendy behind Peter Pan

Psychologist Dan Kiley, who defined 'Peter Pan Syndrome' in 1983, also used the term 'Wendy Syndrome' to describe women who act like mothers with their partners or people close to them. Humbelina Robles stresses that "Wendy is the woman behind Peter Pan. There must be someone who deals with the things Peter Pan doesn't do in order for Peter Pan to exist."

The researcher from the UGR states that Wendy "makes every decision and takes on the responsibilities of her partner, thus justifying his unreliability. We can find Wendy people even within the immediate family: the overprotecting mothers."

The professor declares that the biggest disadvantage of both disorders (Peter Pan and Wendy Syndromes) is usually that the person who suffers from them doesn't feel as though they are part of the problem, they are not aware of it. Robles points out that the only solution for this disease is the right psychological treatment, not only centred on the person who suffers from the disorder but also on his/her partner and family.

BODY IDENTITY INTEGRITY DISORDER

Body Integrity Dysphoria (BID), also referred to as body integrity identity disorder, amputee identity disorder and xenomelia, formerly called apotemnophilia) is a disorder characterized by a desire to be disabled or discomfort with being able-bodied beginning in early adolescence and resulting in harmful consequences. BID appears to be related to somatoparaphrenia. People with this condition may refer to themselves as "transabled".

Somatoparaphrenia is a type of monothematic delusion where one denies ownership of a limb or an entire side of one's body. Even if provided with undeniable proof that the limb belongs to and is attached to their own body, the patient produces elaborate confabulations about whose limb it really is, or how the limb ended up on their body. In some cases, delusions become so elaborate that a limb may be treated and cared for as if it were a separate being.^[1]

Somatoparaphrenia differs from a similar disorder, asomatognosia, which is characterized as loss of recognition of half of the body or a limb, possibly due to paralysis or unilateral neglect. For example, asomatognosic patients may mistake their arm for the doctor's. However, they can be shown their limb and this error is temporarily corrected.

Somatoparaphrenia has been reported to occur predominately in the left arm of one's body, and it is often accompanied by left-sided paralysis and anosognosia (denial or lack of awareness) of the paralysis. The link between somatoparaphrenia and paralysis has been documented in many clinical cases and while the question arises as to whether paralysis is necessary for somatoparaphrenia to occur, anosognosia is not, as documented by cases with somatoparaphrenia and paralysis with no anosognosia.

Australian Journal of Psychology.

SCHIZOPHRENIA

Schizophrenia is a mental disorder characterized by abnormal behaviour and a decreased ability to understand reality. Common symptoms include false beliefs, unclear or confused thinking, hearing voices that others do not, reduced social engagement and emotional

expression, and a lack of motivation. People with schizophrenia often have additional mental health problems such as anxiety, depressive, or substance-use disorders. Symptoms typically come on gradually, begin in young adulthood, and in many cases never resolve.

The causes of schizophrenia include environmental and genetic factors. Possible environmental factors include being raised in a city, cannabis use during adolescence, certain infections, parental age and poor nutrition during pregnancy. Genetic factors include a variety of common and rare genetic variants. Diagnosis is based on observed behaviour, the person's reported experiences and reports of others familiar with the person. During diagnosis a person's culture must also be taken into account. As of 2013 there is no objective test. Schizophrenia does not imply a "split personality" or dissociative identity disorder – conditions with which it is often confused in public perception.

The mainstay of treatment is antipsychotic medication, along with counselling, job training and social rehabilitation. It is unclear whether typical or atypical antipsychotics are better. In those who do not improve with other antipsychotics clozapine may be tried. In more serious situations where there is risk to self or others involuntary hospitalization may be necessary, although hospital stays are now shorter and less frequent than they once were.

About 0.3 to 0.7% of people are affected by schizophrenia during their lifetimes. In 2013 there were an estimated 23.6 million cases globally. Males are more often affected, and on average experience more severe symptoms. About 20% of people eventually do well and a few recover completely, while about 50% have lifelong impairment. Social problems, such as long-term unemployment, poverty and homelessness, are common. The average life expectancy of people with the disorder is ten to twenty five years less than for the general population. This is the result of increased physical health problems and a higher suicide rate (about 5%). In 2015 an estimated 17,000 people worldwide died from behaviour related to, or caused by, schizophrenia.

National Institute of Mental Health.

Serious Repercussions.

What about the children who said they were transgender – and then changed their minds?

There are two sides to every story, and some modern ideas about gender are far too conservative. *Jo Bartosch*. Thursday 14 September 2017 12:50

One Twitter user said: "this poisonous narrative that transgender people are fashionable and cool now hides the serious atrocities right in front of us". (*Getty*)

We liberal elite can all have a good laugh at Sally and Nigel Rowe, the Christian couple, who withdrew their child from school after a male pupil turned up wearing a dress. Susie Green, the chair of transgender support group Mermaids, was the progressive voice of reason against narrow-minded bigots on Tuesday's *Today* programme. You could almost hear the sympathetic head-tilt of interviewer, Sarah Montague, as Green told listeners that we all have a duty to educate ourselves to alleviate the suffering of transgender children.

Taking issue with a boy who wants to wear a dress is ridiculous. However, it is equally ridiculous to suggest a boy who chooses to wear a dress is therefore a girl. To present the arguments about gender non-conforming children as "regressive Christians" versus "enlightened progressives" is to do us all a disservice.

A woman who describes herself as a "proudly progressive parent", Penny White, explained to me the situation she found herself in when her then 12-year-old daughter "diagnosed herself with gender dysphoria".

Her daughter's understanding of herself as transgender was based on the articles she'd read on Tumblr and the videos she'd watched on YouTube. Four years later, her daughter slowly but surely began to outgrow her belief that she "must" be a boy. By the time she was

17 she had reclaimed her name and her body. She also came out as a lesbian; gender non-conformity in childhood is often an indication of same-sex attraction in adolescence and adulthood. Perhaps this isn't surprising, as loving someone of the same sex is about as gender non-conforming as it gets.

Penny explains her concerns about the approach taken by organisations such as Mermaids and GRES: "I believed that I had to affirm my daughter's identity or risk driving her to suicide. My fear is that there are many gender non-conforming kids being medicalised at young ages and set on a path of infertility, surgery, and lifelong hormone injections when, if given the time to grow up, would be health happy gay and lesbian adults. Or even straight adults who just don't happen to be gender-conforming."

"Being transgender is much more compatible with conservative Christian ideology than being gay or lesbian. It's also more compatible with conservative Muslim ideology, which is why they execute gay people in Iran but pay for sex changes."

The conservatism of transgender ideology is often absent from modern discussions about gender, and there is a lazy conflation of transgender issues with gender neutrality. The moves by John Lewis and some schools to introduce "gender neutral" clothing are to be welcomed, but it is baffling that they have been heralded across the liberal media as a victory for "transgender pupils". It is worth remembering that if we did not live in such a grossly gendered and sexist society, there would be nothing for anyone to transition into.

12-year-old boy who transitioned to female changes his mind two years later Caroline, who asked for me to use a pseudonym, is a Child Protection Officer with over 20 years' experience. She told me: "There is no way that professionals can possibly pass on concerns [about children who identify as transgender] without being considered transphobic or bigoted. Many of us share the same concerns [about children being pushed into medical solutions] including friends of mine who are GPs, educational psychiatrists, social workers: all great people who work tirelessly for the good of young people. I see children changing their name, turning against their family, rewriting their past."

There is no one approved way to respond to a child who declares themselves to be transgender. For decades feminists have fought to liberate people from the gendered expectations of being born female or male, and have spread the message that we should seek to change society, not bodies. The opinion that no child's body is wrong should not be controversial and it deserves to be heard.

At the moment, we're used to hearing only one side of a nuanced and complex debate. The number of children identifying as transgender is increasing year on year, and there are many more girls who experience body dysmorphia and want to change sex than there are boys. There is compelling evidence to suggest that some of these children would, after puberty, actually come to feel secure and happy in the bodies they were born with, eradicating the need for serious medical intervention. It is irresponsible not to investigate this possibility – indeed, by not doing so we are in danger of failing children.

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