

# Gender Dysphoria from a Non-binary Perspective: Understanding and Ameliorating the Transgender Blues in 21st Century America

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## 1 Beyond the Sex/Gender Binaries

I want to talk about gender dysphoria—literally, discomfort connected with gender—without presupposing that there are only two sexes/genders. So I'll try to define terms more inclusively than in the American Psychiatric Association's *DSM-IV*, the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision, and other standard sources.

## 2 Sex and Gender

According to the *DSM-IV*, *sex* is

a person's biological status as male, female or uncertain. Depending on the circumstances, this determination may be based on the appearance of the external genitalia or on karyotyping [assessment of sex chromosomes].

My main criticism of this definition is that it doesn't say what *a* sex is, or give us a way of telling when two sexes are the same. Instead, we can define a *sex* to be

the aggregate of a person's:

- sex chromosomes (XX, XY, XO, XXX, XXY, XYY, etc.),
- gonads (ovaries, testes, one each, or a combined ovotestis),
- internal and external genitalia (there are many variations),

- sex hormonal systems and levels (e.g., Androgen Insensitivity Syndrome (AIS), in which a person with XY sex chromosomes has testes that produce testosterone, but whose cells are unable to respond to it),
- secondary sex characteristics, and
- brain structure as influenced by prenatal sex hormones.

Including brain structure as influenced by prenatal sex hormones as part of a person's sex is uncommon, at least in part because little was known about this process until relatively recently. Surprisingly, there is an external marker of the hormonal environment in which a person's brain developed.

A *finger-length* ratio is computed by dividing the length (tip to bottom of crease) of the index finger of a person's hand by the length of the ring finger of that hand, as in Figure 1. In this example, we get  $76.25\text{mm}/75.5\text{mm} = 1.01$ .

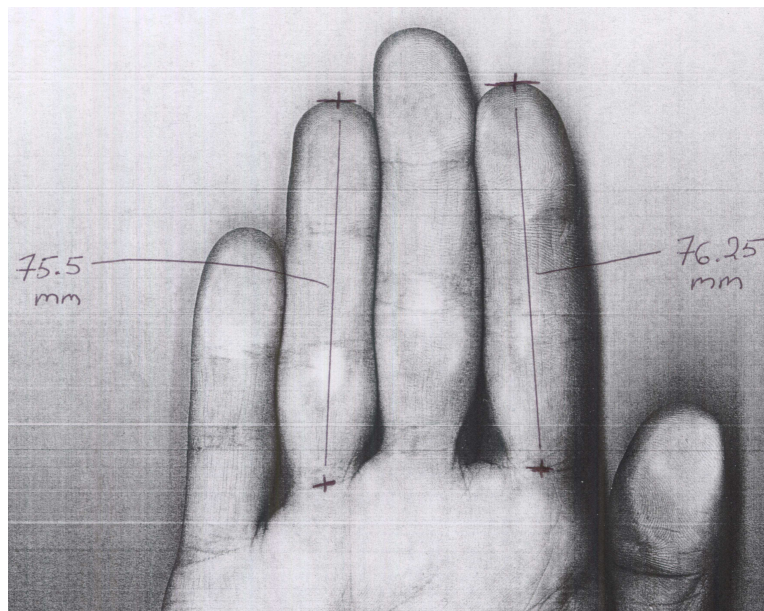


Figure 1: Finger Length Ratios

It turns out that finger-length ratios (for right hands, especially) are positively correlated with—and believed to be caused by—prenatal estrogen/testosterone ratios during a certain period of pregnancy. And the prenatal estrogen/testosterone ratio

also influences brain development during that period of pregnancy. Figure 2 contains

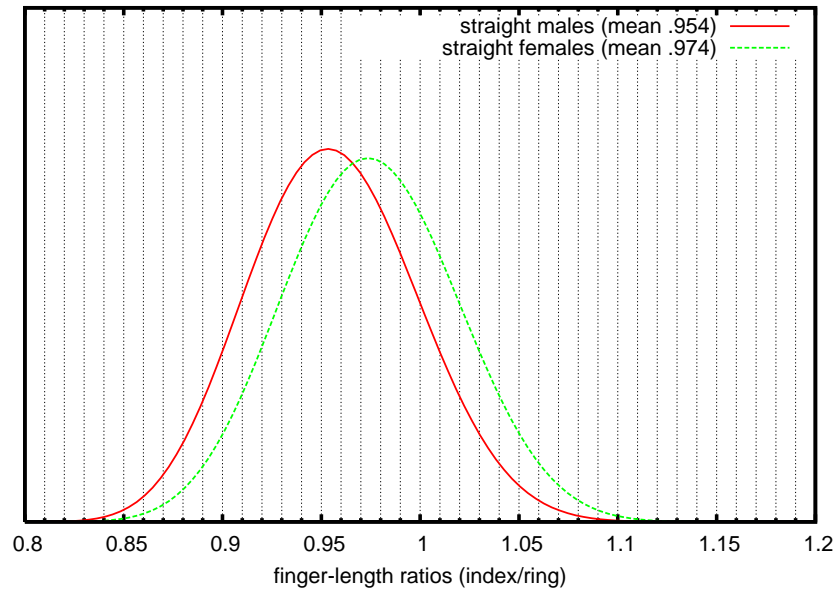


Figure 2: Finger-length Ratio Distributions for Assigned Sexes

the normal distributions of finger-length ratios for straight males and females—based on assigned sex and self-reported sexual orientation. The example hand’s finger-length ratio of 1.01 is greater than the straight female average of 0.974.

Sex chromosomes partly determine the rest of the components of the sex aggregate. Doctors are currently charged with assigning a binary sex to each baby. Typically sex assignment is done based on a baby’s external genitalia. In anomalous cases, gonads, internal genitalia, sex chromosomes or sex hormonal systems may also be considered in sex assignment. Anne Fausto-Sterling estimated that 1.7% of the population are intersexuals, based on having atypical sex chromosomes, gonads, genitalia or sex hormonal systems—discrete criteria. But if we take variations in brain structure, secondary sex characteristics and hormonal levels into account—continuous criteria, many people are intersexuals, and there are many sexes.

Despite its treatment of gender dysphoria, the *DSM-IV* fails to give a definition of gender. But the *Merriam-Webster Dictionary* defines *gender* to be

the behavioral, cultural, or psychological traits typically associated with one sex.

Because gender is partly determined by social conditioning, I want a definition of gender that isn't tied to sex. Furthermore, I want a definition of what *a* gender is, in the style of the definition of *a* sex. The challenge is to figure out what behavioral, cultural or psychological traits to include, and which to exclude.

Here is my working definition: a *gender* is

an aggregate of the behavioral, cultural and psychological traits that shape social relationships, e.g.:

- aggressiveness,
- emotionality,
- tendency to be nurturing,
- risk aversion,
- conversational style,
- body language,
- dress style, etc.

Some gender attributes are influenced by sex (e.g., hormonal levels and brain structure as influenced by prenatal sex hormones affect risk aversion). All are influenced by cultural conditioning. Some are mostly a matter of conditioning (e.g., body language). Some are pure cultural constructions (e.g., wearing skirts). All are culturally mediated (e.g., what counts as aggression?). And the list of attributes is culturally determined (e.g., is affinity for certain colors included?).

Male and female (based on a person's assigned sex) bell curves for most traits almost completely overlap, so that there is much more intra-sex difference than inter-sex difference, as exemplified by the normal distributions of relational aggression in Figure 3. Consequently, gender and assigned sex are very different. There are traits with more inter-assigned sex difference, such as the normal distributions of physical aggression in Figure 4, but they are the exception rather than the rule. It seems likely that these traits are exceptions at least in part because of social conditioning. E.g., more females might be physically violent if the culture encouraged it, or fewer males physically violent if the culture didn't encourage it.

Traits are all continuous categories (as opposed to discrete ones), so that someone can be very nurturing, very non-nurturing, or anywhere in-between. And different traits are largely independent; e.g., a person can be nurturing and non-aggressive, nurturing and aggressive, non-nurturing and non-aggressive, or non-nurturing and

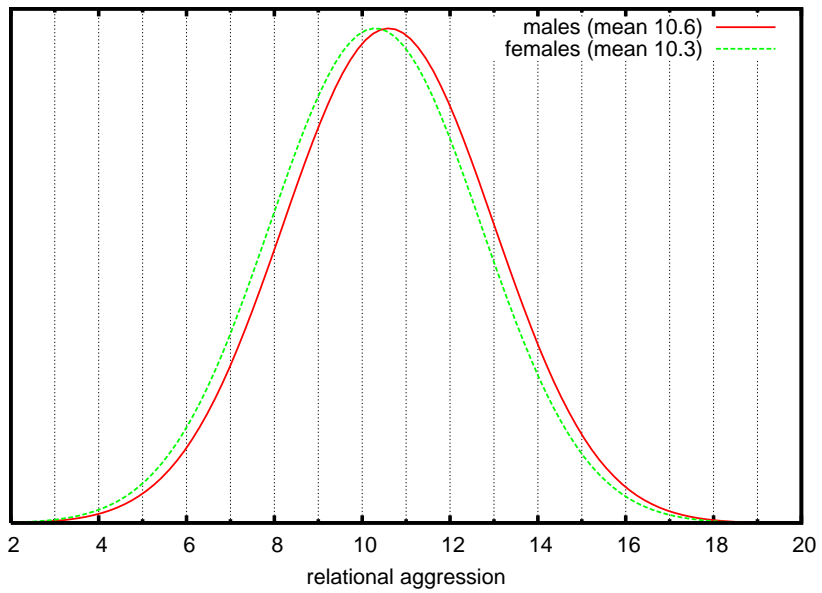


Figure 3: Relational Aggression Distributions for Assigned Sexes

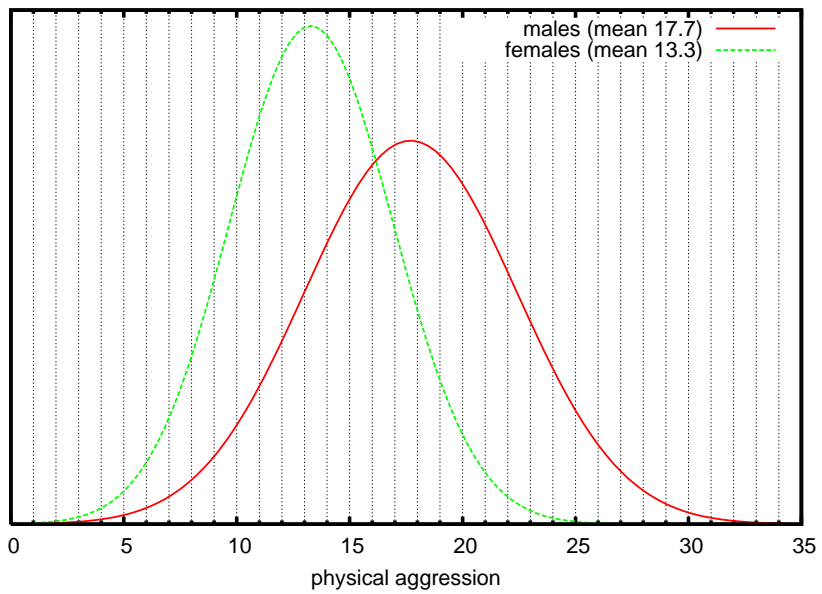


Figure 4: Physical Aggression Distributions for Assigned Sexes

aggressive. Thus there are many genders, and not even a gender continuum. In other words, gender is multi-dimensional.

It seems there are men and women with similar gender aggregates. So “male” and “female” aren’t really genders, but sex-linked *labels* or *brands* masquerading as genders. We are brought up in the gender brand of our assigned sex, and most people find at least some comfort from belonging to their brand. And, beginning as small children, we are socialized to police brand boundaries. Can you remember walking or throwing a ball the “wrong” way, and how you learned not to do that? Branding is both positive (makes fighting for equal rights easier) and negative (increases sexism). It is hard to overestimate the impact of gender branding on our lives. It largely determines who our close friends are, how we think about people, how we interact with them, . . . , even where we pee.

According to the *DSM-IV*, *gender identity* is

a person’s inner conviction of being male or female.

A first stab at making this less binary is: a *gender identity* is

the gender a person believes him/herself to have.

But this fails because of the gendered pronouns. Instead we can say: a *gender identity* is

the gender a person believes *hirsself* to have.

I’m using *sie* (pronounced “see”, instead of she/he) and *hir* (pronounced “hear”, instead of her/him) as gender neutral pronouns.

Role models are needed to understand how we compare with others in terms of gender attributes. E.g., how do we know how nurturing we are, without comparing ourselves to others? So developing a gender identity is a social process, even though gender is partly determined by sex. But with gender branding, even more socialization is needed. Imagine a human baby being brought up by aliens on a spaceship. Sie might have a sense of being more nurturing or less aggressive. But how could sie have a sense of being “male” or “female”, without access to human role models? As children, we intuit/learn our gender identities/brands by comparing ourselves with others, consciously or unconsciously.

*Gender attribution* is

the process by which we experience someone and reach an understanding of what hir gender is.

Conventionally, it's mostly a matter of guessing a person's binary sex, and mapping this to its gender brand. But it could be a more open-ended process of paying attention to someone, more fully understanding what hir gender attributes are.

According to the *DSM-IV*, *gender role* is

attitudes, patterns of behavior, and personality attributes defined by the culture in which the person lives as stereotypically “masculine” or “feminine” social roles.

Removing “personality attributes” as being more about gender than gender expression, we can define a *gender role* to be

the behaviors and attitudes expected by a society of someone with a given gender.

But rigid gender roles are only possible when there are a small number of branded genders. If we acknowledged gender complexity, it would be much harder to assign fixed gender roles. And, a person's actual *gender expression*—the way sie expresses hir gender—may be inconsistent with the gender role assigned to hir. Anyone who transgresses gender norms knows about that.

### 3 Gender Dysphoria

According to the *DSM-IV*, *gender dysphoria* is

a persistent aversion toward some or all of those physical characteristics or social roles that connote one's own biological sex.

(Note the disjunctions.) Oddly, this definition doesn't mention gender or specify a rationale for the aversion. It seems natural to see the physical characteristics part of the aversion as a conflict between a person's gender identity and sex, and the social roles part as a conflict between the person's gender identity and the gender that is attributed to hir, based on hir sex. Furthermore, there seems no reason to exclude other kinds of discomfort around gender identity, gender and sex. This leads us to defining *gender dysphoria* to be

discomfort stemming from a real or perceived conflict between a person's gender identity, (real/attributed) gender, and (real/attributed/assigned) sex.

According to the *DSM-IV*, *transsexualism* is

severe gender dysphoria, coupled with a persistent desire for the physical characteristics and social roles that connote the opposite biological sex.

(Note how the disjunctions in the definition of gender dysphoria have turned into conjunctions.) A less restrictive, non-binary and non-prescriptive reformulation of this is: *transsexualism* is

gender dysphoria, coupled with a desire/plan to make physical and/or social changes to ameliorate that dysphoria.

People with transsexualism are called *transsexuals*, and this term is often still applied to people who no longer experience gender dysphoria, as a consequence of the changes they have made. *Transgender* is sometimes used as a synonym for transsexual. But it's also an umbrella term for people who experience or express their gender in non-standard ways.

A *DSM-IV* diagnosis of *Gender Identity Disorder* is often required by endocrinologists and surgeons to provide or perform medical interventions for transsexuals, and by insurers to pay for those interventions. Many transsexuals view it as unnecessarily pathologizing. Gender Identity Disorder is defined as:

- A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, [...]

In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

[So A. is about what the individual desires.]

- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

In children, [...]

In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter



sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

[And B. is about what the individual rejects. It's odd that nothing is said about how unhappiness with a prescribed gender role is manifested.]

C. The disturbance is not concurrent with a physical intersex condition.

[Trying to maintain a clear separation between transsexualism and intersexuality is unrealistic.]

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

As part of its drafting of the forthcoming DSM-V, an APA working group has proposed the replacement of Gender Identity Disorder with *Gender Incongruence (in Adolescents or Adults)*:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by 2 or more of the following indicators:

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);
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 assigned gender);
5. a strong desire to be treated as the other gender (or some alternative gender different from one's assigned 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 assigned gender).

Talking of “assigned gender” is curious, as it’s really sex that is assigned in our society. From its notes, it’s clear that the working group has responded to criticism by activists, clinicians and scholars of Gender Identity Disorder in drafting the new diagnosis. The proposed revision is a positive step toward recognizing gender diversity and depathologizing transsexualism.

## 4 Origins of Gender Dysphoria

We’ll now consider the origins of gender dysphoria.

How others see us can contribute to gender dysphoria. Even with non-branded gender, we can see ourselves differently from how others see us, and this may cause discomfort. But in our branded system, people may attribute gender brands to us that neglect or ignore our actual gender aggregates, using an assumed binary sex to infer a gender brand. Furthermore, we may be uncomfortable with our own bodies because we think others will only see and relate to us as we wish if our bodies and genders fit together in the conventional way.

Next, let’s turn our attention to how we see ourselves. We can internalize the gender branding system’s stereotype that certain types of bodies must go with certain genders, feel alienation because our bodies don’t match our genders or gender identities, and end up hating our bodies as a result. This is like other body image problems, can cause intense emotional pain, and has a purely social cause. Consider, again, the human baby being brought up by aliens. Sie would have no way of knowing that hir genitals or body parts were the “wrong” kind, with no access to human role models. Less dramatically, if we grew up in an environment including numerous well respected people whose genders and bodies didn’t match in the conventional way, we might feel more comfortable living in bodies that didn’t match our genders. The way things are now, however, most transsexuals feel the need to make at least some bodily changes, in order to feel good about their bodies.

Finally, let’s reconsider prenatal hormonal exposure. As already explained, prenatal hormones can contribute to a gender that’s perceived as in conflict with a person’s assigned sex, and this can contribute to gender dysphoria. Figure 5 contains the normal distributions of finger-length ratios for straight males, straight females, and male-to-female transsexuals attracted to women, where “male” and “female” are based on assigned sex. The fact that the distribution for male-to-female transsexuals attracted to women is closer to the straight female distribution than the straight male one provides a little more evidence for how exposure to prenatal hormones can con-

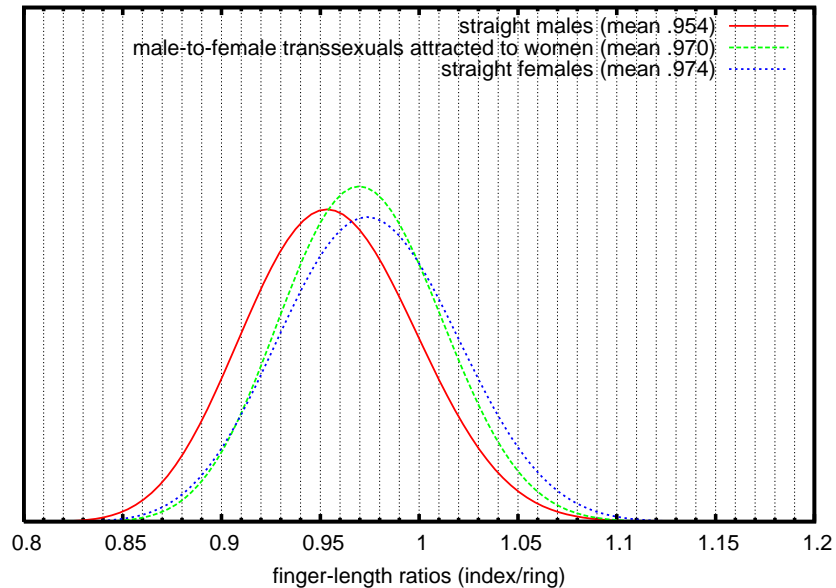


Figure 5: Finger-length Ratio Distributions for Assigned Sexes Plus Transsexuals

tribute to gender dysphoria. But note that having had a high estrogen/testosterone ratio is neither necessary nor sufficient for a straight male to be transsexual; and having had a low estrogen/testosterone ratio is neither necessary nor sufficient for a straight male to not be transsexual.

## 5 Ameliorating Gender Dysphoria

We'll now consider several approaches to ameliorating gender dysphoria. First, let's see why greater recognition of gender diversity would be helpful. Currently, gender attribution is largely sex attribution, based on a few external factors. But it could be a more open-ended process of paying attention to someone, more fully apprehending their gender. This would be more likely if many people were known to have sexes other than male/female, and if we knew that a person's sex couldn't be reliably determined by a cursory look at hir body. And it would be more likely if people understood that gender is diverse and multi-dimensional.

Having our genders truly recognized would lessen gender dysphoria. And more people would find it possible to fall in love with someone with the right gender but an unexpected body type. But greater recognition of gender diversity would threaten

our system of gender branding, and would be fiercely resisted by many of the people (including transsexuals) who feel dependent on it.

Of course, another approach to ameliorating gender dysphoria is transformation. People can attempt to effect physical and behavioral transformations, using hormones, genital surgery, facial surgery, voice work, etc., with the goal of passing as the binary sex that matches the gender brand that's closest to their gender. To a limited extent, these changes alter a person's sex (only some parts of the sex aggregate can currently be changed). But some people find making such transformations impossible, impractical or undesirable. And the very existence of transsexuals who pass as male or female puts pressure on our gender branding system, because it leads people to question whether some of those who pass might actually be transsexuals.

A new gender brand, *intergender*, is in the process of being created, giving a potential home to people who reject the male and female brands. Today, a number of Americans, especially young people who were labeled female at birth, are struggling to maintain and express this identity. So far, this has been tough going, for reasons that include:

- Gendered pronouns put intergenders in boxes, but few people have sufficient nerve to use gender neutral pronouns for those who want them.
- Going into a gendered restroom brands a person, but few localities or institutions offer gender neutral restrooms for those who wish to use them.
- Even if we wish to be supportive of intergenders, how can we recognize them? Because intergender people might be seen as androgynous women or feminine men, and experienced and treated accordingly, for the intergender brand to be successful, it may have to find a way to differentiate itself from the existing brands.
- The creation of a new gender brand runs into conflict with the gender branding system, as some people who currently pass as male or female will be seen as—and treated as—intergender, causing them discomfort.

Finally, it is worth considering whether passing is truly essential to finding comfort within the binary gender branding system. It seems possible that gender attribution could become a process of intuiting the gender brand that someone is *trying* to express. One could then think that this brand indicated the person's gender identity and desired gender role, and attempt to view and relate to the person according to that role.

How far this can stretch is unclear—if a feminine person with a masculine body uses gender expression to express a female gender identity, could people relate to her appropriately? But already some transsexuals who can't or don't want to pass are finding more acceptance in society by expressing their allegiance to a gender brand. However, the increasing presence of people who don't pass as male or female puts pressure on the gender branding system, as some people who were on the edge of not passing as male or female will now be seen as transsexuals.

## 6 Gender Activism

I've tried to make the case that our gender branding system is the root cause of gender dysphoria, and the main impediment to its amelioration. Although gender branding gives most of us at least some comfort, it's also a straitjacket, and perhaps the time has come to tear it off, as frightening as that may seem?

Here are some ways of destabilizing gender branding, helping move society toward a non-branded future:

- Do gender attribution by actually paying attention to people's gender attributes, and not their bodies, and then treating them accordingly, modelling this behavior for others.
- Use gender neutral restrooms and locker rooms when they are available, coexisting with intergenders and allies whose bodies may be different, and helping create a climate where this doesn't seem threatening.
- Honor people's wishes concerning gender neutral pronouns, and use them in speech and writing when referring to hypothetical people. Ask people to use them for you, if that sounds appealing.
- Practice imagining people without reducing them to gender brands, and encourage others to do the same.
- Proudly transgress gender norms, if you are so inclined (this is especially useful when done by individuals who are seen as straight men).
- Allow yourself to fall in love with someone with the right gender but an unexpected body type.