Gender Dysphoria and the Gender Spectrum

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Abstract

Gender dysphoria, originally classified as Gender Identity Disorder, can be described as a discomfort, or discongruence, with one's mental gender identity and their biological sex. Cases of people deviating from male and female stereotypes have been observed throughout history and the world. Early concepts of a gender spectrum can be seen in cultures such as India, Russia, and Native America. Gender dysphoria is distinct from a mental disorder, but is commonly associated with mental illness. One widely popular case of such is that of David Reimer, who committed suicide after being raised as a gender that was artificial to his mental state. Such cases confirm that gender can not be nurtured, and that there are biological signs of gender outside of sex organs. Treatment options for gender dysphoria can include hormone treatment, such as testosterone or estrogen shots, in order to help one's physical and mental appearance comply with one's gender identity. Other coping mechanisms can include expressing one's preferred gender through crossdressing, or undergoing gender reassignment surgery to fully transition from one sex to the other. In recent years, gender is being recognized as a spectrum, with which people do not always fall under male or female. The ability to identify as a preferred gender identity, no matter how unique, creates a sense of acceptance that a person with gender dysphoria can find with oneself.

In recent years, gender dysphoria, which was originally classified as Gender Identity Disorder, has become a controversial topic around the world. This controversy is in part due to the rarity of the condition, as well as due to what many differing cultural beliefs have deemed to be an "appropriate" lifestyle. It is unlikely that this increase in cases has anything to do with a sort of recent change in biology itself, but instead is related to the number of people coming out with their stories. In fact, cases of gender dysphoria have been seen for centuries, and is more relevant now than ever. As the medical world continues to better understand gender dysphoria and those who suffer from it, the world begins to see change in the construction of gender as a whole.

Gender dysphoria can be defined as a "condition characterized by a persistent feeling of discomfort concerning one's anatomic sex" or gender assignment (Fallon, 2015). A person's gender assignment is simply the gender he or she is medically assigned at birth, typically aligning with one's sex, or genitals. There are cases of people being born intersex, having either an additional X or Y chromosome, or maintaining both ovarian and testicular tissue (Murphy, 2014). Typically with these cases, parents may choose for their child to undergo surgeries to live their adolescent life identifying as a boy or girl. When a person chooses to live their life with an opposing gender identity, or internal gender, than that of their sex, they can be considered transgender. Transgender is a term that typically refers to a person who lives as the opposite sex, while transsexual can be used to identify those who have undergone surgical modifications to change their sex entirely. Statistics show that it is more likely for males to exhibit signs of gender dysphoria than females. It is believed that, in western culture, 1 in every 30,000 men exhibits undergoes sexual reassignment surgery, whereas only 1 in every 100,000 women does so. These

stats, however, are not necessarily accurate as they do not take into account the cases of men and women who present themselves as a gender differing from their born sex without the body modification, as well as the plethora of cases regarding people who never reveal their deep discomfort with their gender (Fallon, 2015). Ultimately, it is almost certain that cases of gender dysphoria occur more frequently than studies previously let on.

Many who look at the increased media coverage of social issues outside of the gender and sexual norm may comment that so many cases of gender dysphoria, or even homosexuality, never existed until the past century or so. This increase in sightings can likely be associated with the negativity through history that has been given to those who choose to reveal such lifestyles. Evidence shows that, even in ancient times, cases of both gender dysphoria and homosexuality were known. One of the earliest recordings of a gender spectrum is in Ancient Greece in the 6th Century BCE. In addition to homosexuality being accepted in society, Plato mentions the concept of a third sex, one that is both male and female, as a part of human nature. Similarly, the Chukchi people, originating in Siberia, believed in an additional seven genders outside of the roles of male and female. Recordings of four genders (male, female, transmen, and transwomen) have also been seen in Indonesia. The Samoan people, in the Dominican Republic, have recordings of men who displayed both masculine and feminine traits for their time. The term, *Metta,* was used to describe transgenders in ancient times, and appears to be a term that was culturally accepted. Similarly, the word *kitesha* was used in the The Democratic Republic of the Congo. Blurred lines of sexuality and gender have also been received in ancient India, Egypt, Nigeria, Angola, and Mexico. Even within North America, natives from the great planes have recordings of the spiritual significance of people who were born to be intersex (Sexual

Orientation and Gender Identity Throughout History, 2014). The constant presence of these behaviors through history makes it likely that gender dysphoria is ultimately biological in nature, though the claim is still controversial (Fallon, 2015). These cultural sightings not only display the consistency of differing genders and sexualities throughout time, but also the presence of such complexities throughout the globe.

In current times, it is of great importance to note the distinguishing differences between gender dysphoria and transvestism. Dysphoria of one's gender differs from the common concept of transvestism in that transvestism is the known behavior in which a person chooses to present themselves as the opposite sex for the purpose of seeking arousal. Cross dressing for the purpose of sexual pleasure is most often seen in men, likely due to the social taboo of men behaving in more feminine ways (Fallon, 2015). The vast difference between transvestism and gender dysphoria is in the fact that those who enjoy crossdressing for arousal typically have no desire to be of the different sex, and can even go so far as to flourish in their own sexuality. In contrast, people suffering from gender dysphoria feel immense discomfort in their bodies, often to the point where they may avoid looking at themselves in the mirror due to disgust with their physical self. The eroticism associated with male transvestites can be a variable in the history of social backlash thrown at those who voice dissatisfaction with their born sex. It is also thanks to the medical world's acknowledgment of gender dysphoria that the symptoms are slowly being more accepted.

Gender in children is typically assignment at birth, or before, when the sex of a child is confirmed. As a child grows and develops, he or she will observe the behaviors of his or her peers, making associations on them, to an extent, based on their gender. A child's gender identity

begins to form between the ages of two and three, and becomes complete between the ages of four and six. Once the child's gender identity completes, he or she may fixate on certain aspects that are strongly associated with their gender, until the age of seven, when roles become more relaxed. These roles reappear during the phase of puberty, due to the physical changes that occur during the stage. After the stage of puberty, the gender role of a person is usually fixed at life (Gender Identity, 2016). Many people who identify as transgender note that they felt their gender identity was different from a very young age. It is not abnormal for children to experiment with both gender roles, until they find their place on the spectrum. A common example of this would be girls that exhibit many boyish behaviors, often referred to as "tomboys" (Fallon, 2015). The difference between this experimentation and dysphoria is the recurring discomfort that arises, even after childhood, with one's own sex.

One common theory regarding gender identity, which was disproven with the case of David Reimer, is the idea that gender is neutral for the first two years of life, and can be entirely nurtured, regardless of the sex at birth. This theory was tested by psychologist John Money on the Reimer twins in the 70s. After a circumcision accident that left David Reimer's genitals beyond repair, his parents took him to see Dr. Money in order to determine how they should raise their child. Money proposed the idea that it would be better to raise their child as a female, than as a male without a vital sex determining organ. Due to the fact that David Reimer was a twin, they would also be able to test out the gender neutrality hypothesis, by seeing if they could artificially create Reimer's gender (Gender Identity, 2016). If Reimer could grow up as a female, with a female identity, then it would imply that gender is completely a social construct. Failure of this test would imply a biological link to gender. Reimer underwent various surgeries in order to

be raised as a female, yet continued to reject such a gender role growing up. After refusing to undergo more surgeries at the age of 14, Reimers family revealed the origins of his birth, resulting in his immediate claim to a male gender identity. After undergoing surgeries to return to his gender at birth, word got out that Money's experiment was a bust. The result of this experiment has led to immense speculation of the gender neutrality hypothesis. Additionally, it has led to the extreme controversy of gender assignment surgeries on children who are unable to make decisions for themselves (Murphy, 2014) . When a child is born intersex, parents are encouraged to raise them as one gender or the other, but are advised to refrain from serious medical interventions for the sake of the child's mental health.

Unlike many psychological disorders that are classified as a mental illness, gender dysphoria, in recent times, is not seen as one. Social change has led to the reclassification of the term Gender Identity Disorder to Gender dysphoria with the intent that it will remove the stigma of mental illness that is associated with the term "disorder". In the same sense, the change in name makes the condition more accepting of those who suffer from dysphoria, even if they were not born as intersex (Fallon, 2015). The case of David Reimer, mentioned above, ended with his eventual suicide, and brought much to light about the hardships faced by people who suffer from gender dysphoria (Gender Identity, 2016). It is not uncommon for mental illness to be associated with gender dysphoria, not because of the condition itself, but the isolation from peers and society that many with the condition suffer. It is not unlikely for adolescents and adults suffering from gender dysphoria to additionally suffer from anxiety or depressive disorders (Gender Dysphoria Disorder, 2016).

There is no one set solution to treating gender dysphoria, in part because it is different for everyone. The most successful way to minimize the stress experienced from one's discomfort with their sex is to find a solution with which they can express themselves as the person they feel they really are. If a person with gender dysphoria can find a way to be comfortable in their own skin, whether it be through gender reassignment surgeries, or expression, they will be able to live a more satisfactory lifestyle (Fallon, 2015). When seeking treatment, it is recommended that the person should meet with a psychiatrist or other professional to discuss their thoughts. Often times, certain tests may be done to look for a cause to why a person may feel the dysphoria that they do (Gender Dysphoria Disorder, 2016). The most common solution to treat chronic dysphoria is to undergo hormone treatments, such as taking testosterone or estrogen, to develop more feminine of masculine traits. Additionally, it is encouraged for the person to present themselves as the gender that they feel most comfortable as. This can be done through cross dressing, changing one's name, and simply participating in activities that one enjoys. Social acceptance from family and peers, as well as an acceptance of one's self, can help the person to live a healthy and more comfortable lifestyle. After a period of time, if the person so chooses, he or she can undergo gender reassignment surgeries. These surgeries may help the patient feel more comfortable with their aesthetic, but are not required to find some comfort with oneself (Murphy, 2014). There is no real black and white for the treatment of those with gender dysphoria. The end goal is simply the comfort and acceptance of the person who is suffering from initial dysphoria.

With social change, gender is no longer being seen as black and white, male or female. Both among transgenders, and in general society, gender is being redesigned as a sort of

a spectrum. While it is still not entirely accepted, the reality of gender as a spectrum begins to break down the wall of gender stereotypes and the idea that a person must refer to themselves as male or female (Murphy, 2014). By acknowledging that gender is a spectrum, people may have the option to identify themselves in ways that they feel the most comfortable. In addition to the typical case of gender dysphoria, in which a person feels they should be the opposite gender of what their sex determines, people may identify as something else altogether. There are cases of dysphoria with which some people feel they are not fully female or fully male. Some feel that they belong to both genders, while others feel they they are neither gender. Many prefer to portray themselves as androgynous, an aesthetic that portrays characteristics from both sexes. Pronouns are no longer classified as solely as *he* and *her,* but also as *they.* This revolution of the gender spectrum creates a space of identity for everyone, regardless of who they are.

Discomfort, or nonconformity, with one's assigned gender has been observed throughout history and throughout the globe, implying that the symptoms may be biological in nature. Social stigmas against disregarding one's assigned gender has led to a clash between those who do not feel comfortable with his or her sex, and the hate, or even danger, they may face for coming out of their closet. Such stigmas, including the misconception that gender dysphoria is a mental illness, may lead to increased cases of anxiety and depression among those suffering from dysphoria. Because gender is strongly assigned at birth, socially breaking away from such stereotypes is difficult. As media continues to cover the social movement of people crying out to be noticed, more people will begin to see the concept of a spectrum associated with gender. This spectrum gives people the option to be comfortable with who they are, regardless of their hormone levels, genitals, or physical body. By allowing one to become comfortable with their

body, be it through reassignment surgery, expression, or acceptance of oneself through peers, gender dysphoria can be minimized.

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