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Gender Identity Disorder

Jennifer McKittrick

1. Introduction

According to the DSM IV, a person with GID is a male or female that feels a strong identification with the opposite sex and experiences considerable stress because of their actual sex (Task Force on DSM-IV and American Psychiatric Association, 2000). The way GID is characterized by health professionals, patients, and lay people belies certain assumptions about gender that are strongly held, yet nevertheless questionable. The phenomena of transsexuality and sex-reassignment surgery puts into stark relief the following question: “What does it mean to be male or female?” But while the answer to that question may be informed by contemplation of GID, we should also be aware that the answer to the question “what does it mean to have GID?” is shaped by our concepts of male and female.

First, I consider the concept of transsexuality, and explain how it forces us to clarify our concepts of sex and gender, and leads to the development of what I will call the “standard view.” I then explain GID from a mental-health standpoint, question the concept of gender identity, and try to uncover some fundamental assumptions of the standard view. I argue that these assumptions are at odds with the plausible view that gender supervenes on physical, psychological, and/or social properties. I go on to argue, contra the standard view, that gender has no essence. I suggest an anti-essentialist account of gender according to which “man” and “woman” are cluster concepts. This undermines the dualistic conception of gender that grounds the standard view. An anti-essentialist view of gender cannot make sense of the concept of “gender identity” and hence sees so-called “GID” as primarily conflict between the individual and her society, and only derivatively a conflict between the individual and her body.

2. Transsexuality and the Concepts of Male and Female

Consideration of transsexuality both reveals and challenges assumptions about what it means to be male or female. The expressions “sex change” and “sex reassignment surgery” suggest a person goes into surgery as one sex and after the procedure emerges as the other sex. This assumes that the features that are removed are sufficient to be a member of the former sex, and the features that are added are features that are sufficient to be a member the new sex. So, a man can become a woman by first ceasing to be a man, which is accomplished by castration. Breast implants and a vaginoplasty complete the transition. According to this standpoint, “male” and “female,” “man” and “woman” are defined in terms of primary and secondary sex anatomy.

However, most people have views that are somewhat more complex. Adam/Linda Parascandola, a biological female, says: "I knew from a young age that I was male despite all external appearances" (Parascandola, 2001). The documentary "The Opposite Sex" characterizes a preoperative FtM as "a man with a very serious birth defect" (2004b). According to MtF Jennifer Diane Reitz "a transsexual is a mind that is literally, physically, trapped in a body of the opposite sex" (Reitz, 2004). Parascandola articulates the view as follows: "men and women are the only two types of humans and ... transsexuals have simply had their wires crossed and belong to the sex opposite to the one they were born into" (Parascandola, 2001).

While initially one might think that "man" and "woman" are two simple categories, transsexuality forces us to realize that the defining features of these categories are not always found together. We are compelled to refine our concepts and make finer distinctions—distinguishing biological sex from psychological sex, in other words, distinguishing "sex" from "gender." While sex refers to the biological characteristics that mark one as male or female, gender is a collection of behavioral and personality features differentially associated with a particular sex. We might further distinguish sex and gender from "gender role"—a set of behaviors, relationships, responsibilities and expectations that are more typical of a male or female within a given society (Horvath, 1999). Gender roles typically include sexual behaviors and relationships.

We can now use these distinctions to characterize the "standard view" of transsexuality. According to Transsexual.org, "in a nutshell: transsexuality means having the wrong body for the gender one really is." The preoperative transsexual is in "a state of conflict between gender and physical sex" (Reitz, 2004). He wants to function in the gender role appropriate to his gender, not his sex. He wants his body to approximate as much as possible the type of body that is appropriate for his gender, and that would allow him to "pass" in his preferred gender role. Back in 1959, MtF Tamara Rees put it like this:

This surgery does not create a woman where the patient was once a biological male, nor can the patient ever hope to have children. It merely brings the physical appearance of the patient into harmony with the mental pattern (Rees, 1959).

Approximately 40,000 (1/2,500) U.S. males have undergone sex reassignment surgery (Conway, 2002). While approximately 1/3 as many women undergo surgery, it is estimated that many more pass as males without surgical or clinical intervention.

GID is the more general disorder of which transsexuality is the most extreme type. Estimates of the prevalence of GID range from 1 in 30,000 to 1 in 500 (2004a; Conway, 2002). Many patients have milder forms of the disorder, often undiagnosed. Indications of GID include: a strong and persistent cross-gender identification; a stated desire to be the other sex; frequent passing as the other sex; a desire to live or be treated as the other sex; a conviction that s/he has the typical feelings and reactions of the other sex; a persistent discomfort with his/her sex; a sense of inappropriateness of the gender role of his/her own sex; a belief that s/

he was born the wrong sex; a preoccupation with changing primary and secondary sex characteristics; and lack of any physical intersex condition. (If a person meeting the above criteria were of ambiguous sex biologically, s/he would not be diagnosed with GID) (Task Force on DSM-IV and American Psychiatric Association, 2000). The standard of care for patients with GID is to offer three stages of therapy: hormones, life experiences in the desired gender role, and sex reassignment surgery, though not all persons with GID want or require all three elements of the therapy (2004a).

3. What Is Gender Identity?

As stated, the GID patient suffers from “cross-gender identification” or “strong identification with the opposite sex.” But what does it mean to identify with the opposite sex? In general, to identify with a group is to feel you are similar to members of that group and that you are or should be part of that group. So, to identify with males is to feel that you are similar to men in some important way and that you are or should be a man. When a biologically male has a cross-gender identification, she believes that she is or should be a woman. That is to say, she has a *female gender identity*.

Obviously, the concept of “gender identity” is central to understanding GID. Kohlberg defines “gender identity” as “the ability to discriminate between males and females and to accurately identify one’s own sex” (Kohlberg, 1966). If we assume that an accurate identification of one’s sex is supposed to be in accord with one’s biological sex, then it would seem that GID patients lack this ability to some extent. Hence, an implication of Kohlberg’s definition is that GID patients have an inadequate or nonexistent gender identity. But most people think that the GID patient has a gender identity, but one that is atypical for his or her biological sex. Renowned sex and gender psychologist John Money describes gender identity as one’s inner sense that one is male or female (Money, 1976). Since persons with GID typically report an early awareness of cross-gender identification, and since psychologists have had little success at changing a patient’s gender to fit his or her sex, it is thought that each individual has a gender identity that is formed before birth or early in childhood, and that identity is immutable in later life.

For most women, a female gender identity is possessed in conjunction with a certain cluster of anatomical features (including breasts and ovaries) and social roles (such as care-giver and unpaid domestic laborer). But according to the standard view of GID, one can have a female gender identity even if one is a biological male. And, since someone with a female gender identity can be living one’s life as a man, it seems that one can have a female gender identity even if one does not play the social role associated with being female. Note that having a feminine gender identity is not the same thing as merely being effeminate. A man can be effeminate without thinking that he is or should be a woman, and a biological male can display predominately masculine characteristics while claiming to have a female gender identity. Many MtF transsexuals have to learn feminine mannerisms and gestures in order to pass as women. It follows that

one can have a female gender identity even if one does not tend to behave as most women do.

This leaves the nature of gender identity somewhat mysterious. Supposedly, the biological female with GID has an inner sense that he is male. To which I ask “he has an inner sense that he is *what*, exactly?” Does he have an inner sense that he is biologically male? That he has a Y chromosome, testicular tissue, a penis, a preponderance of testosterone in his system, etc.? No. Usually, he is aware that he does *not* have these features. If he had a persistent belief that he did have these features, despite all manner of empirical evidence to the contrary, then GID would be akin to a delusional condition such as “somatozation disorder” or “body image distortion,” which is unlikely. The FtM knows he is not biologically male—that’s the source of his distress. So, his sense that he is male is not a belief that he is biologically male.

Perhaps he has a sense that he is *psychologically* male. But what does it mean to be psychologically male? Earlier, we equated being psychologically male with having a male gender identity. But if having a male gender identity is having an inner sense that one is psychologically male, we have a tight circle of inter-defined terms, and the nature of “gender identity” remains mysterious. In saying that a biological female has an inner sense that he is male, what belief are we attributing to him? Perhaps it is the belief that he possesses some ineffable essence of masculinity.

The standard view seems to regard gender identity as the essence of what it means to be a man or a woman. It is supposed that this essence can be possessed in the face of contravening biological, anatomical, psychological, behavioral, and social features. It is further supposed that gender comes in just two types, masculine and feminine, and that a masculine gender is appropriate for a male body and a masculine gender role, and a feminine gender is appropriate for a female body and a feminine gender role. Given that gender role includes sexual behaviors and relationships, the standard view also involves the assumption that someone with a female gender identity will be sexually and romantically interested in males, and that someone with a male gender identity will be likewise interested in females. This would explain the longstanding suspicion that homosexuality is a type of GID (Horvath, 1999). It also explains the fact that attraction to the opposite biological sex is considered a maladjustment for transsexuals (Meyerowitz, 2002). (The comedian Stephen Wright jokes “I’m a lesbian trapped in a man’s body.” Why is this supposed to be funny? Because of a failure to distinguish sexual orientation from gender identity.)

4. Gender Supervenes

The assumptions underlying the standard view are at odds with some plausible claims about the nature of gender. One of these claims is that, whatever gender is, it supervenes on biological, psychological, and/or social properties. If you fix the biological, psychological, and social facts, you thereby fix the gender facts. Gender facts are not “further facts.” If you know an individual’s genetic makeup,

anatomical features, psychological and behavioral profile, role in a particular society, and the gender norms of that society, you know more than all there is to know about that person's gender in that society.

If a female gender identity is something each human being either does or does not have, what does it supervene on? What is it based on? If, as the standard view claims, a biological male can have a female gender identity, then obviously gender identity cannot supervene on the typical markers of biological sex, such as chromosomes, reproductive organs, and the like. I'll consider four alternative suggestions.

Proponents of the standard view talk as if there is some irreducible fact of the matter as to a person's gender identity. So, one possible view is that gender identity doesn't supervene on anything. Is it a *sui generis* property that does not yield to further analysis. This is a flat denial of the idea that gender supervenes on biological, psychological, and/or social properties. But if gender doesn't supervene, then perfect duplicates could differ with respect to gender. (Interestingly, there have been a few documented cases of homozygous twins raised together, where one twin reported a cross-gender identification and the other did not. However, this is not a case of perfect duplicates differing with respect to gender. Clearly, there was some psychological difference between them, but the cause of that psychological difference is not known (2002).) If gender does not supervene, then gender is disconnected from everything we can know about a person—their physical, psychological, and relational properties—and it is not clear how the concept could be fit for any role in psychological theory or practice.

A related view is that a having female gender identity is not based on anything physical; rather, it is based on having a female soul. This response couples male/female dualism with mind/body dualism. I suspect this "mind/body/gender" dualism, as I call it, is a deep unarticulated ideology that underlies many of the thoughts that people have on issues of gender. But what makes a soul a female soul, rather than some other gender? Perhaps the answer is as ineffable as souls themselves. In that case, this view is as unsatisfying as the view that gender is *sui generis*, for it leaves gender floating free from a person's knowable characteristics. Perhaps a better answer is that a female soul has certain distinctive tendencies, desires, and beliefs. That would be to say, in short, that what makes a soul a female soul is its psychological properties. If this is the view, then it would be better expressed by saying that gender supervenes on psychological properties, leaving aside the controversial issue of whether having these properties has anything to do with having a soul.

So, let's consider the suggestion is that having a female gender identity depends on having certain key psychological characteristics. As I noted, the standard view holds that someone can have a female gender identity even if one lacks many typical feminine mannerisms, habits, and dispositions. Perhaps having a female gender identity supervenes on the psychological property of having a strong and persistent belief that you are a woman. But again, that merely pushes back the question: What exactly is it that you believe about yourself? This property you attribute to yourself—what does *it* super-

vene on? Perhaps there are some deeper aspects of personality that define one as a woman.

However, people that are uncontroversially women display a wide range of personality types and share various aspects of personality with many men. To develop the view that gender supervenes on psychology, we would need to address the following questions: Which psychological characteristics are masculine and which are feminine? How do we determine which psychological characteristics are key? Is it up to us how to define our concepts, or is there some independent fact of the matter? Are these characteristics fixed for all times and places, or do they vary from culture to culture? Being feminine has meant different things to different people at different times. We should also keep in mind that whatever features one specifies, be they emotional expressiveness, nurturing, or submissiveness, etc., these characteristics will admit of degrees, and are unlikely to be exclusive to women.

Another suggestion is that having a female gender identity depends on having a feminine brain. On the standard view, even biological males can have feminine brains, especially if their prenatal environment lacked sufficient testosterone. Transsexual.org defines a transsexual as "a person in which the sex-related structures of the brain that define gender identity are exactly opposite the physical sex organs of the body" (Reitz, 2004). However, this suggestion is little more than an article of faith unless someone can tell us which structures of the brain define gender identity. Science has yet to demarcate clear brain differences between "normal" men and women. The results of research on differences between male and female corpus callosi are sketchy (Fausto-Sterling, 2000). Other research focuses on a region of the hypothalamus known as the BSTc. Males are said to average twice as many neurons in this area as females. Some studies indicate that transsexuals have neuron numbers atypical of their biological sex, but typical of the sex that they believe should be (Zhou et al., 1997). However, the relationship between the BSTc and gender behavior is unclear. According to Christopher Horvath, "There is as of yet no explicit neuropsychological theory that links brain structures to gender traits" (Horvath, 1999). Furthermore, one needs some characterization of gender traits and gender behavior before one can label the brain structures that cause those traits and behaviors "gendered." And furthermore, even if clear sex differences were found in the brain, we would still need to determine the causes of those differences: if brain differences were caused by differential environment conditions, we might see gender identity as a malleable product of gender socialization. And whatever the causes, any differences would be matters of degree, with a spectrum of variation ranging from highly feminine to highly masculine.

The claim that gender supervenes on biological, psychological, and/or social properties is very modest and plausible. However, the standard view has trouble accommodating this claim, for since proponents seem to hold that gender identity can vary independently of most biological, psychological and social properties. Furthermore, the idea that gender supervenes does not sit comfortably with a further tenet of the standard view, that every person has a gender identity that is either male or female. If one couples gender dualism with the view that gender supervenes, one is committed to the view that the vast array of human social,

psychological and neurological properties sort themselves into two types. This is in tension with the fact that there is little consensus about which properties constitute the supervenience base for a female gender identity as apposed to a male gender identity, and also with the fact that the properties that are likely candidates for the supervenience base are possessed by individuals in a broad spectrum of varying degrees. So, part of the reason that the standard view is at odds with the claim that gender supervenes is because of the second claim about gender that I defend – that gender has no essence.

5. Gender Has No Essence

If gender supervenes, then having a masculine or feminine gender will depend on having certain physical, psychological, and/or social characteristics. But which characteristics? There is no simple answer. There is no single trait, or definite set of traits, had by all members of a gender, across cultures, throughout history. There is no single set of features that is necessary and sufficient for being masculine, or for being feminine. Gender is at best a matter of having enough of a number of different characteristics, to a sufficient degree, in a particular social context.

One way to put this point is to say “gender has no essence.” I take it that for a kind to have an essence is for all and only members of that kind to necessarily share certain essential features. An essential feature of a kind is a property that a thing cannot lack whilst it is a member of that kind. Having four sides is an essential feature of squares. The kind “squares” has an essence that consists in having four sides of equal length, etc. But some kinds have no essence. For those kinds, there is no set of features that all and only members share. Rather, they are grouped together for some other reason, perhaps family resemblance. Of course, we find this idea in Wittgenstein:

Consider for example the proceedings that we call ‘games’. I mean board-games, card-games, Olympic games, and so on. What is common to them all?—Don’t say: ‘There *must* be something common, or they would not be called “games”’—but *look and see* whether there is anything common to all.—For if you look at them you will not see something that is common to *all*, but similarities, relationship, and a whole series of them at that. ... And the result of this examination is: we see a complicated network of similarities overlapping and criss-crossing: sometimes overall similarities, sometimes similarities in detail.

I can think of no better expression to characterize these similarities than ‘family resemblances’; for the various resemblances between members of a family: build, features, colour of eyes, gait, temperament, etc. etc. overlap and criss-cross in the same way (Wittgenstein, 1958).

In the case of gender, there are no properties shared by all and only members of a particular gender (except for the gender property itself). However, we do find crisscrossing and overlapping similarities along various dimensions among the people we call “women.”

When a concept is applied to individuals based on an indeterminate cluster of interrelated traits and family resemblances, it is a cluster concept. I suggest that gender concepts are cluster concepts. But note: cluster concepts do not typically have sharp boundaries. We categorize someone as masculine or feminine if they have enough of certain characteristics, to a sufficient degree. But how many is enough, and what degree is sufficient? There is no precise answer, for the concept is vague. If you could give a precise answer, you could state necessary and sufficient conditions for being a member of that kind. But since you can't, there is possibly an array of better to worse exemplars of that kind. Boundaries could be drawn in a number of ways, but there are no sharp natural boundaries to be found.

imagine having to sketch a sharply defined picture 'corresponding' to a blurred one. ... [I]f the colors in the original merge without any hint of outline won't it become a hopeless task to draw a sharp picture corresponding to the blurred one? Won't you then have to say: 'Here I might as well draw a circle or a heart as a rectangle, for all the colors merge. Anything—and nothing—is right.' And this is the position you are in if you look for definitions corresponding to our concepts in aesthetics or ethics (Wittgenstein, 1958).

And, I would add, this is the position you are in if you look for definitions corresponding to our concepts of gender. If gender concepts are cluster concepts, varying degrees of masculinity and femininity along different dimensions, and borderline cases, are likely.

It is questionable whether even biological sex has an essence. In order for a sex to have an essence, there would have to be some feature or set of features that every member of that sex has. But every feature that seems like a candidate for being definitive of sex faces counterexamples—individuals who lack that feature who we nevertheless want to categorize as members of that sex. While this deserves much more consideration than I will give it here, allow me to mention a few suggestive examples (Dreger, 1998; Fausto-Sterling, 2000).

Consider the suggestion that what is essential to being male or female is playing a certain functional role. The most feasible candidate is a biological role—a role in reproduction. But of course, many humans play no role in reproduction due to age, sterility, or lifestyle choice, and we do not decline to call them male or female. (Or, do we want to say that an infertile woman is still a woman in the sense that a broken clock is still a clock?)

Physical features, such as body size, strength, fat, and hair distribution generally differ between males and females. However, your stereotypical "98 pound weakling" is nevertheless male. There is much variation and a fair amount of overlap between male and female, and so these characteristics are unlikely to add up to a set of necessary and sufficient traits. Neither primary nor secondary anatomical sex characteristics can fully define sex. A castrated man is still male. Breast size varies significantly among women *and men*. Some females have a vaginal agenesis, and are born without a vaginal canal. In the 1800s, scientists and medical men thought that the essence of sex was the gonad (Dreger, 1998). If ever there was any doubt about the sex of an individual, ovar-

ian tissue determined femaleness and testicular tissue determined maleness. However, after decades of being confronted with numerous cases of hermaphrodites who had the gonads of one sex, but the body type of the other sex, doctors revised their views.

One might then turn to hormones as the essence of sex difference. However, no type of hormone is exclusive to males or females. Each individual has a mix of hormones, and degrees of receptivity vary. Picking a particular mixture or threshold would seem to be an arbitrary decision when it comes to defining the essence of different kinds. Today, the tendency is to think that genes, particularly the 23rd pair of chromosomes, are the essence of sex. But consider someone with Androgen Insensitivity Syndrome—an XY individual whose body is not sensitive to testosterone. Such a person does not develop male genitalia or secondary male sex characteristics, but instead develops a body type typical of a female. Most people are reluctant to call such individuals male.

Perhaps certain features of the brain define sex. However, as far as we know, there is no anatomical structure in the brain of one sex that is totally lacking in other. One would have to compare differences in size of things like cross sections of the corpus callosum, or regions of the hypothalamus. However, differences in size and connectivity of various brain structures have multiple degrees of variation. Prenatal hormones influence brain development, but the precise mixture of prenatal hormones comes in more than two varieties. If brains can be feminine, it would stand to reason that some brains are more feminine than others. If being female means having a feminine brain, then it is a vague region of a continuum, rather than a discrete category exclusive to women.

I'm not saying that "male" and "female" are fictions, or even social constructions. By and large, people tend to have a certain characteristics that easily allow us to categorize them as either male or female. However, there is no particular set of characteristics that each person must have in order to be male, or female. The concepts of male and female are cluster concepts, like the concept of a game.

If we can't define the essence of biological sex, how much less of a chance do we have of defining the essence of gender? There is no certain set of personality traits, such as being nurturing, intuitive, or sensitive, that is necessary and sufficient for being feminine. Even more so than hormones and features of the brain, psychological traits are had in various combinations and degrees, with significant overlap between men and women. How else could men get in touch with their "feminine side"? Every person has a unique mix of psychological characteristics. It would follow that some people have a female gender identity to a certain extent, while others have a female gender identity to lesser extent. The division of gender into two types would seem to be arbitrary.

One might suggest that we can define the essence of feminine gender by forming a disjunction of all of the sets of traits that are sufficient for having a female gender identity. However, it seems that gender concepts are too malleable and open-ended to permit such an analysis. The concept of femininity has not remained constant over the centuries. It is quite plausible that some future person will exemplify some unanticipated cluster of traits that will qualify her as feminine. Or, to quote Wittgenstein again:

But if someone wished to say: 'There is something common to all these constructions—namely the disjunction of all their common properties'—I should reply: Now you are only playing with words. One might as well say: 'Something runs through the whole thread—namely the continuous overlapping of those fibers' (Wittgenstein, 1958).

Because our gender concepts are cluster concepts with no precise boundaries, they are difficult to operationalize in any scientific way. In his paper "Measuring Gender," Christopher Horvath examines a number of studies that have tried to establish a correlation between childhood gender non-conformity and adult homosexuality. In order to do so, researchers must determine when and to what extent an individual exhibits gender behavior. But there is no consensus about how to do this. Horvath notes:

the aspects of behavior and physiology that researchers treat as markers of 'gender' (rather than sex, class, or culture) differ greatly from study to study and from scientist to scientist. they [the scientists] provide no uniform, consistent method for identifying and measuring the biologically significant components of gender.

... particular combinations and degrees of the attributes, interests, attitudes, behaviors, etc. manifested may substantially vary between people with equally strong, unambiguous gender identities...

Horvath concludes "gender-typical phenomena are multi-dimensional and multifactorial" (Horvath, 1999). Furthermore, certain components of gender, such as preference for certain kinds of attire or occupations, are unlikely to be directly based in biology. Some aspects of gender and gender role are culturally relative. One cannot define a kind of social role that all and only women have, historically, cross-culturally, or even within modern societies.

So, what is the person with cross-gender identification identifying with? A multi-dimensional, multi-factorial cluster of culturally relative psychological traits? Perhaps. Let me put the question another way. The biological male with GID claims to have the feelings and reactions typical of women. But what feelings and reactions *are* typical of women? Many people probably have more in common, in terms of feelings and reactions, with members of their own social group, such as their family, church, peer group, occupation, class, or culture, than they do with members of their own sex in different social groups. Perhaps the person with GID only identifies with the opposite sex within his or her society. Different societies have somewhat different gender norms, so one personality type might identify as female in one society, but as male in another. But, if it is a consequence of social factors that only women typically have a particular set of feelings and reactions, then to insist that only someone with a female body type should have those feelings and reactions is to valorize the gender norms of that society. Even if biological factors determine that women typically have certain psychological characteristics, to insist that someone with these psychological characteristics should have a female body type is to stand as a defender of the norm.

The American Psychiatric Association claims that it plays no such a role. According to the DSM-IV, "Neither deviant behavior ... nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of dysfunction." But interestingly, the manual says "GID can be distinguished from simple nonconformity to stereo-typical sex role behavior" not because it is a symptom of a dysfunction but "by the extent and pervasiveness of the cross-gender wishes, interests, and activities" (Task Force on DSM-IV and American Psychiatric Association, 2000). Apparently, if the deviance is severe enough, it does count as a disorder. And what could be more severe than repudiation of a society's gender norms?

6. Conclusion

Admittedly, the world contains masculine men, and feminine women, but these categories are not exhaustive, exception-less, immutable, or clearly defined. Different societies have had different standards for categorizing people according to gender. Whether an individual is considered a man, woman, or something else, in a society depends upon the standards of that society, and whether the individual has the physical and psychological features to satisfy that those standards. In societies with exactly two well-defined gender norms, individuals feel pressured to exemplify one cluster of characteristics, to the exclusion of the other. A list of characteristics is difficult, if not impossible to articulate in any great detail, but it typically includes primary and secondary sex characteristics, modes of dress and grooming, personality, preferences, occupations, expectations, and relationships. While we can argue about how "natural" it is for most people to exemplify one cluster of characteristics to the exclusion of the other, clearly a significant number of individuals (conservatively 10,000 in the U.S.) find it difficult to exemplify an acceptable cluster.

While transsexuals may seem to challenge gender norms, in a sense, they embrace them. The desire to change one's body to match one's perceived gender identity reveals acceptance of the idea that sex and gender must coincide, that certain behaviors and desires are incompatible with certain physical characteristics. The transsexual does not reject the gender roles of his society; he merely rejects one gender role in favor of another (Fausto-Sterling, 2000). MtFs do not typically object to stereotypes of women—they want to personify those stereotypes, and often display an exaggerated femininity. But perhaps this says less about the transsexual's "gender identity" and more about her society.

Most societies assign individuals to one of two possible genders, and which gender you are assigned determines the character of your interactions with others and your life prospects in countless ways. In some societies, if one is uncomfortable with one's gender role, there is exactly one other option—the opposite gender role. But to succeed in that role, one must look the part. For some people, physical alteration is their best chance of conforming to an available and acceptable gender option. While the standard view sees the pre-operative transsexual as a person with a conflict between mind and body, the FtM philosopher Adam Pascandola wonders "... is it that my internal self is in conflict with *society's view* of

my external body? ... I often wonder, if society did not insist on granting identity based on external characteristics, whether I would have felt the need to change my body" [(Parascandola, 2001) my emphasis]. If it weren't for the fact that so many facets of one's life are largely determined by the gender that one appears to be, would there be a need to change bodies to "match" minds? I suspect not. I suspect that the phenomenon of cross-gender identification has more to do with a broad range of personality types trying to cope with a rigid two-gender system than it does with "crossed wires" or souls that end up in the wrong kind of body. Hence, I suggest that so called "GID" is primarily a conflict between the individual and her society, and only derivatively a conflict between the individual and her body. Greater social tolerance of gender diversity could create a context within which such individuals would not be considered "disordered."

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References

2002. *Changing sexes: Female to male*. Documentary
- 2004a. Harry Benjamin International Gender Dysphoria Association. Accessed online @ <http://www.hbgda.org/socv6.cfm>
- 2004b. *The opposite sex: Rene's story*. Documentary
- Conway Lynn (2002) "How frequently does transsexualism occur?" Accessed online @ <http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html>
- Dreger Alice Domurat (1998) *Hermaphrodites and the medical invention of sex*. Harvard University Press, Cambridge, MA
- Fausto-Sterling Anne (2000) *Sexing the body: gender politics and the construction of sexuality*. Basic Books, New York
- Horvath Christopher (1999) Measuring gender. *Biology and philosophy* 14:505-519
- Kohlberg LA (1966) Cognitive-developmental analysis of children's sex-role concepts and attitudes. In: MacCoby EE (ed) *The development of sex differences*, Stanford University Press, Palo Alto, CA
- Meyerowitz Joanne (2002) *How sex changed: a history of transsexuality in the United States*. Harvard University Press, Cambridge, MA
- Money John (1976) Prenatal and postnatal factors in gender identity. In: Serban George, Arthur Kling (eds) *Animal models in human psychobiology*, Plenum Press, New York
- Parascandola Adam Linda (2001) Trans or Me? In: Kolak, Daniel, Raymond Martin (eds) *The experience of philosophy*, Oxford University Press, New York
- Rees Tamara (1959) Male becomes female. *Sexology* 26:212-218
- Reitz Jennifer Diane (2004) Transsexuality. Available from <http://transsexual.org/>
- Task Force on DSM-IV, American Psychiatric Association (2000) *Diagnostic and statistical manual of mental disorders DSM-IV-TR* (Text revision), 4th edn. American Psychiatric Press, Washington, DC
- Wittgenstein Ludwig (1958) *Philosophical investigations*. Macmillan, New York
- Zhou JN, Hofman MA Gooren LJ, and Swaab DF (1997) A sex difference in the brain and its relation to transsexuality. *The international journal of transgenderism* 1(1)