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Abstract

The current predominant view of gender as binary, alongside limited training of affirmative care practices, is severely and negatively impacting transgender and gender diverse (TGD) people. This paper urges the re-conceptualization of gender as an occupation, suggesting that gender is a *doing* that allows for positive identity development, roles, habits, and routines. Doing gender facilitates meaning-making and the ability to engage in other occupations. However, occupational injustices rooted in discrimination, stigma, and/or implicit biases impede TGD people's ability to engage in the doing of gender and other occupations. Articulation of conceptual guidelines and interventions to support TGD people's ability to do gender and other occupations is a critical area of need in occupational therapy literature and practice. In accordance with the profession's ethical mandate to promote occupational justice, it is critical that occupational therapists become educated and involved in providing affirmative services to support occupational participation for this population.

Keywords

theory, gender, transgender, gender diverse, affirming care

Cover Page Footnote

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Credentials Display

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The literature indicates an alarming lack of knowledge among health care providers regarding affirmative care practices that acknowledge, validate, and support stated or expressed identity for transgender and gender-diverse (TGD) people (Bolding et al., 2022). The umbrella term TGD describes individuals whose gender identity and/or gender expression differs from their sex assigned at birth and/or societal gender norms. It is disconcerting that TGD people have higher rates of anxiety, depression, and suicide attempts in addition to everyday transition-related medical needs, such as but not limited to gender-affirming hormone therapy and gender confirmation surgery; however, they are more likely to resist needed services because of implicit bias and outright discrimination in health care settings.

This discrimination against TGD individuals is partly a result of the societal ascription of pathology to this experience. However, the American Psychological Association (APA) removed the diagnosis of Gender Identity Disorder and since added Gender Dysphoria (DSM-V; APA, 2023). Supporting this change in the DSM-V, APA (2023) explains that many TGD individuals do not experience their intrinsic gender identity as distressing; instead, this population's experienced stress is more a response to extrinsic discrimination and stigma.

As person-centered providers, occupational therapists seek to know their clients in spiritual, personal, and contextualized ways to support meaningful life participation. They are, therefore, well-positioned to lead the way in affirmative care that supports holistic wellness for TGD people. Many health concerns faced by this population are products of occupational injustice, limiting their abilities to engage satisfactorily in occupations. Thus, advocacy and occupation-based interventions are critical for promoting health and preventing disability or dysfunction.

The concept of gender-as-occupation provides a critical refocusing on TGD health disparities by illuminating their relationship to occupational deprivation, which requires address by occupational therapists. The concept of gender-as-occupation asserts that people do gender, and this doing is deeply meaningful, linked to health, intertwined with everyday occupational participation, and intensely and continuously impacted by personal and contextual factors (Swenson et al., 2022). It asserts that a critical ingredient to transforming TGD health is recognizing and addressing how occupational injustices impact TGD people's health by limiting their participation in occupations. Thus, this paper illuminates occupational injustices faced by this population, the relationship between those injustices and TGD health, and ways in which the model of gender-as-occupation facilitates the remediation of TGD health disparities. It rejects the pathologic view of TGD identities, noting that the aforementioned health disparities are, in part, a result of society's role in constructing binary gender normativity and stigmas that target these communities. The model of gender-as-occupation is contextualized in an existing body of conceptual literature on the ways in which people do gender in the world and how these are related to health (Swenson et al., 2022).

Literature Review

The conceptualization of gender as a *doing* is well-established in the literature of various disciplines. Although occupational therapy literature has begun to relate gender and occupation, it has yet to conceptualize gender as an occupation. In addition, minimal current occupational therapy research addresses gender topics. Gender research in occupational therapy historically focuses on gender roles and bias (Beagan & Fredericks, 2018; Liedberg et al., 2010; Maxim & Rice, 2018;) or on challenges that TGD persons face. Research on the processes of resilience among gender minorities is scarce (Meyer, 2015).

Gender as a Personal Factor

Beagan et al. (2012) introduced the dialectical nature between social identity and occupation: a type of occupational reciprocity wherein gender shapes occupational choices and engagement, and occupation, in turn, allows for gender expression. For example, transgender individuals are able to portray or affirm their gender identity through their choices in self-care occupations (Beagan et al., 2012). In this way, gender is seen as a *personal factor* that influences occupational choices and can be reciprocally affirmed through occupational engagement. This is consistent with the American Occupational Therapy Association (AOTA) 4th edition of the *Occupational Therapy Practice Framework* (OTPF; 2020), which now includes gender identity as a personal factor and is defined as: “the particular background of a person’s life and living and comprise the unique features of the person that are not part of a health condition or health states. Personal factors reflect the essence of the person--‘who they are’” (p. 10).

Gender and Sexual Variance

It is important to explore historical and contemporary research on biological sex and gender, how some mainstream schools of thought continue to assert biological determinism over dynamic systems, and how this contributes to a lack of representation of gender identities outside of the binary, both scientifically and culturally, to validate the complexity and variance of gender identity. Contemporary explanations of sex and gender are often defined within specific contexts. Current literature defines sex in the contexts of (a) sexual behavior; (b) reproductive anatomy, chromosomes, and/or hormones; and (c) biologically induced traits and characteristics (Johnson & Repta, 2012). In contrast, literature typically refers to gender as (a) male and female; (b) social groups; (c) sociologically induced traits and characteristics; (d) societal stereotypes and/or expectations of women and men; and (e) socially expected role performance (Johnson & Repta, 2012). One’s sex is first identified by a health care professional at birth. Despite the prevalence of intersex bodies (Richardson, 2013), gender assignment is “medicalized, phallogenic, and dichotomous” (Beemyn & Rankin, 2011, p. 15).

Dupre (2010) debunks the claims of two commonly employed schools of thought: genetic determinism and evolutionary psychology. Genetic determinism purports that genes dictate the biological sex and predisposed gender roles of an organism. This is complemented by the evolutionary psychology view that small changes to genes occur over time, and such noticeable advantageous genetic changes are spread throughout a population only after millions of years. These schools of thought implicate that “gender is somehow inscribed in our genes and that changes in gender roles will, therefore, be difficult or impossible to bring about” (p. 540), while simultaneously ignoring well-known theories, such as developmental systems theory. According to the latter thesis, individual, contextualized behavior, and social environments, including occupational engagement and/or deprivation, profoundly impact gene regulation and expression, thus, impacting gender identification as much or more than genes. Dupre warns against a blind adoption of gene-centric views, emphasizing that almost all human traits, including gender, are attributable to the interaction between biology and social environments.

Complimentary, past, and current evidence suggests that gender is more fluid than binary, resulting in spectrums of femininity and masculinity (Lindqvist et al., 2021). Investigations of sex variation provide insight into a non-binary sex system. Embryologists and cell biologists in the late nineteenth century understood the diversity of sexual dimorphism and intersexuality and recognized that biological sex was “complicated, spectrum-like, and highly variable” (Richardson, 2013, p. 24). Literature evidence of sex variation often highlights cases of hermaphrodites, freemartins, and gynandromorphs (Szabad, 2021). Dynamic systems theorist, Anne Fausto-Sterling (1993), highlighted human sexual variations, asserting

the existence of five sexes: male, female, “herms,” “merms,” and “ferms” (p. 21). “Herms,” or true hermaphrodites, possess one ovary and one testis; “merms,” or male pseudohermaphrodites, possess testes and some aspects of female genitalia; and “ferms,” or female pseudohermaphrodites, possess ovaries and some aspects of the male genitalia (1993). Fausto-Sterling argues that society and culture arbitrarily necessitate sex distinctions and that modern medicine reinforces assumptions that “people can realize their greatest potential for happiness and productivity only if they are sure they belong to one of only two acknowledged sexes” (p. 24); yet, intersexual bodies challenge this. Prevalent dogma in the scientific community asserts that hermaphrodites are “doomed to a life of misery” without medical care (p. 23). Alternatively, health and well-being can be promoted through opportunities for medical autonomy, self-identification, and gender expression in its many variations.

Minority Stress Model for Lesbian, Gay, and Bisexual Persons

In 2003, Meyer proposed that the higher prevalence of mental disorders in Lesbian, Gay, and Bisexual (LGB) persons could be attributed to living in and engaging with a “hostile and stressful environment” (p. 674). This is consistent with Meyer’s (1995) proposal of the Minority Stress Model for LGB persons, outlining three subjective processes of minority stress: (a) distal sources of stress (environmental or external events) that are objective, verifiable, and stress-producing; (b) maintenance of vigilance in anticipation and expectation of external stressful events, which is more proximal, such as identity-hiding responses; and (c) internalization of societal prejudice and negative attitudinal beliefs, such as internalized homophobia. This most proximal process is “not directly observable but is also potentially the most damaging” (Hendricks & Testa, 2012, p. 462). It can reduce one’s ability to cope with stressful environmental events. As an affront, resiliency and coping can be developed through solidarity; “as a group, minority members create a positive view of themselves that effectively counteracts stigma” (Hendricks & Testa, 2012, p. 462).

Adaptation of Minority Stress Model for Transgender Persons

Meyer’s (1995) model was later adapted by Hendricks and Testa (2012) for TGD population application. To date, little research investigates the more proximal processes of minority stress subjection through expectation or anticipation of external stressful events and internalized transphobia. Of concern, a Beemyn and Rankin (2011) study found that more than half of participants reported that they “intentionally concealed their gender identity to avoid intimidation” (p. 100). High levels of both physical and sexual violence are consistently reported within TGD populations, thus, highlighting the first, more distal, process of subjection to minority stress (i.e., objective and verifiable sources of environmental stress) (Hendricks & Testa, 2012).

Investigations into negative stress effects on TGD persons’ mental health have shown “high rates of substance abuse, suicidal ideation and suicidal attempts” (Hendricks & Testa, 2012, p. 463). Testa et al. (2012) found that suicide attempts were approximately four times more likely in TGD individuals with a history of physical or sexual violence, and a significant relationship was noted between these forms of violence and a history of alcohol abuse.

Despite the effects of environmental stress on TGD individuals, Singh and McKleroy (2011) conducted resilience research among TGD people of color who experienced traumatic life events. Six themes of resilience were identified:

- (a) pride in one’s gender and ethnic/racial identity, (b) recognizing and negotiating gender and racial/ethnic oppression, (c) navigating relationships with family, (d) accessing health care and

financial resources, (e) connecting with an activist transgender community of color, and (f) cultivating spirituality and hope for the future.” (p. 5)

Emphasizing resilience and understanding its underlying processes can inform a more strengths-based approach to gender health support.

Transgender Congruence

van den Brink et al. (2019) highlight the importance of *transgender congruence* for reducing poor mental health. Using the minority stress model, researchers showed adverse psychological outcomes (i.e., rumination, anxiety, and depression) to be a result of discrimination, social stigma, and rejection of gender identity or gender expression. This etiology stressed the importance of identifying protective factors for TGD individuals, so associations between psychological outcomes, transgender congruence, and rumination about gender identity were further explored. *Transgender congruence* refers to “the degree to which transgender individuals feel genuine, authentic, and comfortable within their external appearance/presence and accept their genuine identity rather than the socially prescribed identity” (p. 2). It was found that appearance congruence and gender identity acceptance were significantly positively related to self-esteem and significantly negatively related to gender identity rumination, suggesting that transgender congruence may serve as a protective factor contributing to psychological well-being and mental health. Occupational therapists play a necessary role in prescribing opportunities for doing gender to reduce rumination and improve psychological well-being, including policy development, advocacy in institutional environments, patient and population education, facilitation of social participation and affirming self-care practices, and/or rehabilitation following gender confirmation procedures.

Evolution of the Model

The notion of gender-as-occupation emerged from the conceptualization of “addiction-as-occupation” (Wasmuth et al., 2014), which serves to re-focus and underscore occupational therapy’s role in addiction rehabilitation. Addiction-as-occupation asserts that as an individual becomes engaged in an addiction, it becomes central to a person’s identity, as well as their habits, roles, routines, and other temporal structures. Asserting that addiction is an occupation acknowledges the kind of doing that addiction is; labeling addiction an occupation acknowledges the activity of substance use and how it is performed and experienced. Similarly, in the doing of gender, how it is performed brings meaning to the occupation, such as the liberation from gender binaries experienced through creative pursuits and expressive dressing (Swenson et al., 2022). In addiction research, early recovery is a period of marked occupational deficit, resulting in identity, structure, and meaning loss, highlighting the profound and innate need for meaningful occupations to structure one’s time and identity via routines, habits, and roles throughout recovery (Wasmuth, Brandon-Friedman, 2016; Wasmuth, Pritchard, 2016).

Argument and Critical Discussion

Paralleling the concept of addiction-as-occupation, an understanding of gender-as-occupation accentuates the devastation to personal identity, well-being, and occupational participation that a TGD person faces when conceptual, legal, social, psychological, and other barriers impede the doing of gender. Literature-based existence of varying gender identities and intersex individuals highlights a group of people who are marginalized and/or invalidated by a binary system of gender and illustrates the inadequacy of current genetic determinist conceptualization(s) of gender. Gender-as-occupation is a critical step in supporting evolving legal policies, societal standards, and social norms that recognize this population and have the power to influence their health, well-being, and occupational justice directly. It also illuminates the central role of occupational therapists in supporting the TGD population by creating

safe and affirming contexts on which occupational participation is contingent. This promotion of occupational justice facilitates the doing of gender as both an end and a means of occupation. As an end, the doing of gender is therapeutic and affirmative, aiding in a positive and resilient identity. As a means, the doing of gender supports more widespread participation in meaningful activities, such as work, education, leisure, and social participation. Table 1 details implementable affirmative interventions for occupational therapists that are guided by the Ecology of Human Performance Model (Dunn et al., 1994). These suggestions are practical, considering current practice guidelines, and also affirmative for the population, based on clinicians' first-hand experiences using the lens of gender-as-occupation.

Table 1
Affirmative Occupational Therapy Interventions

Intervention approach	Intervention example
Create, promote	An affirming and safe sociopolitical environment; an activities of daily living (ADL) class to gain experience and practice with new grooming, hygiene, dressing habits, and routines; supportive group for community-building and social participation.
Establish, restore	Restore upper extremity range of motion (ROM) following masculinizing top surgery; collaborate with client regarding establishment of a dilation routine following vaginoplasty.
Modify	Compensatory ADL training with a stand-to-pee (STP) device; collaborate with client to adapt sexual activity to include affirming sex positions.
Prevent	Adopt population health approaches in order to target health disparities; implement interventions that target implicit provider biases across health care settings to prevent discrimination.

The Bigger Picture

Gender-as-occupation re-frames TGD identities as not separate but part of a larger conception of gender and, as such, avoids stigmatizing, marginalizing, or “othering” TGD persons. This aligns with the model of addiction-as-occupation, which places “addiction occupations” on a spectrum with other forms of doing, aligning them with other all-encompassing activities for de-stigmatization (Wasmuth, 2015). This conceptualization suggests gender is an occupation that all people do, some more explicitly than others, with a broad variation of expression. Occupational justice, participation, and, in effect, health and well-being all depend on the degree to which gender can be performed with congruence to a person's identity and acceptance in one's context(s), which has implications for the profession of occupational therapy in academic and clinical training settings (Bolding et al., 2022; Leite & Lopes, 2022; Simon et al., 2021). Gender-as-occupation brings the doing of gender into focus so that, for those who doing gender becomes a risk, an occupational challenge, an occupational injustice, an unmet rehabilitative need, and/or medical necessity, occupational therapists can rise to the challenge of affirmative care, education, and advocacy through enhanced understanding and pointed direction for future research.

Conclusion

This paper argues that re-conceptualizing gender outside a binary system is essential to affirming TGD individuals' lives and experiences. It advances a claim that gender is a doing, an occupation, that is deeply meaningful and can be mastered in various forms and expressions. Because of stigma and marginalization, doing gender for many individuals calls for therapeutic support. Conceptualizing gender as an occupation calls for occupational therapy intervention. Not only can occupational therapists support TGD individuals, but they can also work in the framework of occupational justice to improve access to and the quality of health care services, prescribe opportunities for doing gender in affirming contexts with reduced harm and increased quality of life.

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