



Sex, Gender & Sexuality

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Overview



- TERM: Sex; Gender; Sexuality;
 - Discussion on labelling?
- Biological Influences on Sex Development:
 - Chromosomes, hormones; brain sex development; immunology.
- Intersex Conditions: 46XX CAH; 46XY 5-ARD
- Gender Identity Development:
 - Psychological Theories on Gender Development:
 - Psychodynamic; Social Learning; Cognitive: Androgyny

Overview



- Gender & Fertility: Masculinity; Femininity
 - Discussion
- Sexual Identity and Fertility: Lesbians and IVF
 - Discussion
- Strategies to Improve Acceptance and Inclusion of Minorities

TERMS:

- Sex
- Gender
- Sexuality

Sex & Gender ⁽¹⁾



- Confusion between sex and gender in the literature.
- Pre 1970s one term: Sex.
- Recent studies either use the terms interchangeably or as distinct constructs.
- **Sex** refers to biological determination of male and female or intersex, i.e. chromosomes, testes or ovaries.
- Sex is unchangeable.

1. Diamond (2002). *Clinical Child Psychology & Psychiatry*, 7,3, 320-334

Gender Identity



- **Gender** is socially constructed and varies over time and place.
- **Gender identity:** fundamental sense of belonging to one sex or the other, and not the other: man, woman, boy, girl, transgender, androgyny.
- **Gender roles:** social & cultural construction of masculine and feminine, which include: behaviours, attitudes, personality traits more typical of men or women.
- Inner gender identity is usually congruent with outer appearance and social expectations (1)

Sexuality Is Not Gender ⁽²⁾



- **Sexual orientation** refers to sexual behaviour, or to the sex of whom you are attracted.
- **Sexual orientation** is unrelated to **gender** i.e. Not all masculine women are lesbian.
- **Sexual identity**: how one self-identifies their sexuality e.g. heterosexual, homosexual, bisexual, pansexual.
- **Sexual identity** can be incongruent with sexual behaviour.
- Those in same-sex relationships may not define themselves as gay. Referred to as MSM & WSW.
- Sexual identity/orientation not fixed.

Discussion

- Most labels associated with gender and sexuality are used as if they are the total aspect of an individual's character.
- What attributes do you think of when you think of:
 - A woman?
 - Lesbian?
 - Gay man?
 - Single mother?
 - Heterosexual man?

Biological Influences on Sex Development

Sex differentiation: The Influence of Chromosomes & Hormones ⁽¹⁾



- Chromosomal sex determined at time of fertilization. Female: XX; Male: XY; Intersex: e.g. XXY.
- Gonads develop by testis determining factors on Y chromosomes i.e. SRY. If the factor is absent or mutated female gonads develop.
- Androgen production determines internal and external genitalia.
- Lack of androgens, androgen enzymes, androgen receptors or Müllerian Inhibiting Substance (MIS) result in female sex organs, female genitals or variation of both

Timing of Hormones

- Timing of prenatal hormones suggested to influence: (2)
 - Biological sex differentiation,
 - Sex brain development,
 - Gender behaviour and sexual orientation.
- Strong evidence for these theories comes from mammalian studies:
 - Androgens given early in gestation to female foetuses result in virilised external genitals and heterosexual sexual preference (1)
 - Androgen given in late gestation no change to genitals but influence same-sex sexual behaviours (1)

1. Diamond (1996). *Hormones and Behaviour*, 30: 333-353.
2. Pollard (1996). *J Theo Bio*, 179: 269-73.

Timing of Hormones

- Intersex conditions such as Congenital Hyperplasia & 5 Alpha Reductase Deficiency Syndrome
- Meta analysis on human studies show:
 - Strong evidence for hormones and timing on childhood play behaviour
 - Relatively strong for sexual orientation and tendencies toward aggression.

Brain Sex Differentiation



- Increasing evidence of brain sex differentiation before gonadal-hormone involvement (1)
- Hypothesis are of possible nervous system sex-dimorphism due to;
 - Sex linked or sexually dimorphic genes (2)
 - Changes in timing, length and sequencing of the genome (2)
 - Neurosteroids in CNS independent of the gonads and adrenals. (3)

1. Carruth (2002) *Nature Neuroscience*, 5, 933-934.
2. Page (1990). *Genomics*, 7:37-46
3. Diamond (1996). *Hormones and Behaviour*, 30: 333-353.

Immunology



- Immunological components have also been suggested to influence adult sexual behaviour. (1)
 - Mammalian olfactory system differentiates prenatally
 - Females can select mates with different histocompatibility by scent (not on OCP) (2)

1. Diamond (1996). *Hormones and Behaviour*, 30: 333-353
2. Gilbert (1996). *J Comp Psych*, 100: 262-65..

Intersex Conditions

Intersex

- Intersex is the umbrella term covering over 70 different atypical chromosomal and hormonal conditions that can cause intersex syndromes or variable genitalia.
- Intersex syndromes effects almost 2% of population. (1)
- 0.1% are strongly affected by intersex. (2)
- 1 in 2,000 children will be born with variable genitalia which make sex determination difficult. (3)

1. Fausto-Sterling (1993). *The Sciences*, 33(2):20-25.
2. Blackless, et al. (2000). *Amer J of Human Bio*, 12(2): 151-66
3. Preves (2002). *Intersex and identity*. New Jersey

Intersex

- Old terminology of hermaphrodite and pseudo-hermaphrodite are no longer used.
- This terminology and the classification system were developed by Klebb's 125 yrs ago.
 - Relied on biopsy of gonads type to make final decision of “true sex”. (1)
- Now much more sophisticated tests to help us understand sex differentiation and variation

1. Meyer-Bahlburg (1998). *J of Psychology & Human Sexuality*, 10(2): 1

Intersex

- Due to increasing knowledge on intersex conditions, intersex are being examined to shed light on the influences of sex and gender development.
- 2 intersex conditions: 46XX Congenital Adrenal Hyperplasia (CAH) & 46XY 5-Alpha Reductase Deficiency (5-ARD).
- Highlight the complexity of interactions of sex physiology, pre and post-natal hormone influence and socialisation in the development of gender identity and sexual orientation.

Congenital Adrenal Hyperplasia (CAH) 46XX ⁽¹⁾



- Most prevalent cause of intersex among XX female: 1: 10 000.
- Inherited condition: Over production of androgenic steroids during foetal development which causes genital masculinisation.
- Internal female sex organs: no testes (androgens introduced late).
- Variable genitalia: Can have enlarged clitoris with small vagina, which may connect internally to the urethra with no exit. Or variations of female/male genitalia to complete male genitals.

1. Carol & Walpe (1996). *Sexuality and gender in society*. New York.

CAH: Female Gender Identity With Male Gender Interest



- Female sex assignment is usually made.
 - Baby usually raised as a girl.
 - Vaginoplasty to lengthen vagina (invasive)
 - Virilisation “corrected”.
 - Cortisone treatment to stop postnatal masculinising effects (1)

CAH: Female Gender Identity With Male Gender Interest



- 30 yrs of research report CAH girls raised as female develop female-typical gender identity (2)
- However, gender role behaviour is shifted toward male-typical interests and activities. (2)
- Some evidence that CAH more likely to report homosexual or bisexual partner preference in either behaviour or fantasy than non CAH females. (3)

1. Fausto-Sterling (1993). *The Sciences*, 33(2):20-25.
2. Sliper, et al (1998). *Arch Sex Behav*, 27:125.
3. Dittmann et al. (1992). *Psychoneuroendocrinology*,17: 153.

CAH: Male Gender Identity

- CAH individuals raised as boys have male gender identity (1)
- CAH individuals who change from female to male gender identity:
 - More likely to have no or late surgical interventions (2)
 - Or inconsistent steroid replacement (2)
 - Demonstrating a role for post-natal hormone and the impact of surgery

1. Zucker (2002). *J Pediatric Adolesc Gynecol*, 15:3-13
2. Meyer-Bahlburg et al (1996). *Horm Behav*, 30:319.

5 Alpha Reductase Deficiency Syndrome (5ARD) 46XY ⁽¹⁾

- AKA: Dominican Republic Syndrome. Jeffery Eugenidies, *Middle Sex*.
- Gene mutation resulting in a deficiency of 5-AR which is necessary for conversion of testosterone to DHT.
- DHT is required for development of male external genitalia
- Variable external genitalia: may have female genitals a mixture of both or a micro-penis.

1. Praveen et al. (2008) J Pediatr Endocrinol Metab. 21 (2): 173–9.

5- ARD:

Changing Gender Identity

- Individuals have internal male sex organs as testosterone is available. (1)
- Usually raised as girls: many but feel different from others despite socialisation. (2)
- At puberty primary and secondary male sex characteristics develop with enlargement of penis and scrotum. (1)
- If raised with female gender identity may change to male gender identity at puberty. (2)

1. Praveen et al. (2008) *J Pediatr Endocrinol Metab.* 21 (2): 173–9
2. Zucker (2002). *J Pediatric Adolesc Gynecol*, 15:3-13

5- ARD: Male Gender Identity



- Male gender assignment based on size of the phallus (1)



1. Phallo-Meter, Susan Kessler (1995) Intersex Society of North America

Bias Toward Females Sex Assignment and Surgery



- Female sex assignment based on several assumptions: (2)
 - It is easier to make a hole than build a pole.
 - Penis has to be long enough for penetrative intercourse
 - Genital surgery will “cure” intersex condition.
 - Variable genitalia will cause individual to feel abnormal and have problems with psychosexual development
 - Female sex assignment is invasive and requires castration, vaginoplasty and ongoing hormone treatment, sexual dysfunction and does not provide “normal genitals”

1. Diamond (1997). *Archives of Pead and Adolsc Med*, 151:1046-1050.
2. Dreger (1997). *J of Transgressive Gender Identities*, 2(7): 12-15.

Gender Identity Development

Influence of Social Learning Theories



- Last 30 years of correction surgery for intersex individuals has been based on the premise that infants are psychosexually neutral at birth (1)
- Positive psychosexual development will occur with “correction” of genitals and consistent socialisation of gender (2)
- We now know that gender identity is influenced by sex physiology, prenatal hormones, individual psychology and socialisation (3)

1. Diamond (1997). *Archives of Pead and Adolsc Med*, 151:1046-1050.

2. Dreger (1997). *J of Transgressive Gender Identities*, 2(7): 12-15.

3. Diamond (2002). *Clinical Child Psychology & Psychiatry*, 7(3): 320-334

Gender Identity



- All societies require clear distinction of gender for socialisation of the child (1)
- Gender identity is increasingly assigned prenatally or at birth due to appearance of genitals.
- For most people, gender identity is congruent with their assigned sex (2)
- Although many people believe that gender is overly restrictive, not many believe they have been wrongly classified. (1)

1. Istar (2004). *Transgender emergence*. New York.

2. Diamond (2002). *Clinical Child Psychology & Psychiatry*, 7(3): 320-334.

Wrong classification?

- Those individuals who may be at odds with their classification are:
 - Transgendered persons have a gender identity that is at odds with their natal sex. (1)
 - Intersex people often have a firm sense of their gender identity even though sex classification is difficult. (2)

1. Istar (2004). *Trangender emergence*. New York.

2. Diamond & Sigmundson (1997). *Arch of Ped Adolesc Med*, 151: 1046-1050.³⁰

Psychological Theories of Gender Development

Psychodynamic Theory (1)



- Children enter phallic stage age 3-4yr and begin to have sexualised feelings for their opposite sex parent. Oedipus/Electra complex
- Gender identification is a means to cope with feelings of guilt and jealousy toward same-sex parent.
- Gender identity complete at resolution of Oedipus/Electra stage
- Although gender identity and behaviour occur earlier than theorised. Freud is insightful to the strong “love” attachments that occur to opposite gender parent.

Social Learning Theory (1)



- Proposes all gender patterns are learned rather than inborn and that parents, teachers and society are responsible for gender identity and gender roles.
- Children learn gender by rewards for gender appropriate behaviour or punishments for gender inappropriate behaviour.
- SLT developed at height of Nature vs. Nurture debate. Heavily influenced by feminism. Highly influential in the 1970s and formed the basis for treatment of intersex conditions.

1. Storms (1980). *J of Personality and Social Psychology*, 38: 783-92.

Evidence For Social Learning Theory



- Evidence that children treated differently from birth. (1)
 - Use different language (beautiful vs. strong).
 - Parents interact differently (cuddles vs. wrestles and talking vs. rough play).
 - Gender appropriate toys (guns, cars vs. dolls).
 - Different behaviours are encouraged (assertive/don't cry vs. nurturing/co-operative).
 - Increase access to media likely to hold more gender stereotypes. (2)

1. Spencer et al. (2002). Extensive review in *Human Sexuality*. p195.
2. ter Bogt (2010). *Sex Roles*, 63(11-12): 844-859.

Social Learning: Modelling



- Combine psychoanalytic and learning theories
- Children learn their gender identity by observing their carers (1)
- Proposed that children have strong gender concepts as parents more sex-stereotyped during a child's infant years than any other time in their life span (2)
- Evolving roles of male parents is evidence of the impact of modelling. Men more likely to active role in parenting if father have done so. (3)

1. Bandura (1977). *Social Learning Theory*.
2. Fieldman et al. (1981). *Developmental Psychology*, 13:24-35.
3. Fox et al. (2009). *Community, Work & Family*, 12(3):313-326.

Cognitive Developmental Theory (1)



- Suggests gender comprehension is limited by cognitive abilities.
 - Children do not comprehend gender until 18 months.
 - Gender identity not constant until 3 yrs. Boy grow up to be a mummy.
 - Gender stability occurs at 4-5yrs. Understand that gender retained for a life time.
 - Gender constancy around at 7-8 yrs: Gender does not change even when gender presentation changes.
- Younger the child the more gender stereotyped and inflexible (2)

1. Kohlberg (1928-1987).
2. Frable (1997). *Annu Rev Psych*, 48:139-62.

Cognitive Development: Gender Schema Theory (1)



- Used to explain how gender stereotypes may continue to be maintained in current society.
- Proposes that gender is a means of organising perceptions of the world
- Gender schemas are a cluster of mental representations about female and male qualities, behaviours and personality traits

1. Bem (1979). *J of Consulting and Clinical Psychology*, 42: 155-162.

Evidence For Gender Schema Theory

- Once established gender schema resist change, even when broad changes occur e.g.
 - parents can't accept their sons wearing effeminate clothes; grandparents long hair. (1)
- Evidence for schema theory:
 - Memory is better for gender-consistent activities and information. (2)

1. Levy and Carter (1989). *Developmental Psychology*, 25:444-449.
2. Frable et al. (1983). *J of Personality and Social Psychology*, 49, 1-10.

Androgyny Theory (1)



- Postulates that masculinity and femineity constitute separate personality dimensions.
- Counters the misconception that masculine and feminine are opposites.
- Proposes individuals can develop both masculine and feminine traits. That traits become evident dependent on the situation.
- Bem proposed that those with higher androgyny traits would be better adjusted

Evidence for Androgyny



- Adolescence with psychological androgynous or masculine traits have higher self esteem and better adjusted. (1)
 - Adjustment seems to be related to masculine traits of assertiveness and independence. (1)
- As an adult feminine traits appear to predict success in intimate relationships both men and women
 - Husbands marital happiness is positively related to femininity in wives. (2)
 - Wives marital happiness is also positively related to husbands femininity. (3)

1. Lamke (1982). *Child Development*, 52: 1530-35.
2. Antill (1983). *J of Personality and Psychology*, 52: 260-267.
3. Coleman & Gannon (1985). *J of Personality and Soc Psych*, 49: 170-176

Evidence for Androgyny



- As an adult feminine traits appear to predict success in intimate relationships both men and women
 - Husbands marital happiness is positively related to femininity in wives. (1)
 - Wives marital happiness is also positively related to husbands femininity. (2)
- Infertile men who have high masculinity scores on Bem Sex Role inventory have lowest general health and highest state anxiety scores. (3)

1. Fischer et al. (2010). *Fertility & Sterility*. 94(2):574-80.

2. Antill (1983). *J of Personality and Psychology*, 52: 260-267.

3. Coleman & Gannon (1985). *J of Personality and Soc Psych*, 49: 170-176

Gender and Infertility Interact

Masculinity, Sexual Behaviour & Fertility



- Masculinity asserts men as: (1)
 - The initiator and director of sex.
 - As responsible for good/functional sex.
 - Needing to ejaculate every time they have sex.
- Masculinity maybe threatened: (2)
 - If women dictate/drive sex for conception.
 - If not able to ejaculate when trying to conceive.

1. *Zilbergerld. New Male Sexuality.*

2. *Elliot (1998). Canadian J of Human Sexuality, 7(3): 295-303.*

Masculinity, Sexual Behaviour & Fertility



- Trying to get pregnant may cause sexual dysfunction
 - Inhibited ejaculation/ erectile dysfunction due to performance demands or loss of arousal due to goal focused sex. (1)
- Sexual dysfunction may cause infertility
 - Pre-existing sexual dysfunction. (2)
- Current media portrays an increase in male infertility and conflation of infertility and impotence. (3)

1. Zilbergerl. *New Male Sexuality*.

2. Elliot (1998). *Canadian J of Human Sexuality*, 7(3): 295-303.

3. Gannon et al. (2004). *Social Science & Medicine*, 59(6):1169-1175

Masculinity and Infertility



- Common stereotype that men are not supposed to be as upset as women about infertility
 - Fischer's research found men are equally upset about loss of fatherhood as women about motherhood. (1)
- Men who could not become fathers had increased incidence of guilt at not being a good husband than fertile men. (2)

1. Fischer et al. (2010). *Fertility & Sterility*. 94(2):574-80.
2. Elderman (1996). *J of Reprod and Infant Psych*, 14(2): 113-119

Femininity and Infertility



- Meta analysis: Infertile women have poorer QOL and HRQOL than infertile men. (1)
- Women distress related to their belief that they failed at the ultimate female role of mother. (2)
- Women with Poly cystic ovaries felt less feminine due to irregular menstruation and infertility. (3)

1. Kitzinger & Willmot (2002). *Social Science & Medicine*. 54(3):349-61.
2. Chachamovich et al. (2010). *J of Psychosom Obstet & Gyne*, 31(2):101-10.
3. Gonzalez (2000). *Issues in Mental Health Nursing*. 21(6):619-33.

Discussion

- How have you seen gender affect infertility?
- Do you think that infertility affects the genders differently?

Sexual Identity and Fertility

Lesbians and IVF



- Limited information about lesbians and access to IVF
- Law recognised co-mothers of IVF children in NSW in 2008.
- Social stigma remains for same-sex parents despite multiple studies finding no difference in children raised by gay parents:
 - No difference in child self-concept, locus of control, moral judgement, intelligence, sexual orientation, sex role behaviour, or peer and adult relationships (1, 2, 3)

1. Patterson (1995). *American Psychological Assoc Public Interest Directorate*
2. Flaks, et al. (1995). *Dev Psychol*, 31: 105-14.
3. Leiblum (1995). *J Psychosom Obstet Gynecol*, 16: 11-20. .

Clinicians Attitudes to Lesbians



- Clinical feed back of similar judgement of single women who have IVF.
- Attitudes of clinicians tend to reflect society at large
- Clinicians report:
 - Uncomfortable providing care to lesbians. (1)
 - Lack of training and feel embarrassed discussing sexuality. (1)
 - Clinician eager to learn. (2)

1. Gilman, et al. (2001). *J Am Med Assoc*, 91: 933-9.

2. Koh (2000). *West J Med*, 172: 379-84.

Lesbians and Health Care



- Gay and lesbians report overall dissatisfaction with health care. (1)
 - Not known if this applies to reproductive services
- Sydney lesbians are selective about service attendance:
 - Generally frequent 2 specific IVF clinics
 - As they fear lack of respect, non- acceptance and judgement.

1. Bonvicini & Perlin (2003). Patient Ed and Couns, 51: 115-122
2. Gilman, et al. (2001)J Am Med Assoc, 91: 933-9.
3. Koh (2000). West J Med, 172: 379-84.

Lesbian Specific Information



- Most lesbian relationships are monogamous long-term relationships. (1)
- Primary partner and close network of friends are alternate family structure. (1)
- Increased co-morbid conditions such as depression, anxiety, self-harm, smoking, ETOH, illicit drug use (2; 3)
 - Higher risk for postnatal depression and anxiety. (3)

1. Bonvicini & Perlin (2003). *Patent Ed and Couns*, 51: 115-122
2. East & Rayes (1998). *J Adolsc Health*, 23: 191-3.
3. Leiblum (1995). *J Psychosom Obstet Gynecol*, 16: 11-20

Lesbian Specific Information



- Dissatisfaction with health care is due in part to lack of lesbian specific health care information:
 - Most lesbian relationships are monogamous long-term relationships. (1)
 - Primary partner and close network of friends are alternate family structure. (1)
- Increased co-morbid conditions such as depression, anxiety, self-harm, smoking, ETOH, illicit drug use (2; 3)
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3. Leiblum (1995). *J Psychosom Obstet Gynecol*, 16: 11-20

Strategies To Improve Acceptance & Inclusion

Language



- Inquire about significant relationships, family structure.
 - Do you have a **partner, are you in a relationship** vs. are u married
 - **Who are the important people in your life?**
- **Encourage any parenting concerns**
 - Single women and lesbians concerned about absent father role
 - Explain **confidentiality**

Open Communication



- Consider **posting a written policy** of practice that explicitly includes equal treatment for sexual orientation and single women.
- Evaluate what communication messages are sent in waiting room via **educational material and reception staff**
- Circulate important **research findings** in regard to lesbian and single women's
- Present a positive and accepting attitude
- Be aware of sensitive referral sources.

Open Communication



- Lesbian women have asked for more information:
 - Sperm donation and donor insemination
 - Sperm banking and quarantining

Discussion



1. Do you think single women and lesbians should be allowed to access IVF technologies?
2. If so, is there anything you would change about your practice to make them feel accepted?
3. If not, what is an appropriate way to refer these women without making them feel judged?

Differences Between Males And Females

Differences Between Boys and Girls ⁽¹⁾



- Young boys advantage in skills that emphasize force and power
- Girls have an edge in fine motor skills, gross motor which require balance e.g. skipping
- Girls initially ahead in physical maturity when young and finish pubertal maturation earlier than boys
- Boys take over during puberty having up to 2 extra years of growth.
- Increased body mass, strength and height (2)

1. Graber et al (1996). Transition through adolescence, p23-53.
2. Vanderberg (1997). *Biomed Sci Instrum*, 33:100-5.

Differences In Adolescence



- Adolescence is a period of gender intensification.
 - Increased gender stereotyping of attitudes & behaviour (1)
 - Gender intensification is stronger for girls during adolescence as girls less stereotyped during childhood (2)
 - Biological, social and cognitive factors

Galambos et al (1990).

Huston & Alvarez (1990)

Differences Between Men & Women



- No overall difference in cognitive ability between genders. (1)
 - Girls superior in verbal abilities (2)
 - Male superior in visual-spatial abilities: (3)
 - Testosterone spurs growth of right hemisphere and slows left (3)
 - High levels of hormones do not enhance intelligence but although a minimum level may be needed for optimal development of some cognitive processes (4)

1. Halpern & LaMay (2000). *Emotional Psychology*, 12(2): 229-246.
2. Halpern (1997). *American Psychologist*, 52:1091-1102.
3. Gron et al (2000). *Nature Neuroscience*, 3(4): 404-408.
4. Collaer (1995). *Psychol Bull*, 118(1):55-107.

Gender Differences



- Meta-analysis, Adult Personality differences (1)
 - Females: exceed men in extroversion, anxiety, trust & nurturance.
 - Males: assertiveness, tough mindedness, aggressiveness, self-esteem.
- Differences in friendships (2)
 - Men do things with their friends
 - Women share emotional content with friends
 - Men with more androgenous traits have more close male-friends (3)

1. Feinigold, 1994)Psycho Bulletin, 116:429-456.
2. Fox et al (1985). Psych of Women Quarterly, 9: 489-502.
3. Jones & Debo (1989). Merril Palmer Quarterly, 35:445-462.

Discussion



1. How much do you think biology/physiology influences gender identity and sexual orientation?
2. Do you have any experience of social learning theories in action?
3. What do you think Do you relate to having gender consistent behaviours or a mixture of both?
4. Other questions?

Transgenderism

Transgender Terms



- Umbrella term: includes transsexual, bigendered and those with fluid genders.
- **Transgender** does not affect sexual orientation: can be homosexual, heterosexual or bisexual
- **Transvestite**, is a male who like to wear female clothing, usually for sexual gratification. Usually has male gender identity and is usually heterosexual.
- **Drag kings/queens**. Gender as displays of personality and performance. Usually gay, lesbian or bisexual.

Transgender History (1)

- Transgendered persons have existed historically and cross culturally. (1)
- Currently social constructed to involve medical treatment. Australian Law requires 2 medical interventions to change change birth certificate.
- F to M more visible as more acceptable for female to present with male gender characteristic
- Transgender theory is pathologised and in its infancy

Transgender Development



- Recent evidence that Transgender may be a neuro-developmental condition. (1)
 - Hypothesised altered hormone environment could be due to genetics, medication, stress or trauma to the mother during pregnancy. (2)
 - Pre-natal experience creates a predisposition for transgenderism, which is then influenced by socialisation. (3)
- Hypothesis based on animal studies that demonstrate hormone exposure at different critical period influences brain sex-diamorphism. (4)

1. Swaab (2001). *Hormones and Behavior*, 40, 93-98.
2. Whitten et al. (2002). *Neurotoxicology and Teratology* 24: 47-54.
3. Ward et al. (2002). *Hormones and Behavior*, 41:229-235.
4. Kawata (1995). *Neuroscience Res*, 24, 1-46

Discussion

- What do you think causes transgenderism?
- Do you think that all transgendered people have gender dysphoria?