

## Transgenderism

Transgender expression, where one's gender identity is inconsistent with one's biological sex, has been documented historically and cross-culturally. Australian discourse on gender variance is in its infancy and current social understanding and medical models continue to pathologise cross-gender behaviour. Multiple cross-cultural and historical examples of gender variance demonstrate that transgendered persons have always existed and provide non-pathological understandings of the richness of human gender expression.

Cultures which recognised the existence of more than two genders include: the Xanith of Islamic Oman, La Guarjira of Venezuela and Columbia and Acault of Myanmar.

The Navajo Indians identify 5 categories of gender and the Chukchi of Siberia identify at least seven categories of gender in addition to male and female. Cultures with alternative-gender social positions have also been found in Maori of New Zealand, shamans of Vietnam and Korea, Zulu of South Africa, Bantu of Angola, Konso of Ethiopia, and the Fanti of Ghana. (see Istar (2004) for review.)

Many religious and spiritual teachings have also recognised cross-gender behaviour and intersexuality. For example, Indian culture and spirituality and Greek history, literature, and mythology are replete with numerous images of cross-gender experience, in addition to intersex, sex changing and cross-dressing Gods and Goddesses. Western religious proscriptions, found in the Torah, Christian Bible and the Koran, speak of the existence and perhaps frequency of cross-dressing behaviour. Feinberg (1996) suggests that scriptural reference to cross-dressing were attempts to separate the newly forming religions from the pagan traditions, where cross-gendered behaviours were common and celebrated. Despite biblical pronouncements, Judaism has historically recognised cross-gender experience. Jewish law lists detailed regulations for people of unclear gender identification (Tosefta Bikkurium 2:3-7)

Modern European and North American cultures also have frequent historical accounts of gender variance such as the Mollies, cross dressing men, and the Tommies, passing women, of the eighteenth century. There are numerous accounts of gender variant people from the fifteenth through to the eighteenth century, two well-known examples include a prominent French political diplomat, Chevalier d'Eon (1728-1810) who lived much of his life in women's clothing, and wrote extensively on a both a woman passing as a man and a man passing as a woman. And Queen



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Christina/Count Dohna of Sweden (1626-1689) who abdicated her throne to dress in male attire (see Bullough & Bullough, 1993, for through review).

Eighteen century medical science gave rise to the numerous explanations and theories about cross-gender behaviour. Early sex reformers, such as Magnus Hirschfield, Havelock Ellis and Kraft Ebbing believed that sex and gender variance were normal human deviations. However in attempt to move sexual and gender deviations from the category of sin and criminal offense, both sexual orientation and cross-gender behaviour became conceptualised as a disease.

Diagnostic labelling of transgender variance is a controversial and political issue. The Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Ed (DSM) is the dominant classification system of psychiatric disorders and has been widely criticised on many fronts, including that it is sexist, racist, and heterosexist. The DSM is slow to evolve, and issues of sexuality are, in my opinion, the most archaic aspects of the text and demonstrate little statistical validity. Gender Identity Disorder and Transvestic Fetishism are two diagnoses that pathologise gender variance. There is no doubt that for some, living in a transphobic society causes immense psychological distress, dysphoria with their anatomical sex and social disadvantage. However, as we have seen with homosexuality, psychological symptoms are more likely to be related to the effects of social denigration, shame and ostracism rather than gender related mental illness.

Increasingly more people are coming forth that do not fit the criteria of gender dysphoria, Gender identity disorder or who experience fluidity in gender expression. For example, there are people who are cross-gendered for discrete periods of time and those who live a mixed or bi-gendered existence and do not transition to the "opposite" sex. Then there are others who enjoy the performativity of gender and blend or mix their styles as ways to express themselves. Some enjoy their genitals and are comfortable living in their preferred gender without changing their bodies, while others are comfortable with some body modification without changing their social presentation.

Contemporary society is grappling with gender roles and gender transgression, just as it did with homosexuality. Depathologising transgenderism is required, whilst recognising the huge emotional, social, vocational relationship and family challenges that transgendered people face. Consequently, depathologising



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Transgender experience requires the need for quality, compassionate and educated clinical services.

Istar, A. (2004) *Transgender emergence; clinical guidelines for working with gender variant people and their families*. New York: Haworth Clinical Practice Press.

Feinberg, L. (1996). *Transgender warriors*. Boston: Beacon Press.



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