# The Medicalization of Gender Nonconformity through Language: A Keywords Analysis

By Angelo C. Galluzzo

**ABSTRACT.** In 2012, the American Psychiatric Association (APA) changed the nomenclature of the 'gender identity disorder' (GID) to 'gender dysphoria' in the Diagnostic and Statistical Manual of Mental Disorders (DSM) to reduce the social stigma attached to transgender identities. While the recognition of gender nonconformity by the medical authorities has led to some beneficial consequences, the language of pathology has narrowed the definitions of transgender identities and has created additional stigma. By analysing the web pages of five major health providers of English-speaking countries through corpus-based software, this article demonstrates that the language used in the five websites is incoherent with the new standards created by the APA, and it constructs a non-inclusive description of pathology. The paper aims to describe some of the difficulties transgender people encounter in accessing health services and highlight the importance of language for inclusive medicalisation.

## Introduction

In the second part of the last century, many English-speaking countries recognized the necessity of specialized care for transgender people (Stroumsa, 2014). Language played an important role in the medicalization of gender nonconformity and its integration in the law systems of those countries (Drescher, 2013). More recently, the shift of medical nomenclature from "Gender Identity Disorder" to "Gender Dysphoria" aimed at creating appropriate and inclusive terminology while maintaining the required law standards of pathology (2013). However, the social consequences of the medicalization of transgender identities have been both positive (services available to transgender people) and negative (stigma) (Johnson, 2019).

In this paper, I analyzed the web pages of five major national health providers to research how they use language to describe "gender dysphoria. Firstly, I introduce the literature that informed this paper, and I describe the data and the methods of analysis used. Then, I use tables and extracts to illustrate the findings of this research project. Lastly, in the conclusion, I make relevant connections to the literature previously introduced.

## The Medicalization of Gender Dysphoria

'Medicalization' is the process of defining a phenomenon through medical language in order to categorize it as one that can be assessed, treated, and (possibly) cured by standard medical services (Conrad, 2007). The first official medical recognition of gender nonconformity was included in the third edition (1980) of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) by the American Psychiatric Association (Stroumsa, 2014). In the DSM-3, gender nonconformity was referred to as "gender identity disorder" (GID). The nomenclature remained the same until 2012 when GID was changed to 'gender dysphoria' in the newest edition of the DSM (DSM-5) (2014).

While the medicalization of transgender identities has arguably led to some beneficial consequences (access to healthcare—sometimes free—for transgender people), its social effect can be negative (Johnson, 2019). Defining gender nonconformity as a medical issue (whether it is called disorder or dysphoria) constructs trans identities as different from the norm, and it exposes them to many more negative social

categorizations (2019). This aspect of medicalization has always represented an obstacle for the LGBTQ+ community. Initially, the wrongful use of pathology to describe the experience of gay men and lesbian women helped construct the assumption that being heterosexual was the norm (heteronormativity) (Lev, 2013). However, while the identity of gay men and lesbian women is not questioned by the medical authority anymore, transgender identities are still suppressed into categories of heteronormativity that have consequences on the treatments provided (2013). A study conducted by Carabez et al. (2015), for example, revealed that 95% of the 268 nurses from the San Francisco area who were interviewed were confused or lacked knowledge of gender-inclusive language surrounding trans patients.

Following the considerations made so far, it is arguable that the language used by the medical authority in the process of medicalization has important consequences. Nonetheless, scientific accuracy is not the only factor that influences language choices. Drescher (2013) explains that the changes in terminology in the DSM-5 were aimed at finding a definition that reduced social stigma while still maintaining the legal requirement for the "treatment" to be paid by a third party. In other words, choosing language items that excluded a narrative of pathology would have resulted in an elimination of many free health services for transgender people (2013). According to the APA, the new term "gender dysphoria," together with the modifications made to pathology, would move the focus to the physical incongruences trans people experience, rather than their gender identity (2013). According to Davy (2015), this is problematic because it leads to a specific definition of the distress trans people experience, although some might not experience distress or experience it in other forms. The definition might also lead transgender people to adapt to the description of the specific distress so they can be taken seriously by the medical authority and access services (2015).

Even though the major health providers of western countries such as the US and the UK have adopted the distress narrative, The World Professional Association for Transgender Health's (WPATH) acts differently (Davy 2015). The organization advocates for a language shift that surpasses the distress model in trans healthcare and implements, instead, a method of collaboration (2015). In doing so, trans healthcare should become a service that supports transgender people in their path, by accepting the many forms that it might take. Distress then, if present, should be treated as such and not as inherently related to physical incongruence or identity (2015). However, a focus on language shift is not only advocated by the WPATH. Language reforms have been advocated by feminist scholarship since the conception of queer theory (Cameron 1990). More recently, both academia and the mainstream media have seen a rise in language activism for trans inclusion that has also been widely opposed by conservatives on a political basis (Zimman, 2017). The most popular introductions of gender-inclusive language in the general lexicon include the use of non-binary pronouns, the elimination of gendered lexical items, and the specific definitions of terms such as sex and gender. Nonetheless, gender-inclusive language can also be a double-edged sword. While Butler (1999) had argued for the naming of pronouns as a tool for revealing hidden heteronormative ideologies, Namaste (2005) observes that the introduction of terms such as "cisgender" and the use of "cis" pronouns might be tools for reinforcing heteronormativity and oppressing nuanced queer identities into the "non-binary" umbrella term. This theory was sustained by the findings of McGlashan and Fitzpatrick (2018), who conducted a study with queer youth in Auckland, Aotearoa/New Zealand. The authors found that the queer students they interviewed often changed their pronouns or avoided stating them while their straight identifying peers had no issues stating their "cis" pronouns. Results

of this kind might indicate that gender-inclusive language is being introduced to the general lexicon in the wrong way. We cannot expect that the introduction of new terms and definitions will simply eliminate transphobia or discrimination against queer identities (Zimman, 2017). Instead, the resignification of already existing gendered lexical items is necessary in order to eliminate gender bias from the mainstream lexicon (Zimman, 2017). However, while language reforms are central to queer theory and activism, language change is only significant when it is supported by the community of speakers (Ehrlich and King, 1992). Therefore, as Zimman (2017) argues, language is just one part of the reforms necessary for trans inclusion.

## Methodology

### *Data*

The data consists of five web pages from major health providers of English-speaking countries. The five countries chosen are:

1. Australia: Health Direct
   https://www.healthdirect.gov.au/gender-dysphoria
2. Canada: Canadian Psychological Association (CPA)
   https://cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_GenderDysphoriaInAdolescentsAndAdults.pdf
3. Ireland: Health Service Executive (HSE)
   https://www.hse.ie/eng/health/az/g/gender-dysphoria/
4. United Kingdom: National Health Service (NHS)
   https://www.nhs.uk/conditions/gender-dysphoria/
5. United States: American Psychiatric Association (APA)
   https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

The five countries were chosen according to specific criteria. Those were: the country had to recognize "gender dysphoria" in their medical system; the country had to recognize and provide 'treatment' for "gender dysphoria"; the country's leading health provider had to provide specific information about "gender dysphoria" on a dedicated internet platform. Malta and New Zealand met the first two criteria but they were excluded. In both cases, their national health providers did not have a specific information source for "gender dysphoria."

For four out of the five countries, the internet platform analyzed is a website. Canada was the only one to provide their information on a PDF fact sheet. Moreover, the datasets consist of the text and subtitles of the main bodies only. Excluding, therefore, the main title, the list of references (if present), any appendix and any side texts such as advertisements, suggestions and users' comments.

### *Methods*

The five web pages and one PDF document were treated as five separate lexical datasets. The software Sketch Engine (https://www.sketchengine.eu/) was used to extract keywords. Each one of the datasets was compared against the other four combined together to extract the outstanding keywords. Even though Sketch Engine produces both a single-word and a multi-word list of keywords, the single-word list was excluded. This was because, after an initial smaller analysis, I concluded that the multi-word keywords included the same words of the single-word list, but in clusters that carried more thematic significance. For each of the five resulting keyword tables, the first five will be

analyzed thoroughly. To establish the most relevant extracts, the multi-words were cross-examined with the full-length document. Their collocation was, in fact, crucial to determine the context and avoid false conclusions. Moreover, I was able to identify three main themes that are recurrent in the five datasets: distress and clinical assessment; obsolete notions; uncategorized. The colors refer to the coding on the tables and datasets.

**Keywords Analysis**

In this section, I will analyze the five top multi-word keywords of the five countries. For each one of the countries, I will use language extracts to discuss the collocation of the keywords and their contest.

***Australia***

Figure 1 represents the five top keywords found in the Australian dataset. As for the three thematic categories, these five keywords include three of "distress and clinical assessment" and two "uncategorized." Even though the name might suggest otherwise, the "uncategorized words" were analyzed with the same methods.

**Figure 1**

| | Word |
|---|---|
| 1 | legal authority |
| 2 | puberty cross-sex |
| 3 | low-level distress |
| 4 | serious distress |
| 5 | appropriate form |

The first keyword, "legal authority," is categorized under "distress and clinical assessment" because it is used, in the text, to describe the legal permission needed for someone underage to "begin transition." The third and fourth keywords are both categorized as words used to construct a narrative of distress. In Language Example 1, the two keywords are used together in the same passage.

**Language Example 1**

> This feeling, that there is a mismatch, can trigger a range of responses. Some people experience serious distress, anxiety and emotional pain, which can affect their mental health. Others experience only low-level distress — or none at all.

The discourse of distress is the main element of transgender pathology (Davy, 2015). To legally establish treatment, health providers need to describe symptoms, and distress is the main one for gender dysphoria. However, as we can see in the extract, Health Direct Australia does specify that people who have gender dysphoria might also experience "low-level distress" or none at all. This finding is unique to Australia and Canada, as I will show in the next section. Moreover, this finding relates to the fifth keyword, "appropriate form," used to specify that gender identity should not be subject to medical authority (as shown in Language Example 2):

**Language Example 2**

It is unethical for a doctor or psychologist to try to change your gender identity, and this is not an appropriate form of treatment.

Both the findings suggest that Health Direct Australia used a more inclusive language in describing the trans experience. While the discourse of distress is still present, the pathology seems to be framed in a way that is inclusive of those who do not experience distress or those identities that are outside of the trans pathology itself. However, the focus on the discourse of distress might still indicate that care is provided only for those who do experience it.

***Canada***

Figure 2 represents the 5 top keywords for Canada:

**Figure 2**

| | Word |
|---|---|
| 1 | fact sheet |
| 2 | sex development |
| 3 | gender identity disorder |
| 4 | identity disorder |
| 5 | internal sense |

The first keyword "fact sheet" resulted outstanding because the Canadian Psychological Association used a PDF "fact sheet" rather than a web page. Keywords 2, 3, and 4 are all categorized as "obsolete notions. I created this category to include all those narratives that seem to be in contradiction with the values of the new DSM-5 (Drescher, 2013) or support heteronormative ideas about gender nonconformity. "Sex development," "gender identity disorder," and "identity disorder" were all used to medicalize gender dysphoria as an abnormal condition and a condition of identity. Of all three, "gender identity disorder" is interesting because it is the old nomenclature for the "condition" in the third edition of the DSM (Drescher, 2013). Language Example 3 shows its collocation:

**Language Example 3**

It is important to note that many gender-variant people are comfortable with their gender identity, would

not meet criteria for gender identity disorder, and never seek treatment.

This finding, in particular, is proof that Canada's health direct has not yet incorporated the language modifications of the DSM-5. Instead, the website includes an old lexicon that is connected to a very restricted description of the transgender experience. The use of such vocabulary might impact the trans readers of the website negatively. As argued by Davy (2015), trans people might adapt their experience to the

pathology described by a medical authority to receive medical help and care. Moreover, it is notable that, as for Australia, Canada's Health Direct specifies that distress is not a constant factor in gender dysphoria. This narrative is visible in both Language Example 3 and 4.

**Language Example 4**

Most people experience little doubt about their gender, seeing themselves as either male or female.

However, many people have a more fluid sense of gender. Others experience an inconsistency between

their internal sense of gender (their gender identity) and their physical sex (which generally matches the

The fifth keyword, "internal sense," is used to describe distress and incongruence between sex and gender. Even though the text specifies that not every transgender person experiences dysphoria, "treatment" is only proposed for those who do. This finding might represent the legal requirements that prevent people from accessing healthcare if they do not experience defined symptoms (Drescher, 2013).

***Ireland***

The five top keywords for Ireland are represented in Figure 3. Notably, I categorized all five of them as "obsolete notions. Together with the APA of the US, the Irish HSE web page was the one to contain the most keywords in that category.

**Figure 3**

| | Word |
|---|---|
| 1 | preferred gender |
| 2 | opposite sex |
| 3 | preferred gender identity |
| 4 | gender confirmation |
| 5 | confirmation surgery |

For the first three keywords, the choice of adjectives was the factor that influenced my categorization the most. In the first and third keywords, the noun phrase "preferred gender" is the only example of the use of such adjective in all five of the datasets. In the whole document, "preferred gender" is used a total of 14 times in various collocations. Interestingly, the analysis of this noun phrase highlighted some topics that only the HSE discusses in their website (which is considerably longer than the others) including help with clothes choices when transitioning, a discussion of a "typical gender development," and a larger discussion of possible "causes" for gender dysphoria. It might be argued that those topics, unique to the HSE website, indicate a heteronormative approach to gender non-conformity. In particular, the section about clothes choices might covertly suggest that all trans people want to be present as one of the two genders of the binary. Narratives as such restrict gender nonconformity to heteronormative notions (Lev, 2013) and might

be more damaging than helpful in the provision of inclusive medical care for transgender people.

The second keyword is the noun phrase "opposite sex," which is used a total of 14 times on the web page. Even though the difference between "gender" and "sex" is defined early in the text, the analysis of the second keyword revealed that sex was used as a synonym of gender. This contradiction was also found in the language of the APA document.

The fourth and the fifth keywords are used, in the text, in the same phrase, as shown in Language Example 5:

**Language Example 5**

Once your child reaches adulthood at 18 years of age, they can begin the process of gender confirmation surgery, which will change their gender irreversibly (also known as transition). Not all children who experience gender dysphoria will go on to transition. In fact, the number of children who go on to become transsexuals is very small.

The HSE was the only web page to refer to the surgery extensively as "confirmation surgery." The other texts analyzed seemed to lack detailed information about the surgery in the section considered or used "affirmation" instead. Here, lexical choices are significant because words such as "affirmation" and "confirmation" might suggest that the medical authority is concerned with the definition of trans patients as either "male" or "female."

***UK***

The top five keywords for the UK are illustrated in Figure 4. The first four were all categorized as "distress and clinical assessment" because, in the text, they are all used to describe what happens at "gender dysphoria clinics." According to the NHS website, the clinics are the primary referral point for patients over 17 that experience gender dysphoria. The clinics are also responsible for the "assessment" of the "condition" and further plans.

**Figure 4**

| | Word |
|---|---|
| 1 | dysphoria clinic |
| 2 | gender dysphoria clinic |
| 3 | prior approval |
| 4 | detailed assessment |
| 5 | last decade |

While the first and the second keyword appear because of the uniqueness of the English referral system, the third and the fourth are outstanding because of the strict assessment structure of the NHS for gender dysphoria. "Prior approval" is used to inform the patients that a GP referral is not necessarily needed, but preferred. However, "detailed assessment" is used to describe the process of evaluation of the dysphoria clinics (as shown in Language Example 6). That finding highlights that the NHS is the provider that stresses the discourse of assessment the most out of the five analyzed. It

could be argued that the strict referral system of the UK is the result of a narrow definition of the "symptoms" transgender people might experience. As Davy (2015) argues, narrow symptomatology can lead transgender people to adapt their experiences to have access to healthcare.

**Language Example 6**

After a detailed assessment to confirm the diagnosis of gender dysphoria and what it means for you, the GDC team will work with you on an agreed treatment plan.

The fifth keyword is "uncategorized." However, its collocation, shown in language example 7, constructs a particular narrative of diagnosis. It might be argued that the diagnoses of gender dysphoria have increased, in the past 10 years, because of the availability of help and resources for transgender people. Nonetheless, the NHS uses this factor to justify the long referral waiting times. This finding might be related to the introduction of neoliberal policies and language in the English health system (Garnham, 2017). The increasing privatization of the NHS as a health provider means that free services are often defunded to encourage patients to self-fund treatment (2017).

**Language Example 7**

The number of people being referred and diagnosed with the condition has increased a lot over the last decade. In 2018/19 around 8,000 people were referred to adult gender dysphoria services in England.

***US***

The five top keywords for the webpage of the APA are represented in Figure 6. The first four were categorized as "obsolete notions." After Ireland, The APA's website was the second corpus with the most keywords for that category. Moreover, the first, second, and third keywords are noun phrases that use gender as a synonym of sex, even though the difference between the two is stated earlier in the text (see Appendix: Language Example 9).

**Figure 5**

| | Word |
|---|---|
| 1 | gender expression |
| 2 | assigned gender |
| 3 | strong preference |
| 4 | alternative gender |
| 5 | marked incongruence |

An example of the contradiction between the definition and the use of "sex" and "gender" is the extract of language example 8. In the extract, the APA gives a list of "symptoms" that might occur for a patient who is experiencing gender dysphoria.

**Language Example 8**

- Sex/gender assigned at birth: Traditional designation of a person as "female," "male," or "intersex" based on anatomy (external genitalia and/ or internal reproductive organs) and/or biology (sex chromosomes and/or hormones). "Sex" and "gender" are often used interchangeably, but they are distinct entities. It is best to distinguish between sex, gender identity, and gender expression and to avoid making assumptions about a person regarding one of these characteristics based on knowledge of the others. This is sometimes abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth).

Starting from the initial definition, "assigned gender" (keyword n.2) is used instead of "sex." However, the first three points of the list use "sex" as a descriptor of physical characteristics. Within the same sentences, we can also see the use of the fifth keyword "marked incongruence" to describe the distress of experiencing dysphoria. The last four points go back to the use of "gender" as a synonym of "sex." Therefore, it might be argued that the language of the list is contradictory and confusing in the terminology. This finding might be considered peculiar because the APA is the medical authority that supervises the revisions of the DSM itself (Stroumsa, 2014). Similar to the conclusions of the study on the nurses in San Francisco by Carabez et al. (2015), this finding highlights the necessity for education on appropriate and inclusive language for medical professionals. Moreover, it supports the argument of Zimman (2017), who advocates that the resignification of existing gendered lexical items and the creation of a suitable social environment are essential requirements before the introduction of a new lexicon of inclusion.

**Discussion**

This paper has addressed the language of five major national health providers of English-speaking countries. Through the use of software and keyword analysis, I have found the most outstanding discourses used by each one of the five countries. The outstanding phrases found suggested that, although the DSM-5 has changed its terminology to fight stigma, the providers here analyzed still constructed obsolete narratives of homonormativity and identity distress (Johnson, 2019). In particular, the webpages of the APA in the USA (authors of the DSM) and the HSE in Ireland included the highest number of phrases associated with obsolete notions of identity. On the other hand, the analysis of the language of the NHS in the UK and the CPS in Canada revealed that the two countries describe "distress" as a fundamental prerequisite for accessing treatment. Moreover, while the DSM-5 dismissed the use of "identity disorder" (Drescher, 2013), four countries (all but Australia) still used "disorder" as a synonym of "dysphoria." This was not the only contradiction found. Both the APA and the HSE repeatedly used "sex" and "gender" as synonyms after defining them as distinct terms.

**Conclusion**

In conclusion, this paper has provided evidence to suggest that the five health providers considered are yet to fully embrace the innovations of the DSM-5. The existing legal systems might indeed influence the language used to medicalize gender nonconformity (Drescher, 2013). However, the work of The World Professional Association for Transgender Health's (WPATH) suggests that it is possible to provide care for transgender people while using an inclusive language of pathology. There is a necessity for medical professionals to be educated on the importance of using inclusive language

when providing care. The introduction of new terminology by the APA, or any other medical authority, does not seem to be effective in reducing stigma. Education and the resignification of the gendered items of the medical lexicon could be the necessary basis for medical professionals, policy-makers and patients to become receptive to the introduction of new and inclusive lemmas.

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## Appendix

### *Coded Table*

| Countries | Keywords found (by category) | | |
|---|---|---|---|
| | Distress and clinical assessment | Obsolete notions | Uncategorised |
| Australia | III | 0 | II |
| Canada | I | III | I |
| Ireland | 0 | IIIII | 0 |
| UK | IIII | 0 | I |
| USA | I | IIII | 0 |

### *Australia*

| | Word |
|---|---|
| 1 | legal authority |
| 2 | puberty cross-sex |
| 3 | low-level distress |
| 4 | serious distress |
| 5 | appropriate form |

### *Canada*

| | Word |
|---|---|
| 1 | fact sheet |
| 2 | sex development |
| 3 | gender identity disorder |
| 4 | identity disorder |
| 5 | internal sense |

### *Ireland*

| | Word |
|---|---|
| 1 | preferred gender |
| 2 | opposite sex |
| 3 | preferred gender identity |
| 4 | gender confirmation |
| 5 | confirmation surgery |

***UK***

| | Word |
|---|---|
| 1 | dysphoria clinic |
| 2 | gender dysphoria clinic |
| 3 | prior approval |
| 4 | detailed assessment |
| 5 | last decade |

***US***

| | Word |
|---|---|
| 1 | gender expression |
| 2 | assigned gender |
| 3 | strong preference |
| 4 | alternative gender |
| 5 | marked incongruence |

***Language Example 9***

The DSM-5 defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)