

Gender Identification

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Gender identity has multiple definitions. Kohlberg (1996) saw it as the cognitive self-categorization as boy or girl. Fagot and Leinbach (1985) considered it the concept of the self as male or female. Newman (2012) defined it as an individual's sense of him or herself as biologically, psychologically, or socially male or female. Multidimensional conceptions include the individual's knowledge of membership in a gender category; felt compatibility with one's gender group; feelings of contentment with one's gender; gender centrality (the importance of gender relative to other identities), and favoring one's gender (Egan and Perry 2001; Tobin et al. 2010). Gender identity is distinct from sexual orientation, and may differ from an individual's birth-assigned sex.

Social cognitive theorists suggest that children learn basic gender categorizations due to social influences and observation that serve as the precursors of early gender identification (Bandura and Bussey 2004). Gender schema theory posits that once children internalize societal "gender lenses," gender becomes an organizing cognitive framework and the child is motivated to construct their gender identity accordingly (Bem 1994). Most children identify themselves as a "boy" or a "girl" by age three. By middle childhood, children have fairly stable conceptions of how well they fit their gender category, how content they are with their gender assignment, and how much they are expected to conform to gender stereotypes (Egan and Perry 2001). Most children come to identify with their natal (birth) gender category, but some are gender variant (experience gender incongruence with their birth-assigned sex) and some are gender dysphoric (experience discomfort with their birth-assigned sex or assigned gender role), sometimes as early as age two. Such experiences are highly variable; not all who experience gender variance and gender dysphoria want to fully transition from their birth-assigned sex category, and not all express anatomic dysphoria (dissatisfaction with their sex-specific anatomy) (Cohen-Kettenis 2006; Cohen-Kettenis and Pfafflin 2010).

According to neurobiological theories of gender identity development, gender identity and biological sex may be incongruent because sex differentiation of the brain takes place later in fetal development than sexual differentiation of the genitals. Although uncertainty remains regarding the neurobiological basis of gender identity, it appears that prenatal intrauterine hormonal exposure in the second half of pregnancy interacts with multiple genes to influence brain development in ways that impact gender identification (Bao and Swaab 2011). During puberty, sex hormones further activate sex-differentiated brain differences (Steensma et al. 2013). Multiple biological and social influences on gender identity over the life course make gender identity too complex to attribute to a single neurobiological cause (Fausto-Sterling 2000).

The process of gender identification is widely acknowledged by feminist and queer activists and scholars to take place in a restrictive and sexist binary gender system, in which man/male and woman/female are largely held to be the only possible identity categories. These categories are constructed as mutually exclusive, oppositional, and hierarchical, with the qualities of men, maleness, and masculinity routinely more socially valued than those of women, femaleness, and femininity. Despite variability in gender identification and expression, and that approximately 17 of every 1000 people are intersex, the binary sex/gender system retains its cultural hegemony in most societies (Fausto-Sterling 2000).

Gender scholars, such as sociologist Judith Lorber (2000), call for dismantling the gender binary, deeming it a harmful and artificial social construction. Worldwide, socially constructed gender binarism contributes to norms that support stigmatization, harassment, discrimination, marginalization, and violence towards those with non-

conforming gender identities and expressions. This minority stress negatively impacts the wellbeing of gender non-conforming people.

Gender justice advocates campaign to improve social acceptance of identities and behaviors departing from the gender binary. They promote social and political identity categories, such as transgender and genderqueer, that encompass the identities of people whose gender identity does not match their assigned gender, or whose gender identity cannot be expressed by the binary categories of man and woman.

Advocates for gender identity diversity also encourage the removal of transsexualism from the World Health Organization's international classification of diseases as a mental and behavioral disorder, and successfully advocated for the removal of gender identity disorder from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5 now uses the term *gender dysphoria*).

Human rights activists emphasize that pathologizing non-traditional gender identities leads to violations of the human right to health and negatively impacts other rights, including the rights to housing, employment, and education. International human rights documents such as the *Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity* (released in March 2007) clarify governments' human rights obligations in relation to sexual orientation and gender identity. Organizations such as the International Gay and Lesbian Human Rights Commission, Amnesty International, and Human Rights Watch document abuses on the basis of gender identity and advocate for the human rights of gender non-conforming people. Some nations have also passed laws prohibiting discrimination on the basis of gender identity.

SEE ALSO: Berdache; Cross-Cultural Gender Roles; Gender and Development; Gender Identity, Theories of; Gender Role Ideology; Human Rights, International Laws and Policies on; Intersexuality; Kathoey; Reproductive Choice; Sex Versus Gender Categorization; Transgender Health and Healthcare; Two-Spirit

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