

A defining moment in our history: Examining disease models of gender identity

Andrea James¹

¹ GenderMedia Foundation, California, USA

Gender identity and expression have different meanings within different systems of thought. Because medical technologies are available to assist in the somatic expression of these identities, several medicalized disease models of the phenomena have developed. This article examines three disease models as typically applied to those who seek feminization: Psychosexual pathology (Bailey-Blanchard-Lawrence [BBL] model) The least scientific and most stigmatizing, with roots in the eugenics movement of the 19th century. Psychopathology (“gender identity disorder” [GID] model) The GID model is currently considered legitimate within psychological literature and is frequently a required diagnosis to receive access to trans health services. “Childhood gender nonconformity” and “transvestic fetishism” are two other “mental disorders” currently considered legitimate diagnoses. The article examines whether analogous “diseases” like “racial nonconformity” or “religious identity disorder” seem valid. Pathology (“birth defect” model) This metaphor of impairment describes a physical disorder rather than a mental one. The “order” implied by positioning these traits and behaviors as diseases reinforces heteronormative hierarchies. These models use scientific-sounding terminology to reinforce the social belief that the “purpose” or “function” of sex and sexuality is procreation. The article examines historic problems with anatomical thresholds for determining sex and draws parallels with other bioethical debates about technologies that disrupt the “natural” order of procreative sexuality. Interest in feminization is stigmatized in many cultures, and the article concludes with some suggestions for ways to consider it independently from models of sin or disease.