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Female Gender Dysphoria in Context: Social Problem or Personal Problem

HOLLY DEVOR

The term *gender dysphoria* has been used almost exclusively to describe persons who are sufficiently unhappy with the sex and gender to which they were assigned at birth that they pursue sex reassignment surgery. In this essay, I propose extending the usage of the term *gender dysphoria*. I briefly introduce a rationale for more broadly defining female gender dysphoria and provide some examples of how such an expansion of the idea might be undertaken. In so doing, I take a social psychological view of gender dysphoria. That is to say that I view gender dysphoria within a context of social meanings which give significance to the shapes of persons' bodies. Consequently, I assume that when persons attempt to develop identities and to perform social roles, they do so within the constraints of socially intelligible choices. I therefore assume that persons' genders, and their attitudes about them, are the combined products of innate dispositions, psychological developments, social conditioning, and individual choices made from within a limited number of socially meaningful options.

Some Important Preliminaries

The language of sex, gender, and sexuality, being so integral to many social meanings and individuals' personal identities, is usually taken to be self-evident. Such definitional slackness has often resulted in muddy and imprecise communication of ideas. Therefore, it is essential that all central terms of reference be clearly understood. To that end, I begin by defining my terms. (For a fuller treatment of my use of the terminology of sex, gender, and sexuality see Devor, 1993b).

When I use the term *sex*, I refer to persons' biological statuses as female, male, or intersexed. Sex statuses are usually assigned on the basis of visual inspection of genitalia at the time of persons' births. Throughout persons' lives, primary sex characteristics are generally used as arbiters of sex statuses. However, sometimes persons' sexes

are determined on the basis of genetic markers. The precise criteria and numbers of categories used in such determinations are historically and culturally variable (Lacqueur, 1990).

When I use the term *gender*, I refer to persons' social statuses as women, girls, men, boys, or variously transgendered. In contemporary Western European and North American societies, genders are supposed to be the social manifestations of persons' sexes. However, when I use the term *gender*, I do not share that assumption. Rather, my usage of the term *gender* assumes only that persons demonstrate sufficient numbers of culturally recognizable gendered social cues to mark them as members of particular gender statuses. Thus, although female persons generally endeavor to mark themselves as women, they may alternatively act in ways which mark them as men (Devor, 1989, in press-a).

The criteria for the designation of persons as women, men, or transgendered vary widely among cultural and historical subgroupings within particular larger social entities. In the broadest of terms, various combinations of feminine and masculine gender role styles mark individual persons as women, men, or transgendered. Thus, persons whose gender role styles display a preponderance of feminine types of comportment, speech, clothing, hair styles, and so on will be recognized as and be able to claim social statuses as women. I use the vernacular term, *butch*, to refer to those females who exhibit noticeable masculinity while remaining socially recognizable as women in most social circumstances ("A celebration," 1992; Burana, 1992; Rubin, 1992).

There are also a number of persons who experience or demonstrate gender in more unusual ways. I use three terms roughly to describe them. When I use the term *transgendered*¹ in reference to female persons, I refer to persons who have female bodies but who think of themselves either partially, or fully, as men. When I use the term *gender crossing females*, I refer to transgendered people who reassign their genders to the extent that they may live part- or full-time as men. I avoid the terms *crossdresser* or *transvestite* in order to deflect attention away from the largely moot point of what constitutes clothing socially designated as appropriate only for men, and to direct attention to more central issues of gender. Finally, I use the

¹The term transgendered also has been used to mean persons who cross-live full-time but who do not identify as transsexed and have no desire to substantially alter their genitalia.

adjective² *female-to-male (FTM) transsexed* in preference to the term *transsexual* to describe persons who were sex assigned as females at birth but who prefer to identity themselves as men and as males and to live as men and as males but who have not yet fully achieved socially recognizable manhood. I use the term *transsexed men* to refer to those persons who live as men but were originally sex and gender assigned as females and as girls/women. I use these new terms in order to emphasize that such persons have identities which cross from one sex status to another sex status. By so doing, I wish to deflect attention away from questions of sexuality which, although related, can be incidental to such identities.

All of these terms find their meanings within Western European and North American social/cultural units which operate under the dictates of what I have termed the *dominant gender schema* (Bem, 1981b, 1983; Devor, 1989; Garfinkel, 1967; Kessler & McKenna, 1978). The dominant gender schema is a matrix of rules which govern the organization of sex, gender, and sexuality. In outline, those rules teach members of their societies to believe that sex, gender, and sexuality interact in a dichotomized and biologically deterministic fashion. Thus, according to the dictates of the dominant gender schema, all persons can belong to one, and only one, sex throughout their entire lifetimes, and all persons automatically and permanently belong to their corresponding genders. Therefore, the validity of persons' claims to their gender statuses are generally contingent upon their possession of gender schematically appropriate sex characteristics. In the actual practice of everyday life, few persons who claim gender statuses have occasion to demonstrate their possession of qualifying sex characteristics. Thus, in most social circumstances, the relative successfulness of the performance of standard gender role styles is the primary criterion for gender statuses.

Moreover, questions of sexual orientations are related to issues of sex and gender statuses. When I refer to *sexual orientations*, I mean predominant patterns of sexed and gendered sexual/romantic fantasies, desires, or behaviors at particular periods of persons' lives. These may vary from moment to moment with changing circumstances or moods, or they may be averaged over longer periods of time to arrive at designations of sexual orientations.

²I use these terms as adjectives and not as nouns out of respect for the personhood of the people referenced.

When considering persons' sexual orientations, I make reference to their *fantasies*, *desires*, and *practices*. I consider fantasies to be those images of behaviors or states of being which persons find exciting but which they have *no* desire to actualize. I define *desires* as those images of behaviors or states of being which persons find exciting and which they *do* desire to actualize. Of course, practices are what people actually do. In the real world of everyday people there may, or may not, be considerable overlap between sexual practices and desires or fantasies. For instance, masturbation typically involves fantasy or desire for sexual contact with others accompanied by solitary practice. By the same token, many sexual practices engaged in with other people are accompanied by sexual fantasies or desires for different practices or partners from what is actually transpiring at a given moment.

When discussing sexual orientations I make further distinctions on the basis of both the sexes and genders of relevant persons. In so doing, I arrive at what I call *gendered sexualities*. When describing persons' sexual fantasies, desires, or practices in relations to other people, I reserve the terms *heterosexual*, *homosexual*, and *bisexual* to refer to the biological sex statuses of the people involved. Correspondingly, I use the terms *straight*, *lesbian*, *gay*, and *bi* to refer to the gender statuses of the persons involved in individuals' sexual fantasies, desires, or practices. I combine the sex terms with the gender terms to arrive at descriptions of persons' gendered sexualities. For example, a gender crossing female bodied man who is sexually attracted to normative women would be designated according to this system of nomenclature as a female homosexual straight man. However, persons of more unusual statuses or identities require more creative descriptors. For instance, FTM transsexed persons who are sexually attracted to intersexed persons would fall outside of this system of nomenclature.

Two other concepts of immediate importance in any discussion of gender dysphoria are the ideas of *identity* and *attribution*. When I refer to persons' identities, I mean those descriptive categories which persons consider to adequately describe themselves. When I use the term *attributions*, I refer to persons' appraisals as to which descriptive categories they consider to adequately describe others. Thus, it may be the case that a particular person who exhibits a predominantly masculine pattern gender role style may identify as being a man who has a female body. On the basis of that person's style of gender role presentation, under most everyday circumstances, other persons will attribute that person with being a man who is also male.

However, under circumstances which disclose the fact that the person has a female body, some people will attribute that person with being a woman by virtue of their knowledge of the existence of a female body, whereas other people will concur with the individual's own appraisal and attribute the person with being a female man.

Finally, I come to the term *gender dysphoria*. I have already defined my usage of the term *gender*. The word *dysphoria* comes from the Greek *δύσφορος* meaning "hard to bear," and is defined by the Oxford English Dictionary (OED) (1989) as "a state or condition marked by feelings of unease or (mental) discomfort" (Vol. 5, p. 12). Thus, I use the term *gender dysphoria* to refer to a condition of unease or discomfort wherein persons find some or all elements of their gender statuses "hard to bear." Please note that this usage is considerably more openly defined than that which is generally used in psychiatric or psychological quarters. Thus, although my usage can include persons who might be diagnosable as having "gender identity disorder" (American Psychiatric Association [APA], 1994), it may also be used to describe the feelings of persons who have no discomfort whatsoever with their sex statuses but who do find the requirements for the enactment of their gender statuses to be onerous. Thus, in this context, the term *gender dysphoria* may effectively describe persons who find their gender statuses hard to bear for substantially social or political reasons, as well as for psychological ones.

A Theoretical Framework For Female Gender Dysphoria

In light of the origins of the term *dysphoria* and in reflection of the realities of the lives of girls and women, I propose a four-tiered model of female gender dysphoria (see Table 1). Two considerations have guided me in making these distinctions. Firstly, I take into account the depth of dissatisfactions felt by females toward various aspects of the social meanings attached to the configurations of their bodies. Secondly, following suggestions made by Baumbach and Turner (1992), in my model I have attempted to differentiate between feelings of unhappiness, desired remedies for that dysphoria, and actions taken on such desires. In doing so I recognize that, although these proposed divisions may be heuristically useful, they artificially simplify and separate phenomena which are considerably more complex, indistinct, fluid, and overlapping as they are experienced by living, breathing, people. Thus, their application to any actual persons should, at best, be taken as both tentative and temporary in recognition of both the unruliness of human self-expression and of the inevitability of human growth and change.

Table 1
Levels of Female Gender Dysphoria

Level	Dysphorias & Strategies	Some examples
Mild	Gender role dysphoria	Some tomboys Many less feminine women Most feminists Most bisexuals & lesbians Some gender blenders Some anorexics Most bulimics
Intermediate	Gender role dysphoria Some gender identity dysphoria Little or no desire to be a man	Some tomboys Some feminists Some queer identified Some butch women Some gender blenders Some sexual fetishists Many anorexics
High	Gender role dysphoria Some gender identity dysphoria Some desire for gender crossing Perhaps some sex dysphoria	Some tomboys Some tomboys Some butch women Some sexual fetishists Most transgendered females Most gender crossing females
Extreme	Gender role dysphoria Intense gender identity dysphoria Prefers gender reassignment Intense sex dysphoria Prefers sex reassignment	Some tomboys Some transgendered females Some gender crossing females FTM transsexed persons

At the mildest level of female gender dysphoria are female persons who are relatively comfortable with their statuses as females and as women, but who experience some discomfort with various aspects of the feminine gender role style which they feel socially pressured to enact. Persons in this group may desire remedies directed at affecting changes in social gender role expectations, or in themselves. Actions which they may take include self-destructiveness, individualized active or passive resistance, or political activism. In this group, I would include some tomboys, many less than entirely feminine adult women, most feminists, most bisexual and lesbian women, some gender blending females (Devor, 1989), some females suffering from anorexia nervosa, and most females suffering from bulimia nervosa.

On an intermediate level are females who are moderately dissatisfied with being women, and perhaps also with being females, but who do not have a significant wish to become men or males. Persons in this group may desire to affect changes in social expectations while

also feeling some dissatisfaction with their own level of conformity to gendered social norms. Thus, although they may not wish to live either as men or as males, they may wish to alter their own performances of gender or sex. To paraphrase Irene Fast, many intermediate level gender dysphoric females do not want to be men instead of women, rather, they want to be unlimited by gendered constraints (Fast, 1979, p. 448). I include in this group some tomboys, some feminist and queer identified theorists, some heterosexual, homosexual or bisexual butch women, some gender blending females, some female sexual fetishists, and many anorexic females.

At a high level of female gender dysphoria, female persons are resigned to their statuses as females and experience a high level of gender role dysphoria accompanied by both weak gender identities as women and by varying degrees of gender identities as men. There may also be some sex dysphoria. They may, or may not, express such feelings in ways which are obvious to other people. Thus, some such persons may appear to be butch women in their gender presentations and, as such, they may be superficially indistinguishable from persons experiencing intermediate level female gender dysphoria. However, they differ from persons experiencing intermediate level female gender dysphoria in that, to some extent, they identify as men and have an interest in living as men. In those cases where such persons act upon their desires to live as men, they can be distinguished from females experiencing extreme gender dysphoria in that they do not experience pronounced sex dysphoria. They do not identify themselves as transsexed, and they do not wish to have male bodies but only to live, more or less, as men. In this group are some tomboys, some butch women, some sexual fetishists, most female transgendered persons, and most gender crossing females.

In the most extreme type of female gender dysphoria, I include persons born as females who experience extreme sex dysphoria in addition to all of the above dysphorias. I include some tomboys, some transgendered adults, some gender crossing females, and female-to-male transsexed persons in this group. In addition to critiques of their assigned sex and gender statuses and roles, such persons prefer to employ strategies of both gender and sex reassignment. I include here persons who may, or may not, yet have acted upon such preferences.

Female gender dysphoria, thus conceived, encompasses three interrelated aspects of gender and several related strategies for self-management of dysphorias (see Table 2). At the mildest level, *gender role dysphoria* can be characterized by an unhappiness with expected feminine gender role styles and a strategy of critique and selective

rejection of gender role norms. At an intermediate level of intensity, female gender dysphoria can be interpreted as a rebellion against feminine gender role styles combined with a moderate degree of unhappiness with membership in the feminine gender. It is characterized by both gender role dysphoria and some *gender identity dysphoria*. Strategies employed at this level include a critique of gender roles, rejection of many aspects of normative womanliness, but no conscious attempts to live as men, or as males. At a high level of female gender dysphoria, female bodied persons find feminine gender role styles and feminine gender identities so hard to bear that they move beyond critique of them and into some gender role and gender identity abandonment. Such gender dysphoric females substantially reject womanhood and partially engage in technologies of gender reassignment. At its most extreme manifestation, female gender dysphoria may also be combined with *sex dysphoria* wherein both gender and sex reassignment are desired.

These various ways of looking at female gender dysphoria are offered not as pathologizing diagnostic categories, but rather in an attempt to provide a framework within which to understand more fully how female gender dysphoria might be both rooted and manifested within a larger social context. I suggest neither a typology of illnesses nor a regime of unchanging essential classifications. My intention is to recognize the range of creativity with which female-bodied persons manage to express their ever evolving sexed and gendered identities within a rigidly bifurcated, sexist, and hierarchical system of sexes, genders, and sexualities. I therefore prefer to think of these various forms of female gender dysphoria as survival strategies rather than as manifestations of individual pathologies. As with most coping mechanisms, some work better than others, and all leave room for improvements.

Table 2
Elements of Female Gender Dysphoria

Main focus	Some strategies
Gender role dysphoria	Unhappiness at gender role norms Critique of social norms Selective rejection of femininity
Gender identity dysphoria	Unhappiness with gender status Desire to be man Gender reassignment
Sex dysphoria	Unhappiness with sex status Desire to be male Sex reassignment

The Problem of Ideal Femininity

The forms of gender expression which particular social groupings expect from their female members are highly variable. Within each society, normative gender role expectations for females vary within subgroups based upon intersections among attributes such as race, ethnicity, socioeconomic class, age, urbanization, or sexual orientation. There are, however, certain overarching social expectations for female behaviors which help to define a society as such and which form a backdrop against which subcultural variations are usually viewed and evaluated. Such a web of standards for behaviors, beliefs, and emotional frameworks collectively constitute the gender role norms of the dominant gender schemas of societies.

There have been two main versions of the dominant gender schema vying for supremacy in Western Europe and North America since the first major impacts of feminism began to be felt in the 1970s. The older "traditional values" version, which focuses closely on heterosexual marriage and motherhood, primarily requires of its adherents that they devote their lives to labouring at the reproduction, nurturance, and service of others. The newer, more "modern" version, which sometimes has been characterized in the popular press as the "superwoman" model of womanhood, incorporates most of the aspects of the older version but adds the requirements that females should also actively pursue both sexual fulfillment and economic success. However, either set of dominant gender schema norms for females are unrealistically exacting, contradictory, and unobtainable. That is to say that any person who earnestly attempts to live conscientiously in accordance with the norms for femininity of Western European or North American societies will inevitably fail in ways both large and small (Brownmiller, 1984).

Furthermore, the gaps between the expectations engendered in females through their socialization to femininity and the actual experiences of their lives as girls and as women are often wrenching. Whereas young females are told that they enjoy the luxury of childhoods of extended irresponsibility and innocence, large numbers of young girls are subjected to various forms of physical, emotional, or sexual abuse which rob them of substantial portions of their confidence and self-esteem (Briere & Runtz, 1988; Browne & Finkelhor, 1986; Wyatt, 1991). Whereas adult women are taught to think that much of their power lies in their abilities to be heterosexually alluring (Wolf, 1991), few women ever feel satisfied with their own appearances (Rothblum, 1994) and many women resort to a plethora

of health threatening practices in pursuit of beauty (Morgan, 1995). Furthermore, horrifyingly large numbers of them are rewarded for their efforts at femininity with debilitating levels of sexual harassment or sexual assault by men (Becker & Kaplan, 1991; International Labor Office, 1992).

When women follow the template of dominant gender schema norms for femininity by heterosexually marrying, the statistics show that, here too, the reality does not match well with the promises. On average, married women fare worse than their unmarried female peers in terms of general physical and psychological health (Bernard, 1982; Radloff, 1975). In addition, far too many married women find that initial promises of marital bliss devolve into marital rape or wife beating (Tifft, 1993). In terms of economic well-being, the picture is more mixed. Those women who follow a more traditional model of wifery and motherhood may benefit from the superior earning power of men while married, but women who survive the approximately 50% of marriages which end in divorce, separation, or widowhood find that their incomes often plunge precipitously once their unions are broken (Goode, 1992; Weitzman, 1992). Those women who support themselves independently of men, or who work while married, find that they are most often shunted off into low-paying, dead-end female job ghettos which suffer from depressed wages. Furthermore, those women who attempt to fulfill the superwoman role work a "double day," the strains of which invariably take a toll on their overall health (Armstrong & Armstrong, 1994).

The traditional version of the dominant gender schema also teaches females that they should be able to pass through old age as asexual crones comforted by the closeness of their life-long male companions and a warm circle of children and grandchildren. However, the reality is often far less salutary. Elderly women are far more likely to live alone and in poverty than their male age-peers. Elderly divorced, separated, or widowed women are often at the poorest and loneliest points of their lives, during which time the dominant gender schema proclaims that, no longer sexually alluring and no longer fertile, their usefulness as women has expired (Barusch, 1994).

Thus, I argue that a certain amount of female gender role dysphoria must be seen as both an inevitable and healthy response to unrealistic and unobtainable social norms for femininity within patriarchally organized societies. To attempt to be a psychologically healthy human being and simultaneously to display socially acceptable levels of femininity is virtually an impossible task (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970). In this light,

each female member of society could be said to exemplify some level of socialization failure when it comes to their enactment of femininity. Therefore, mild gender role dysphoria forms a baseline in the lives of all females against which other forms of gender dysphoria must be calibrated. Such low level gender role dysphoria should generally be considered as a sign of adaptation to adversity rather than as a sign of maladjustment.

Childhood Female Gender Dysphoria: Tomboys

Society abounds with females who manifest some degree of gender role dysphoria. Some individuals more purposefully enact their resistance to, or critique of, the unreachable goals set for them by society, whereas other female persons resort to less consciously undertaken forms of passive resistance. They simply decline to participate in some aspects of femininity. Unfortunately, few girls or women can refuse femininity with equanimity. To the degree that they are unable to focus their dysphoria outwardly in critique of femininity, girls and women tend to turn their dysphoria onto themselves (McKelvie & Gold, 1994; Tinsley, Sullivan-Guest, & McGuire, 1984). They see inadequacy in themselves rather than inequality in their society.

Youthful female gender role dysphoria is commonly called tomboyism. The term *tomboy* has been used in the English language since at least the 16th century to mean “a wild romping girl” who enjoys the ways of boys. Since the 19th century, in addition to its older meaning, it has also connoted girls who “trespassed against the delicacy of their sex” and girls who “show . . . uncouth signs of affection” for other females (OED, 1989, Vol. 18, pp. 211-212). All of these meanings are still attached to the term today.

No comprehensive prospective studies of tomboy girls have been completed to date. However, retrospective reports given by many adult heterosexual, bisexual, homosexual, gender blending, transgendered females, and FTM transsexed persons include recollections of tomboyish childhoods. Although a tendency to recall tomboyish childhoods has been found to be more pronounced among homosexual than among heterosexual or bisexual females (Bailey & Zucker, 1995), some of the discrepancies between the reports of heterosexual, bisexual, and homosexual adult females may be the result of selective recall which tends to substantiate adult gender presentations (Ross, 1980). Be that as it may, according to some studies, heterosexual adult women also remember being tomboys in not inconsequential numbers (Bailey, Pillard, Neale, & Agyei, 1993; Blanchard & Freund, 1983; Hogan, Kirchner, Hogan, & Fox, 1980; Plumb & Cowan, 1984).

For example, Phillips and Over (1995) reported that 77% of lesbian, 77% of bisexual, and 63% of heterosexual women recalled having been tomboys as children and Hyde, Rosenberg, and Behrman (1977) reported that 51% of women questioned in a shopping center remembered themselves as childhood tomboys. Saghir and Robins (1973) reported that 70% of their sample of lesbian women, but only 10% of their heterosexual sample recalled having been tomboys as children. However, when Bell, Weinberg, and Hammersmith (1981) studied 101 White heterosexual women and 229 White lesbian women, they found that 71% of lesbian women and 28% of heterosexual women recalled that, as children, they had enjoyed masculine pursuits "very much." Furthermore, 62% of lesbian women and 10% of heterosexual women described themselves as having been masculine. Brooks (1981) reported finding that approximately 50% of heterosexual and 75% of lesbian women studied recalled having been tomboys as children. Cooper (1990) also noted a study in which it was found that 82% of the lesbian women queried remembered having been tomboys, whereas Latorre and Wandenberg (1983) found that approximately 25% of self-identified heterosexual women reported having been tomboys as children.

Moreover, most girls and women pass through stages during which they realize that their opportunities in many areas of their lives are limited by virtue of the fact that they are girls or women. However, it is more common for children or teenagers, than for adults, to express dissatisfaction with being girls or women, or to acknowledge fleeting and circumstantial desires to be boys or men as a response to feelings of social constriction (Baumbach, 1987; Rosenbaum, 1993). Most young people who express such feelings do not actually believe themselves to be boys or have deep or enduring wishes to be boys; they simply recognize that access to what they want would be more forthcoming if they were boys. Those girls who express such wishes might be seen as exhibiting intermediate, high, or extreme gender identity dysphoria. When they express dissatisfaction with being girls but do not wish to be boys they might be exhibiting intermediate female gender dysphoria; when they express desires to be boys, they might be exhibiting high female gender dysphoria; when they also express sex dysphoria, they might be exhibiting extreme female gender dysphoria. It is important to bear in mind, however, that children's understandings of the social meanings attached to the signifiers for sex and gender are often different than those of the adults around them. Therefore, unless gender dysphoria harboured by young girls is both profound and persistent, it should be considered as little more

than the common mild female gender dysphoria of childhood rebellion against feminine socialization.

For example, in one study, Baumbach (1987) found that 35% of the female college students whom he studied recalled having wanted to be boys at some time after the age of 13. Baumbach categorized their reasons as falling into two main types: Most of the young women queried were occasionally dysphoric about being girls and recalled sometimes having wanted to be boys because they were aware that boys and men had more freedoms and were vulnerable to fewer dangers; whereas a few girls felt themselves to be unlike other girls and more like boys in their interests. Baumbach concluded that such thoughts were common enough not to be taken as indicative of transgendered or transsexed feelings. Similar thoughts have been found to be more commonly expressed by tomboys than by other more feminine girls, and to be more frequently recalled by lesbian than by heterosexual women (Rosenbaum, 1993; Saghir & Robins, 1973).

In a number of other studies adult females have been asked to recall whether they wanted to be boys when they were children. For example, Saghir and Robins (1973) found that 63% of lesbian women and 7% of the heterosexual women studied had wanted to be boys or men when they were children. More recently, Linday (1994) reported that 45% of girls have fantasies about being men or boys and Phillips and Over (1995) reported that 22% of heterosexual, 32% of bisexual, and 59% of lesbian women recalled that they had felt like boys or men as children.

Fortunately for the girls so inclined, there is relatively little stigma associated with most forms of tomboyism in prepubertal girls. Tomboys are generally well liked by their female and male peers (Zucker, 1985; Zucker, Wilson-Smith, Kurita, & Stern, 1995) and have been found by their peers to be "popular, cooperative, helpful, supportive of others . . . leaders [and] 'idea' persons" (Hemmer & Kleiber, 1981, p. 1210). Clearly, tomboyism is commonplace and generally an unproblematic aspect of female childhood.

However, these findings concerning the prevalence and acceptability of girlish tomboyism point to a circularity in the definition of tomboyism. By definition, tomboys are girls who act like boys, but a minority of heterosexual women and a majority of lesbian women recall that they were tomboys as children. It therefore seems to be little more than an ideological ploy, at this historical juncture, to dichotomously characterize such behaviors as "boylike" on the basis of such evidence. Typically, boys tend to restrict themselves to socially labeled boys' activities most of the time, whereas girls, when

allowed some choice, are more likely to divide their time relatively evenly between stereotypically masculine, stereotypically feminine and gender-neutral activities (Berenbaum & Snyder, 1995; Meyer-Bahlburg, Sandberg, Yager, Dolezal, & Ehrhardt, 1994; Plumb & Cowan, 1984). Thus, the most common form of female gender role dysphoria among girls is usually manifested in a mixing of gender role styles, vernacularly referred to as tomboyism, rather than in the preferential adoption of masculine styles. Indeed, those girls who cleave most assiduously to undiluted femininity or masculinity would seem to be the most “boylike” in their endorsement of the unequivocal demarcation and division of two, and only two, gender categories.

Feminists, and Other Partial Socialization Failures

At puberty, social acquiescence to female gender ambiguity so rapidly lessens as to all but evaporate. Most adolescent and adult females therefore find ways to minimally maintain the appearance of compliance with normative standards of femininity. At the very least, they must display adequate feminine gender role style cues such that other people may immediately and easily recognize them as females. Beyond that basic level of cooperation, everyday life abounds with examples of women who either actively or passively resist femininity: Women who refuse to marry; women who refuse to bear children; women who refuse to adorn themselves in ways seductive to men; women who refuse heterosexuality; women who work in jobs usually reserved for men; women who work, play, and love in styles usually exhibited by men; and many others.

Some heterosexual-, bisexual-, or lesbian-feminist, or queer, theorists might be said to espouse some level of female gender dysphoria. In the first place, feminists in general constitute clear exemplars of female gender role dysphoria because of their conscious critique of feminine gender role expectations and their purposeful resistance to conformity with the demands of that gender role style. A recent U.S. survey indicated that 50% of women call themselves feminists, whereas a further 21% of women demure the title but support an array of feminist analyses (Wickenden, 1996). Thus, feminist female gender role dysphoria is well entrenched in society and represents a strong current pushing for a rationalization of gender role standards which, if successful, might lead to an overall lessening of female gender role dysphoria.

Furthermore, a number of feminist or queer theorists exhibit female gender identity dysphoria in that they find the social classification of woman to be the basis of an arbitrary caste system and

therefore wish to refuse the category "woman" altogether. They partially or totally reject their assigned genders on the basis of the patriarchal and heterosexist roots and abuses upon which such a status is hinged, but they do not wish to become men. Rather, they wish to radically transform the sex/gender system from a binary one to a multifaceted one in which gender is fluid, indeterminate, or nonexistent (Bornstein, 1994; Butler, 1990; Calhoun, 1994; Grant, 1993; Hale, 1996; Kroker & Kroker, 1993; Riley, 1988; Wittig, 1992). They therefore might be said to both exhibit and encourage an intermediate level of female gender dysphoria.

Many other adult women might also be said to be at least partial feminine gender socialization failures in that they less than perfectly enact femininity. A number of measurement scales have been developed to measure the degree to which women and men exhibit socially recognized gender roles. Two of the most widely used in recent years have been the Bem Sex Role Inventory (BSRI) (Bem, 1974, 1977) and the Personality Attribute Questionnaire (PAQ) (Spence, Helmreich, & Stapp, 1974). The results of extensive testing have shown with remarkable consistency that more than half of all women tested fall outside of the range of scores which would qualify them as feminine (Bem, 1981a; Hoffman & Fidell, 1979; Hyde, Krajinik, & Skuldt-Niederberger, 1991; O'Heron & Orlofsky, 1990; Oldham, Farnill, & Ball, 1982). Thus it would seem that not only are tomboys common among girls but also that adult women approach full-fledged femininity with similar caution. Clearly, female gender role dysphoria is widespread.

Eating Disorders as Examples of Female Gender Dysphoria

Bulimia and anorexia nervosa are eating disorders that occur far more often among females than among males. Most theorists recognize that these afflictions are, in large part, products of particular social and historical conditions effecting the bases upon which females build their identities. I, therefore, include them here as examples of ways in which some females express their gender dysphoria.

Bulimia Nervosa in Females

Bulimia Nervosa is a condition characterized by frequent binges of overeating alternating with purging behaviors intended to counteract the usual weight gain effects of overeating. Only identified as a disorder since 1970 (Crowther, Wolf, & Sherwood, 1992), it has been estimated to occur in approximately 11.5 persons out of 100,000 in the general population of North America (Hoek, 1993), rising to rates as

high as 37.9 per 100,000 in some Western European cities (Coleman, 1995). Bulimia nervosa is largely a youthful disease which is more commonly seen among young women than in other segments of the population. Epidemiological research reports indicate that between 1% and 13% of secondary and postsecondary school students suffer from bulimia nervosa, 90% to 95% of whom are female (Crowther, Wolf & Sherwood, 1992). It has been estimated that 2% to 4% of adolescent and young adult females exhibit signs of bulimia nervosa at any particular time (Fichter, 1990; Levine & Smolak, 1992).

Because of the preponderance of females suffering from bulimia nervosa, theoretical explanations of the etiology of the malady often focus on factors which make young women particularly vulnerable to the disorder. The main thrust of many such theories is that adolescent and young adult females are especially prone to bulimia nervosa because of the contradictory social pressures for gender role conformity with which young women struggle.

In the first place, the onset of bulimia nervosa in females appears to be bimodal with the two most common ages being 14 and 18 years (Levine & Smolak, 1992). These two ages correspond to average ages at which most females first begin to sprout womanly figures and at which time most young women complete secondary education. Both of these ages therefore mark significant milestones of maturation in young women's lives. At the earlier of the two ages, they leave behind physiological childhood; at the later age, they enter social adulthood. At each of these times, young females face meaningful changes in their social statuses which propel them away from relatively gender-flexible and asexual childhoods into womanly adulthoods. Thus the onset of bulimia nervosa in adolescent and young adult females appears to be correlated with the attainment of adult womanhood (Attie & Brooks-Gunn, 1992; Russell, 1990).

A second component in such theories is that most females who suffer from bulimia nervosa have made their transitions into adult womanhood within social milieus since the 1970s, which communicate to them that their social worth as women is largely weighed according to their physical beauty (Wolf, 1991). Furthermore, they learn from many sources that thinness is a necessary component of beauty. What most young women do not learn is that the standards of thinness and beauty which have been broadcast to them through the media are unrealistic, unhealthy, and unobtainable for most women. They therefore become trapped in a conundrum of wanting to look beautiful and being unable to match cultural definitions of beauty while maintaining healthy eating habits.

Since the 1960s, the ideal images of feminine body size and shape have become progressively thinner and more boyish looking at the same time as the average weight of North American women has been increasing (Garner, Garfinkel, Schwartz, & Thompson, 1980; Levine & Smolak, 1992). During the same time period, media directed at a female readership have also increasingly promoted dieting as a desirable route to ideal thinness (Agras & Kirkley, 1986). One result of such social messages is that few females of any age are satisfied with their bodies and most females fear becoming fat (Rothblum, 1994). Researchers in the U.S. found that 81% of 10-year-old girls studied were afraid of being fat and more than half of teenaged girls studied said that they had begun dieting in their early teen years (Rothblum, 1994; Steiner-Adair, 1994).

Bulimia nervosa can therefore be seen as an attempt by young women to conform to feminine gender role expectations which are impossible to meet. The feminine gender role for women encourages contradictory behaviors. Young girls are taught that womanly success entails the preparation and consumption of rich foods at the same time as they are supposed to maintain their bodies in a prepubescent appearance. Women are supposed to be feminine and motherly nurturers as well as avid consumers of the riches of life, whereas they are also supposed to be thin, voluptuous, and androgynous (Gamman & Mackinen, 1994). When young women's maturing bodies exhibit an unacceptable level of fleshiness, according to prevailing standards of beauty, they may attempt to remove that flesh. In accordance with current stereotypical standards of femininity, they may diet, exercise excessively, or otherwise purge themselves of the food which they need to consume in order to maintain healthy body weights. In the process of trying to be beautiful, they starve themselves to the point of experiencing uncontrollable hunger. They then binge eat to satisfy the hunger. Guilty about their eating, fearful of weight gain, suffering from low self-esteem regarding both, they purge once again. Thus the cycle of bulimia nervosa is established (Fichter, 1990).

I therefore suggest that bulimia nervosa might be considered to be an example of female gender role dysphoria. Women who suffer from it tend to be more feminine and less feminist or less androgynous women (Brown, Cross, & Nelson, 1990; Klingenspor, 1994). They are gender role dysphoric to the extent that they are unable to conform to their socially prescribed gender roles to the degree that they would prefer. Thus, young women who suffer from bulimia nervosa speak with their bodies (Orbach, 1984) about what Steiner-Adair (1994) has called "a joining of the psychological and political drama in a literal

enactment [of] an unconscious conflict between women's bodies and the body politic" (p. 382). Young women who suffer from bulimia nervosa are caught in a cycle of attempting to satisfy the irreconcilable demands of their physical bodies for womanly fleshly fullness and the contemporary version of a feminine gender role which demands both preoccupation with food and prepubescent-like bodies.

Anorexia Nervosa

Anorexia nervosa, first medically recognized as a disease in the middle of the 19th century (O'Connor, 1995), is more severe than bulimia nervosa and can be a life threatening condition. It is characterized by a refusal to eat adequate amounts of food to maintain healthy body weights. Over time, persons who suffer from anorexia nervosa progressively become emaciated to the point where over 10% of sufferers die from the effects of the disease (APA, 1994, p. 543). The incidence of anorexia nervosa has been estimated at 8.1 per 100,000 population per year (Hoek, 1993) with more than 90% of cases occurring in females (APA, 1994, p. 543). As with bulimia nervosa, anorexia nervosa is almost entirely a disease not only of women, but of young women. For example, researchers in England found the prevalence of anorexia nervosa among 15-29-year-old females to be 115.4 cases per 100,000. They also noted that their figures probably significantly underestimated the situation (Rooney, McLelland, Crisp, & Sedgwick, 1995).

Because of the overwhelmingly single gender manifestation of this condition, most of those theorists who attempt to explain the sources of the affliction make gender a part of their analysis. In many ways, theoretical approaches to anorexia nervosa are similar to those used to explain bulimia nervosa. Young women who suffer from anorexia nervosa come of age in societies which increasingly value and encourage unhealthy levels of thinness in women. They come to accept unrealistic standards of body size to the point where a majority of young women have negative body images (Tolman & Debold, 1994), most women overestimate their body size (Tiggerman & Rothblum, 1988), and as many as 78% of young women see themselves as overweight, despite the fact that less than one-third of them are overweight according to widely accepted standards (Gutwill, 1994a). They learn that their social worth is largely based on their ability to live in accordance with feminine ideals of beauty and thinness and they pursue those ideals assiduously.

Because the onset of anorexia nervosa mostly occurs at ages when young females are expected to move from childhood into adulthood,

theorists have focussed on the issues confronting young women around the time of puberty. As with bulimia nervosa, anorexia nervosa can be seen as a negative response to the arrival of physical womanhood. Two parallel and related explanations of the reasons for the ailment both focus on anorexia nervosa as a kind of female gender dysphoria (Mahowald, 1992). In one instance, it is explained more as a kind of female gender role dysphoria that indirectly manifests itself in a partial rejection of adult femininity (Bloom & Kogel, 1994b; Butler, 1988; Gutwill, 1994b; Levine & Smolak, 1992; MacSween, 1993; Steiner-Adair, 1994). From another related perspective, anorexia nervosa has been theorized to be more directly a result of female gender identity dysphoria (Bloom & Kogel, 1994a; Garfinkel & Garner, 1982; Scott, 1988) wherein adolescent females become anorexic in order to avoid becoming adult women. In either case, anorexia nervosa is theorized as an overstated attempt to refuse some or all of womanhood as it is delineated in the dominant gender schemas of contemporary Western European and North American societies.

Young women who suffer from anorexia nervosa have been described as “compliant, perfectionistic” people who “display a great need to seek approval from others” and a “tendency to conformity [and] conscientiousness” (Garfinkel & Garner, 1982, pp. 188-89). Furthermore, they have also been observed to be “somewhat obsessional . . . socially insecure . . . and given to overcompliance” (Strober, 1986, p. 238). As such, young women who suffer from anorexia nervosa become trapped by their fervent desires to conscientiously comply with the conflicting demands of the feminine gender role. As Hausman aptly stated in another context, “women attempt to represent the ideal—in other words, if they cannot be normal because of their sex, they might as well be perfect.” (1995, p. 65). As they obsessively try to be perfectly feminine, they become ensnared within the contradictions between the traditional and the superwoman versions of femininity. Thus, they try to, but cannot be unobtrusive, passive, dependent, and all-giving at the same time as they are bold, assertive, independent, and competitive (Butler, 1988).

Anorexia nervosa offers women two symbolic ways out of this blind alley. From one point of view, young women may engage in anorexia nervosa as a self-destructive way to strive for perfection at both kinds of femininity. For them “being extremely thin is an attempt to be beyond reproach, beyond contempt. It helps to bridge all the contradictory roles. A thin woman complies with the requirements of femininity” (Gutwill, 1994a, p. 14) by using her body to communicate

“lack of power, vulnerability, inhibition of desire” (Bloom & Kogel, 1994b, p. 56). On the other hand, her accomplishment of the vaunted thinness also represents the attainment of superwoman goals of dauntless autonomy and perfect mastery over the body (Bloom & Kogel, 1994a).

However, anorexia nervosa can more fundamentally be seen as a revolt against becoming a woman at all. Of particular importance are three effects of emaciation in females: the obliteration of secondary sex characteristics, the cessation of menstruation, and loss of sexual interest. Collectively, these effects of the anorexic condition represent the avoidance of three of the most significant markers of adult womanhood. The willful acceptance of these losses by anorexic women would seem to indicate a deeper discontent than gender role dysphoria. Thus, in addition to seeing the condition as an attempt to overconform to irreconcilably contradictory feminine gender role demands, in many cases anorexia nervosa also could be theorized as an attempt by young females to avoid attaining adult womanhood so as to evade some of those aspects of womanhood which they find monstrous (Bloom & Kogel, 1994a; Garfinkel & Garner, 1982; Scott, 1988).³ Thus, many females who suffer from anorexia nervosa might be said to experience gender identity dysphoria and exhibit intermediate level female gender dysphoria.

Homosexual and Bisexual Females

All homosexual and bisexual females also could be said to be, to some degree, gender role dysphoric. Insofar as the standard feminine gender role specifies that females should be exclusively heterosexually oriented, all homosexual and bisexual females are therefore, by definition, in defiance of that aspect of normative femininity (Wittig, 1992). Beyond this basic definitional position, the range of homosexual and bisexual females' methods of gender role resistance appear to vary more widely than do those of heterosexual females (Blanchard & Freund, 1983). However, research into gender variations among these populations has been marred by confusion over the conflation of gender role issues with those of sexual orientation.

One of the areas in which this fault has been most glaring has been in the search for biological bases for homosexuality. Underlying

³In a literal illustration of this point, one FTM transsexed person whom I interviewed told me a story about a life-threatening anorexic episode which was self-consciously and specifically undertaken to avoid making the physical transition from prepubescent girl into adult woman (see Devor, in press-a).

much of that research have been assumptions about correspondences between sexual orientations and gender roles which date from sexual inversion theories popular at the cusp of the 19th and 20th centuries (Chauncey, Jr., 1989). According to such theories, heterosexuality is an integral and biologically "normal" component of sex and gender. Any variation from heterosexuality is therefore presumed to be necessarily accompanied by analogous variations in sex and gender. Thus, according to this logic, homosexual females should be both less womanly and less female than heterosexual females. Furthermore, because of the dominant gender schema ideology which alleges that there are two, and only two, sexes and genders, this logic also leads to the conclusion that homosexual females both should be more manly and more male than their heterosexual counterparts.

Although research into possible genetic, hormonal, or neurological differences between heterosexual and homosexual people has predominantly been conducted with males, some studies have also been conducted with females. Although such differences may indeed exist in some cases, thus far, this line of research has been unsuccessful at finding solid evidence for any biological bases for homosexuality in females (Bailey et al., 1993; Hu et al., 1995; Meyer-Bahlburg, 1979; Meyer-Bahlburg et al., 1995; Pattatucci & Hamer, 1995; Whitam, Diamond, & Martin, 1993). Indeed, Gooren has gone so far as to describe "biomedical concepts of homosexuality" as "folk beliefs in a white coat" (1995, p. 237) and William Byne has similarly argued that "support for these theories derives as much from their appeal to prevailing cultural ideology as from their scientific merit" (1995, p. 304).

The failure of this research to produce sound and replicable results may stem from several sources of difficulty. In the first place, bisexual females have been almost invisible in research until relatively recently (Garber, 1995; Klein & Wolf, 1985; Paul, 1984; Rust, 1995; Weinberg, Williams, & Pryor, 1994), being submerged among either heterosexual or homosexual samples, thereby muddying the results (Van Wyk & Geist, 1995). Secondly, the uniqueness and complexity of lesbian subgenres (Burana, Roxxie, & Due, 1994; Davis & Kennedy, 1993; Kitzinger, 1987; Nestle, 1992) has rarely been accounted for in any systematic way. Thus, although data exists about lesbian gender role conformity, those data routinely ignore and obscure important within-group differences.

Within these limitations, researchers of gender role conformity among lesbian identified women have generally found that lesbian identified women tend to score as less feminine and as more androgynous or as more masculine on standard measures of gender role con-

formity than do straight women (Carlson & Baxter, 1984; Carlson & Steuer, 1985; Oldhan, Farnill, & Ball, 1982; Rosenzweig & Lebow, 1992; Stokes, Kilmann, & Wanlass, 1983). Thus, although many lesbian identified women may, indeed, be less uniformly feminine than straight identified women, they tend to mix gender role styles creatively rather than to exhibit undiluted masculinity. Such results would seem to indicate a tendency among homosexual and bisexual females to be gender role nonconformists to a greater degree than simply by virtue of their complete or partial refusal of heterosexuality.

Some information is also available about gender identity dysphoria in butch identified homosexual females. First person accounts have appeared in numerous publications wherein butch homosexual females have written that they experience their own genders both as men and as women. Such persons usually display their gender identities through choices of clothing and demeanor which either identify them to other people as butch lesbian women or which make them appear in public situations as men. However, their identities are as females, and as butches or as lesbian women, not as men and as males. They are thus able to concurrently sustain identities as female, as lesbian, as butch, and as men in varying proportions (Brown, 1990; Desquitado, 1992; Halberstam, 1996; Rubin, 1992). As such, they might be dysphoric about either, or both, the feminine gender role or about their gender identities as women. Therefore they might exhibit mild, intermediate, or high female gender dysphoria.

Gender Blending Females

Another category of females who exhibit gender role dysphoria are females whose gender role presentations are sufficiently ambiguous to inconsistently communicate their gender identities to casual observers. I have termed these individuals gender blending females (Devor, 1987, 1989). Such women are usually unequivocal in their sex and gender identities as females and as women. They may be heterosexual, bisexual, or homosexual in orientation. Gender blending females may be dysphoric about their gender roles alone or about their gender roles and their gender identities in combination.

Gender blending females usually begin to experience having their gender misattributed during their tomboyish childhood years. Most gender blending females report that such misattributions were largely enjoyable, or had little meaning to them during their childhoods. However, upon reaching adolescence, many gender blending females found that such misattributions often became sources of embarrassment or shame for them. Unlike most adolescent tomboys

who find themselves in similar positions, gender blending female teenagers do not alter their gender role presentations sufficiently to alleviate their problem. Instead, they grow into adults whose gender identities are not always well reinforced by the attributions made about them by others. This can be disquieting and can lead to a questioning of the appropriateness of their own gender and sex identities by such persons.

Gender blending females explain their ambiguous gender role performances using several rationales. Some women make use of feminist critiques of the restrictive and oppressive nature of normative standards of femininity to explain their gender role nonconformity. They claim that their refusal of feminine adornment and mannerisms is not tantamount to the endorsement of masculinity, but rather that it is a feminist pro-woman stance. In support of their feminist rationales, such women might point out that their gender presentations allow them to accrue some extremely valuable privileges which are otherwise rarely enjoyed by women. When they are taken for men in public places, they garner preferential and deferential treatment in many commercial transactions. Furthermore, those women who are homosexual find that, when in public with their women partners, they are accorded the privilege of a kind of social indifference which is only available to apparently heterosexual couples. Most importantly to most gender blending females, many such persons report that their appearances permit them unprecedented freedom of movement through public spaces because they move unfettered by fears of sexual assault. Thus, although gender blending females must find ways to deal with the uncomfortableness of having their gender often but irregularly misattributed, they reap rewards of personal safety, which are otherwise beyond the reach of women (Devor, 1989).

Many gender blending females are also butch females who feel somewhat dysphoric about their gender identities. Some gender blending females report that they make ambiguous gender presentations because they are simply representing themselves as they are most comfortable. They have little use for large proportions of normative feminine gender role styles and opt instead to inhabit more neutral gender role territories. Such women often profess confusion as to why their gender identities are misread by other people. Making reference to the biological determinism of the ideology of the dominant gender schema, they argue that if they are female, then they are women; and if they are women, then whatever they do also must be intrinsically feminine. They therefore conclude that the gender misattributions under which they labour are a result of the clumsiness of

other people's facility with reading gender role styles. What they fail to recognize is that, under most everyday conditions, gender and sex attributions are made on the basis of gender role styles rather than on the basis of sexes. Furthermore, under the current dominant gender schema, men stand as the unadorned gender. Thus, individuals who do not clearly designate themselves as women will be perceived as men unless markers of female sex are overwhelmingly and contrarily obvious (Devor, 1989; Kessler & McKenna, 1978).

Gender blending females often allow gender misattributions to occur because they feel sufficiently uncomfortable with the social implications of womanhood that they prefer to be taken for men in public places. They report that the treatment which they receive under such circumstances feels more commensurate with their gender identities. However, gender blending females do not wish to live as men on any but a superficial basis. As one gender blending female said to me, "The people I know, they know I'm a woman. Everybody out there in the world doesn't have to know I'm a woman" (Devor, 1989, p. 141). Therefore, those gender blending females who are most comfortable being occasionally attributed with being men, exhibit some gender identity dysphoria and might be classified as exhibiting intermediate level female gender dysphoria on that basis. However, because they specifically state that they have no interest in living as men, and because they claim to make no efforts in that direction, I would not include them among those exhibiting high level female gender dysphoria.

Female Sexual Fetishists

It is generally accepted within professional circles that, with the exception of sexual sadomasochism, fetishism almost never occurs in females (APA, 1994; Stoller, 1982). However, the case has been made by several feminist theorists that women who use dildos for sexual satisfaction fit the definition of sexual fetishists (Findlay, 1992; Garber, 1992; Grosz, 1991; Lamos, 1994; Reich, 1992). I therefore argue that females who use strap-on dildos engage in a kind of sexual fetishism which may constitute an example of either intermediate or high levels of female gender dysphoria. At an intermediate level of female gender dysphoria, some women enjoy sexually playing at being hermaphroditic or temporarily male-like for the duration of their sexual encounters, but do not have enduring or deep seated identities as men. At a high level of female gender dysphoria, females use dildos as both a sexual fetish object and as an expression of their gender identities.

Definitions of fetishism focus on the psychological mechanism of disavowal and on the content of paraphilic activities. In fetishism, fetishists make use of nonliving objects as symbolic synecdochal substitutions for persons or things which are simultaneously both desired and feared. The fetishization of such objects allows practitioners of sexual fetishism to indirectly experience that which they desire but which is also too threatening to voluntarily experience directly.

Specifically, the DSM-IV, in part, defines sexual fetishism as follows:

The person with fetishism frequently masturbates while holding, rubbing, or smelling the fetish object or may ask the sexual partner to wear the object during their sexual encounters. Usually the fetish is required or strongly preferred for sexual excitement. . . . The Paraphilia is not diagnosed when . . . the object is genitally stimulating because it has been designed for that purpose (e.g., a vibrator). (APA, 1994, p. 526)

All females, of any sexual orientation, who make use of dildos for sexual satisfaction could be said to be engaging in a form of disavowal. The origin of that disavowal is in the dominant gender schema prescription that females be heterosexually oriented. However, many heterosexual and bisexual females find men to be sexually attractive at the same time as they find them to be dangerous, threatening, or inadequate in a variety of sexual and nonsexual ways. Similarly, many homosexual females find masculinity, men, or penises to be attractive but do not wish to engage in sexual encounters with men for a variety of reasons, not the least of which might be because to do so would be to threaten their sexual orientation identities (Bart, 1993; Clausen, 1990). In any case, dildo use clearly constitutes the use of a nonliving phallic object as an obvious symbolic synecdochal substitution for that which is both desired and feared: masculinity, men, or penises. As such, fetishistic practices allow dildo users to both have the objects of their fears and desires and to safely put them away again when they are done with them; to “do and undo” in a typically fetishistic fashion. Female fetishization of dildos therefore allows women to sidestep the usual approach wherein, in the words of Freud, “[a woman] puts up with the man as an appendage to the penis” (Garber, 1992, p. 119).

Thus, in a sense, even those women who use hand-held dildos to pleasure themselves, or who request that their partners strap on dildos for them, could be said to engage in sexual fetishism. However, only those women who use strap-on dildos in sexual enactments which cast them as either not-female/not-male or both female and

male might be said to display intermediate or high levels of female gender identity dysphoria. At an intermediate level, they move away from fully identifying as women, briefly, and under very specific conditions. At a high level of female gender dysphoria, they partially express their identities as men through their sexual performances.

Because there are now very few sartorial forms which are strictly off-limits to females, clothing alone rarely fills similar sexual purposes for female transgendered persons as it does for male fetishistic transvestites. However, a similar kind of sexually arousing mixed-sex and mixed-gender imagery can be achieved through the use of strap-on dildos. Whereas male fetishistic transvestites put feminine clothing and simulated female secondary sex characteristics on male bodies, transgendered female sexual fetishists put masculine clothing and simulated primary and secondary male sex characteristics on female bodies. In both cases, the resulting imagery is both hermaphroditic and transgendered. In this way, some female sexual fetishists make use of stereotypical men's clothing and strap-on dildos as a form of fetishistic transgendered identity expression. In cases of high or extreme female gender dysphoria, female persons may have fairly strong gender identities as men which are well expressed by wearing men's clothing and by the use of dildos in their sexuality. Such persons are analogous to male fetishistic crossdressers in that they are sexually aroused by imagery of themselves which includes representations of both female and male primary and secondary sex characteristics (Arthur, n.d.; Brown, 1990; Lothstein, 1983; Lou, 1984).

Although the extent of dildo use among women is presently unknown, dildo sales figures seem to indicate that such practices may be more widespread than is commonly believed to be the case.⁴ At present, I am aware of only two surveys of dildo use among women. In one survey of 1,389 lesbian identified women, approximately 35% of respondents said that they at least occasionally used dildos in their sexual encounters, and 31% reported that they at least occasionally imagined themselves as men while engaged in sexual activities with their partners (Loulan, 1990). In another survey of 2,247 lesbian identified women and 278 women who were either bisexual or "not sure" about their sexual orientation identity, 43% had used a hand held dildo, 27% had used a strap-on dildo, and 10%

⁴Good Vibrations, a single business selling sexual merchandise in two stores and through mail order sold 19,506 dildos in the 1994-1995 fiscal year alone. Between 60% and 70% of their customers that year were women and approximately twice as many of them said that they were heterosexual than either lesbian or bisexual (Jen Bielman, personal communications, February 27 and March 4, 1996).

had used a double-headed dildo with a partner in the last 5 years (Lever, 1995). In addition, sexually oriented publications regularly feature images and stories involving such scenarios.⁵ Clearly female sexual fetishism is practiced by some women of all sexual orientations who may, or may not, also experience some degree of female gender dysphoria.

Gender Crossing Females

Research and discussions about females who live as men has been scant. The bulk of information is of an historical nature and concerns females about whom very little can be reliably known (Bullough & Bullough, 1993; Dekker & Van de Pol, 1989; Devor, in press-a; San Francisco History Project, 1989). Contemporary females who dress as men, gender blending females, butch homosexual females, male impersonators, and pre- or nonsurgical transsexual identified females all have been, at sometime, discussed as examples of female transvestites or crossdressers. I consider the terms *transvestite* and *crossdresser* to be inappropriate for use in reference to modern-day females due to the open-ended nature of feminine dress codes at this historical juncture. Because female persons can legitimately wear any combination of clothing if they do so in a feminine style, I consider females' clothing to be of secondary importance to their overall gender role style of presentation. I therefore refer to persons whose appearances are intended to express manly presentations, or to elicit attributions of manhood, as gender crossing females. I consider FTM transsexed female persons to exhibit extreme gender dysphoria, and I do not consider them to be gender crossing females.

The dominant opinion among most authors has been that females do not find sexual arousal in gender crossing and present themselves as men purely for reasons of gender expression or psychopathology (APA, 1994; Blanchard, Clemmensen, & Steiner, 1987; Docter, 1988; Money, 1988). However, female persons may cross genders for a variety of often overlapping reasons. Some females do, indeed, find sexual arousal in making themselves over as men from time to time or on a regular basis (Arthur, n.d.; Brown, 1990; Lou, 1984; Stoller, 1982). Such persons may be heterosexual, homosexual, or bisexual. For example, one homosexual female described her gender crossing

⁵For examples of publications directed at lesbian women, see *On Our Backs*, 530 Howard St, Suite 400, San Francisco, CA, 94105, USA; *Bad Attitude*, P.O. Box 390110, Cambridge, MA, 02139, USA. For examples of publications directed at heterosexual and bisexual audiences, see any outlet which sells "marital aids."

in these words: "There is little 'woman' left in us. . . . we do not think of ourselves as women. Or, in fact, as lesbians. . . . When we have a girlfriend, we become her man" (Brown, 1990, p. 34). Whereas another gender crossing female described herself as follows: "I get off sexually wearing men's clothes. . . . I simply couldn't get into homosexuality. . . . I like men—but I like to dress in men's clothes. What I am is a heterosexual female transvestite" (Arthur, n.d., p. 55). Such persons exhibit high-level female gender dysphoria in that they experience some gender identity dysphoria accompanied by the desire to periodically and temporarily abandon their lives as women in favour of lives as men.

Some gender crossing females present themselves as men for the entertainment of themselves or others (Bell, 1993; Linn, 1995; Solomon, 1991). In recent years there have been an increasing number of females who describe themselves as "drag kings." Performance artist Diane Torr and her FTM transsexed assistant Johnny Armstrong have been running "Drag King For-a-Day" workshops in New York City and elsewhere since 1989. Over 600 females have taken advantage of the opportunity to have the team assist them in experiencing at least 1 day of gender crossing. Nightclubs in San Francisco, London, Tokyo, and other major cities have begun to feature drag king performance nights and increasingly professional performers are coming forward. As did some 18th century female performers of breeches roles, some drag kings also cross genders in portions of their off-stage lives (Linn, 1995; Straub, 1991).

Some females who cross genders are persons who feel themselves to be more deeply transgendered and as such wish to experience that part of their identities which is best expressed by experiencing parts of their lives as men (Bernstein, 1991; Brown, 1990; Hunt, 1992). They differ from females who identify themselves as transsexed in that they do not experience intense sex dysphoria. They may alter their bodies in service of their gender identity dysphoria and in their quest to more effectively live as men, but they do not do so because they wish to also become male. The few reports which are available seem to indicate that such persons begin to experience gender identity dysphoria and the desire to experience some portion of their lives as men at an early age. For example, one homosexual gender crossing female remarked, "I have been a crossdresser all my life. . . . I did not choose to be a crossdresser. It is a part of me that has always been there, waiting for my acceptance. . . . My earliest memory of choosing to crossdress was at the age of five. . . . I do it for me, and that feels good on a deep, emotional level" (Bernstein, 1991, p. 1-3). A heterosex-

ual gender crossing female similarly noted that her interest in gender crossing began at the age of four. As adults, both she and her husband maintain working lives in their originally assigned genders and cross genders in their nonworking hours (Linn, 1995). Another heterosexual gender crossing female of my acquaintance, whose spouse is a heterosexual full-time gender crossing male, similarly lives as a woman during her working days and as a man during most nonworking hours. Such persons experience a high degree of gender identity dysphoria which may, or may not, be accompanied by some sex dysphoria. They therefore exhibit high female gender dysphoria.

Female-to-Male Transsexed Persons

The term *transsexual* has been used since 1949 (Cauldwell) to describe persons who find their originally assigned sexes and genders so hard to bear that they undertake the most radical means available to qualify them for membership in another sex and gender category. I concur with those transsexed people who have discussed with me their objections to this term on the grounds that it unduly misconstrues the nature of their discomfort as being based in their sexuality. I, therefore, prefer to use the term *transsexed* to refer to such persons. I use this term specifically to distinguish between those persons who experience extreme gender identity dysphoria but not extreme sex dysphoria (i.e., transgendered persons) from those persons who experience both extreme sex and gender dysphorias (i.e., transsexed persons).

A limited amount of research has been directed toward investigating the possible biological origins for the FTM transsexed condition. FTM transsexedness does not appear to be directly heritable (Garden & Rothery, 1992). In addition, brain research has been inconclusive. Some researchers have found abnormal electroencephalogram (EEG) readings of the brains of FTM transsexed persons (Hoening, 1985). However, in two studies of the corpora collosa of FTM transsexed persons, the authors came to conflicting conclusions as to whether that part of the brains of FTM transsexed persons more closely resembled those of other males or those of other females (Bosinski, Schubert, Wille, Heller, & Arndt, 1994; Emory, Williams, Cole, Amparo, & Meyer, 1991). Evidence concerning the hormonal status of FTM transsexed persons also has been conflicting and inconclusive (Gooren, Fliers, & Courtney, 1990). Thus, although many researchers and many FTM transsexed persons believe that a biological basis for transsexedness will one day be discovered, little evidence currently exists to support such a belief.

Research reporting on the lives of FTM transsexed persons has not been extensive. Generally, non(auto)biographical reports have been based on two types of information. One source has been clinicians' impressions gleaned from assessment or therapeutic interviews. The other main source of research knowledge has been from questionnaires completed by applicants for sex reassignment at gender clinics. In both cases, samples include only those FTM transsexed persons who request sex reassignment through official channels. Consequently, both kinds of information reflect the efforts of transsexed applicants to present life histories which are most likely to qualify them for their desired sex reassignments. In contrast, my own research has included FTM transsexed persons both who have, and who have not, made use of clinical gender programs. Furthermore, the participants in my research had nothing tangible to gain by providing me with misrepresentations of their lives (Devor, 1993a, 1993b, 1994, in press-a, in press-b). Because of sometimes major discrepancies which arise due to differences in these sampling techniques and forms of evaluation, I will discuss trends rather than attempt to provide statistical profiles of the lives of FTM transsexed people.

Although FTM transsexed adults have often reported that it required many years for them to conclude that they were transsexed, their experiences of gender and/or sex dysphoria usually began in early childhood. FTM transsexed adults have tended to recall tomboyish childhoods more dominated by preferences for masculine diversions and playmates than those reported by most lesbian identified women. Moreover, the tomboyish childhoods of FTM transsexed adults can sometimes be distinguished on the basis of their recall of greater childhood preferences for featuring themselves as boys or men in their own minds. FTM transsexed adults thus often have remembered girlhoods in which they preferentially elected to socialize with, and be socialized by, boys and other tomboy girls (Blanchard, 1990; Devor, in press-a; Ehrhardt, Gristani, & McCauley, 1979; Green, 1974; Lothstein, 1983; Pauly, 1974a; Sorensen & Hertoft, 1982; Stoller, 1972; Verschoor & Poortinga, 1988).

FTM transsexed adults rarely have recalled that they wanted to be like their mothers during their tomboyish childhoods (Devor, in press-a; Lothstein, 1983; Pauly, 1974a; Stoller, 1985). An important element in the development of the extreme sex and gender dysphoria of many FTM transsexed adults seems to be a youthful pattern in which they cast their mothers as "other" and in which they highlight the differences between themselves and their mothers. It commonly has been reported by FTM transsexed adults that some of their early

masculinity manifested itself in the form of feelings and/or actions of protectiveness toward their mothers and other females whom they perceived as weak and ineffectual, as unusually delicate, or as endangered by violent males (Bradley, 1980; Devor, in press-a; Lothstein, 1983; Pauly, 1974a; Stoller, 1972). FTM transsexed adults also often have recalled that they experienced their mothers as distant, unavailable, cold, or abusive (Devor, 1994, in press-a; Lothstein, 1983; Pauly, 1974a; Stoller, 1972).

Some FTM transsexed adults have reported that they held their fathers in high regard and used them as masculine role models as children. It has not been uncommon for the autobiographical accounts of FTM transsexed adults to recount large portions of their girlhoods as having been passed in the company of their fathers engaged in the learning of masculine cultural practices and values (Devor, in press-a; Lothstein, 1983; Stoller, 1972, 1985). However, other FTM transsexed adults have reported that they were fearful of their abusive, violent, or imposing fathers. These FTM transsexed adults may also have used their fathers as role models in the development of their childhood masculinity through either, or both, mechanisms of identification with their aggressors, or competitive and negative role modeling. Furthermore, some FTM transsexed adults have reported that although their fathers were largely absent from their childhoods, they thought of them as noble figures after whom they modeled themselves in the absence of any strong identification with the females in their lives (Bradley, 1980; Devor, 1994, in press-a; Lothstein, 1983; Pauly, 1974a).

Puberty was often a nightmare for girls who later became FTM transsexed adults. As their bodies matured in undeniably female ways, any hopes which such young people may have secretly harbored that they were boys, that one day they would naturally become men, or that they would never become women, were dashed by puberty. Thus, most FTM transsexed adults have recalled that, if they had not already done so, at puberty they began to experience extreme sex dysphoria about their maturing female bodies (Blanchard, 1990; Devor, in press-a; Lothstein, 1983; McCauley & Ehrhardt, 1978; Pauly, 1974a). FTM transsexed adults frequently have reported that, as extremely sex and gender dysphoric teenaged girls, they made use of a variety of techniques to camouflage their secondary sex characteristics as much as they were able. Furthermore, because obvious pubertal development clearly signals womanliness to other people, days of carefree tomboyism usually ceased at the time of puberty (Devor, in press-a).

The teen years of sex and gender dysphoric females commonly are fraught with multiple difficulties. Their relations with their families and friends often become strained and distant. Many FTM transsexed adults have recalled that once puberty started to clearly mark their bodies as female, their fathers ceased to share their masculine pursuits with them. Instead, many fathers began to insist that their daughters behave according to their cultural images of proper young women, or they began to treat them as sex objects or toys. Many FTM transsexed adults have recalled such withdrawals or changed socialization demands as betrayals of their earlier masculine intimacies with their fathers. However, some FTM transsexed adults also have recalled that, as teenagers, they began to see their fathers more as men who were out of control than as the awesome god-like personages whom they had previously seemed to be. Furthermore, many FTM transsexed adults have reported that their sex and gender dysphorias, as well as their desires for gender and sex reassignment, increased as they observed that their parents encouraged their teenaged sons to take risks and explore larger portions of their worlds while they concurrently felt themselves become more tightly curtailed and controlled (Devor, in press-a).

Further compounding the distress felt by many sex and gender dysphoric female teenagers is the fact that many of them find, to their chagrin, that the boys with whom they had been friends as children will no longer associate with them except in sexualized ways. Many FTM transsexed adults also have recalled that, as adolescents, they watched in desolation as their tomboy female friends deserted them to become heterosexual and feminine young women. No longer able to move as boys among teenaged boys, and unwilling to act as girls among teenaged girls, such teens tend to turn inward. Thus loneliness, depression, and suicidal ideation or attempts have been frequently reported among sex and gender dysphoric females (Devor, 1994, in press-a; Dixen, Maddever, van Maasdam, & Edwards, 1984; Lothstein, 1983; Pauly, 1974b; Sorensen, 1981; Verschoor & Poortinga, 1988).

Two sexuality issues become central during the adolescent years of gender and sex dysphoric females, and continue to be of importance in their pretransition adult lives. Firstly, most FTM transsexed persons are sexually attracted to females throughout most of their lives (Blanchard, 1990; Devor, 1993a, in press-a; Dixen et al., 1984; Lothstein, 1983; McCauley & Ehrhardt, 1980; Pauly, 1974a; Sorensen, 1981; Sorensen & Hertoft, 1982; Stoller, 1972). Therefore, most sex and gender dysphoric females go through a phase during which they

live as butch homosexual females. However, many of them resist identities as lesbian women because their sex and gender dysphorias are extreme enough that they do not feel themselves to be women (Devor, 1993a, in press-a, in press-b; Lothstein, 1983; Pauly, 1974a; Stoller, 1972). Secondly, many sex and gender dysphoric females become habituated to imagining themselves as men in their sexual fantasies (Devor, in press-a, in press-b; Derogatis, Meyer, & Boland, 1981; Lothstein, 1983; McCauley & Ehrhardt, 1980; Sorensen & Hertoft, 1982; Steiner, 1985; Verschoor & Poortinga, 1988). They are, therefore, drawn to relationships (with either, or both, women or men) wherein they can play out their masculine identities.

A minority of FTM transsexed persons have reported that they experimented with heterosexuality during their pretransition years. Some did so only superficially and departed from it. Some persons more extensively sampled men sexually, but remained aloof romantically. Some FTM transsexed people become engaged in long-term relationships with men; a few of whom marry and give birth to children (Benjamin, 1966; Blanchard, 1990; Devor, 1993a, in press-a; Dixen et al., 1984; Lothstein, 1983; McCauley & Ehrhardt, 1980; Pauly, 1974a; Sorensen, 1981). However, it is more commonly in their relationships with women that gender and sex dysphoric females do most of their sex, gender, and sexual self-testing (Diamond, 1995) and became most firmly entrenched in the idea that they should live as men (Devor, 1993a, in press-a, in press-b).

Those sex and gender dysphoric females who are not aware of the possibility of sex reassignment, or feel unable to undertake sex reassignment, reluctantly live as gender crossing females (Gamez, 1992; Minkowitz, 1994; Paull, 1992). They experience extreme gender identity dysphoria as well as extreme sex identity dysphoria and partake of gender self-reassignment but do not pursue sex reassignment. I consider such persons to be transsexed gender crossing females who exhibit extreme female gender dysphoria.

Those extremely sex and gender dysphoric female persons who do become aware of the possibilities of sex reassignment and pursue some, or all, of its technologies are usually delineated as pre-, post-, or nonoperative transsexuals. I do not find these terms to be particularly useful in reference to FTM transsexed persons. The full range of technologies available for FTM sex reassignment usually span several years, generally involve multiple surgical procedures, can require the expenditure of US \$50,000-100,000, and ultimately do not produce genital organs which can be presented as male without some explanation (Green, 1995). In light of these facts, and the further fact

that only a minority of FTM transsexed persons opt for the currently available masculinizing genital surgeries, I find that such terms, which temporally refer to persons' operative status, shed little light on the sex or gender positions of FTM transsexed persons.

I find it more useful to think in terms of two dividing lines: one referring to when FTM transsexed persons cross over from lives as women to lives as men; another to describe when they become more male than female in their morphology. In the first place, I consider successful full-time gender crossing to mark the transition of transsexed persons from women to men. This may or may not be assisted by the sex and gender transformational power of testosterone therapy or breast surgeries. I consider physical transition from female to male to begin with the commencement of hormone therapy and to be finalized with the completion of masculinizing genital surgeries. However, I hasten to add that, due to personal preferences, financial insufficiencies, or technological deficiencies, most FTM transsexed persons live as medically induced hermaphrodites who are no longer fully female nor are they fully male. In consideration of the power of secondary sex characteristics in the attribution of sex, I attribute FTM transsexed persons with maleness (albeit incomplete maleness) after the effects of testosterone therapy and chest reconstruction have been consolidated.

It remains unknown at this time how many FTM transsexed persons there are who live fully as men or as males. There is no central recordkeeping among the gender clinics which manage the transitions of some FTM transsexed persons. Whereas early estimates stated that male-to-female transsexed persons far outnumbered FTM transsexed persons, more recent estimates have moved closer to parity (Pauly, 1990). However, my own research indicates that approximately 48% of sex and gender dysphoric females who identify themselves as transsexual manage their own care and do not make use of official gender clinics (Devor, in press-a). Furthermore, I have observed that some members of increasingly viable and political FTM self-help groups advocate and facilitate self-managed care for those starting their transitions. Thus, the number of FTM transsexed persons who transition from female to male by means of testosterone treatments and breast surgeries procured outside of gender clinics is probably considerably higher than the estimate provided in the DSM-IV of 1/100,000 adults (APA, 1994, p. 535).

FTM transsexed persons have been found to be overwhelmingly satisfied with, and well adjusted in, their lives after their gender and sex reassignments (Blanchard & Sheridan, 1990; Devor, in press-a;

Fleming, MacGowen, & Costos, 1985; Green & 1990; Kuiper & Cohen-Kettenis, 1988; Pauly, 1974b). The major exceptions to this general rule have been twofold. Many transsexed men who have opted to have phalloplasties have been dissatisfied with the cosmetic and functional results of their surgeries. However, very few have regretted undergoing the operations, and those who have expressed regrets, have tended to feel that way for health, rather than sex- or gender-based, reasons (Devor, in press-a; Green & Fleming, 1990; Sorensen, 1981). The other area of dissatisfaction expressed by some posttransition transsexed men has been in their friendships with both women and men. Transsexed men often have found that they no longer have access to the intimate friendships with women to which they had become accustomed when they lived as women themselves. Furthermore, most transsexed men seem to be somewhat surprised at the lack of "male bonding," camaraderie, or intimacy in their friendships with men. Thus, they sometimes have found themselves to be more lonely for friends than they had anticipated (Devor, in press-a).

However, transsexed men seem to do reasonably well at maintaining or establishing sexual/romantic relationships. Many transsexed men have ongoing relationships with women which span their transition periods, and many transsexed men successfully establish new relationships after their gender and/or sex reassignments. They have reported a high degree of sexual satisfaction in relations which may, or may not, involve all of their sexual body parts (Blanchard & Sheridan, 1990; Devor, 1993a, in press-a; Lief & Hubschman, 1993; Pauly, 1974a; Sorensen, 1981; Steiner, 1985). Although a minority of transsexed men have expressed interest in sexual or romantic relations with men⁶ (Coleman & Bockting, 1989; Coleman, Bockting, & Gooren, 1993; Devor, 1993a, in press-a; Dickey & Stephens, 1995; Due, 1995), most who have had such feelings have been hesitant to initiate such contacts because of fears of rejection by gay men or because of concerns about contracting HIV. Those transsexed men who have pursued relatively impersonal and explicitly sexual encounters with gay men, however, have reported that they were usually able to achieve sexual satisfaction, and a smaller number of gay or bi transsexed men have established more personal and emotionally involved relationships with gay men (Coleman & Bockting, 1989; Coleman et al., 1993; Devor, 1993a, in press-a). In addition, FTM transsexed persons and transsexed men occasionally establish

⁶Such men often refer to themselves as transfags.

relationships, of varying intensities and durations, with other transsexed or transgendered people (Devor, 1993a, in press-a).

Thus it could be said that sex and gender reassignment works well to alleviate extreme female gender dysphoria. I have found in my own research that transsexed men overwhelmingly support feminist goals of greater gender flexibility and social equality for women (Devor, in press-a). FTM transsexed men clearly recognize that the female gender role is problematic for all females and they recognize that identities or attributions as females and as women bring with them both social and psychological strengths and weaknesses. However, for females who experience both extreme sex and gender dysphorias, adjustments to their own placements within the social constructs of female and woman are not sustainable survival strategies. Extreme female gender dysphoria appears to be best met with the extreme strategies of sex and gender reassignment.

Summary and Commentary

In order for the idea of female gender dysphoria to have meaning, the concepts of *female*, *gender*, and *dysphoria* must have meaning. These terms can only take on significance within cultural contexts which train members of societies to make sense of their experiences by dividing human beings according to criteria based upon the shapes of certain parts of their bodies, the styles in which they present themselves in interactions with others, and the placidity with which they accept the mores of their peers concerning the first two. In other words, for female gender dysphoria to be a useful term, those who would use it must agree that sexes and genders exist, they must agree on what sexes and genders are, and they must agree that it is useful to be aware of how well individual persons fit themselves within socially agreed upon parameters for femaleness and girlhood/womanhood.

I have attempted in this essay to communicate several ideas about female gender dysphoria. Initially, I clarified how I understand the terms *female* and *gender* to work within the social contexts of the dominant cultures of Western European and North American societies. I emphasized the distinction between physical status as a criterion for femaleness and gender as a social status earned mostly through the credible enactment of recognizable social role performances. In so doing, I noted that dominant gender schemas tend to link femaleness and girlhood/womanhood ideologically but that, under most circumstances, that connection remains theoretical because it is usually gender role styles that mark persons' genders.

Furthermore, I have tried to shift the moral weight of the term *dysphoria*. I have used this word to mean the kind of discomfort persons feel when confronted with situations that they find hard to bear. I have studiously avoided using the word to imply mental illness. Rather, it has been my point to focus attention on the problem of mismatch between the immense diversity which typifies humanity and the callowness of the social categories within which we try to contain it. My intention has been thereby to lighten some of the implication of personal failure usually associated with the term.

I have offered descriptions of some of the various ways in which female members of societies struggle with, and against, the always inadequate, and often irrational, social categories within which they are supposed to find satisfactory self-expression. In so doing, I have tried to both point to, and proceed in, a progressive direction. I have attempted to draw attention to problems in social conceptualizations of sex and gender, and by so doing I have also attempted to reframe female gender dysphorias as logical by-products of social inadequacies rather than as failures of individual female persons. Thus, my formulation of female gender dysphoria is focused more on deficiencies in social expectations placed upon persons rather than upon defects in individuals.

In the final analysis, it is my contention that female gender dysphorias exist for two interlocking reasons. On the one hand, humanity is naturally diverse. On the other hand, aggregate social consciousness and modes of social organization concerning sex and gender issues are unable to match the reality of that diversity. However, individual members of societies still must fit themselves into the categories of their societies or become stigmatized social outcasts. Thus, in the end, female gender dysphoria must be both a social and a personal problem. It must be a social problem because of the impossibly unobtainable social expectations placed upon femaleness and because of the inevitability that so few female-bodied persons will ever feel fully successful in their enactment of girlhood/womanhood. However, every member of society must find a niche. Female gender dysphoria therefore also must be a personal problem for each female member of society as she tries to fit her unique self into an incoherent set of ideals. Ultimately, it would seem that some degree of female gender dysphoria must be an incontrovertible part of being female in this social world. Only a radical transformation of social meanings attached to variations in human anatomy and self-expression can bring us out of this conundrum.

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