



VIEWPOINT

From gender binarism to gender... binarism: gender identity and new expressions of gender stereotypes

Orlando von Doellinger^{1,2}

Abstract

The concept of gender, established in the mid-20th century, is still often confused with the notion of sex. Despite great developments and profound deepening in gender studies, gender identity and sexual orientation, two distinct notions, are also confused and frequently taken as synonymous or as presenting a unequivocal relationship. The problem lies, in our opinion, in masculinity and femininity stereotypes and, above all, in the maintenance of a gender binarism perspective. If (biological) sex is not dichotomous (there are male sex and female sex, but there are also different forms of intersex), gender and gender identities, are individual and even more complex constructions to which countless factors (biological, social, developmental, and relational, among others) contribute. In this viewpoint we try to restate the perspective that each human being will always present a composite of specific and individualized complex combination of masculine and feminine traits, and that even some more recent "classifications" that try to overcome stereotyped binarism end up repeating and reinforcing them, promoting the pathologization of gender identities that are not in line with social stereotypes.

Keywords: Sex, Gender, Gender stereotypes, Gender identity, Gender bynarism.

¹Department of Psychiatry and Mental Health, Centro Hospitalar do Tâmega e Sousa, Guilhufe, Portugal

²Department of Clinical Neurosciences and Mental Health, Faculty of Medicine, University of Porto, Porto, Portugal

Correspondence: Orlando von Doellinger
Department of Psychiatry and Mental Health, Centro Hospitalar do Tâmega e Sousa
Avenida do Hospital Padre Américo 210, 4564-007 Guilhufe, Portugal

E-mail address: orlando.doellinger@chts.min-saude.pt

Citation: von Doellinger, O. From gender binarism to gender... Binarism: gender identity and new expressions of gender stereotypes. International Journal of Clinical Neurosciences and Mental Health 2018; 5:7

DOI: <https://doi.org/10.21035/ijcnmh.2018.5.7>

Received: 23 Oct 2018; Accepted: 27 Nov 2018; Published: 28 Nov 2018



Open Access Publication Available at <http://ijcnmh.arc-publishing.org>

© 2018 von Doellinger, O. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Gender, sex and sexuality

“Gender”, “gender role”, and “gender identity”, were notions established in the mid-20th century by John Money [1-3]. In his (clinically questionable) work with intersex children Money argued that the most important factor for a child's feeling of growing up as a member of a specific sex would be the conviction of his parents or primary caregivers that he belonged to that same sex.

Money defined “gender role” as all the things a person says or does to reveal his status as a boy/man or as a girl/woman—evaluated by mannerisms, conducts and behaviours, spontaneous conversation topics, dream contents and fantasies, direct and indirect questionnaire responses or projective tests, and evidence of erotic practices [4]; and “gender identity” as the sameness, the unity and the persistence of the individuality of each person as male or female, or ambivalent, to a greater or lesser degree, especially in self-consciousness and behaviour.

Thus, for Money, gender identity would be the private experience of the gender role, while the gender role would be the public expression of gender identity.

The clear and crucial distinction between the notion of “sex” (a biological and anatomical specificity) and the notion of “gender” (a political, cultural, social, and psychological entity) was detailed by Robert Stoller [5-8]. Throughout his research on this subject, Stoller concluded that the construction of gender identity resulted from the combination of several factors: the anatomy and physiology of the external genitalia; the attitudes of primary caregivers, siblings, and peers; and a biological force that, although hidden from the conscious and the preconscious, seems to provide some of the drive energy for that gender identity.

In his works, Stoller stated that a core gender identity, which is translated through the awareness of being male or female, is established between ages 3 to 6 years and remains unchanged throughout life. The non-core gender identity will, however, maintain a continuous construction and transformation throughout life, since numerous traits of masculinity and femininity will be added to the gender identity in a distinctive individual constitution [9].

As we can see, gender identity, *per se*, is something very different from the notions of sex, sexuality or sexual orientation, and it is also different from the notion of core gender identity, which refers to the feeling of belonging to a biological sex (maleness/femaleness).

Taking into account some of the most recent contributions of gender theory, Kulish [10] summarized the contemporary perspectives on gender in five broad areas:

- Gender complexity and fluidity; according to Harris [11], gender is socially constructed and emerges from interpersonal relationships, with the emphasis placed on the process of that construction rather than on structure; regarding gender there is no linear evolution, but a permanent reorganization in an interaction with biological and environmental factors;

- There is no direct relation between gender and object choice;
- The dichotomy of normality versus marginality (gender concepts are dominated by stereotypes and normative logics, conflicting the intrinsic freedom of the Mental Health conceptualization);
- The corporeality (the anatomy not as a destiny, but as a variable and individualized subject for the representations of gender—destiny will be what is done with the anatomy);
- The social construction of gender (gender identity is developed through a process of differentiation in which children apprehend stereotypes to distinguish what is masculine from what is feminine).

Stereotypes and binarism

The importance of society in determining what is masculine or feminine, that is, in what determines masculinity and femininity, has long been elucidated in Margaret Mead's anthropological research [12].

In a Western cultural context, we can somehow summarize the stereotypes of “masculinity” and “femininity” as Fogel describes them [13]: a bisexual polarity in which the masculine is characterized “by outwardness, feminine by inwardness; masculine by precise boundaries, shapes, entities and definitions, feminine by ambiguity or fluidity of boundaries, shapes, entities, and definitions; masculine by penetration, feminine by receptivity and holding; masculine by deconstruction and cutting through, feminine by construction, creativity and synthesis; masculine by differentiation and separateness, feminine by recognition, integration and unification; masculine by objectivity and thinking, feminine by subjectivity and feeling; masculine by representation, feminine by space; masculine by doing, feminine by being”.

Otherwise, Parsons and Bales distinctly defined social roles played by each of the sexes [14]. The masculine role was described as instrumental in nature, as opposed to the feminine role, which was described as expressive in nature. This bipolarity was reiterated by Bakan, who defined the typically masculine characteristics as agency and self-assertion, and the typically feminine characteristics as communion and altruism [15].

By listing these characteristics, we know that we are talking about stereotypes, and that this type of categorization is potentially exaggerated and negative. Some studies suggest, however, that stereotypes are sometimes reasonably accurate [16,17].

Taking into account the importance of social environment and the significant transformations that have occurred, especially in regard to the women's role, in contemporary society, and assuming that communal and agency characteristics would derive from professional differences and family roles, as social roles theory purposed, and that these differences have tended to blur, stereotypes would

be expected to follow this variation [18]. However, stereotypes do not follow the pace of social change, remaining fairly stable or showing only slight changes [19].

We state, however, that in our field work on this area, with college students, we found, in both sexes, an acquisition of stereotyped behaviours and characteristics associated with the opposite sex, when we compared the results obtained with similar populations from studies carried out two to three decades earlier [20,21]. Moreover, the acquisition of communal traits by men was more significant than the acquisition of agentic traits by women [21]. In a sample with college students only from health and children's care schools we found, as expected, higher levels of communal behaviour and characteristics in women, but not (and this was not expected) significantly different from those expressed by men [20].

Biological and environmental factors

The theories developed since the 1980s, namely Social Psychology, consider that differences between sexes, even those of cognitive nature, result from the interaction between people in a wider social context [22].

There are no doubts on biological and environmental influences on the development of gender roles; and, as in almost everything concerning human behaviour, genetic influences are also being investigated.

Lippa and Hershberger found that the predominant environmental influences on sexual typing (development of behaviours and attitudes typical of the sex in question) were non-shared [23]. Mitchell, Baker and Jacklin also contradicted the so-called "family transmission model", stating that the most important environmental factors in the acquisition of stereotyped gender-related behaviours are in the extrafamilial environment [24].

Cleveland, Udry and Chantala, in a study that included 1301 pairs of twins [25], emphasized the moderate similarity of typical sexual behaviours and attitudes between twins, a fact that would point to the existence of genetic factors. However, after exhaustive analysis of the results, the authors concluded that the greatest contribution behavioural and attitudes variations observed was related to environmental factors; and that those environmental factors, with substantial impact, are not shared ones by the twins.

Knafo, Iervolino and Plomin critically reviewed previous works, while investigating twins (5799 pairs) aged three-four years [26]. Their conclusion was that there was evidence of a genetic influence on gender development of boys and girls, but that in most cases environmental factors were stronger than genetic factors.

More recent studies [27] on neuroanatomy have again putted the emphasis on agentic characteristics as masculine and communal attributes as feminine. Baron-Cohen pointed out empathy as a distinctive feature of the "female brain", resulting from the desire to care and attachment, while the distinctive characteristic of the "male brain" would be sys-

tematization (the tendency to analyse, implying a distance). This same author stated that having a "male brain" or a "female brain" was not a distinctive characteristic of the sexes by itself, and that both empathy and systematization are due to social and biological factors.

Interestingly, a growing number of neuroimaging investigations have confirmed the "male" and "female" characteristics described above, unfolding significant anatomical differences associated with them [28-31].

New perspectives or reinforcement of the old binarism?

Enumerating characteristics is not to describe individuals or clarify identities or gender identities. Moreover, because masculinity and femininity do not have a real or fixed value [32] and they are always defined by one another [33].

Each human being will always present a composite of specific and individualized complex combination of masculine and feminine traits. We know, however, that despite the most varied efforts to reduce traditional cleavages, gender polarity remains internalized in almost every culture, which continue to guide the development of children, on the one hand, to the development of attributes identified as belonging to their biological sex and, on the other hand, to suppress or repudiate the characteristics identified with the opposite sex.

It is our duty, as mental health professionals, to promote and preserve the acceptance of individuality, combating schematic normativity, dismantling gender binarism, deconstructing false dichotomies, and, more importantly, not pathologizing forms and presentations outside the stereotyped standards.

Gender and sex are different and, to a certain extent, independent concepts. Furthermore, as Smith states [34], a man or a woman may look masculine and/or feminine and subjectively feel masculine and/or feminine and choose male, female or of both sexes' sexual objects; all these variables being independent of each other, which makes possible numerous combinations, none of them inherently pathological.

And if (biological) sex is not dichotomous (there are male sex and female sex, but there are also different forms of intersex), gender and gender identities, as stated above, are individual and even more complex constructions.

Hence, some of the more recent "classifications", based on the use of new expressions to identify genders that go beyond stereotyped masculine/feminine binarism, seem to us wrong and reinforcing these same dichotomies and, moreover, eventually pathologizing gender identities that are not in line with social stereotypes.

Take, for example, the expressions "cisgender" and "transgender": On the one hand, this dichotomy reinforces, once again, a fallacious binary view; on the other hand, those concepts, as in the issue of masculinity/femininity, are defined one by each other (a cisgender is a non-transgender and a transgender is... a non-cisgender); and, above

all, they reinforce the stereotyped and false assumption that gender is directly related to biological sex, inducing the idea of an abnormality if such situation does not occur. The same problems—the maintenance of a binary perspective and the pathologization of non-standardized gender identities—can be raised when using expressions like “genderqueer”, “genderbender”, “genderfucker”, “genderfluid” or “agender”.

Gender is always an individual and continuous construction. Male, female or intersexed, the human being will have masculine and feminine traits, whose expression can differ (and change throughout life) as a multitude of other components of the individual identity.

Competing interests

The author declares that there are no conflicts of interests.

References

1. Money, J., et al. Hermaphroditism: recommendations concerning assignment of sex, change of sex and psychologic management. *Bull Johns Hopkins Hosp* 1955; 97(4):284-300.
2. Money, J. *Sex research – new developments*. New York: Holt, Reinhart & Winston, 1965.
3. Money, J. Gender role, gender identity, core gender identity: Usage and definition of terms. *J Amer Acad Psychoanalysis* 1973; 1(4):397-402. <https://doi.org/10.1521/jaap.1.1973.1.4.397>
4. Money, J. et al. An examination of some basic sexual concepts: the evidence of human hermaphroditism. *Bull Johns Hopkins Hosp* 1955; 97(4):301-19.
5. Stoller, R.J. A contribution to the study of gender identity. *Int J Psychoanal* 1964; 45(2-3):220-26.
6. Stoller, R.J. The sense of maleness. *Psychoanal Q* 1965; 34(2):207-218. <https://doi.org/10.1080/21674086.1965.11926345>
7. Stoller, R.J. The sense of femaleness. *Psychoanal Q* 1968; 37(1):42-55. <https://doi.org/10.1080/21674086.1968.11926450>
8. Stoller, R.J. A further contribution to the study of gender identity. *Int J Psychoanal* 1968; 49(2):364-68.
9. Stoller, R.J. Primary femininity. *J Am Psychoanal Assoc* 1976; 24(5 Suppl):59-78.
10. Kulish, N. Clinical implications of contemporary gender theory. *J Am Psychoanal Assoc* 2010; 58(2):231-58. <https://doi.org/10.1177/0003065110370352>.
11. Harris, A. *Gender as soft assembly*. London: The Analytic Press, 2005.
12. Mead, M. *Male and female: A study of sexes in a changing world*. New York: William Morrow, 1948.
13. Fogel, G.I. Riddles of masculinity: Gender, bisexuality and thirdness. *J Am Psychoanal Assoc* 2006; 54(4):1139-63. <https://doi.org/10.1177/00030651060540040801>
14. Parsons, T. and R.F. Bales. *Family, socialization, and interaction process*. Glencoe, Illinois: The Free Press, 1955.
15. Bakan, D. *The duality of human existence*. Chicago: Rand McNally, 1966.
16. Swim, J.K. Perceived versus meta-analytic effect sizes: An assessment of the accuracy of gender stereotypes. *J Pers Soc Psychol* 1994; 66(1):21-36. <https://doi.org/10.1037//0022-3514.66.1.21>
17. Clabaugh, A. and B. Morling. Stereotype accuracy of ballet and modern dancers. *J Soc Psychol* 2004; 144(1):31-48. <https://doi.org/10.3200/SOCP.144.1.31-48>
18. Duehr, E.E. and J.E. Bono. Men, women, and managers: Are stereotypes finally changing? *Pers Psychol* 2006; 59(4):815-46. <https://doi.org/10.1111/j.1744-6570.2006.00055.x>
19. Lueptow, L.B. et al. Social changes and the persistence of sex typing: 1974-1997. *Soc Forces* 2001; 80(1):1-36. <https://www.jstor.org/stable/2675530>
20. von Doellinger, O. *Corpo e identidade: estudo da relação entre a estima corporal e os estereótipos de género numa população universitária*. Barcelona: FPCEE Blanquerna, Universidad Ramon Llull, 2009.
21. von Doellinger, O. *Cuerpo e identidad: estereotipos de género, estima corporal y sintomatología psiquiátrica en una población universitaria*. Barcelona: FPCEE Blanquerna, Universidad Ramon Llull, 2012.
22. Deaux, K. From individual differences to social categories: Analysis of decade's research on gender. *Am Psychol* 1984; 39(2):105-16. <https://doi.org/10.1037/0003-066X.39.2.105>
23. Lippa, R. and S. Hershberger. Genetic and environmental influences on individual differences in masculinity, femininity, and gender diagnosticity: Analyzing data from a classic twin study. *J Pers* 1999; 67(1):127-55. <https://doi.org/10.1111/1467-6494.00050>
24. Mitchell, J.E. et al. Masculinity and femininity in children: genetic and environmental factors. *Child Dev* 1989; 60(6):1475-85. <https://doi.org/10.2307/1130936>
25. Cleveland, H.H. et al. Environmental and genetic influences on sex-typed behaviors and attitudes of male and female adolescents. *Perso Soc Psychol Bull* 2001; 27(12):1587-98. <https://doi.org/10.1177%2F01461672012712003>
26. Knafo, A. et al. Masculine girls and feminine boys: Genetic and environmental contributions to atypical gender development in early childhood. *J Pers Soc Psychol* 2005; 88(2):400-12. <https://doi.org/10.1037/0022-3514.88.2.400>
27. Baron-Cohen S. *The essential difference: men, women and the extreme male brain*. London: Penguin Books, 2004.
28. Wood, J.L. et al. Morphology of ventral frontal cortex: Relationship to femininity and social cognition. *Cereb Cortex* 2008; 18(3):534-40. <https://doi.org/10.1093/cercor/bhm079>
29. Wood, J.L. et al. Ventral frontal cortex in children: Morphology, social cognition and femininity/masculinity. *Soc Cogn Affect Neurosci* 2008; 3(2):168-76. <https://doi.org/10.1093/scan/nsn010>
30. Belfi, A.M. et al. Masculinity/femininity predicts brain volumes in normal healthy children. *Dev Neuropsychol* 2014; 39(1):25-36. <https://doi.org/10.1080/87565641.2013.839681>
31. Satterthwaite, T.D. et al. Linked sex differences in cognition and functional connectivity in youth. *Cereb Cortex* 2015; 25(9):2383-94. <https://doi.org/10.1093/cercor/bhu036>
32. Butler, J. *Gender trouble*. New York: Routledge, 1990.
33. Benjamin, J. *In the shadow of the other*. New York and London: Routledge, 1998.
34. Smith, H. F. On psychic bisexuality. *Psychoanal Q* 2002; 71(3):549-58.