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in India



Demystifying gender: Addressing felt need.

Gender experience and Gender Dysphoria

The ingredients of Identity

The entire premise of any 'identity', of saying and owning the spoken statement –“I am a ” is about the felt and believed experience of the person.

For any part of our identity , for example- “I am a doctor/ singer/ an Indian/daughter” the distinction and ownership is held firmly from within. Where and how do we acquire these convictions?

These ingredients are usually acquired parameters. As we grow up and understand our social context and place ourselves within it, we strive to acquire or we arrive at these parts of our identity.,Once we are aware of the construct and context of the profession/ability/ ingredient of identity- we internalise it and own it. And then starts the seamless process of expressing it, getting validation for it, and acquiring more and more conviction to our own expression of these parts of our identity.

In essence, these convictions are not what is perceived by the observer, but the conviction with which the statement is owned by the speaker.

The conviction of “I am ..” is internal.

The statement made, or spoken aloud, is only to convey or express it to another.It is part of sharing and communication. The presence or absence of the spoken statement “ I am a doctor” does not make the experience any less or more real. If I choose not to intrduce myself as Dr Kavita, it does not take away from the truth of my identity as a doctor.

While most people would agree with the above statement for many ingredients of Identity, there seems to be a difference when it comes to Gender as a component. I have often tried to reflect on why that is so.



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It's okay to be Different

Who owns my gender?

Is gender truly assigned by another? Or is it mine to recognise and own for myself. Till quite recently, I would mostly meet families ,as well as doctors ,who would speak about the sex and the gender of any person as synonymous. Indeed, many trans individuals themselves would arrive confused about whether it was even possible to feel the way they did. They would often ask, is it okay to feel like this?

This is like asking – if I am tasting a mango as sweet, or ice as cold, is it okay to experience that as sweet or cold? How can anyone else validate the felt internal experience of an individual. Indeed, how can something felt and experienced as real, be anything but true to the individual.

The problem is not in the felt experience, which is as real as for anyone else. The problem is that it clashes with the “notional” and taught experience of boundaries and stereotypes. The binary gender stereotype. The “conform to belong” stereotype.

This is often the experience of many of the “trans” individuals I meet or have met. In my clinical knowledge and experience, from witnessing lived experiences of trans individuals, the difference between being assigned a gender at birth and arriving at the awareness of one’s own gender identity, are two different processes. However, the difference seems to be available to only those, for whom they have not been in sync. For the majority, these two processes occur simultaneously and in parallel.

How and when they express it , to themselves or to others is varied. However, the experience itself is real and felt deeply and held with conviction within.

Process of the assigned gender

A baby’s cognition is not developed to understand the construct of “gender”. A child has no apparent knowledge of their own gender. The assigned gender process is conducted by adults around them. This process is necessarily based on the presence of identifiable physical characteristics primarily the external genitalia alone. No other characteristic is usually factored into the assigned gender of a child. This in itself defies the definition of gender. It



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relates to the concept of sex- NOT gender. However, for many decades these two concepts were seen as synonymous. In many minds, this is still so.

Arriving at the awareness of own gender

As children grow, we introduce them to the concept of gender. “*Boys do this, wear this, say this , play this... versus girls do something else.*” These gender stereotypes are narrated and omnipresent without the mindfulness of another possibility. Most children as they grow will try to adopt one of them and then only try to evaluate this experience within . They look for any examples around them, and sometimes try to conform to one or the other despite not being able to feel at peace within.

But internal experiences do not have comparisons. If the only way I have ever felt about being a girl is “uncomfortable”- how will I know whether every girl feels this way or not.

Some find out earlier that there is another quality to the experience, others will wait and internalise the experience without analysing it. Another subset might express it aloud without reservation, and yet another may be not attending to the gender construct at all at a particular age. The variety is immense and the journey is unique to each.

The experience of this journey is only truly felt by the individual. Regardless of its expression or communication to others, or its manifest , it can only be known by people who experience the difference between the two processes, and no one else. There is no scientific evidence available at this time that can attribute a ‘trans identity/expression’ to any other parameter. There is no known contribution of the ‘biological sex’ in the knowledge of one’s gender. Indeed, the biological or assigned sex is mostly the cause of distress due to its mismatch with the felt and known gender.

The expression of gender identity to others

Many mental health professionals or families I meet , look for expressions of gender identity at various ages. Indeed, in my initial years at the gender clinic, this was the most meticulous part of the history taking that I would do. Did this trans-individual ever dress or try to act like the desired gender. How and when did they first tell anyone about how they felt. Are they articulate



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enough to represent their inner world, and what does their inner world look like. How and what does the dysphoric element come from? Etc etc.

In that journey I learnt more and more, how diverse the expression could be. How each person on this journey was unique . I also came to understand that trying to prove to a stranger (in authority) that their internal world had “enough of the desired gender” was a task only a few could feel comfortable with. I grew to respect the confidence and courage it took to do this . I grew more and more humble when I witnessed the stories of strife, pain, utter terror, anxiety , despair and yet resilience and courage that I had the privilege to hear. And I also started wondering about how it ended up being such a lonesome journey for each and every one of them.

Who holds the distress and the dysphoria? A systemic perspective.

In the Indian experience, the fear, the utter terror of being ousted or excluded from the community, the family, the school seems to be often held alone by the trans individual. The experience of coming out, of telling anyone, is in itself one of the biggest distress creating milestones. In many individuals, it's a milestone that they have to work hard to achieve, with no certainty about the outcome or support thereafter.

Where, when, to whom and how – should I come out? Should I tell the employer? Should I tell my parents, or my friends first. Will it affect my sibling's “marriage worthiness”? Will my family lose face? Will I bring shame to my family? Will my parents survive this?

The distress of the parents, once they become aware, is yet another dysphoric element. Who handles that?

Who holds this anxiety? Who owns the dysphoria of the larger family that is now faced with the experience of “coming out” to the next circle of connectedness?

And so, the journey progresses. With the trans- individual at the core. Navigating the systems of employment, religious community and the other threads of our social fabric. The eyes that look at them are many, some with curiosity, some wonder, some suspicion, and fear and often in derision or disbelief. The many versus the one. The many focused on one.

I ask you, the reader, who would not be distressed in such a situation? Who would not cower, be depressed, even hopeless when confronted with days, weeks, years of this?

The question that often arises in me is:
Is that the innate nature of the felt gender identity or is that the larger clash of the social construct and the marginalization of an uncertain minority by an unaware but self- certain majority.



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As we grapple with this question, I would like to share with you a memory from many years ago that has stayed with me. In 2006, one of the first few individuals we worked with, at the Gender clinic, came from a village in rural Gujarat. M was about 21 years old, he had been living for many years as a boy, and the entire village had slowly accepted that she was not a female. He would be out late at night, as “boys” did, drove a two wheeler and did monetary and business transactions for his family. This was all part of the “social construct of being a boy”. He enjoyed this immensely and played it up whenever he could.

The distress and dysphoria of his early teen years had subsided after acceptance and claiming his own space within his community. After reading a news paper article, he found his way to us in Delhi. He had not known that surgical intervention was possible or available. He went on to get his “sex reassignment surgery” done as it was then called. However, that is not the reason I speak of him.

What I still remember is my wonder at the wisdom his 78 year old father shared. He said in Hindi “Who am I to decide anyone’s gender- when I have no knowledge of how even my own was decided. If this is the felt experience of my child, then the force greater than us must have been in play”.

He also pointed out that the sensible choices M made in most of his life actions, made him believe that in essence the personhood was intact. If so, why should we question this fragment of the personhood. He was clear that he was not consulting me for any assessment or diagnosis, he knew what his child was. He was not “sick” or “disordered”. All he wanted was to find out if indeed there was a way to help bridge the body appearance.

I would like to leave you, with the reflection of whether we are really speaking about an inherent neurobiological disorder in its entirety? Or is there a valid case for looking at a subset of what we diagnose as Gender Dysphoria, as simply an *“underrecognized human diversity, superimposed by the clash of a strongly valued and held social construct – that of binary gender being the norm.”*

What if we adopted the primarily valued identity of our shared humanity, above all the other ingredients and compartments?

What if we value above all the identity of “I am human”? Would we still have the same frequency and intensity of Gender Dysphoria?

Kavita Arora

Psychiatrist, Gender clinic team at Children First, New Delhi. Email: kavita.arora@childrenfirstindia.com

write2athi@gmail.com