Class #17 – Lecture Outline <u>Understanding Transgender and Transsexualism; Peer Review of Outlines</u>

1. Ma Vie en Rose (1997, Alain Berliner) - In-Class writing/film discussion

2. Historical Perspectives on Transgender: Sampson, Craft, Tipton

3. Student Presentation

3. Contemporary Perspectives on Transsexualism: Social Constructionist, Psychiatric, Biological Perspectives

Social Constructionism-

transsexualism as a manifestation of:

- (a) performative freedom in gender roles
- (b) logical outcome of rigidly defined categories of gender and sexual orientation
- (c) gender dysphoria—logical outcome of gender stereotyping and homophobia- sense of "being born into the wrong body"

4. Peer Review: Outlines, Essay #2

Social Constructionism-

transsexualism as a manifestation of:

- (a) performative freedom in gender roles
- (b) logical outcome of rigidly defined categories of gender and sexual orientation
- (c) gender dysphoria—logical outcome of gender stereotyping and homophobia- sense of "being born into the wrong body"
- (d) Solutions to issue of extreme gender dysphoria social change, legal advocacy, counseling/therapy/education, not surgery or hormonal treatment

b. <u>Psychiatric Definition of Gender Dysphoria/Transsexualism</u>

- (a) Deeply rooted psychic split between gender identity of the mind and body—clinically distinct from normal curiosity about the bodily differences between the sexes—source may be social/familial or biological
- (b) Part of a spectrum of body dysmorphic disorders
- (c) Not necessarily connected to other mental health issues
- (d) Hormonal treatment and sex reassignment surgery treatment are effective in many cases
- (e) Counseling post-surgery is often necessary to deal with transformations in individual identity and negative reactions/discrimination in various spheres of society.

c. Biological Essentialism

- (a) Asserts idea of a core gender identity
 Sees transsexualism as caused by hormonal problems in fetal development resulting in a gender split between body/mind
- (b) Optimal treatment: hormonal, surgical

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SP.401 / WGS.401 Introduction to Women's and Gender Studies Fall 2010

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