

recorded in 1681. Now in the same semantic field there is also the word *tyke*, whose primary meaning in the Germanic languages is "bitch," but which in the dialect of Yorkshire (northeastern England) came to be the usual word for dog, and in the Scottish dialects meant a dog, "generally with contemptuous force, a hulking uncouth ill-bred dog, a cur." Since the *bull* is the zoomorphic symbol of maleness par excellence, it is possible that the putative compound *bull-tyke* yielded *bull-dyke* with the notion of "a bitch who behaves like a bull" = a woman who behaves like a man in dress and mannerisms. The influence of the verb *to dike* then produced the forms which later gave the monosyllable *dyke* through such expressions as *dyking ourselves up* which for members of certain lesbian subcultures meant "dressing in a most beautiful, proud, defiant masculine manner." Thus what had been a vulgar epithet with connotations of self-hatred and shame has been adopted as a badge of rebellion against the values of a heterosexual, male-dominated culture by the militant lesbian of today. There is even an organization of lesbian mothers with the name Dykes 'n Tykes. Modern Dutch has borrowed the Americanism but in the spelling *dijk*, the same as the word meaning "sea-wall."

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## DYSPHORIA, GENDER

Gender dysphoria is the feeling reported by a few individuals (sometimes labeled "preoperative transsexuals") that they are acutely uncomfortable in their own bodies, and that their sex organs in particular "should not be there." The concept may ultimately stem from Karl Heinrich Ulrichs' formulation *anima muliebris corpore virili inclusa*, "a female soul trapped in a male body," although he

applied the phrase to subject homoerotics, that is to say, homosexuals who identify with the opposite sex and play the corresponding role in relations with their own. *Gender dysphoria syndrome* is a broader concept that may include homosexuality and transvestism as well as transsexualism.

From the early 1950s until recently, individuals with gender dysphoria were often guided toward transsexualizing operations in which their sex was surgically "corrected." After recovery from surgery they were resocialized and legally reassigned to the desired gender. Lothstein (1982) estimated that there are 30,000 transsexuals in the entire world, of whom 10,000 are believed to reside in the United States. Male-to-female transsexuals outnumber female-to-male ones by at least four and perhaps eight to one, perhaps suggesting a psychological origin of the problem. While such operations seemed to alleviate the gender dysphoria of the subject, follow-up studies have shown that in many cases drastic medical intervention is not the answer, and in fact approximately two-thirds of those classified as transsexuals have not undergone surgery, but are nonetheless living as members of the other gender on a full-time basis. They have assumed the role of the other gender in mannerisms and appearance in all their varied social functions and are, presumably, passing in the eyes of the rest of society as apparent members of that sex.

Although the contradiction between transsexualism and anatomy suggests to some that the condition is pathological, the real problem lies in society's dichotomization of masculine and feminine forms of behavior—in its belief that because there are only two sexes, there can be only two genders. The transsexual has commonly heard about sex reassignment before approaching the medical counselor and knows the questions and the "correct" answers even before they are formally posed. In other words, the individual seeking treatment has made a self-diagnosis

and is simply asking the doctor as a surgical technician to perform the necessary treatment. Of historical interest is the fact that the Roman Emperor **Heliogabalus** (218–222) offered the physicians of his time great rewards if they could effect a transsexualizing operation on his person, but the task exceeded the powers of Greco-Roman medical science.

Individuals with acute gender dysphoria exhibit a great range of personality types, with a resulting legal paradox: If the subject passionately craves the surgery, he or she may be labeled insane and denied the wish, yet if the subject moderately desires the surgery, he or she is pronounced competent and granted the wish. Transsexuals tend to fall into three major clusters: (1) individuals reporting a lifelong contradiction between their core-morphologic sexual identity and their anatomy and an absence of effective socialization and sexual arousal in the role appropriate to their anatomy ("true transsexuals"); (2) males who have vacillated in their sexual identity or been ambivalent in their sexual identity since childhood, and who have experienced genital arousal in connection with cross-dressing ("transvestitic transsexuals"); (3) individuals experiencing no contradiction between their core-morphologic identity and their anatomy who have had extensive sexual activity with members of their own sex ("feminine-male and masculine-female homosexual transsexuals").

Even if transsexuals depend upon the most modern surgical and biochemical techniques for the realization of their hopes, it is improbable that the phenomenon of gender dysphoria exists solely because of medical progress or that conflicts in gender identity and gender role lack historical and anthropological precedents and parallels. Non-Western cultures offer examples of alternate gender statuses in which the individual assumes, by personal choice or by inner compulsion, the role of the other gender; the best known of these is the *berdache*. Ethnographers are still to

some extent perplexed by these phenomena and their intricate psychological relationship to what modern Western society labels homosexuality. Hence the psychiatric evaluation of gender dysphoria must take account of the motives for alternate gender statuses in other cultures—which, however, may be the specific cultural mode of resolving or at least neutralizing a pathological identity crisis. In other words, gender dysphoria may express a dissatisfaction with the way in which a particular culture has defined and allocated sex roles rather than a fundamental genetic disharmony within the subject. Transsexuals are reacting to their own interpretation of the cultural meanings inherent in the concept of gender; they are seeking to resolve the conflict between gender identity and the socially prescribed role for the appropriate gender. What is obvious to the individual with gender dysphoria is that his or her identity falls on the other side of even the most tolerant line of demarcation between the sexes. **Counseling** and therapy with such patients may aid them to resolve their conflicts in a manner less damaging to their biological selves, to accept the feminine or masculine component of their personality as no longer ego-alien even if they retain the genitalia of the sex into which they were born.

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