# The Evolution of DSM's Definition of 'Gender Dysphoria' and Its Reflection of Judith Butler's Concept of 'Undoing Gender'

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**Abstract:** Medical discourse both reflects and shapes the social ideology. This paper explores the evolution in medical discourse, specifically the evolution of DSM's definition of gender dysphoria, and its alignment with Judith Butler's concept of 'undoing gender.' The critical analysis method is used to analyze the linguistic and content changes of gender dysphoria's diagnostic criteria from DSM-3 to DSM-5. The finding of this paper suggests that the evolution is towards the non-binary, self-autonomy, and de-pathologized interpretation of gender, three elements of Judith Butler's 'undoing gender.' Moreover, the paper points out the potential impact and critical reflection of DSM changes in gender dysphoria diagnosis in Waitzkin's and Beek's works. Finally, the limitations of the paper are outlined.

## 1. Introduction

Ostensibly neutral, medical discourse often mirrors and reinforces social ideology [14]. The Diagnostic and Statistical Manual of Mental Disorders (DSM), a globally recognized handbook used by healthcare professionals to diagnose mental disorders [2], has revised its diagnostic criteria approximately every 5 to 7 years since its first edition in 1952. These evolving definitions not only reflect but also participate in periodic social changes, both scientifically and ideologically.

The study focuses on the changing diagnostic criteria of Gender Dysphoria (GD) from DSM-III [2], DSM-IV [2], to DSM-5 [1]. GD is defined as "a condition where an individual experiences distress due to a discrepancy between their gender identity and the gender assigned to them at birth" [2]. The diagnostic criteria of GD, having undergone nuanced linguistic modifications over the years, provide a window into the shifts in gender/trans ideology. These shifts, occurring over approximately 15 to 19 years, mirror broader social transformations in the understanding of gender identity.

The changes in GD—a departure from binary gender descriptions, increased emphasis on gender self-autonomy, and a trend towards de-pathologization—offer an insightful and unconventional understanding of gender. This precisely echoes Judith Butler's concept of 'undoing gender', which challenges the normative perception of gender. Thus, the study aims to explore, "How has the evolution of the DSM's definition of 'Gender Dysphoria' reflected Judith Butler's concept of 'undoing gender'?"

## 2. Literature Review

Butler argues that both sex and gender are not inherent but are constructed through various discourses, including medical discourse [13]. "Undoing gender," the fundamental theoretical basis of this study, is derived from Butler's work Undoing Gender (2004). The work constitutes her recent reflections on gender and sexuality. "Undoing gender" refers to "undo[ing] restrictively normative conceptions of sexual and gendered life" [5]. In other words, it means challenging the stereotypical social expectations of gender, thereby creating greater gender fluidity and personal freedom.

Three fundamental concepts of "undoing gender" are employed to elucidate ideological shifts in the participation of GD. Firstly, at the surface level, "undoing gender" represents a challenge to the restrictive discourse on the gender binary, a belief system that recognizes two exclusive genders, male

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and female [5]. Secondly, on an individual level, "undoing gender" implies claiming body autonomy for the LGBTQ group [5]. Under binary gender discourse, only “certain humans (with binary genders) are recognized as fully human.” To resist this discourse, it is necessary to assert self-autonomy—the right of an individual to independently define and express their own gender identity. Thirdly, on a societal level, "undoing gender" implies the anti-stigmatization of gender identity-related disorders [5].

Additionally, the study engages with Waitzkin’s analysis of medical discourse [14], Kitzinger’s approach to examining ideologies in dictionary definitions [4], Lakoff’s perspectives on gender and society [7], Davy’s critique of Gender Dysphoria in DSM-5 [6], Beek’s comparative analysis of Gender Dysphoria across DSM-III, DSM-IV, and DSM-5 [3], and the proposed changes to Gender Identity Disorder in DSM-IV.

## 3. Method

The study employs Critical Discourse Analysis (CDA), informed by Kitzinger's methodology for comparing dictionary definitions [4], to scrutinize the evolution of GD across three editions of the DSM. Drawing upon my observations and the insights of previous researchers, this paper will identify key terms pertinent to the study within DSM-3, DSM-4, and DSM-5, and compile them into a chart. Following the creation of the chart, this paper will analyse the lexical and pragmatic changes found within these descriptions[8].

## 4. Data Description

Three sets of data for this study comprise the diagnostic criteria for GD in children as presented in DSM-III (1980), DSM-IV (1994), and DSM-5 (2013). Each edition articulates the criteria in a stratified format. The consistency in structure, continuity of subject matter, and common origins of these criteria ensure that the data sets are comparable.

The data comparison chart is based predominantly on my observations, supplemented by Beek's analysis of Gender Dysphoria (GD) across DSM-III, DSM-IV, and DSM-5 [3], as well as the official revisions to Gender Identity Disorder (GID) in DSM-IV.

## 5. Data Analysis

### 5.1 Evolving towards non-binary description

Table 1: Evidence evolving towards non-binary description

| | | DSM-3 | DSM-4 | DSM-5 |
|---|---|---|---|---|
| Lexico changes | terms of address | a boy/a girl | other sex | other gender (or some alternative gender) |
| | | his/her | | one’s |
| | | N/A | in boys/girls | in boys/girls (assigned gender) |
| | representations of Criteria A | desire to be a boy/girl | cross-gender identification | marked incongruence |
| | Name of disorder | Gender Identity Disorder | | Gender Dysphoria |
| | address of GD | the disturbance | | the condition |
| Content Changes | | separate criteria for boys and girls | merged criteria for boys and girls | merged criteria become similar for boys and girls |
| | | detailed description for repudiation of sexual anatomy | simplified description for repudiation of sexual anatomy | more simplified description for repudiation of sexual anatomy |
| | | brief description about desire for stereotypical activities for other gender | detailed description desire for stereotypical activities for other gender | |

Butler suggests that DSM “seeks to establish gender as conventional norms.” Conventionally, society adopts binary gender norms, the classification of gender into distinct forms of masculine and feminine. To undo gender is to challenge the normative conception of gender life and binary gender division. Thus, the evolution of the DSM's diagnostic criteria for Gender Dysphoria (GD) reflects ideological shifts toward non-binary gender, echoing the first layer of ‘undoing gender’.

### 5.1.1 Lexical Changes

The lexical changes indicated in table 1 are a direct reflection of the non-binary revolution in the medical field. The terms that address cross-identified genders have evolved from the strictly binary 'a boy/a girl' to the neutral but biologically oriented 'other sex,' and then to the more culturally influenced 'other gender (or some alternative gender)' [9]. This progression indicates that the DSM is moving away from dividing people into two gender groups or defining them by fixed biological identity, embracing a more nuanced understanding of socially constructed gender as a spectrum that includes "some alternative" genders, not just two. Similarly, the shift from 'his/her' to 'one’s' lessens the emphasis on assigning subjects to a specific gender category, using the more inclusive 'one' to represent a broader range of gender identities. DSM-5 also adds "(assigned gender)" after the traditional label "boy/girl," acknowledging that gender is socially assigned and shaped.

Moreover, the evolving representations of GD in the diagnostic criteria over the past 30 years show a medical alignment with the concept of gender performativity. Initially, DSMs described GD with phrases such as "strongly and persistently stated desire to be a boy/girl" (DSM-III), "a strong and persistent cross-gender identification" (DSM-IV), shifting to "a marked incongruence between one’s experienced/expressed gender and assigned gender" (DSM-5). The first representation is starkly binary. The term "cross-gender identification" reduces this explicit dichotomy, with "cross" suggesting an opposition between two genders (Oxford English Dictionary, n.d.). DSM-5's use of "marked incongruence" further minimises the dichotomy, allowing for a fluid expression of identity that moves beyond a binary understanding. This shift to acknowledging gender incongruence reflects a recognition of a broader range of gender identities and experiences, in line with gender performativity.

### 5.1.2 Content Changes

On a deeper level, the content changes indicated in Table 1 in the GD diagnostic criteria contextually support the medical adoption of a non-binary view of gender. A significant shift is the merging of separate diagnostic criteria for boys and girls into one unified section in the DSM-IV, which is then further refined in the DSM-5. These changes reflect a move toward a more inclusive and gender-neutral diagnostic approach, away from strict binary classifications.

Additionally, the changes related to anatomic structure descriptions and the emphasis on stereotypical activities underscore the move toward a perception of gender as performative. Descriptions related to the repudiation of one's sexual anatomy are lessened and simplified, while those detailing a desire for stereotypical activities of another gender are more elaborate. This signifies a shift in focus from inherent biological characteristics to socially influenced traits in defining gender. Challenging the essentialist view that gender is biologically fixed, the medical field is adopting a more complex and nuanced understanding of gender as a composite of physical attributes, social factors, and self-identification.

The less dichotomized categorization and the more complex understanding of gender demonstrate and practice the principle of gender performativity within the medical field.

### 5.1.3 Evolving towards self-autonomy implication

The second level of ‘undoing gender’ is related to people’s autonomy in defining their condition as GD at the individual level. Butler suggests autonomy means “choosing one’s own body invariably means navigating among norms that are laid out in advance”. People claim autonomy over the body, but the body has its public dimension [5]. DSM is the public sphere of the body which speaks the criteria for GD. In the evolving DSM, the threshold of diagnosing as GD becomes lower. Hence, greater flexibility is left for individuals to define their own bodies instead of being strictly bound by

a rigid, high-threshold medical definition.

Table 2: Evidence evolving towards self-autonomy description

| | | DSM-3 | DSM-4 | DSM-5 |
|---|---|---|---|---|
| Lexical Changes | description on transgender desire | strongly and persistently stated desire | repeatedly stated desire | a strong desire (stated desire) |
| | description on feelings towards genitals | repudiation | assertion..not/ disgusting | a strong dislike |
| Content Changes | | not merely a desire for any perceived cultural advantages from being a boy | | N/A |
| | | Onset of the disturbance before puberty | N/A | |

### 5.1.4 Lexical Changes

Butler suggests DSM once tried to establish gender as a "permanent phenomenon" by making GD diagnosis go through the test of time. However, the changes indicated in table 2 to describing the desire to be transgender reduce the requirement of the time element. From "strongly and persistent" and "repeatedly stated", to "strong/stated", the reduction of the time-duration description "persistent" and time-frequency description "repeatedly" lower the threshold of time, indicating people with less firmed desire could also claim themselves as GD. Therefore, increased gender fluidity creates greater opportunities for individuals to practice self-determination. Moreover, in describing dislike of genitals, in DSM-3 and DSM-4, "repudiation" and "assertion...disgusting" mean rejection and affirmation [10], which express the strong degree of negation in one's belief system. According to DSM-5, "a strong dislike", a word depicting preference rather than conviction, alleviates the seriousness of one's negation. The lower degree of seriousness, "medically conditioned choice" in Butler's context (2004), enables more people to have chances to ponder on their identity[11].

### 5.1.5 Content Changes

The content changes indicated in table 2 further strengthen the self-autonomy implication. The deletion of "not merely a desire for any perceived cultural advantages from being a boy" in DSM-5 further leaves space for self-autonomy. Previously, the DSM did not allow people who were transgender for cultural advantages to diagnose themselves as GD. In DSM-5, people are not limited by their reasons for being transgender to get a diagnosis. Butler suggests the diagnosis is 'support' for one to exercise autonomy. Less limitation of GD allows for greater space for the application of self-determination. Moreover, the deletion of "onset before puberty" in DSM-4 and DSM-5 reveals the reduction in requirement at a specific time of onset. Without time limitation, GD diagnosis is more fluid and thus enables greater autonomy. Thus, GD transforms towards undoing gender at the individual level, more self-autonomy[12].

## 5.2 Evolving towards de-pathologisation

Table 3: Evidence evolving towards de-pathologization description

| | | DSM-3 | DSM-4 | DSM-5 |
|---|---|---|---|---|
| Lexical Changes | Name of disorder | Gender Identity Disorder | | Gender Dysphoria |
| | address of GD | the disturbance | | the condition |
| | representations of Criteria A | desire to be a boy/girl | cross-gender identification | marked incongruence |
| | address of patients | repeated assertions that she or he will/has/is.... | in boys/girls, .../a strong preference/a strong desire/... | |
| Content Changes | | N/A | distress criteria | |

GD is one instrument of pathologisation. It pathologizes gender in ways that fail to conform to existing norms [5]. The language in GD diagnosis is the tool that makes people stigmatised. Undoing gender involves fighting against traditional pathologized understanding towards non-binary gender. The transitioning of GD description towards de-pathologisation unveils the 'undoing gender' at the societal level.

### 5.2.1 Lexical Changes

Butler suggests, ‘the diagnostic (of gender identity disorder) means by which transsexuality is attributed implies a pathologisation (2004). However, in the evolution of lexical changes indicated in table 3 suggests the de-pathologization for gender dysphoria. The renaming and reframing of GD indicate a medical acceptance of transgender thoughts. For four decades, DSM-III and DSM-IV referred to GD as "Gender Identity Disorder," implying that a mismatch between one's identified and assigned gender was a disorder. In 2013, DSM-5 renamed it Gender Dysphoria, suggesting a mental state of distress rather than a disorder (Oxford English Dictionary, n.d.). In this sense, GD no longer emphasises identity but rather distress. No longer considered a disorder, a serious mental health issue, GD moves away from pathologizing GD. Similarly, referring to GD as a "condition" rather than a "disturbance" in DSM-5 signals a recognition of GD as a neutral state of being, not a pathological disorder. The transition from "cross-gender identification" in DSM-4 to "marked incongruence" in DSM-5 shifts the focus of Gender Dysphoria (GD) from identity to incongruity. This change in the depiction of criteria A moves away from pathologizing one's identity and instead adopts the more inclusive term of incongruence. Furthermore, in addressing the patient, GD diagnosis shifts from pointing out the specific individual he or she towards using more generalised terms “in boys/girls.” The change insinuates that GD is no more an exception that only targets individuals but rather a more recognised and accepted phenomenon that is found in boys and girls. This broader recognition signifies a move towards understanding gender dysphoria as a condition that can affect multiple individuals in a population, rather than an isolated anomaly. Hence, less pathologisation falls on diagnosed individuals.

### 5.2.2 Content Changes

As Table 3 indicates, the content changes in the GD diagnosis also imply de-pathologization. In DSM-III, GD is categorized as a disorder related to one's cross-identification with a different gender. Later versions of the DSM suggest that GD must be associated with distress, and transsexual identity alone is insufficient for diagnosis. The focus of GD shifts from transsexual identity to the distress caused by the identity. This change indicates that the identity itself is no longer viewed as a pathology that needs to be corrected. People do not need to be pathologized or ashamed of their transsexual identity.

The de-medicalization of GD signifies a more inclusive understanding of gender within the medical field, recognizing the complexities of gender identity beyond a rigid binary perspective at the societal level.

### 5.2.3 The potential impact of GD diagnostic criteria evolution

In 1989, as a doctor and sociologist, Waitzkin's "critical theory of medical discourse" offered an insightful interpretation of how medical discourse impacts society. Combined with Foucault’s perspective, Waitzkin stated that (a) medical encounters tend to convey ideological messages within society and (b) the medical discourse unintentionally reinforces social ideology.

Drawing on Waitzkin's theory, the evolving diagnostic criteria for gender dysphoria (GD) reflect and reinforce societal perceptions of gender, shifting towards a more inclusive society [14].

On the one hand, individuals are more autonomous in choosing their genders. Only within a societal context that increasingly recognises and accepts gender fluidity and non-binary identities can individuals feel secure and unafraid to identify themselves outside traditional gender norms. In this sense, the evolving definitions of GD reflect social change corresponding to what Butler suggests in ‘undoing gender’—the “normative aspiration” to a philosophy of freedom. On the other hand, this evolution in GD diagnosis could profoundly influence medical practice. The threshold of GD is lower, so more people are likely to embrace non-binary gender. The medical field will be less stigmatised and less dichotomised when addressing gender-related issues.

### 5.2.4 Critical Reflection on DSM

Although the criteria for GD are evolving towards gender fluidity, as Butler suggests (2004), they

still assume gender norms. One of the key biases is situated within its heteronormative assumptions. Firstly, Butler suggests that DSM-5 conforms to the heterosexual matrix. Homosexuality is understood as gender inversion, and the “sexual” part remains heterosexual. Moreover, inspired by Davy's critique of GD in DSM-5 [6], I found that GD situates itself on the assumption that genders are categorical. Specifically, in GD, people are assumed to be assigned a specific gender category, and they identify themselves with another category. Such an assumption essentially embraces gender categorization rather than considering gender as a fluid spectrum. The diagnostic criteria for GD rely on stereotypical activities, such as engaging in cross-sex role play, which reinforces the gender binary perception.

As Lakoff suggests, "linguistic imbalances are worthy of study because they bring into sharper focus real-world imbalances and inequities" (1973). From my perspective, the essence of GD is reflective of the imbalances inherent in heterosexuality and the categorical division of genders. Even the most refined evolution fails to perfectly embrace the concept of gender performativity. Only the dissolution of GD as a diagnostic category could potentially pave the way for a more inclusive understanding of gender that transcends binary and categorical limitations.

## 6. Discussion

The examination of the evolving criteria for Gender Dysphoria (GD) across the editions of the DSM reveals a significant ideological shift that aligns with Judith Butler's concept of “undoing gender”. Specifically, the lexical and content changes in the DSM's diagnostic criteria from DSM-3 to DSM-5 demonstrate a gradual but deliberate move from a binary, less self-autonomy, pathologized understanding of gender to a more nuanced recognition of gender fluidity. Moreover, this paper underscores the critical role of medical discourse in both reflecting and shaping societal ideologies about gender. These changes in the DSM may have far-reaching implications, potentially influencing how healthcare professionals’ approach, diagnose, and treat individuals with GD, as well as affecting the stigma and discrimination these individuals may face[15].

Critically, the paper points out the fundamental heterosexual matrix and binary logic behind GD. Therefore, to align with the principles of undoing gender and to address the societal imbalances highlighted by Lakoff, a radical revaluation of the categorisation of GD is necessary. This could potentially lead to its dissolution in favour of a more inclusive understanding of gender identity.

## 7. Conclusion

There are some limitations of this paper. Firstly, the data of this paper has a limited time frame, changing from 1980 to 2013, which inherently excludes any developments in the post-2013 or pre-1980 field. Also, the DSM is primarily used in the United States and reflects Western cultural norms. This Western-centric focus may limit the generalizability of the findings to non-Western contexts. Moreover, the interpretation of data potentially involves the subjective bias of the researcher. The paper emphasizes lexical and content changes in the DSM but only assumes how these changes are implemented in clinical practice. There is a gap between how GD is defined in the DSM and how healthcare professionals diagnose and treat it in real-world settings.

In conclusion, through an analysis of the lexical and content changes of Gender Dysphoria from DSM-III to DSM-5, this paper offers valuable insights into the evolution of the DSM's definition of Gender Dysphoria—emphasizing greater recognition of non-binary gender identities, increased self-autonomy, and a shift towards non-pathologizing descriptions. Overall, these changes signify a progressive step towards a more nuanced and humane understanding of gender identity, reflecting Butler's vision of 'undoing gender' by challenging and deconstructing established gender binaries and norms. The paper also suggests the potential impact of DSM changes on GD and provides a critical reflection on these changes.

This paper sets a precedent for analyzing Gender Dysphoria’s continued progress in the recognition of diverse gender identities. Future studies of the DSM may further research on an even broader spectrum of language progression related to gender-related disorders. Additionally, increased

interdisciplinary collaboration between psychologists, sociologists, and gender theorists could drive more comprehensive and inclusive approaches to gender dysphoria. This ongoing evolution supports a societal shift towards greater acceptance and understanding of gender diversity, ultimately fostering environments where individuals of all gender identities can thrive without stigma.

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