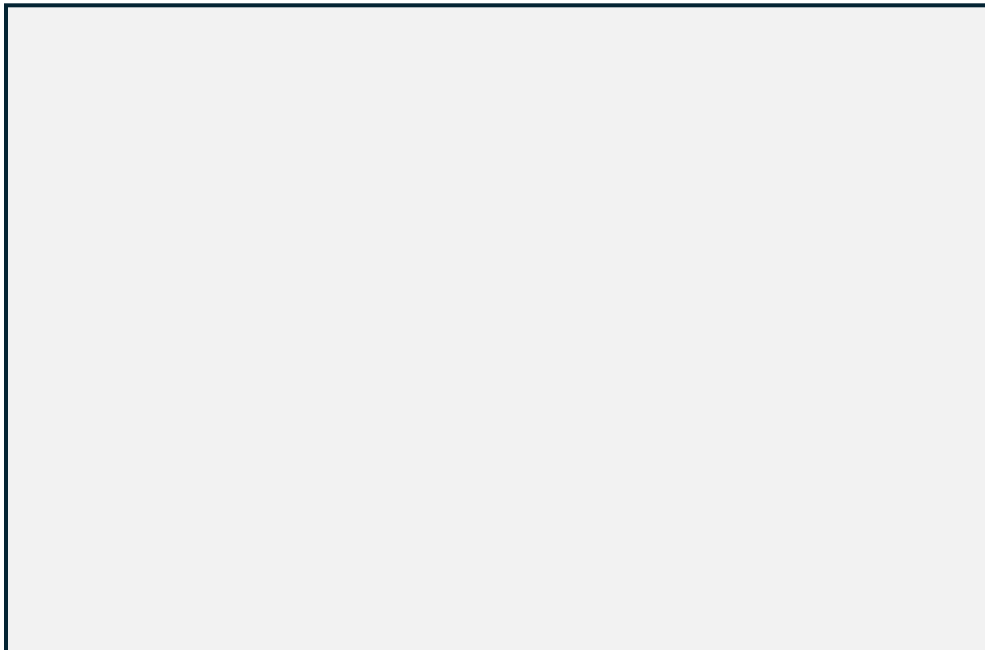

Gender Development & Alternative Gender Identities



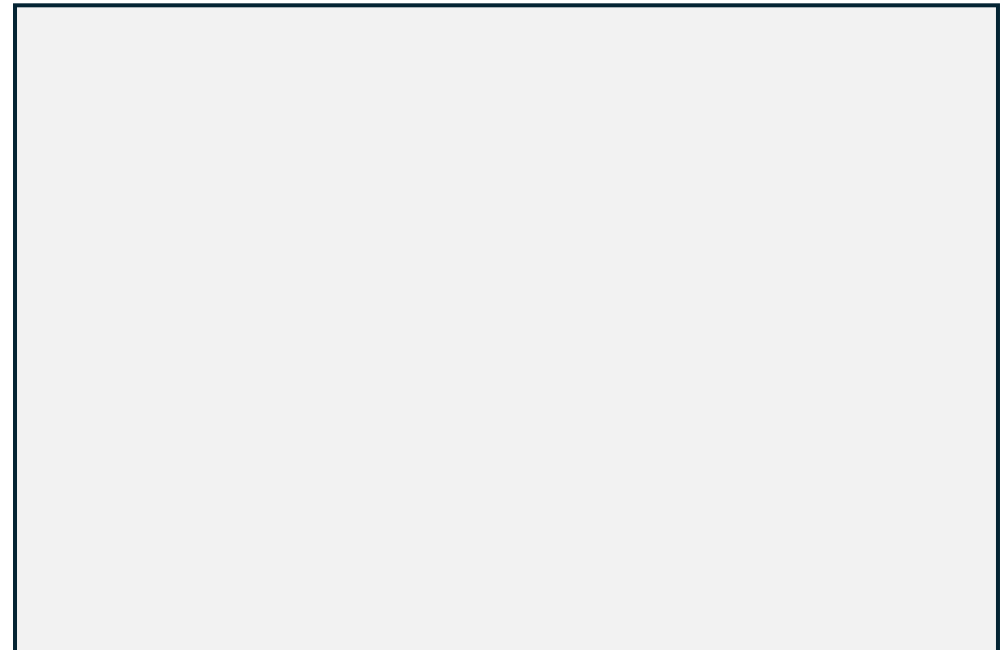
5-minute “Gender Box” Challenge

- Work in pairs
- Write 3 expectations for each box

What society expects from men

A large, empty rectangular box with a thin black border, intended for writing three expectations for men.

What society expects from women

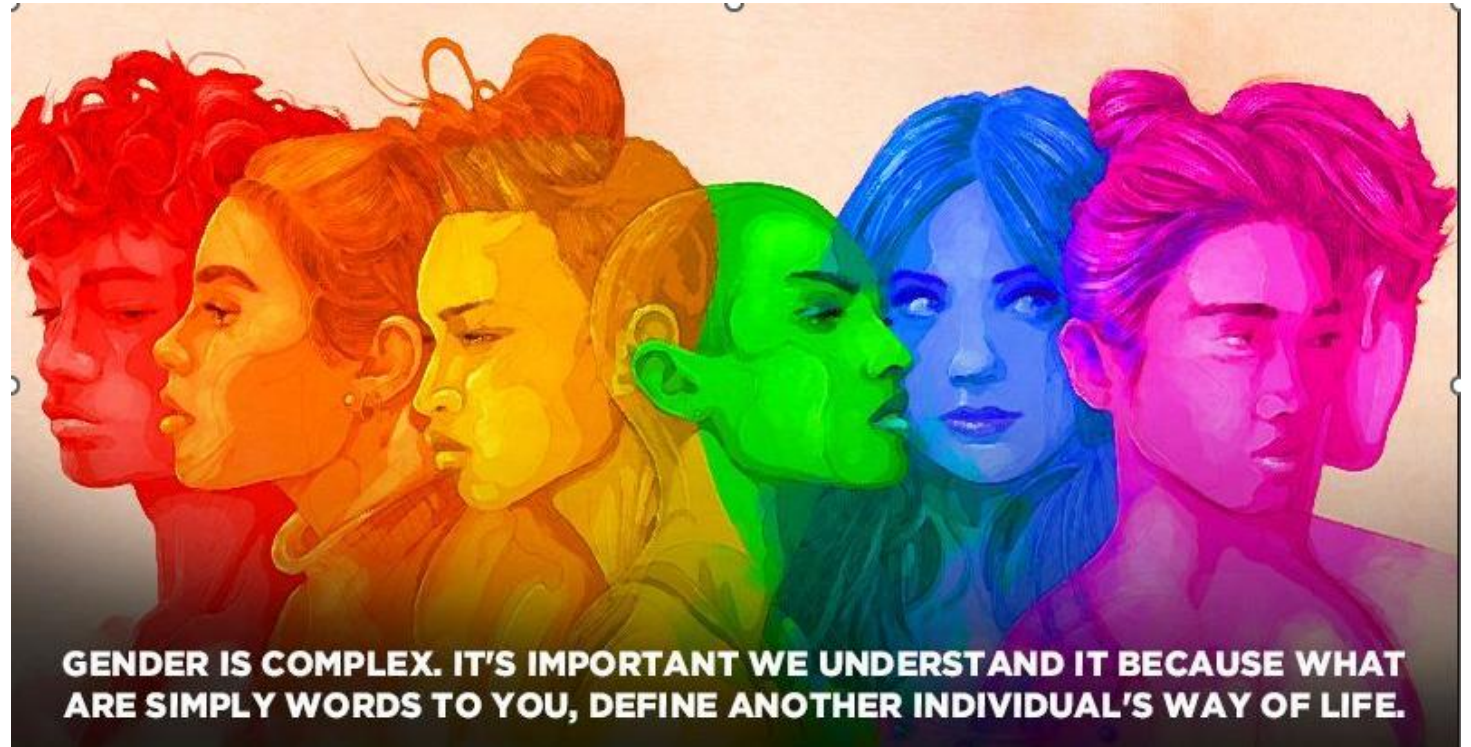
A large, empty rectangular box with a thin black border, intended for writing three expectations for women.

Where did these ideas come from?

Family? media? culture?

Are they the same across all cultures?

What happens if someone doesn't fit these expectations?



Gender Stereotypes

<https://www.youtube.com/watch?v=G3Aweo-74kY>

Young children **internalise gender stereotypes early** and increasingly use them to organise their thinking.

(Solbes-Canales, 2020)

Children's own gender schemas predict their **future career and family expectations**.

Children with stronger gender schemas showed:

- More **gender-typical career expectations**
- More stereotypical beliefs about family roles

These schemas were linked to **parents' gender roles**

(Endendijk, Portengen, 2022)

Culture and Social Learning

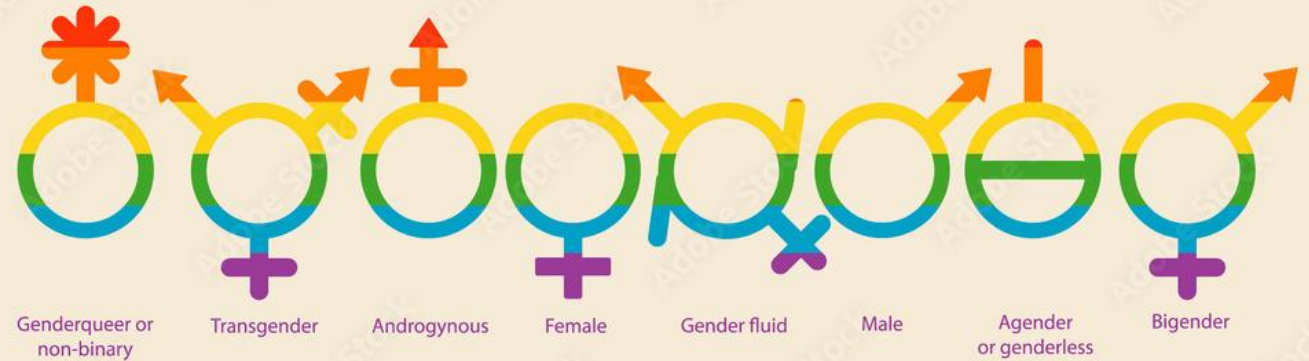
Sex role stereotypes and socialisation

Biological Sex and Gender

Traditionally, gender seen as binary
- male or female

Modern psychology recognises that gender:

- can be fluid
- exists on a spectrum



Sociobiological view

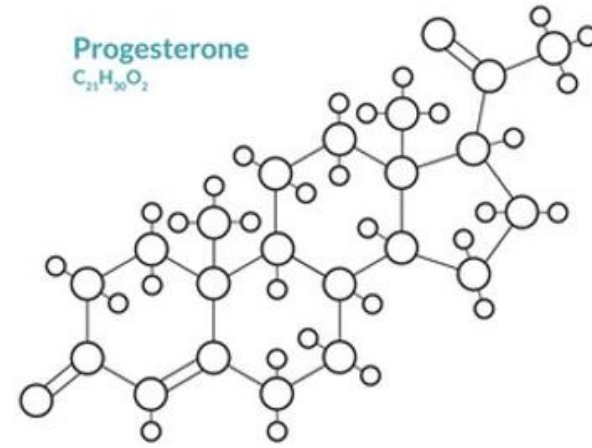
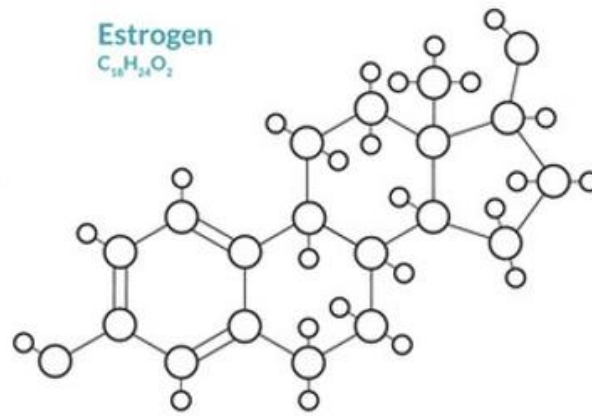
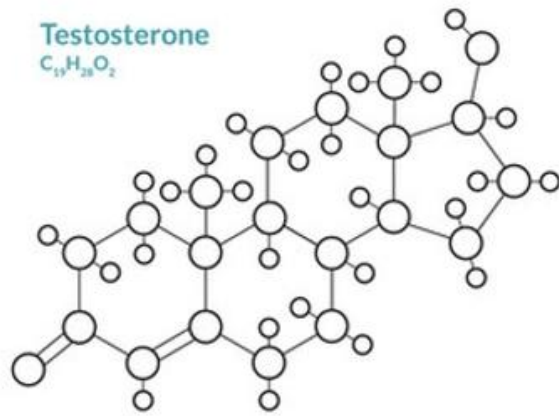
Men and women are the product of a complex system of factors and forces which combine in various ways to produce a whole range of masculinities and femininities (Gross, 2010)

Cognitive explanations

Understandings of gender identities become increasingly complex as children develop cognitively

Today we will...

Describe	Key theories of gender development
Explain	How social, cognitive and biological factors influence gender
Understand	Alternative gender identities and their psychological significance
Evaluate	How society shapes our understanding of gender



Biological Sex & Gender Identity



Biological Sex & Gender Identity



Prenatal exposure to hormones (Hines, 2020)

- Prenatal hormone exposure—especially testosterone—has **organisational effects on the brain**, influencing later gender identity and gender-related behaviour.
- Early testosterone exposure produces **permanent changes in brain structure and behaviour**, affecting gender identity, sexual orientation, and sex-typed play
- **Congenital Adrenal Hyperplasia** (Berenbaum and Bailey, 2003; Hall et al, 2004)
 - Inherited hormonal disorder (androgens)
 - Development of male characteristics in females (small ‘penis’) and early puberty in boys and girls
 - Girls – behave in more masculine ways and show masculine preferences regarding activities e.g. sports

Structural brain differences (Flint et al, 2020)

- MRI research shows that **transgender individuals exhibit brain structures that differ from their biological sex**, indicating a neurological basis of gender identity.

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Biological Sex & Gender Identity

Genes (Foreman et al, 2019)

- Research shows **associations between gender dysphoria and genes involved in sex hormone signalling** (e.g., oestrogen receptor and androgen pathways)
- Suggests gender development is influenced by **multiple genes affecting hormonal pathways (polygenic model)**

Functional Brain Connectivity (Uribe et al, 2020)

- fMRI studies show **differences in brain networks related to self-perception and body awareness in transgender individuals.**

Early Observational Research

Batista family (Imperato-McGinley et al, 1974)

- Dominican Republic
- Single family - 10 children - 4 grew up as girls but developed into muscular men
- Twenty-three affected families (37 children in total)
- Common female ancestor (mid-18th century)
- Occurs only when mutant gene carried by both parents

5-alpha-reductase deficiency: they couldn't convert testosterone into dihydrotestosterone (DHT).

DHT required for development of male characteristics

Batistas:

- Late flood of testosterone produces dihydrotestosterone (for male appearance)
- Age 12 – vaginas healed over, they grew full-sized penises and testicles
- Behaviour changed to match that of boys in Dominican Republic

Evaluation of Batista Research

The Batista study supports that testosterone had **pre-programmed masculinity into their brains**

But:

- The study was observational and retrospective: can introduce **bias**
- The community **recognised and supported their transition to male roles.**, so change was also influenced by **social acceptance and expectations.**
- Not all individuals fully switched identity or behaviour. Some retained aspects of upbringing, suggesting gender development is **not determined by hormones alone.**

Links to Sociobiological view...

Sociobiological View

Men and women are the product of a complex system of factors and forces which combine in various ways to produce a whole range of masculinities and femininities (Gross, 2010)

Gender-typed playing

<https://www.youtube.com/watch?v=nWu44AqF0il>

- Schaffer (2004)
 - ‘Baby X’ studies – ‘David’ or ‘Dana’ – neither overtly masculine or feminine in appearance
 - Played with range of toys
 - When cried in response to jack-in-the box – labelled as either anger or fear

Sociobiological View

The influence of social acceptance and expectations alone is limited

Intersex studies:

Gender of rearing different from their chromosomal/anatomical/hormonal (CAH) gender status e.g. genitals not sufficiently male or female

Twin Bruce Reimer - accidental penile destruction during circumcision

- Surgically reassigned, raised as girl 'Brenda'
- By 14 – changed name to 'John' – surgical penis construction
- 1997 - age 31 - now David Reimer and married a woman
- 2004 - age 38 – suicide

(Money and Erhardt, 1972)



Psychoanalytic perspective

Gender identifications are linked to the phallic stage – the Oedipal/Electra complex

Stage	Ages	Focus of Libido	Major Development	Adult Fixation Example
Oral	0 to 1	Mouth, Tongue, Lips	Weaning off of breast feeding or formula	Smoking, Overeating
Anal	1 to 3	Anus	Toilet Training	Orderliness, Messiness
Phallic	3 to 6	Genitals	Resolving Oedipus/ Electra Complex	Deviancy, Sexual Dysfunction
Latency	6 to 12	None	Developing Defense Mechanisms	None
Genital	12+	Genitals	Reaching Full Sexual Maturity	If all stages were successfully completed then the person should be sexually matured and mentally healthy.

Challenges to Freud's theory include?

Single parent families, gay or lesbian parents?

Child very different from same-sex parent?

Child very similar to opposite sex parent?



Social Learning explanation

- Culturally determined: e.g. Kwoma tribe (Papua New Guinea) - large, strong women able to carry heavy loads considered highly desirable by men
 - For most men in the Western world?
- Socializing agents within each culture – repetitive messages
- Bandura and Walters (1963): Principle mechanisms:
 - Reinforcement
 - Langlois and Downs (1980): Fathers particularly sensitive to child's gendered playing/toy selection
 - Openly ridiculed cross-sex play; strongest with sons
 - Observational learning (models)
 - Different models become prominent depending on sex of child
 - Self-regulation

Learns from others' responses to regulate own behaviour according to gender

Children's interpretations of gender in 2016:

<https://www.youtube.com/watch?v=A8TN6FyfsiM>

Social Learning explanation

Parental influences

During the child's second year:

- Fathers spend more time talking to sons
- Mothers spend more time supporting their daughters

Fathers

- More physical play with sons
- More sensitivity to daughters

(Lindsay and Mize, 2001)

Different types of father?



Social Learning explanation

Peer influences

Children develop 'gendered' ideas

- By 3 years - gender appropriateness
- By 4 years – policing each other

But – must be linked to cognitive development

Gender appropriateness' – fluid, changing, cultural



Social Learning explanation

Findings supporting SL explanation

Parents allow sons to show more aggression than girls

Boys more likely to imitate aggressive models

Children more likely to imitate same-gender models

Parents encourage their same-gender children to participate in gender appropriate activities

A positive correlation has been found between fathers' traditional/egalitarian attitudes and four-year-olds perceptions of gender roles

Social Learning explanation

More recent findings not supporting SL explanation

- No consistent differences in ways in which boys' and girls' behaviours are reinforced
- Bandura's findings (imitation of same-gender models) not always found in other studies
 - Barkley et al (1977), meta-analysis: of 81 studies, only 18 matched Bandura's findings

Children aware of own gender and prefer to imitate gender appropriate behaviour, regardless of sex of model

Issue with studies:

- Adults were asked to model children's behaviours in studies
- In real life adults do adult behaviours – may not be of much interest to younger children, so influence of modelling may vary with age

Cognitive- developmental explanations



Kohlberg's Theory of Gender Development:

Schemas

Gender labelling (approx 2 – 3¹/₂ years)

- Slowly becomes aware that belongs to particular sex group
- At first, just a label
- Adapts gender labels – who belongs in which group?
- Not always aware that this categorisation can be lifelong (Slaby and Frey, 1975)

Gender stability (3¹/₂ – 4¹/₂)

- Gradually becomes aware of durability of own gender
- But still dependent on physical concept of gender – superficial characteristics e.g. clothing

Gender constancy (4¹/₂ – 7)

- Awareness of the permanency of gender
- Challenge: 2-year-olds often show a preference for gender-appropriate toys

Cognitive- developmental explanations

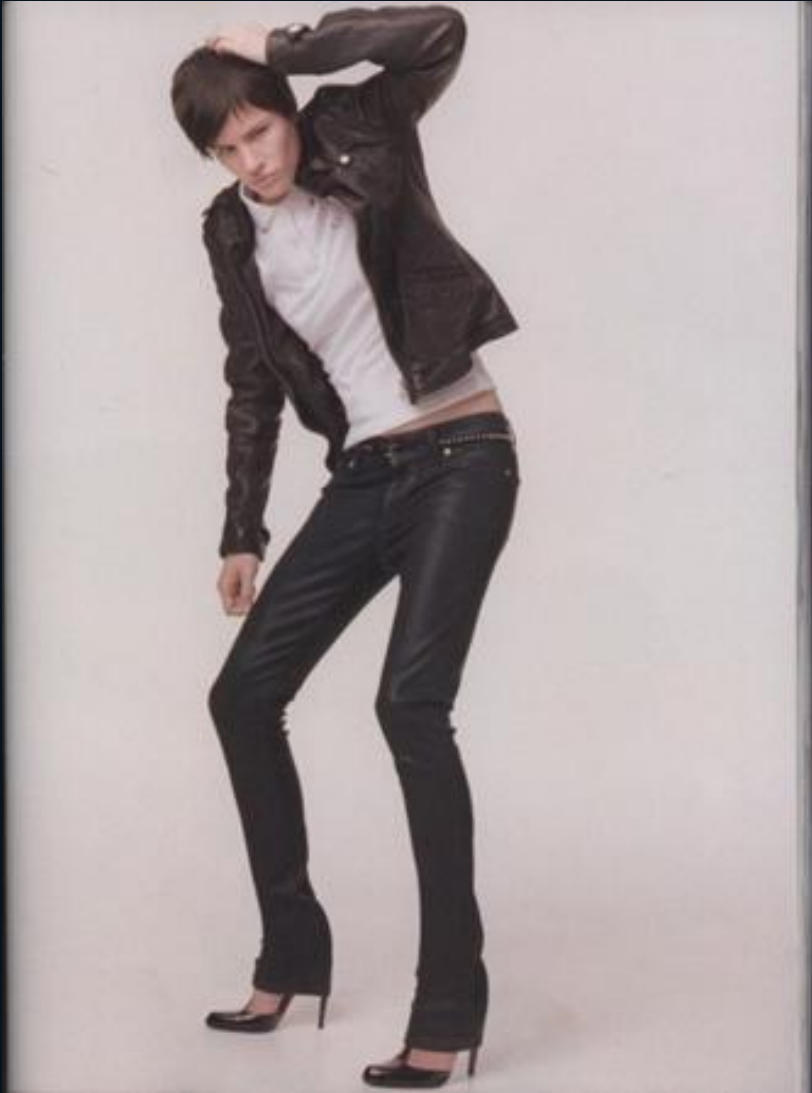
Gender Schematic Processing theory (Martin and Halverson, 1981)

Argues that child does strive to develop an increasingly complex schema about their gender group (values, behaviours etc.)

BUT - this starts when child discovers their own gender identity
- **not** when they obtain gender constancy

Helps to explain resilience of children's sex role beliefs and attitudes

- Process information schematically (admit or ignore information) – congruent information supports and strengthens a gender schema



Cognitive-developmental explanations

Gender Schema Theory (Bem, 1983, 1985, 1993)

Gender typing = gender schemas (re. appropriateness)

Acceptance of gender labels

Gender schemas promote gender stereotypes

Bem: **Androgyny** most advanced level of gender role identity (?)

Biological sex unimportant (?)

Bem Sex Role Inventory (BSRI) (1974) – 3 x 20 items

BSRI (short form) – 3 x 10 items

Masculine items

Assertive
Leadership ability
Dominant
Strong personality
Forceful
Aggressive
Willing to take a stand
Independent
Defends own beliefs
Willing to take risks

Feminine items

Understanding
Sympathetic
Eager to soothe hurt feelings
Sensitive to needs of others
Compassionate
Loves children
Affectionate
Gentle
Warm
Tender

Also 10 '**filler**' items (gender neutral): e.g. truthful, happy, conceited....

Scoring the Bem inventory

Focus of items – personal characteristics – but not physical

7-point Likert scale

- 1 = Never/Almost never true
- 7 = Always/Almost always true

Masculine if above median score of Masculine items

Feminine if above median score of Feminine items

Androgynous
(above median in both Masc./Fem.)

Undifferentiated
(below median in both Masc./Fem.)

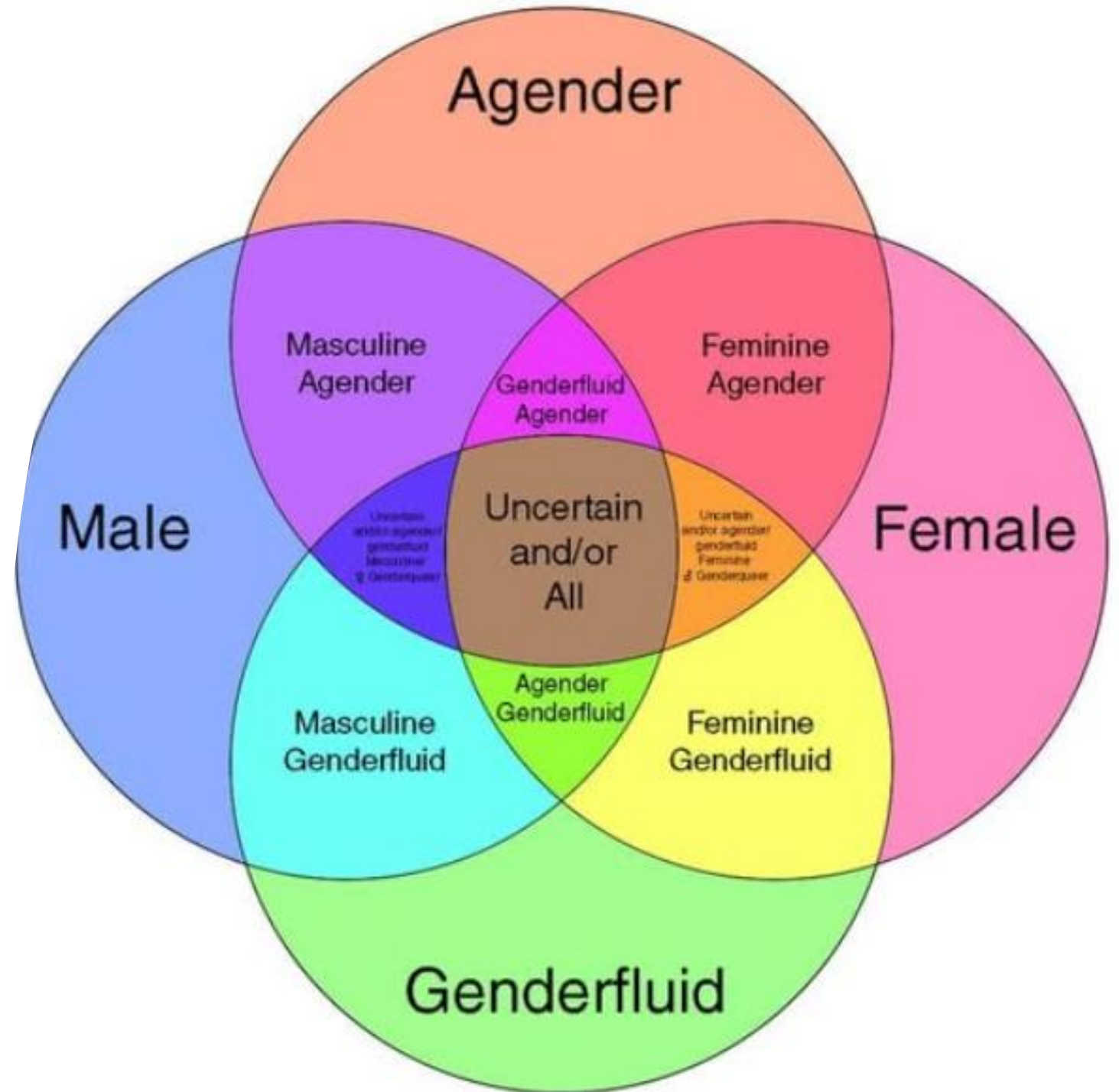
Most advanced level of gender role identity?
Biological sex unimportant?

Source of 'masculine' and 'feminine' items?

Answers?
Social desirability

Alternative Gender Identities

- Gender as a spectrum
- Involves:
 - Cognitive processing (e.g. Gender Schema Theory)
 - Biological factors
 - Socially learning gender information



Mental health implications of gender spectrum identities

Higher rates of mental health difficulties



A consistent finding across modern research is that **transgender and non-binary individuals experience higher rates of mental health problems** than cisgender populations:

Higher prevalence of **depression, anxiety, and psychological distress**

Much higher rates of **suicidal ideation and attempts**, particularly among young people

Specific issues for non-binary individuals

Non-binary people can face **unique challenges**:

- **Invalidation** (others not recognising their identity)
- Lack of representation or understanding
- Pressure to fit binary categories

This can lead to:

- **Confusion, self-doubt, and emotional distress**
- Increased risk of poor mental health outcomes

Minority stress explanation (key theory)

Gender-diverse individuals experience chronic stress from:

- Discrimination
- Bullying and victimisation
- Social stigma and rejection

These stressors lead to:

- Increased depression and anxiety
- Increased perceptions of hostile behaviours
- Higher suicide risk

Role of schools in identity development: Recent conclusions

Lack of inclusive education is linked to **lower wellbeing and engagement** (Epps et al., 2021)

Supportive school environments improve **identity formation and mental health outcomes** (Baams, 2026)

Key
protective
factors:

Family
acceptance

Supportive
schools and
communities

Access to
mental health
care

Peer and
community
support

Summary

Culture and Social Learning

- Sex role stereotypes and socialisation
- Social Learning Theory

Biological Sex and Gender

- Traditionally, gender seen as binary
- Modern psychology recognises that gender:
 - can be fluid
 - exists on a spectrum

Sociobiological view

- Men and women are the product of a complex system of factors and forces
- These combine in various ways to produce a whole range of masculinities and femininities

Cognitive explanations

- Understandings of gender identities become increasingly complex as children develop cognitively

Alternative gender identities

- Gender as a spectrum
- Mental health risks
- Role of schools
- Protective factors