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Our notions of gender identity are changing.

Do we need to categorise the population according to legal gender at all?

She, he, s/he and all the others

Suddenly, they seem to be appearing everywhere: strong, self-aware transgender persons in TV series such as *Sense8*, *Transparent* and *Orange is the new black*. Even Barack Obama has publicly uttered the word «transgender», as the first American president to do so (1). In Norway, a new generation of proud, young transpersons have taken up the legacy of Esben Esther Pirelli Benestad to draw attention to those who fail to conform to our narrow categories of gender. Their efforts are important. A number of studies point out that transpersons tend to have significantly poorer mental and physical health than others (2). In a large Swedish study, half of all transpersons had considered suicide, and the majority lived in fear of violence and harassment (3). A considerable proportion of these health problems can be linked directly to prevailing social attitudes (2).

Social attitudes are reflected in legislation and administrative practice: In Norway, a person must be categorised either as a woman or as a man in order to obtain a national identity number and ID papers (so-called «legal gender»). To be permitted to change legal gender, the person in question must undergo an irreversible castration or other sterilisation (4). Hormonal treatment and «gender correction» surgical treatment of transpersons in Norway have been undertaken by the National Hospital since 1979 (5). Eligibility for treatment by the public health services requires a diagnosis of F64.0 Transsexualism (2). In other words, being a transperson remains a psychiatric diagnosis in Norway, and the treatment is «corrective». This practice has remained unchanged since gender reassignment surgery was first undertaken in the 1960s. This was the backdrop for the Stoltenberg government's decision to review the criteria for gender change and treatment options for this group in 2013 (6).

The government's expert panel came to a number of clear conclusions: current practice conflicts with key human rights. Persons ought to be able to change their legal gender without any requirements for castration or other forms of sterilisation. A self-declaration should be sufficient for changing legal gender. All regional health authorities should have specialised help available and provide it to a wider range of groups than those currently included (2). These recommendations have led to a parliamentary bill and a consultation memorandum, the deadline for both of which is expiring now (4, 7). Fortunately, there are clear indications that the resolution to abolish the requirement for castration as a precondition to change legal gender will be passed. In recent years, a number of countries have adopted similar legal amendments (4).

Objections have come from dispiritingly predictable quarters. The head of the information department of the Norwegian Lutheran Mission, Espen Ottosen, is opposed to the amendment. «Requiring a castration sounds drastic. However, it is equally drastic to claim that women can become fathers. It is a choice between the plague and cholera», he tells the *Vårt Land* daily newspaper (8). However, already today women can become fathers, and the state has not demonstrated any interest in peeking down their trousers – and no plague has yet broken out.

Cessation of the requirement for castration implies that the requirement for a psychiatric diagnosis as a precondition for changing legal gender will also disappear. The classification of transpersons in current diagnostic manuals is based on psychopathological models dating from the 1940s and is set to be completely abandoned in the forthcoming ICD-11 (9). Then, transpersons can finally escape being diagnosed under the chapter on mental disorders. The amendments to DSM-5, published in 2013, also support this new notion: the problem is not one of the person's gender identity, but of our *understanding* of gender identity (2).

As a result, this will also challenge our fundamental, binary gender model. «Gender dysphoria thus is considered to be a multicategory concept rather than a dichotomy», the American Psychiatric Association stated in 2013 (10). A number of countries, including New Zealand, Denmark, Germany, India and Pakistan, have already introduced a right to register with a third gender category in passport documents (2). In 2014, the Norwegian Tax Administration proposed to remove information on gender from the national identity number to take future changes to the binary gender system into account (11). To take this to its logical conclusion, we may ask whether we need to categorise the population by legal gender at all.

Changes taking place internationally, as well as the hoped-for changes nationally, all point towards an increasing understanding of the fact that gender identities are far more complex and individual than we have previously assumed. In Norway as well as in many other countries there are courageous transpersons to whom we should be grateful for this. We all stand to benefit from an even more inclusive and diverse society: she, he, s/he and all the others.

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