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Limitations of the ecological niche: Expanding the ecological niche framework

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Abstract

An historical ontology is conducted to look at the limitations of the Ian Hacking's ecological niche framework (1998). As an example, the recent controversial emergence of rapid-onset gender dysphoria (ROGD) in the US is employed. This theory was proposed in 2018 and has been largely rejected by conventional medical structures. However, ROGD has seen activity in other areas of society. In past publications the limitations of some vectors of the ecological niche framework have been identified and addressed. Namely the vectors of observability (Brossard, 2019) and release (Neufeld and Foy, 2006). Both introduce three tiers of either observers or types of release to differentiate between different actors involved in the processes surrounding mental illnesses. This analysis shows that a similar three tier adaptation can be made to the vector of medical taxonomy to help differentiate between the different pathways the legitimization of medical knowledge can take.

Keywords: historical ontology, ecological niche framework, gender dysphoria

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Ian Hacking has made significant contributions to the development of theories concerning the historical ontology of human beings. His theories, such as the concepts of *making up people* and the *looping effect,* have shed light on the relationship between individuals and the classifications imposed upon them. Hacking's earlier work explored the phenomenon of *transient mental illnesses* and the framework he used that he called the *ecological niche framework*. While the later theories are primarily concerned with investigating people reacting to their classifications. The ecological niche framework investigates the broader context of how certain mental illnesses can come in and out of existence. The framework consists of four vectors that have been unchanged since its creation in 1998 and is interpreted differently across different authors (Brossard, 2019). Additionally, the philosophical implications of the framework have been explored, but it's potential use in empirical studies has been largely overlooked (Brossard, 2019). This is, in part, because Hacking purposely has kept the framework unclear. To follow up on Brossard the aim of this thesis is to investigate the framework and update it if necessary.

Therefore, this study critically analyses Hacking's four vectors of classification using the example of *Rapid-Onset Gender Dysphoria* (ROGD). ROGD is a recent, controversial theory regarding how individuals assigned female at birth (AFAB) have "turned" transgender (Littman, 2018). It has been described by some as a "psychic epidemic" (Marchiano, 2017). While others discredited the theory for questionable methodology (Restar, 2019) and described it as an attempt to use scientific sounding language to circumvent evidence in favour of gender affirmation (Ashley, 2020). Almost all of the discourse surrounding ROGD takes place in the US, therefore, this research focuses the analysis on the US as well.

Hackings theories primarily focus on the impact of institutions making the labels or classifications that individuals can internalize. Hacking's framework presupposes that the

power to create and legitimize knowledge of a mental disorder lies solely within the institutions. However, the availability of resources like the internet has allowed people to search for knowledge in new ways (Fox, 2002). Additionally, not all of the health information to be found online is of sufficient quality for lay persons (Daraz et al., 2019). One of the vectors of the framework fails to take this into account, and I propose to adapt the framework so that it can account for the new ways individuals can legitimize knowledge about mental disorders. Other authors have seen similar problems in two of the three other vectors, and they propose a similar adaptation to the framework (Brossard, 2019; Neufeld and Foy, 2006).

Historical ontology and the ecological niche

As introduced earlier, historical ontology is an extension of ontology and is predominantly interested in looking at historical and cultural contexts that constitute to being. The original idea of the concept of historical ontology can be credited to Foucault. In a retrospective essay called 'What is enlightenment?' Foucault first coined the term (1984). This essay has the same title as the original short piece written by Kant two centuries before him. In this original essay, Kant tries to explain the spirit of his era. What Kant missed according to Foucault were the limits in Kant's own thinking. More specifically, the historical and contingent limits. For Foucault when we try to investigate "an historical ontology of ourselves" (Foucault, 1984, p.13) we need to look critically at the historical conditions through which we look at to perceive ourselves. In this original definition, the historical context in which one exists is crucial in understanding ourselves and investigating who we are.

This original idea by Foucault has since been picked up by multiple different thinkers. One of them is the Canadian philosopher Ian Hacking. Hacking has been interested in developing his own historical ontology which is based on Foucault's traditions. Primarily, Hacking investigates classifications of a psychological and psychiatric nature and how these

classifications interact with the people that are classified by them. It is these classifications that are central to Hacking's historical ontology. As Sugarman puts it, "concepts and classifications are the grist for the ontological mill" (2009). In order to develop a manner in which to think about these classifications and better understand how they emerge Hacking developed a framework he called the *ecological niche framework* (1998). This framework investigates what he calls *transient mental illnesses* (1998). It is meant specifically to describe illnesses that only seem to exist at a specific place and time and then disappear. Or in other words, transient. For Hacking it is interesting to look at these transient mental illnesses because they are culturally emergent through a multitude of factors and are

> ...not just social, not just medical, not just coming from the patient, not just from the doctors, but from the concatenation of an extraordinarily large number of diverse types of elements which for a moment provide a stable home for certain types of manifestations of illness. (Hacking, 1998, p. 13)

Ian Hacking employs a style of reasoning that he calls *Dynamic Nominalism.* Dynamic nominalism is an offshoot of nominalism. Nominalism is the belief that there are certain particulars that have real existence. And similarly, that universals (concepts) are without a substantive reality. Hacking identifies two problems with nominalism. The first is that physical phenomena do not comply with our thinking when simply thinking about them. The second is that nominalism is static. Nominalism being static is useful for the natural sciences, but not for the descriptions and classifications being used by the social sciences. This is the case because those being described by the classifications of the social sciences are humans, and as mentioned earlier, humans are capable of interacting with the classifications that are given to them. This awareness and interaction with the classifications is what hacking calls the *looping effect* (1995). Thus, because humans interact with the names given to them, Hacking uses the term *dynamic nominalism* (Sugarman, 2009). Historical ontology is

interested in understanding the relevant conditions that allow for being a type of person. These conditions are historically dependent and allow for disorders to exist at a certain place and time. Therefore, psychological descriptions are “ontologically emergent, simultaneously real and historical” (Sugarman, 2009, p.7.).

To put this dynamic nominalism in practice Hacking defines four vectors in the ecological niche framework. These are *medical taxonomy*, *observability, cultural polarity,* and *release*. These vectors allow the framework to investigate the ecological niche that the mental illness in question inhabits. This ecological niche is the amalgamation of the diverse type of elements that allow for a stable home mentioned earlier. Hacking refers to the vectors as “vector” and not “factor” as he wants to avoid the causal implications associated with factors. With medical taxonomy Hacking refers to how the illness fits into the medical conception of the time in question. This includes the medical institutions that create medical conception but also the practices where these are applied. The vector of observability states that the illness in question should be considered problematic and visible. The observers include professionals and experts but also non-professionals and the person themselves. Cultural polarity at a first glance seems to be the least straightforward of the four vectors. Broadly speaking, the vector encompasses the cultural context of the illness in question. According to Hacking, the illness needs to exist in a polarity in society, where one perspective is romantic and virtuous, and the opposing perspective is vicious and associated with crime. The last vector, release, describes that the illness should provide a form of release that can not be found anywhere else in society at the time.

Although the framework looks to be useful to study a multitude of different emergent disorders, in practice the interpretation of the framework differs through almost every single use (Brossard, 2019). Brossard distinguishes four main uses in how authors have interpreted the ecological niche framework. The first is a systemic use and Brossard states that only very

few applications are of this manner. For this reason, Brossard attempts to operationalize the vectors so that they are easier to be used systemically (2019). The other three focus on one specific aspect of the framework. One focuses on the framework and not the mental illness. One merges the vector of medical taxonomy with the ecological niche as a whole and the last merges the ecological niche with only the social setting surrounding the mental illness (Brossard, 2019). But even within the systemic use there are inconsistencies. Some authors come to the conclusion that the existence of a medical category makes the associated behaviour observable, merging medical taxonomy with observability (Brossard, 2019). Similarly, the vector of release leads to different interpretations, where originally the set of behaviours associated with the mental illness provides the release. In other publications release is interpreted as release from the mental illness itself because of a cure or by the classification itself (Brossard, 2019).

As an example, to both illustrate the framework in practice and how it is interpretated in different ways, the work of Hickinbottom-Brawn investigating the rise of 'Social Anxiety Disorder' (2013) suits this well. In this analysis she uses the ecological niche framework to explore how modern competitive society has aided in creating the idea that anxiety is something to be avoided. In large part the vector of medical taxonomy in the case of SAD is about how 'dis-ease' becomes 'disease'. The idea of anxiousness or shyness has been around for centuries. And it was the transformation into modern ideas of the self and the focus on personal presentation that led to the first pathological descriptions of shyness in 1901. And now the definition of SAD involves "a feeling of discomfort regarding possible scrutiny (e.g., fear of sounding foolish) in any situation, avoided or endured." With how modern society emphasises the presentation of oneself, it is easy to imagine anyone finding themself in a situation where discomfort might be experienced. It is therefore no surprise that up to 12% of the American populations suffers from SAD.

With SAD being the third most common form of psychological dysfunction, it is one of the most observable ones as well. But that was not always the case, according to the vector of observability the mental illness needs not only to be visible but to be considered as problematic as well. According to Lane (2007) this shift in public perception occurred when pharmaceutical companies capitalized on SAD's inclusion in the DSM. Specifically, the makers of Paxil (SKB), the most common treatment for SAD, developed a multi-billion public awareness campaign because "patients with social anxiety disorder often share the common public misperception that what they experience is severe shyness" (SKB as cited in Lane, 2007, p. 122). This combined with the earlier mentioned increase in the focus on personal presentation has led to a context where shyness, reservation, or social discomfort are considered problematic. This has allowed for social anxiety to be more observable and alarming than ever before.

In the case of SAD, the virtuous perspective of the vector of cultural polarity is that of social awkwardness and avoidance being related with the romantic narratives of genius and authenticity. Intelligence has long been associated with shyness and bashfulness in western society. The 'nerd' is socially awkward but intelligent and well meaning. The other side, the more vicious perspective, describes how socially awkward individuals have difficulty connecting with the rest. They seem distant, sometimes arrogant and condescending, and are unable to adapt to situations. Creating awkward and unpredictable situations. More problematic, are those that are unable to connect and focus their frustrations on others. It is these contrasting perspectives that the social anxious individual finds herself in between.

The vector of release proposes that the mental illness in question should provide a form of release. In the case of SAD this is achieved by the explanation that what you are experiencing is legitimized by the diagnosis. Interestingly, Neufeld and Foy (2006) propose two additional manners in which a diagnosis can provide release. The second type takes place

in those observing the individual. And illustrates how those observers can relate a problematic interaction not to interaction itself but to the internal disorder. In the case of individuals suffering from SAD, social interactions are often difficult, so shifting the problem away from the interaction and to the individual suffering from SAD provides release for the observer. The third form of release is experienced by the practitioners of the field. It states that once a mental disorder is medicalized, any means or justification with the aim to cure the disease is justified.

This example shows how different authors have interpreted and expanded Hacking's work in different ways. While this use of the framework falls within the systemic use described by Brossard (2019) it is interpreted in a way where the existence of the medical taxonomy made SAD observable. In this analysis the inclusion of SAD in the medical framework and subsequent increase in patients contributed to the observability of SAD. Additionally, it shows that the framework has limits when it comes to operationalizing the vectors to a specific example. The vector of release illustrates this best as Hickinbottom-Brawn employs Neufeld's and Foy's idea of three forms of release (2006).

Gender Dysphoria and Rapid Onset Gender Dysphoria

The history of medical intervention of individuals with gender dysphoria dates back to the early 20th century. Among the first was the German Magnus Hirschfeld who published the first descriptions of cross-gendered individuals (Wolf-Gould, 2016). He believed that transgender individuals, that he called *sexual intermediaries,* existed on a spectrum from pure male to pure female (Dickey, 2020). This recognition allows individuals to exist outside of the gender binary and instead on a continuum. Furthermore, he described cross-dressing individuals as transvestites, focusing on the differences between them and homosexuals. In 1919 Hirschfeld founded the "institute of sex research", and until 1933 they performed research and sex surgeries until the Nazis destroyed the institute and burned the archives.

Some stories drifted over from Europe to the United States, but it was not until after Christine Jorgensen returned from Switzerland to the United States in 1952 that the notion of gender transition started to play a role in the United States. Jorgensen went to Denmark as a natal man and returned to the US as a transgender woman. It was around this time that Harry Benjamin, a German scientist who came to the US prior to World War I, presented a paper at the first medical symposium in the field (Benjamin, 1954). This really solidified professional interest in the subject of transsexualism in the US. Benjamin had been a student of Hirschfeld in Berlin. He was in many ways a pioneer for the medical approach towards transsexualism. Benjamin was among the first to experiment with surgical treatments for transgender individuals and was responsible for pioneering the use of sex hormones for treatment (Ihlenfeld, 2004). It is for these reasons and the fact that he was among the first to practice gender affirming care that he is called "the father of transgender medicine" (Wolf-Gould, 2016, p.509). in 1966 Benjamin published the first major medical publication called *The Transsexual Phenomenon* in which he described a system to categorize transsexuals (Benjamin, 1966). His categorization consisted of (1) the pseudotransvestite, the fetishistic transvestite, and the true transvestite; (2) nonsurgical transsexuals; (3) and moderate-intensity true transsexuals and high intensity true transsexuals. He would further his categorization by illustrating how each of the types of people would behave, dress, what their sexual preference and sexual life was, and what medication, psychotherapy, and conversion operation they required. In effect, this categorization set the expectation for how transsexualism should be treated and set the medical approach for treatment of transsexuals through psychotherapy. This publication came at a particularly conservative period regarding transsexualism. During the cold war and the accompanying fear of communism, gender surgeries became illegal in the US under the so-called mayhem statutes. These statutes prohibited the intentional mutilation of individuals. This included the gender surgeries performed at the time.

The DSM-III published in 1980 removed homosexuality from its contents but included the diagnosis of transsexualism. This inclusion meant that transgender individuals now had a diagnosable mental health disorder. But it also meant to fall under the stigmatization associated with mental health disorders. Additionally, in order to get treatment an individual needed to be diagnosed first. Since its inclusion in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) back in 1980 gender identity went through a lot of changes. Since it's first inclusion the subsequent inclusions attempted to reduce stigmatization and slowly move it away from a general mental disorder. The first inclusion came when an update to the already existing DSM-III included it under the term transsexualism and gender identity disorder of childhood (GIDC). Gender identity clinics had been opening in the prior twenty years around the United States, and transsexualism was getting recognized as its own clinical entity. The increasing amount of empirical research and the growing database of clinical data allowed its entry into the revised DSM-III. Earlier in 1968 however, there was already a mention in the DSM-II in the chapter "Transvestism and other Deviation". In 1987 when the DSM-III-R was published it also included gender identity disorder of adolescence and adulthood, nontranssexual type. This new inclusion was removed in the DSM-IV (1994) and DSM-IV-TR (2000). Additionally, the diagnoses of GIDC and transsexualism were merged under one name, gender identity disorder (GID). The diagnosis of GID included different criteria for children versus adolescents and adults. This would remain this way until the DSM-5 (2016) in which the diagnoses were changed to gender dysphoria in children and gender dysphoria in adolescents and adults.

The inclusion of gender dysphoria in the DSM has not come without controversies. There are some groups that advocate for the removal of the classification because they argue it is wrong to label variations of gender expressions as a mental disorder (Drescher, 2014). Simultaneously there are those that fear removal will lead to the loss of financial insurances

for treatment (Drescher, 2014). In a survey held by the DSM GID subworkgroup, which consists of individuals from around the world, 55,8% believed that the diagnosis should be removed from the DSM (Drescher, 2014). The main reason for keeping the disorder in the DSM was for financial reimbursement reasons. Additionally, if the diagnosis ended up not being removed there would need to be a change to the name, criteria, and language to reduce stigmatization (Vance et al, 2010). This is what would eventually happen in the DSM-5 when the new diagnosis would focus more on individuals that suffer distress from the difference between their anatomical and psychological gender.

Although general classifications attempt to reduce stigmatization and harmful diagnoses. Transgender individuals are still a marginalized group and are vulnerable to harmful attempt to classify them and to perceptions in society. LGBTQ youth, in particular, are a vulnerable group, with estimates suggesting that between 11 and 45 percent of homeless youth identify as trans (Gattis, 2009). The three most common reasons for homelessness in trans youth are (a) running away from home and parents who reject them because of their gender identity and/or sexual orientations; (b) forced out of their home by family after revealing their identity; and (c) aging out or running away from the foster care systems in place for fear of the possible violence that can occur there (Keuroghlian et al., 2014). Additionally, transgender individuals have been on the receiving end of theories and diagnoses that are considered harmful. An example of this is the case of autogynephelia. Autogynephelia was originally proposed by Blanchard in a series of publications between 1985 and 1992, with a further publication in 2005. Autogynephelia attempts to argue that those AMAB that seek to transition do so because they are aroused by the idea of having a female body. These theories have been discredited and are seen as harmful against the LGBTQ community (Serano, 2010).

Ashley argues that the following theory of gender dysphoria is a further harmful addition (Ashley, 2020). This theory is Rapid Onset Gender Dysphoria (ROGD) and is a term proposed by Littman (2018) to describe adolescents “turning” transgender “out of the blue”. Mostly, these adolescents consist of individuals assigned female at birth (AFAB). (Littman, 2018) In Littman’s research she looked at parental reports from online forums reporting that their children had turned transgender. Mostly these adolescents showed a “rapid onset of gender dysphoria” during or even after their puberty. Additionally, these individuals spent a lot more time online prior to professing to their gender dysphoria. According to the parent reports they were also part of peer groups where one, or sometimes more, of the others identified as gender dysphoric around the same time. Littman concluded that this may be a new type of gender dysphoria that she called Rapid Onset Gender Dysphoria. Littman’s parental reports come from websites that push right-wing perspectives (Ashley, 2020). They come predominantly from the sites “4thwavenow”, “transgendertrend”, “Youth Trans Critical Professionals”, and “Parents of Transgender Children.” On the same day of Littman’s publication Brown University took down a press release that it had posted about the paper earlier (Brown University, 2019). At the time Littman was employed at Brown University. The *World Professional Association for Transgender Health* (WPATH) released an official statement stating that ROGD is not recognized by any professional association, nor is it listed in the DSM or the *International Classifications of Diseases* (ICD) (WPATH, 2018). Six months after the original publication PLOS One republished the study with a large correction.

Research on ROGD continues, with a recent publication by Diaz (2023), a member of the "Parents of ROGD Kids" community. Which is a similar right-wing site that emerged after Littman’s study. Diaz’s study, which aimed to replicate Littman's work, utilized similar methodological approaches that had previously been critiqued by Restar (2019) and Ashley (2020). The findings of this study echoed Littman's work, indicating that predominantly

AFAB adolescents were transitioning and taking steps towards gender affirmation. Additionally, first-hand reports from individuals supposedly experiencing ROGD were absent, and the study was published under a pseudonym. This research has since been retracted.

ROGD through the ecological niche framework

Cultural Polarity

Cultural polarity initially appears less clear compared to the other three vectors. This vector encompasses how society must view the illness in question to be considered as a transient mental illness. According to Hacking (1998), cultural polarity involves contrasting perspectives where one is virtuous while the other is vicious. Specifically, Hacking theorizes (1998) that the transient disorder should both evoke society's greatest fear and its greatest aspirations. In the case of ROGD, the vicious perspective frames it as a corruption of vulnerable youth, portraying young adolescent girls as victims preyed upon by others to become transgender. ROGD is depicted as a new "psychic epidemic" (Marchiano, 2018) and a social contagion that is spreading around the United States and seen as something that needs to be watched out for. ROGD, or gender dysphoria, is challenging traditional roles associated with gender. These challenges to these roles are met with pushback.

As mental illnesses are usually associated with negative aspects in society looking at the virtuous aspect of ROGD is a little more challenging. More so, once you consider that all the reports come from second-hand sources. It is theorized by parents and Littman that becoming transgender is presented to individuals as a romantic ideal and a solution to their problems. Shrier's work (2020) also suggests that coming out as transgender can elevate the social status of those who transition. Littman (2018) further argues that individuals are told they will never be happy unless they transition.

In the framework of Hacking's vectors of illness, cultural polarity examines how society perceives a transient mental disorder. It involves contrasting perspectives, with one portraying the disorder as virtuous and the other as vicious. In the case of ROGD, the vicious perspective frames it as a corruption of youth, spreading as a social contagion and posing a threat to society. This response stems from fears related to challenging traditional gender roles and assumptions. On the virtuous side, ROGD is theorized to be presented as a romantic ideal and a solution to personal problems, potentially boosting social status. Although the vector of cultural polarity seems to be the least clear of the four, it illustrates the important of the cultural context well. By contrasting two opposing perspectives within society, it allows the examination of different sides of societies perspective towards the phenomenon in question.

Observability

Observability in the framework relates not only to the observability of the phenomenon but also how it is perceived as problematic, specifically as an illness. While the scientific community largely rejected the concept of ROGD, Marchiano (2017) described it as a “psychic epidemic”. Outside of the scientific community, ROGD gained significant attention and took on a life of its own. Abigail Shrier's book, *Irreversible Damage* (2020), for instance, sold over 100,000 copies and discussed this “trans epidemic”, receiving recognition as book of the year by ‘The Economist.’ Shrier is a journalist who has decided herself to “dig deep into the trans epidemic”. The full title of the book is *Irreversible Damage: The Transgender Craze Seducing our Daughters.* The book claims that a “generation of girls is at risk” and is viewed as harmful and anti-trans within the LGBTQ community. Anti-trans bills in various states cite Littman's research as justification, and the original study itself focuses on parental reports perceiving the change as problematic. Public figures like Joe Rogan spread a similar message in interviews with Abigail Shrier and Jordan Peterson. In the

interview with Jordan Peterson, they attribute transitioning to the influence of “whacky friends” and insist that gender dysphoria is a social contagion. These examples collectively depict an “epidemic” sweeping across the United States, perceived as a threatening development that is influencing youth. Shrier's book and Marchiano's work lay the foundation for public perception and, in some cases, lead to legislative changes that make it more challenging for transgender individuals to seek treatment.

There are different actors involved when it comes to observing ROGD. Brossard gives a helpful manner in which to view the vector of observability to better distinguish who are observing the mental illness (2019). He describes three tiers of observers: primary, secondary, and tertiary. Primary observers are those directly connected to individuals experiencing the mental illness, while secondary observers are contacted to provide insight into the situation, including psychologists, coaches, friends, or even hairdressers. Tertiary observers are the professionals and institutions engaged in researching the phenomenon (Brossard, 2019). The tertiary observers are those earlier mentioned that published the research on ROGD, Marchiano and Littman.

The primary observers are those directly connected to the individual, in the case of ROGD these include the family structure around the individual. But also, those in the immediate surroundings like friends and people at school. In particular for ROGD, the parents on the forums in the original research by Littman are important (2019). They are the ones worried about the behaviour of their children. ROGD provides them an authority-based reason for why their children behave in the way they do. The secondary observers in the case of ROGD are those sought to advice and help. This includes Shrier’s book, as it is aims to inform parents. This kind of observability, where it becomes observable after the diagnosis is one of the types of uses Brossard mentioned (2019). But the “problem” of ROGD has been observed before it was given the name of ROGD. People were opposed to transgender

individuals and ROGD is merely the label used to justify the fears of social contagion. So, while it is true that ROGD has been made observable after the inception of the theory, the view of individuals being transgender being viewed as problematic has existed before. So, while the scientific community distances itself from the classification of ROGD, the perceived legitimacy of individuals spreading the message of ROGD justifies the observers in their beliefs.

In summary, the vector of observability in Ian Hacking's framework examines not only how a phenomenon is observed but also how it is perceived as an illness. Books like Abigail Shrier's 'Irreversible Damage' and public figures like Joe Rogan and Jordan Peterson contributed to the perception of ROGD as a social contagion, which extends to the broader LGBTQ community. These ideas have real-life consequences, with anti-trans bills being justified using research on ROGD. Meanwhile, trans individuals, especially youth, face marginalization and discrimination. Brossard's tiers of observers provide a framework for understanding how different actors, such as parents, researchers, and the broader public, contribute to the observability of ROGD.

Release

The vector of release withing Ian Hacking's frameworks examines how ROGD can be understood as a release from suffering that is not found anywhere else in society. Like the previous section the proposed release by ROGD is primarily derived from second-hand sources, such as parental reports. Littman's research (2018) suggests that ROGD may serve as a maladaptive coping mechanism to escape from other mental problems, with transitioning being presented as the only path to happiness. In that sense ROGD is presented as a way to escape from suffering and a solution to the problems these individuals might have. From a broader perspective, gender dysphoria is seen as a crucial step toward achieving comfort with one's body and gender identity. Even for those who have gone through the process of

transitioning and have later detransitioned, many of those youth's express gratitude that they have taken steps to discover their gender identity (Ashley, 2019).

However, there are alternative ways to conceptualize release from suffering. Neufeld and Foy discuss two additional forms of release (2006). Hickinbottom-Brawn used these in her work on SAD (2013). The first involves those who interact with diagnosed individuals, attributing their behaviour to an internal disorder rather than the interaction itself. In the case of ROGD, this includes parents or the broader family structure who may find relief in the diagnosis. The parent-child relationship can become strained when a child comes out as transgender, especially if the parent rejects their gender identity (Ashley, 2020). ROGD offers a convenient explanation by blaming external influences, such as the internet or other people, thereby relieving parents of responsibility.

The second form of release identified by Neufeld and Foy relates to those who seek to treat the disorder. When something is perceived as a disorder, various interventions can be justified to address it, potentially leading to justifications for negative treatment implications. However, in the case of ROGD, the treatment landscape is not clear-cut since it is not a recognized diagnosis. Proponents of ROGD argue that practitioners of gender-affirming care readily prescribe a range of treatments for those who claim to suffer from it, potentially resulting in false positives and harm for individuals who mistakenly identify as transgender (Marchiano, 2017).

In summary, the concept of release within the framework of ROGD explores how the phenomenon can be seen as a release from suffering that is not addressed in other areas of society. Similar to the vector of observability, Hickinbottom-Brawn (2013) and Neufeld and Foy (2006) propose three different forms of release. The first type aligns with Hacking's original concept of release. The second type of release involves those interacting with those diagnosed. They can find the release in attributing the behaviour with the mental disorder

rather than in the interactions that they have. The final type of release involves those who treat the disorder. They can find the release in the justification of various interventions, even if those interventions can lead to negative implications. These additional types of release offer a broader and more diverse understanding of the vector of release.

Medical taxonomy

The vector of medical taxonomy focuses on how a mental illness aligns with the existing medical taxonomy of its time. In the case of ROGD, it relates to the broader classification of Gender Dysphoria. Littman (2018) suggests that ROGD can be understood as an alternative explanation of late onset gender dysphoria, primarily affecting individuals assigned female at birth (AFAB). Late Onset Gender Dysphoria is a type of gender dysphoria where usually individuals assigned male at birth (AMAB) show no clear signs of gender dysphoria in early childhood. Littman admits that ROGD and late onset gender dysphoria are not necessarily mutually exclusive (2018). Proponents of ROGD claim that ROGD has a higher prevalence among AFAB youth compared to historically low rates of late-onset gender dysphoria in this population. The clinical population does not necessarily represent the overall population however, and historically, transgender clinics have seen more adults AMAB seeking transition than those AFAB (James et al., 2016). Additionally, some proponents of ROGD associate late-onset gender dysphoria with autogynephilia.

The vector of medical taxonomy ultimately relates to who creates the knowledge of the mental illness in question. Or, who legitimizes the knowledge of the mental illness. This is particularly interesting in the case of ROGD as the conventional institutions that generate and legitimize knowledge actively distance themselves from ROGD. But on the flipside, individual research into ROGD continues. And people buy into the theories put forward by the individual research. It is therefore not necessarily about legitimacy itself but about perceived legitimacy. When individuals can access a marketplace of ideas, it is they who are

deciding what to buy. Important to understand then is, who are the actors that are involved in generating and spreading the knowledge to create the perceived legitimacy. Presupposed in Hacking's theory is that medical categories and institutions solely have the power to create knowledge. However, especially recently, people have access to many different kinds of information reaching them in very different manners, primarily through the internet (Fox, 2002). Individuals buy into their own ideas of the truth. Peer to peer advice, especially within the context of long-term health conditions is increasing (Bond, 2016). Health advice provided on internet forums in general is of above average quality, but these results only looked at HIV, smallpox, and diabetes (Cole, 2016). In 2013, the World Economic Forum warned that potential "digital wildfires" could cause the "viral spread" of intentionally or unintentionally misleading information (World Economic Forum, 2013). Especially labels are replicated and granted legitimacy on the intern (Nettleton, 2005). Without proper fact checking and control, the spread of information on social media can incorporate personal belief into unfounded stories (Wang, 2019). Other research echoes these findings, and particularly on Twitter the amount of misinformation on major public health issues is high (Suarez-Lledo, 2021).

Since Littman's research sites like "parentsofROGDkids.com" have emerged. On this site parents spread stories about their daughters who "have suddenly decided they identify with the opposite sex". They claim to be skeptical of the standard form of affirmative care. Similar perspectives are discussed on sites like "ourduty.group" and "transgendertrend.com". These sites share the idea that the affirmative approach is wrong, and that the trans community is "cult-like", convincing their children that identifying as trans is a solution to their problems. Ultimately, they claim that their duty as parents is to "stop the harm". Traditionally conservative outlets like "Fox News" and "The Daily Caller" publicized Littman's original research and were critical of the re assessment that was undertaken by PLOS One. These emergences illustrate how knowledge of ROGD is spread through different

pathways. Not only ROGD is an example of this. In earlier work Hacking explored the rise of Multiple Personality Disorder (MPD) in the US (Hacking, 1995). Among other factors, Hacking discusses the important roles played by popular media in the spreading of the knowledge about MPD. The release of movies like *Sybil* and the discussions about MPD in talk shows like Oprah Winfrey contributed largely to the popularity of MPD at the time (Hacking, 1995). This shows the importance of different actors outside of the conventional medical structure in the spreading of knowledge.

These different avenues in which knowledge is legitimized are important to integrate into the framework. there are three distinct different pathways. There are the original medical institutions of the original vector. Then there are "mediated" pathways, these are avenues that are checked and mediated to a certain extent. These include for example Abigail Shriers book, but also news outlets, tv-programs, and podcasts. And in the case of MPD, the *Oprah Winfrey show* and the movie *Sybil*. Then, the final pathway is the "direct" pathway, where the information is spread peer to peer. This is a more recent development and is mainly made possible by the internet and the forums or sites like "parents of ROGD kids". Similarly, to the contributions made by Brossard (2018) and Neufeld and Foy (2006), there are three-tiers that can be applied. This means that there are primary, secondary, and tertiary generators of knowledge.

In summary, medical taxonomy explores how a mental illness fits within the existing medical convention. In the case of ROGD, attempts are made to fit it within the existing broader structure of Gender Dysphoria. While ROGD has garnered attention, it has faced criticism and scepticism due to methodological concerns and the contested nature of its proposed associations. For these reasons it has not found a place in the conventional structure of medical taxonomy. Nevertheless, the label of ROGD exists outside the inclusion of conventional structures like the DSM. In the modern era, these structures no longer hold a

monopoly on the exploration of different diagnoses. Historically, the power to create labels rested solely within psychiatric structures, but the landscape has transformed. To incorporate these into the vector a structure of three tiers can be applied. These would be primary, secondary, and tertiary generators. Where the primary generators are the medical institutions in the original vector. The secondary generators are mediated means that discuss the knowledge, like tv-shows, podcasts, and books. The tertiary generators are direct pathways where the knowledge is discussed, like internet forums.

Conclusion

In this analysis, I argue that the vector of medical taxonomy can be extended to give a better insight in to the different pathways medical knowledge can take. The four vectors of the framework are consistently interpretated and applied in different ways. Additionally, the vectors themselves presuppose certain aspects of society. In order to illustrate this and take steps to solve this, ROGD is used as an example. The vector of observability is sometimes interpreted differently (Brossard, 2019). Therefore, Brossard proposed to include three tiers of observers so that it becomes clearer in which ways a mental illness can be observed (Brossard, 2019). The primary observers are those directly related with the patient. The secondary observers are those brought in to consult with. And the tertiary observers are the professionals of the mental illness in question. In a remarkably similar fashion Neufeld and Foy introduced three tiers to the vector of release (Neufeld and Foy, 2006). This is done to explain how different actors at different positions can find release from the mental illness. The primary form is for those that experience the mental disorder themselves. The secondary form of release relates to those interacting with the first that can find release in attributing the associated behaviours with the mental disorder. And lastly, the tertiary form of release is for those who treat disorder who can find release in the justification of various interventions aimed at treating the mental disorder. Lastly, the vector of medical taxonomy assumes that the

power of generating knowledge lies solely in established institutions. But as I argue through the example of ROGD, there are different ways in which perceived legitimacy can result in knowledge about a mental illness. To address this, the three tiers proposed consist of primary, secondary, and tertiary generators of knowledge. The primary tier consists of the medical institutions, the secondary tier of mediated pathways like books and tv-shows. The tertiary tier are the direct pathways of knowledge, like internet forums.

Modern society sees many different ways in which we can gain knowledge about ourselves. Not only the historically established medical institutions are necessary for a classification to find legitimization. ROGD is a good example of how a classification can find legitimization through other means even when conventional medical structures distance themselves from the classification. The expansion of the ecological niche framework allows these different pathways to come into view, and to be examined.

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