

Research Article

Sex Reassignment and Gender Misfits

Harriet Baber¹

1. University of San Diego, San Diego, United States

While the availability and acceptance of gender transition benefits some transgender people, it may make gender more salient and perpetuate sex roles that harm gender misfits like me. Transmen and transwomen should be recognized as men and women, both socially and legally. I argue however that while affirming the right to 'gender transition' we should repudiate the assumption that some psychological traits are inherently gendered. I argue that characteristics count as 'masculine' or 'feminine' solely in virtue of being in compliance with external norms and that gender is not intrinsic to persons. Instead of endorsing the doctrine that men and women can occupy different locations on a gender continuum or be gender fluid, we should reject the ill-defined notion of gender that figures in current discussions and end gender. The idea of gender difference as such is oppressive.

Transgenderism is just a hook on which to hang this discussion.

1. Sex, Sex Roles, and Gender

The terms 'sex' and 'gender' mean different things to different feminist theorists and neither is easy or straightforward to characterize.

'Provisionally', Mari Mikkola writes, ' "sex" denotes human females and males depending on *biological* features (chromosomes, sex organs, hormones and other physical features); "gender" denotes women and men depending on *social* factors (social role, position, behavior, or identity).'¹ Many discussions however do not however distinguish *genders* from *sex roles*. For the purposes of the current discussion let us say that *sex roles* are systems of expectations, obligations, and constraints assigned to persons in virtue of their sex. They are not intrinsic properties of persons but social norms that the individuals to whom they are assigned may satisfy or fail to satisfy. We may understand male or female *gender* as a property individuals (may) possess in virtue of being in compliance with the

social norms male or female sex roles impose. There may be additional genders, and individuals may be non-binary or gender-fluid.

Gender is intrinsic and is commonly held to consist of a package gendered psychological properties, including preferences, interests, and behavioral dispositions. Not all psychological properties are gendered. A preference for spicy food is not. Some psychological traits are strongly gendered: nurturance is female gendered; aggression is gendered male. Other traits, including tidiness and cleanliness are weakly gendered: women are expected to be neater and cleaner than men; men can be fastidious without reproach but women are judged more harshly if they are messy or dirty. Gender norms vary cross-culturally² and change over time. Athleticism, once strongly male gendered is now weakly gendered or ungendered.

According to the received view, while sex is binary gender is 'a continuum'. Individuals are 'masculine' or 'feminine' to the extent that they possess strongly male or female gendered traits to a high degree and a wide range of weakly gendered male or female traits. This, I think, is a reasonable approximation of the folk concept of gender. Academic discussions however introduce an additional component: gender identity—which is more difficult to pin down.

Understood in one sense gender identity is unproblematic. I identify as female because that is how I am identified on my driver's license and a variety of other documents and because that is the way others classify me. I identify as female by ticking the box in my application for a driver's license and on other documents. But according to the received view in the literature gender identity is something quite different.

Gender identity is the personal sense of one's own gender. Gender identity can correlate with a person's assigned sex or can differ from it. In most individuals, the various biological determinants of sex are congruent, and consistent with the individual's gender identity. Gender expression typically reflects a person's gender identity, but this is not always the case. While a person may express behaviors, attitudes, and appearances consistent with a particular gender role, such expression may not necessarily reflect their gender identity.³

On this account, gender identity is an experience of what it is like to be male or female—or other-gendered, non-binary, or gender fluid. And that is harder to grasp.

There is an unproblematic sense in which I know what it is like to be female just as I know what it is like to have a variety of other properties. I know what it is like to be short. You can't reach high shelves. You buy petites. You pack light so that you can hoist your carry-on into the overhead bin quickly before someone helps. I can *tell* you what it is like to be short and what it is like in that unproblematic sense to be a woman. There are jobs for which you will not be considered and if students discover you in the departmental office they will assume that you are the secretary.

There is however no phenomenal what-it-is-like to be a woman. Like Hume searching for the self, when I introspect I cannot grasp any what-it-is-like of gender. More to the point, even if there is a what-it-is-like that I haven't grasped, I do not see how anyone could compare their what-it-is-like to anyone else's, or conclude that their what-it-is-like is more like the what-it-is-likes of most women or men—or what, apart from that, can make a what-it-is-like gendered.

I can nevertheless tell you what-it-is-like not to like being a woman because I don't like what it is like. I can also, I think, grasp what it is like to dislike or feel alien from one's (sexed) body. Individuals with body dysmorphic disorder 'may be so upset about the appearance of...[their bodies] that that it gets in the way of...[their] ability to live normally'.⁴ I am bothered by my upper arm flab thought not nearly so much that it gets in the way of my ability to live normally, but I can imagine what it is like to be more upset. I can also grasp what might be involved in body integrity dysphoria where there is a mismatch between an individual's mental body image and their physical body.⁵ There is literature on the phantom limb phenomenon in amputees, including a discussion by Descartes, and on individuals with bodily integrity disorder who feel that their arms or legs are not part of them and want to have them amputated.

2. Gender Transition: The Medical Model

Individuals who want healthy limbs amputated are otherwise 'basically normal. They have families... they hold all kinds of jobs...They're not screwed up people apart from this...' "It wasn't so much that I wanted to be an amputee", one anonymous patient remarked, "as much as I just felt like I was not supposed to have my legs".⁶ Individuals with BID are not at home in their bodies and when they succeed in getting their preferred amputations have no regrets.

Some trans individuals are not at home in their bodies and after sex-reassignment surgery have no regrets. There is however reason to believe that for many it is not their bodies but their assigned sex

roles in which they are not at home. Most self-identified trans individuals do not have surgery and, of those who do chest surgery is more common than 'bottom' surgery.

Chest surgery is generally reported at about twice the rate of genital GCS. In studies that assessed transgender men and women as an aggregate, chest surgery has been reported at rates between 8–25%, and genital surgery at 4–13%...Chest surgery may be more important to outward gender expression for many individuals, as the presence or absence of breast tissue is more readily visible in daily life than are the genitalia.⁷

It is hard to avoid the conclusion that for many the problem is not lack of fit with their sexed bodies but lack of fit with their social environment. In this respect, transgenderism poses the same question as disability: whether it should be understood according to a medical model or a social model.⁸

In the medical model, disability is perceived as an impairment in a body system or function that is inherently pathological. From this perspective, the goal is to return the system or function to as close to "normal" as possible...In the social model...disability is believed to result from a mismatch between the disabled person and the environment (both physical and social). It is this environment that creates the handicaps and barriers, not the disability. From this perspective, the way to address disability is to change the environment and society, rather than people with disabilities.⁹

Should people be fixed to fit their environment? Or should the environment be fixed to accommodate difference?

Changing the physical and social environment to accommodate disability is not always feasible and is rarely entirely successful. Even with wheelchair ramps, signing translators at public events, and braille numbers in elevators, people who are paralyzed, deaf, or blind are still at a disadvantage. Moreover, changing the social environment, which further disadvantages them, may be even more difficult. So it is too when it comes to changing the social environment that puts *gender misfits*, individuals who are at home in their bodies but do not fit their assigned sex roles, at a disadvantage.

The costs of transition, including major surgery, sterility, and a lifelong regime of medication, are significant. For persons who are not at home in their sexed bodies, this is a reasonable price to pay. But *gender misfits* who are at home in their bodies should not have to pay this price to comply with social norms. In discussions of gender transition however the medical model dominates and there is little

attempt to distinguish individuals who have body dysmorphic disorder from those who identify as trans because they are gender misfits.

The medical model assumes that a range of psychological characteristics are inherently gendered rather than traits that happen to fit current, local sex roles, and that the aim of transition is to fit persons' bodies to their intrinsic gender and supposed gender identity. It does not challenge the institution of sex roles and implicitly endorses the assumption that some personality traits, preferences, and aspirations are inherently masculine or feminine.

It is easy to see what is wrong with sex roles. Even if the psychological and behavioral traits that are currently viewed as gendered are more common in members of one sex than the other the curves overlap. Boys and girls in their respective sex role appropriate tails of the distribution are happy and, without intervention, grow up to be 'normal' men and women. Boys and girls in the great bulge of the distribution can be socialized and adjusted to their appropriate roles, in some cases at considerable cost and without complete success. Boys and girls in their respective sex role inappropriate tails cannot be beaten into shape and live tougher lives than necessary as gender misfits. Sex roles create gender misfits and have no redeeming social value.

3. On Not Making The Rules

The option of gender transition enables some misfits, through medical intervention and surgery, to adjust their bodies to fit their preferred sex roles or, at least, to do what it takes to 'pass'. But the option of gender transition, like the institution of 'sworn virgins' in the Balkans—born women who live as men—and third and fourth 'genders' in other traditional societies, function as an escape valve: it provides stability for systems of rigid sex roles by providing a way out for the few at the expense of the many.¹⁰ So there is a real possibility that the growing acceptance of gender transition will not, as many suggest, loosen sex roles but instead entrench them.

The sex role system, like *any* system that imposes expectations, obligations, and constraints on people in virtue of unchosen characteristics, is bad and should be dismantled. Like women who diet and dress to maintain the appearance required to satisfy oppressive social standards to achieve their ends, misfits who beat the system by transitioning are not culpable.

Consider Lois Lane, a journalist, who hopes to secure an anchor spot on Fox 'News'. In addition to mandatory hair-bleaching, she must have a nose job, botox treatment, breast augmentation, and a

tummy tuck to get the job. To keep it she must commit to a long-term regimen of anti-obesity drugs to maintain her 'ideal' weight—like the airline 'stewardesses' of old who were required to submit to regular weigh-ins to keep their jobs. The beauty standards imposed on women are oppressive, especially since the requirements for sexual attractiveness spill over to non-sexual areas so that women who do not satisfy them are professionally disadvantaged. It is costly to achieve the socially approved female appearance required to achieve their career goals but refusing to comply with them does not *per se* undermine them.

Lois should not have to bleach her hair, get her body chopped, or go on anti-obesity drugs, but she doesn't make the rules that impose serious disadvantages on women who deviate. Doing what she can to secure professional benefits isn't the problem--the rules are the problem. She isn't endorsing or supporting the system by doing what she can to get fair treatment any more than individuals who were black by the one drop rule and passed as white were endorsing or supporting Jim Crow. Some, like civil rights activists Homer Plessy and Walter White, passed as white to promote their political goals.

Unlike Plessy and White, Lois is acting out of self-interest. But she is not endorsing the system and feminists should not condemn, repudiate, or exclude her. And even if we reject the medical model of gender and worry about the growing acceptance of gender transition we should recognize transwomen as women, support the rights of all trans people, and rejoice with them for beating the system.

4. Revisioning Sex and Ending Gender

It is an empirical question what consequences the growing acceptance of gender transition will have. It might, like the sworn virgin option, entrench sex roles but it is also possible that it will dislodge them. A thought experiment is in order:

Currently humans are classified as *male* or *female* in virtue of genetic microstructure. XX chromosomes typically produce a female phenotype and XY chromosomes a male phenotype. 1 in 80,000 individuals have XY chromosomes and female reproductive structures¹¹ and there are individuals with XX male syndrome who have male character to varying degrees. Most transgender individuals however do not have either condition so, for the purposes of the thought experiment let us assume the folk believe that what *makes* one male or female is XY or XX microstructure, in the way they believe that what *makes* a substance water is its being H₂O.

Most (student-) people believe, or can easily be persuaded, that the clear, colorless, potable liquid in Twin Earthian rivers and lakes, which on investigation turns out to be XYZ, is not water. As space exploration becomes common however astronauts discover that there are clear, colorless, potable liquids on a great many planets with many different chemical compositions. Once those planets become popular tourist destinations, we will likely come to refer to all those liquids as 'water'. There will, of course, be traditionalists who insist on 'genuine Earthian H₂O water' and bring along bottles of it when they travel. Most tourists however will happily drink the local product which they understand to be water in virtue of its superficial characteristics rather than its chemical composition.

If we come to understand what water is in this way then XYZ is water. And if, when gender transition becomes common and, in addition to individuals who transition medically or surgically, many more identify as other-gendered, non-binary, or gender-fluid, the folk come to regard people as male, female, other-gendered, nil-gendered, or multi-gendered (synchronically or diachronically) in virtue of superficial characteristics, including dress, pronouns, and self-identification then all will agree that transwomen are *of course* women and sex roles will wither away. And the folk will regard people who think otherwise as silly—like those traditionalists who haul cases of Earthian H₂O to extra-terrestrial tourist destinations.

This is possible but it is, arguably, more probable that the growing acceptance of gender transition and recognition of many genders will make gender more salient, reinforce the assumption that a range of psychological characteristics are inherently gendered, and leave the current system of sex roles unchanged. Gender transition has in fact been promoted to enforce traditional sex roles and suppress 'non-traditional' sexual orientation. Currently Iran, where a former president has asserted that 'there are no homosexuals', is a global leader in sex-reassignment surgery. Writing for the *Iran Journal of Public Health* Pirnia and Pirnia explain:

Classical Islamic discourse divides gender as one of two categories, male or female... According to the jurists, since it is not possible to change the soul, but at the same time medical advances have made it possible to change the body, the act of gender reassignment is permissible.¹²

Currently gay Iranians face pressure to change their sex and the government helps with the cost. It is debatable whether this program is an improvement over projects aimed at changing the soul to fit the

body through gay conversion ‘therapy’ or attempts in mid-20th century America, under the influence of Freudian psychology, to adjust women’s souls to fit their bodies.

Arguably, the problem is not with bodies or souls but with sex-roles. And there is some reason to believe that when social conditions change for the better, gender misfits will be less inclined to seek transition.

Sworn virgins are a dying breed and it is estimated that currently there are no more than a dozen in Northern Albania and Kosovo. Valerjana, whose aunt is one of them sees it as a positive that the tradition is dying out. ‘Today we don’t have to fight to become men’, she says. ‘We have to fight for equal rights, but not by becoming men.’¹³

Women are not only differently off from men—we are worse off and must continue fighting for equal rights and respect. But, even apart from inequality and subordination, the assumption that a range of psychological traits are inherently masculine or feminine is oppressive. And that oppression will end only when instead of changing bodies to fit souls we succeed in changing society to fit persons by trivializing sex and ending gender.

Footnotes

¹ Mikkola, Mari. “Feminist Perspectives on Sex and Gender.” In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta and Uri Nodelman, Spring 2023. Metaphysics Research Lab, Stanford University, 2023. <https://plato.stanford.edu/archives/spr2023/entries/feminism-gender/>.

² See, e.g. Margaret Mead *Sex and Temperament*

³ https://en.wikipedia.org/wiki/Gender_identity

⁴ “Body Dysmorphic Disorder.” Accessed May 29, 2023. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/body-dysmorphic-disorder>.

⁵ “Body Integrity Dysphoria.” In *Wikipedia*, May 23, 2023. https://en.wikipedia.org/w/index.php?title=Body_integrity_dysphoria&oldid=1156648908.

⁶ Henig, Robin Marantz. “At War With Their Bodies, They Seek to Sever Limbs.” *The New York Times*, March 22, 2005, sec. Books. <https://www.nytimes.com/2005/03/22/health/psychology/at-war-with-their-bodies-they-seek-to-sever-limbs.html>.

⁷ Nolan, Ian T., Christopher J. Kuhner, and Geolani W. Dy. “Demographic and Temporal Trends in Transgender Identities and Gender Confirming Surgery.” *Translational Andrology and Urology* 8, no. 3 (June 2019): 184–90. <https://doi.org/10.21037/tau.2019.04.09>.

⁸ I am grateful to Jenny Tillman for bringing this distinction to my attention.

⁹ <https://www.apa.org>. “Conceptualizing Disability: Three Models of Disability.” Accessed May 29, 2023. <https://www.apa.org/ed/precollege/psychology-teacher-network/introductory-psychology/disability-models>.

¹⁰ See Elizabeth Baber *Kurdish Women at War* University of California, San Diego senior thesis (unpublished)

¹¹ Swyer Syndrome: MedlinePlus Genetics.” <https://medlineplus.gov/genetics/condition/swyer-syndrome/>

¹² Pirnia, Bijan, and Kambiz Pirnia. “Sex Reassignment Surgery in Iran, Re-Birth or Human Rights Violations against Transgender People?” *Iranian Journal of Public Health* 51, no. 11 (November 2022): 2632–33. <https://doi.org/10.18502/ijph.v51i11.11183>.

¹³ BBC News. “The Last of Albania’s ‘Sworn Virgins.’” December 10, 2022, sec. Europe. <https://www.bbc.com/news/world-europe-63904744>.

Declarations

Funding: No specific funding was received for this work.

Potential competing interests: No potential competing interests to declare.