

Review of: "Sex Reassignment and Gender Misfits"

Veanne Anderson¹, Jasper Thomas¹

¹ Indiana State University

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Dr. Baber raises some interesting and intriguing issues regarding gender, gender identity, and gender-affirming surgeries. Part of their discussion is reminiscent of the concept of “gender performativity” as discussed by Butler (1990) and “doing gender” by West and Zimmerman (1987). These authors argued that gender is not only something that we are, but something that we perform for the greater society. Despite strong gender norms in many societies there is great diversity in how people experience and respond to those norms. We agree with Baber that current social norms regarding gender and gender identity are oppressive, but we do not think that “changing society to fit persons by trivializing sex and ending gender” is a realistic goal. We summarize some of our thoughts and suggestions below.

First, some suggestions on terminology. The author should avoid the term *transgenderism* because it makes the experiences of trans people sound like a medical condition. Also, *sex reassignment surgery* is an outdated term. The preferred term is *gender affirming surgeries* or *gender confirming surgeries*. These surgeries are important to many trans people’s sense of self and can contribute to better psychological well-being (Almazan & Keuroghlian, 2021; Baker et al., 2021; Turban et al., 2020). Also, there is often more than one type of surgery that people may get. In addition, the author’s use of the term *soul* implies that it is distinct from the body. We encourage using a different term because of the soul’s religious implications. A better term is *mind* or *consciousness*. Also, most scientists do not view the mind or consciousness as separate from the body, but as part of the body and something that originates in the brain.

The author states that “Many discussions, however do not however [sic] distinguish *genders* from *sex roles*.” We are not sure what discussions the author is referring to; however, psychologists, sociologists, and other social scientists and academicians do make distinctions between these terms; for example, see any book on the psychology of gender.

As the author quotes, “gender identity is the personal sense of one’s own gender.” However, in the preceding paragraph they describe their gender identity by using external indicators such as how they are identified on their documents such as the driver’s license. It is not clear how these external indicators map onto a “personal sense of one’s own gender.”

Someone wanting to have gender affirming surgeries is not the same as someone who has bodily integrity disorder. Comparing a trans man who wants to have their breasts removed to someone who wants to have their legs amputated is inaccurate and unfair. Amputation of one’s arms or legs is not the same as validating one’s gender identity by having gender affirming surgeries. A person with bodily integrity disorder who has their legs amputated will face severely impaired functioning in their daily lives. Someone who gets gender affirming surgery, such as breast removal, will very likely feel psychologically and physically better, not impaired.

The author tends to focus on “chest surgery” and “genital surgery” even though there are other procedures that some trans people may get. These include facial surgeries, electrolysis, etc. Trans people may also bind their chests or use tucking for the genitals; these procedures are often done primarily to conceal certain body parts so as to appear as a particular gender to others. The more permanent procedures such as gender affirming surgeries are done for more intrinsic reasons, not to make other people comfortable. Also, there are several reasons why genital surgeries are less common than chest surgery including cost, lack of insurance to cover the procedures, unsatisfying outcomes, and painful recovery, especially for trans women.

The author also mentions that “the costs of transition, including major surgery, sterility, and a lifelong regime of medication, are significant.” There are different kinds of transition, of which medical transition (e.g., gender affirming surgeries, hormone treatments) is only one type. Many trans people opt not to medically transition but may socially transition by changing their name on documents and asking other people to use pronouns that align with their gender identity. Also, many trans individuals do not choose to fully transition either socially or medically.

The example of “Lois” having to change her appearance in order to get a job as a news anchor is a good example of how social norms can cause a person to engage in harmful behaviors in order to conform to those norms. However, Lois is damaging her body to fit in. Many trans people would argue that they are not damaging their bodies when they get gender affirming surgeries.

As suggested by Dr. Baber, the medical model has dominated how trans people are viewed for a long time. However, gender affirming surgeries are not really the problem. The problem is the obstacles and requirements that trans people face when they want to live how they feel. These obstacles include needing a diagnosis of a psychological disorder to be approved for gender affirming surgeries and hormone treatment.

We appreciate the example of Iran using “sex-reassignment surgery” as a technique to essentially make gay and lesbian people invisible. More critique of and outcry regarding this horrendous use of surgeries that can be beneficial to many people is needed. In addition, it should be remembered that Iran has a very authoritarian government that is strongly influenced by religious fundamentalists.

Sworn virgins should not be categorized as trans or non-binary people. Sworn virgins are gender non-conformists and, as indicated by the author, their practice is fading away in their societies.

The author’s argument that society needs to change to fit people instead of individuals changing to fit society is provocative. However, we believe that expecting people to start “trivializing sex and ending gender” is an unrealistic goal, at least in the current world. Sex is an important evolutionary characteristic that ensures the continuation of many organisms and the ability to adapt to different ecological niches. People with XX chromosomes are the ones who can get pregnant, give birth, and breastfeed babies. In part, because of this fact, many societies have come to associate certain characteristics with those capabilities, giving rise to often egregious gender inequities. Perhaps there will be a time in the future when human embryos and fetuses will be raised in artificial wombs, but that time is in the far distant future.

Furthermore, revolutionary changes in many institutions would have to happen if we want to see a world in which people could live and move freely in their bodies without worrying about violence, stigma, and discrimination. In particular, religious institutions have immense power over the beliefs of many people regarding gender norms and gender identity (e.g., Iran). Additionally, despite the principle of the separation of church and state, religious institutions have inordinate influence over politics in the U.S. This influence shapes laws that affect people of different genders, such as laws making abortion illegal and laws banning trans girls and trans women from participating in sports as girls and women.

The author mentions the “growing acceptance of gender transition” but this has not been the case for gender affirming medical care for trans and non-binary youth. Many states have made it very difficult, if not impossible, for trans and non-binary youth to obtain such critical care (<https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>). Not surprisingly, many of the states that have banned gender affirming care also have poor records on broader issues of gender equity such as large gender wage gaps and high maternal mortality rates.

In summary, we do not think that a world where gender equity is the norm and people are free to live in their chosen bodies safely is impossible. However, as interesting as it is to perform thought experiments, they are not very useful for changing existing gender inequities or the world we live in right now. Finally, and more importantly, we encourage the author to give voice to the many trans and non-binary people and let them tell stories about how they interact with and experience their gender identity. Such voices would bolster some of the arguments that Dr. Baber is trying to articulate.

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