



Beyond the Binary

Thinking about Sex and Gender

Shannon Dea

CHAPTER 8

Trans Issues

8.1. What does it mean to be trans?

Last chapter, we discussed intersex people, people whose phenotype or genotype is atypical with respect to sex markers. Sometimes, lay people mistakenly lump intersex people in with trans people. In a way, this confusion is understandable. The existence of both groups destabilizes some of our commonest beliefs about human sex and gender. Moreover, members of both groups often receive similar endocrinological and surgical treatments. As well, unsurprisingly, both intersex people and trans people are often subject to similar prejudices. Despite these commonalities, there is a world of difference between intersex people and trans people. Intersex people are born physically atypical. By contrast, trans people are born physically typical with respect to sex, but develop gender identities that are misaligned with their gender assignment at birth.

In this chapter, we will consider some of the issues faced by people whose gender identity does not match their phenotypic sex. We'll start by getting clear on the terminology—both identity terms and diagnostic terms. As we do so, we'll survey some of the issues and concepts associated with trans identities and with trans people's

clinical experiences. From there, we will move on to an examination of the tension between some radical feminists and trans people. We'll conclude the chapter with a short discussion of transphobia and transmisogyny.

8.1.1. Identity terms

As we briefly noted in Chapters 6 and 7, the queer spectrum has come to be associated with a number of long acronyms intended to capture the various queer identities. One version is "LGBTTIQQ2S," which stands for "Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex, Queer, Questioning, and Two-spirited." It turns out that each of these terms on its own includes a range of different identities. Arguably, none of them gets as confused by people outside of the queer community as "transsexual" and "transgender."

Indeed, "transgender" itself has come to operate as a kind of umbrella term for a range of different sexual identities that in one way or another resist the gender binary. In the broadest terms, to be transgender is for one's gender identity to fail to align with one's gender assignment or phenotypic sex, either because one identifies as the "opposite" sex, or because one's gender identity defies binaristic classification.

Notice that, in the above passage and in the remainder of this chapter, I use "gender assignment" and "phenotypic sex" more or less interchangeably. We learned about these terms in Chapter 2 and Chapter 7, respectively. Take a moment to think about each of those terms. How would you define them? Given what you've learned so far in this volume, do you think it is appropriate to use these terms as near synonyms? Or, is there a principled basis for disambiguating between them? Which of the terms is more appropriate in this context? Why?

While several of the identities on the queer spectrum involve sexual orientation, this is not the case with trans identities. Just like cisgender people, transgender people can be straight, gay, bisexual, pansexual, or asexual. However, societal norms around sexual orientation—the view, for instance, that real women are sexually attracted

to men—have sometimes led to prejudice against non-heterosexual transgender people, and to the accusation that they are not really trans. This is just mistaken. Whether or not one is trans depends not on one's sexual desires, but on one's gender identity and its relation to one's phenotypic sex.

Cisgender

The prefix "cis" is of Latin origin and means "on this side of." It contrasts with "trans," also Latin, meaning "across." In recent years, trans scholars and activists, along with their allies, have begun using the term "cisgender" to describe people whose gender identity accords with their gender assignment or phenotypic sex. This terminological innovation owes a great deal to Beauvoir's diagnosis of the problem of the Other. (See Chapter 4 for a reminder of how this goes.) The use of the "cis-" prefix is meant to render conceptually symmetrical the One/Other relationship between cis and trans people. It is hoped that the use of the term reminds cisgender people of their privilege, and avoids treating transgender people as special cases or exceptions.

For years, "transsexual," as opposed to "transgender," was the usual term for someone who identified as the gender opposite to their sex at birth and who had undergone, or was undergoing, medical interventions to transition to the sex corresponding to their identity. In this context, "MTF" is the short-form for male-to-female transsexual, while "FTM" stands for female-to-male transsexual. However, more recently, trans people have challenged the inappropriate emphasis that others often place on their private medical histories, including details about whether or not they have undergone sex reassignment surgery or "SRS." (Notice that SRS is different from "gender reassignment," a term associated with intersex infants, not transsexual adults. See Chapter 2 for a refresher on the latter term.) Just as one need not be heterosexual to be trans, so one need not undergo SRS or hormone therapy to count as really trans. Moreover, whether or not one has undergone such treatments is a highly personal matter into which other people have no right to enquire. For many trans people, using the more general term "transgender" is a way to resist

communicating whether they have undergone, or plan to undergo, SRS. Replacing “MTF” with “trans woman” or “transfeminine,” and “FTM” with “trans man” or “transmasculine” similarly averts disclosing private medical information.

Distinct from this, some people identify as “transgender” rather than “transsexual” as a means of further resisting a perceived binarism in some trans experiences. That is, some trans people identify as “transgender” rather than “transsexual” precisely because they straddle the gender binary that is reproduced in identities like “trans man” and “trans woman.” They might wear a beard while favouring the pronoun “she,” or might use gender-neutral pronouns like “ze” or “hir” instead of “s/he” and “him/her,” and so on. “Transgender” in this sense of the term aligns closely with such gender identities as “agender,” “gender fluid,” and “genderqueer” (not to mention the more radical “genderfuck”).

Recently, some trans people and their allies have begun deploying the term “trans*” (note the asterisk) in place of “transgender” in order to signify inclusivity and a broad openness to the full range of trans identities, in particular non-binary trans identities. However, some trans activists and bloggers criticize the use of “trans*.” Some of these critics argue that both “transgender” and “trans,” unlike “transsexual,” are already inclusive in precisely the way that “trans*” is intended to capture. In stark contrast, other critics maintain that the trans community is problematically hierarchical and exclusive, and that signalling inclusivity with “trans*” is therefore misleading.

In this volume, unless more specificity is required, I refer to all transsexual and transgender people, whether binary or non-binary, as “trans” or “transgender.” I adopt this convention both because these terms are today more widely known and used than “trans*” and because, at time of writing, it is not clear whether “trans*” will survive its current contestation.

Pronoun choice poses yet another layer of linguistic complexity when dealing with trans identities. This issue was brought to the fore recently with Olympic athlete and reality television star Caitlyn Jenner’s well-publicized transition. When Jenner first revealed in an interview with television journalist Diane Sawyer that she identifies

as a woman, she indicated that at that time she still preferred to be referred to with masculine pronouns (“he,” “him,” etc.). Sawyer and many other reporters used masculine pronouns in accordance with Jenner’s wishes, but some bloggers expressed vexation at this choice. Later, when Jenner adopted her new name and feminine pronouns, a number of anti-trans commentators continued to refer to Jenner using masculine pronouns.

Indeed, the phenomenon of intentional “mispronouncing” predates the Jenner story. It has for years been a trope for opponents of trans people—these opponents include both social conservatives, and trans-exclusionary feminists (see 8.3 for more on the latter group)—to refer to trans people using the pronouns associated with their gender assignment at birth rather than the pronouns that align with their gender identity. Intentional mispronouncing is intended to convey skepticism about the aptness of the new pronouns, and with it a deeper skepticism about the legitimacy of trans identities. The reason that some trans-positive bloggers were anxious about Sawyer’s use of masculine pronouns for Jenner is that they worried that Sawyer and others were mispronouncing Jenner in just this way.

Even when we do not intend to mispronoun trans people, it can be extremely difficult to know which pronoun to use with someone with a non-binary gender expression. Similarly, it can be difficult to know—or remember—which pronoun to use when a trans person is transitioning, or is only “out” to a few people. Besides, we cannot tell at a glance what anyone’s gender identity is. In order to address these challenges, members of queer, feminist, and progressive communities have increasingly taken to including both their names and their preferred pronouns when they introduce themselves: “Hi, I’m Shannon, and I prefer feminine pronouns.” Still others, adopt the pronoun “they” (and cognates such as “them” and “their”) as a singular gender-neutral pronoun for everyone. While this device can cause occasional confusion with interlocutors who hear “they” as plural, the singular “they” has actually been in use for centuries. More importantly, using it can help prevent trans and gender nonconforming people from feeling hurt or embarrassed. In general, though, a good rule of thumb for pronoun use, as for other types of nomenclature, is to let people decide for themselves what they wish to be called.

What a drag!

Transvestites and drag queens/kings are sometimes mistakenly included under the “transgender” umbrella, but in fact their gender identity (typically) matches their phenotypic sex. That they are sometimes classified as trans is partly owing to nineteenth- and early twentieth-century confluences of various “non-standard” gender expressions by scholars like Ulrichs (see Chapter 5 for a reminder of Ulrichs’s views), but also because of confused (or just plain transphobic) characterizations of trans people as men in women’s clothing or vice versa. Typically, however, transvestites derive pleasure from cross-dressing even though their gender identities align with their gender assignments; likewise, most drag kings/queens are cisgender people who simply enjoy participating in this distinctive genre of gender-bending performance.

Drag shows in large part treat gender as a fluid category with which we can play and be creative. However, for many trans people, actually being able to live as the gender with which they identify is a serious, consequential matter, and not the site of playfulness. Moreover, drag performance often trades in over-the-top stereotypes about gender (and gender-bending), stereotypes many trans people find harmful. One culturally prominent example of this can be found in the popular Broadway musical, *Hedwig and the Angry Inch*, and in the film based upon that musical. In those productions, the protagonist, Hedwig, a trans woman, is represented as unstable, capricious, selfish, and ultimately “really” male. While *Hedwig* is ostensibly about a trans character, the musical actually originated as a drag show in New York’s gay community. It is perhaps unsurprising that in its representation of its protagonist, the musical retains and reproduces drag stereotypes.

8.2. Diagnostic terms

Psychiatrists and psychologists played a major role in twentieth-century trans history, and continue in the twenty-first century to play a large role. Historically, psychiatrists and psychologists pathologized

trans identities, and played gatekeeper roles for trans people seeking hormonal or surgical intervention. While the latter remains true today, the former shifted dramatically in 2013.

Until 2013, the American Psychiatric Association (APA) regarded transgenderism as one of a pair of mental illnesses, GID (Gender Identity Disorder) and GIDC (Gender Identity Disorder—Child). The main difference between the two conditions was whether “symptoms” present in childhood or adulthood. The four criteria for a diagnosis of GID are as follows:

- Strong and persistent cross-gender identification,
- Persistent discomfort about one’s assigned sex or a sense of inappropriateness in the gender-role of that sex,
- Absence of a concurrent physical intersex condition,
- Clinically significant distress or impairment in social, occupational, or other important areas of functioning.¹

Understandably, many trans people resented the claim that transgenderism is a mental illness. However, in many jurisdictions, they were forced to obtain a psychiatric diagnosis of GID in order to obtain sex reassignment surgery. Indeed, many trans people who have successfully navigated the mental health system in order to obtain surgery provide detailed advice to pre-op trans people on how to answer psychiatrists’ questions “correctly” in order to receive the desired diagnosis. Arguably, therefore, psychiatrists retained a very narrow, and potentially inaccurate, sense of the ways in which transgenderism manifests since all or most of their patients follow the same DSM-inspired script.

Our conception of what counts as a mental illness is an evolving social construct. For instance, in the nineteenth century, psychologists regarded African-American slaves’ desire to escape from servitude as a form of mental illness, which they termed “drapetomania.” Similarly, until 1973, mainstream psychologists and psychiatrists

¹ Diagnostic criteria for these conditions are described in detail in the APA’s *Diagnostic and Statistical Manual of Mental Disorders*, Edition 4 TR (“TR” stands for “Text Revision”).

regarded homosexuality as a form of mental illness. Today, some clinicians continue to regard homosexuality as a mental illness, curable through, for instance, “conversion therapy.” However, these therapists for the most part occupy the fringes of mainstream psychology and psychiatry.

In 2013, the APA published the fifth edition of its statistical manual, the DSM-5. In preparation for this new edition, there was considerable research and lobbying by various groups (both trans activists and allies, and groups that are anything but allies) about what diagnostic terms, if any, that edition should include for transgenderism. Socially conservative lobbyists, many of them affiliated with religious groups, urged the view that trans identity is a kind of psychosis, and moreover that it is medically irresponsible to “mutilate” psychotic patients by performing sex reassignment surgery on them. Conversely, those advocating for trans people objected to treating trans identity in itself as a diagnosable condition, but worried that altogether excising mention of trans identities from the DSM might make it difficult for trans people to receive health insurance, sick leave, and other supports if they choose to undergo sex reassignment surgery. The version of the DSM-5 that was eventually published aligns closely with the concerns of these trans advocates.

Here is the URL for a useful one-pager the APA released to explain its latest diagnostic approach to gender dysphoria: <<http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>>.

In the new manual, “Gender Identity Disorder” has been replaced by “Gender Dysphoria.” The new nomenclature is intended to signal that having a gender identity that does not align with one’s gender assignment is not in itself a disorder. What makes it a diagnosable condition is the “clinically significant distress” associated with the misalignment. (“Dysphoria” comes from the Greek word “dysphoros” which means “hard to bear.”) Under the new system, a trans person who does not experience distress because of their trans identity is not regarded as mentally ill. As with the DSM-4-TR, the DSM-5 distinguishes between adult and pediatric versions of the condition, the main force of that distinction being

that, according to the APA, children with gender dysphoria often outgrow the condition, unlike adults, who do not. Finally, the new manual includes a specification that, post-transition, patients who are no longer experiencing clinically significant distress may still receive ongoing treatment under the rubric of gender dysphoria.

In this chapter, you have been introduced in broad strokes to the history of terminology and psychiatric diagnoses that have been associated with trans people. If you wish to learn more about the history of trans identities, you may enjoy reading Patrick Califia’s overview of the autobiographies of trans pioneers like Christine Jorgensen, Mario Martino, and Jan Morris.² Or, you may prefer to read those autobiographies for yourself. They are all listed in the “Works cited and recommended reading” section below.

When you read about early trans people’s experiences, two things become salient. The first is that, for trans people, the decision to transition and to live openly as the gender that aligns with their gender identity is a very serious, and frequently difficult, commitment made after long consideration. While popular television shows like *South Park* and *Family Guy* unfortunately help to sustain the myth of the capricious trans person, that myth is remote from the real experiences of trans people.

Second, for Jorgensen, Morris, and Martino, doctors and psychologists served a crucial gatekeeper function. While both Jorgensen and Morris regarded their clinicians with warm affection and gratitude—Jorgensen even went so far as adopting her post-transition forename from her surgeon’s name—Martino had no love lost for his often unhelpful, and sometimes harmful, doctors.

As the debates over the DSM make clear, doctors continue to wield considerable power as gatekeepers for trans people. Harry Benjamin was a mid-twentieth-century German-American endocrinologist who was an important early advocate of the view that gender dysphoria was more appropriately “treated” by sex reassignment surgery than by psychoanalysis. His ground-breaking book, *The Transsexual Phenomenon*, is also listed below.

2 Patrick Califia, “Transsexual Autobiography: The First Wave,” 11–51.

8.3. Trans identities, radical feminism, and women-only spaces

One of the most painful disagreements to emerge in recent decades is that between some radical feminists and trans people. Emerging in the 1960s, radical feminism as a movement was (and still is) organized around the idea that the patriarchy constitutes the underlying structure of society. In other words, for radical feminists, the organization of power, authority, and goods in society—indeed, in all societies—serves to privilege men and to disadvantage women. One important proponent of this view was Shulamith Firestone, who held that all social hierarchies are modelled on the gender hierarchy. (We'll look at Firestone's ideas a bit more closely in Chapter 9.) While not all radical feminists agree with Firestone that the gender hierarchy is more fundamental than, say, racial or class hierarchies, all radical feminists regard the gender hierarchy as ubiquitous, systemic, and deeply unjust. Indeed, for radical feminists, patriarchy is so deeply entrenched in our social institutions that those institutions are not susceptible of reform. It is for this reason that they propose two very different radical solutions—on the one hand, the eradication of gender, and on the other, separatist feminism. Unfortunately, whether intentionally or not, both of these approaches end up marginalizing trans people.

8.3.1. Abolishing gender

For Firestone-inspired radical feminists, the so-called *gender binary*—the view that there are two and only two genders, and that everyone belongs to one and only one of them—is a patriarchal construct that systemically disadvantages those marked by the construct as female.

Philosopher Sally Haslanger puts it this way: “for most of us there is a relatively fixed interpretation of our bodies as sexed either male or female, an interpretation that marks us within the dominant ideology as eligible for only certain positions or opportunities in a system of sexist oppression.”³ Because, on her account, gender

categories really do serve to give power to, or withhold power from, those so-categorized, Haslanger offers definitions of “woman” and “man” that make specific reference to women’s and men’s places within systems of power. Here is Haslanger’s definition of “woman”:

S is a woman iff [if and only if]

- i. *S* is regularly and for the most part observed or imagined to have certain bodily features presumed to be evidence of a female’s biological role in reproduction;
- ii. that *S* has these features marks *S* within the dominant ideology of *S*’s society as someone who ought to occupy certain kinds of social position that are in fact subordinate (and so motivates and justifies *S*’s occupying such a position); and
- iii. the fact that *S* satisfies (i) and (ii) plays a role in *S*’s systematic subordination, i.e., *along some dimension*, *S*’s social position is oppressive, and *S*’s satisfying (i) and (ii) plays a role in that dimension of subordination.⁴

On this understanding, oppression and injustice are part of the very constitution of gender, not merely a contingent effect of gender divisions. If this view is right, then gender cannot be reformed, and ought to be eradicated. Recall Overall’s plea, mentioned in Chapter 2, to “junk gender.”

Feminists who advocate for the eradication of gender are at the opposite end of the continuum from feminist essentialists. (We looked at Irigaray’s feminist essentialism in Chapter 4. We’ll briefly revisit feminist essentialism in Chapter 11.) Feminist essentialists argue that there really are distinct masculine and feminine ways of being in the world, and that we ought to embrace the latter. By contrast, those radical feminists who support the abolition of gender regard gender differences as socially constructed, and resist them on all axes. That is, they reject gender divisions of labour, gendered conventions around attire, grooming, and behaviour, etc.

Such feminists sometimes express frustration with trans people, and in particular with trans women, for allegedly reinforcing gender stereotypes. For instance, after Caitlyn Jenner’s famous *Vanity Fair*

3 Sally Haslanger, “Gender and Race: (What) Are They? (What) Do We Want Them to Be?,” 42.

4 Haslanger, 42.

cover, in which she was pictured with make-up and well-coiffed hair and wearing a corset, feminist author and Academy Award winning film-maker Elinor Burkett published an opinion piece⁵ in the *New York Times* in which she argued that Jenner's embrace of traditional feminine gender roles (these range from feeling more in touch with her emotions to wearing nail polish) flies in the face of feminists' decades-long effort to dissolve those very gender roles. The article struck a nerve among both radical feminists and transfeminists. The result was a major dust-up in the feminist blogosphere, in the context of which some bloggers accused Burkett of transphobia, and others defended her view.

Some radical feminist criticisms have gone beyond merely complaining about trans people's alleged reinforcement of traditional gender roles. One common radical feminist trope is to accuse trans people of having "mutilated" themselves by undergoing sex reassignment surgery. It would be better, they argue, to work to abolish gender, or to develop a more fluid notion of gender detached from anatomical features, than to mutilate oneself in order to conform to conservative ideas about gender.

Having gotten this far in the volume, you may well find the radical feminist opposition to gender roles, and indeed to gender, quite plausible. However, the accusation of mutilation is clearly a hurtful one for trans people (and seems as if it is intended to be so). Moreover, many trans people argue that it is "cis privilege" that makes opposition to gender possible. Cis feminists, they maintain, have never had to defend their gender identity or to fight to express it. This allows them to be cavalier about gender, treating it as if it were dispensable. For trans people, who lack this kind of privilege, their gender identity is often at the core of their self-identity. Thus, they have no interest in eradicating it.

8.3.2. Women-only spaces

While some radical feminists support the eradication of gender, others advocate instead (or in the meantime) for the separation of the genders. Separatist feminists, including lesbian separatists

5 Elinor Burkett, "What Makes a Woman?," *New York Times*, 6 June 2015.

(discussed briefly in Chapter 4), regard women-only spaces as the best response to the patriarchal structure of mainstream society. On the view of feminist separatists, men, men's desires, and men's systems of power so thoroughly dominate society that women can only hope to escape that power by isolating themselves from it. Thus, separatist feminists both seek to avoid interactions with men (and with women who have not separated themselves from men) and to work to create women-only spaces. While some women-only spaces (Take Back the Night marches, for instances, or university women's centres) welcome trans people, others do not.

Those separatist feminists and separatist feminist organizations that exclude trans people do so on several grounds. They regard trans men as having abandoned their female identity in order to pursue male privilege. By contrast, they often regard trans women as still infected with the male privilege with which they grew up. "Women-born-women," they argue, have distinct experiences as a result of having grown up embodied female and socialized as women, that socialization including having been subject to masculine privilege. Trans women, they maintain, cannot understand what it is like to have grown up as a member of the subordinate gender. Less commonly, some separatist feminists accuse trans women of having adopted feminine gender identities precisely in order to infiltrate women-only spaces.

Perhaps the most notorious example of a separatist feminist institution that excludes trans women is the Michigan Womyn's Music Festival,⁶ or Michfest, a lesbian feminist music festival held annually from 1976 to 2015 (its last year). While some trans people always attended the festival, they had to do so discreetly since the festival was officially intended exclusively for "womyn-born-womyn." Over the years, there were a number of well-publicized expulsions of trans women from the festival. These expulsions led to a campaign by Equality Michigan to convince Michfest organizers to change the festival's policy in order to include trans people.

6 The modified spelling here eliminates "man" and "men" in the words "woman" and "women" and represents the rejection of traditions that define woman by reference to the male norm.

The exclusion of trans people by radical feminists led to trans-activists' coining of the term *TERF*, or *trans-exclusionary radical feminism*, a term that so-called TERFs themselves reject. It is important to note that not all radical feminists reject trans people and their experiences. Moreover, many transfeminists are importantly influenced by some of the ideas at the heart of radical feminism. Nonetheless, the disagreement between some radical feminists and transfeminists is deep and extremely divisive, and is likely to continue for the foreseeable future.

Transphobia and trans-misogyny

The increasing media visibility of trans people like Laverne Cox and Caitlyn Jenner means that many members of the public are today much better informed about trans identities than they were even a decade ago. However, trans identities remain among the most stigmatized. Indeed, it is still common for television programs such as *Family Guy*, *Bob's Burgers*, and *Big Bang Theory* to make unkind jokes at the expense of trans people, jokes that would today be unthinkable if directed at gays or lesbians, or at members of ethnic minorities. More seriously, trans people are disproportionately the victims of violence, harassment, and discrimination. Trans people of colour experience even higher rates of such harms. In short, transphobia remains endemic.⁷

Moreover, trans scholar, author, and activist Julia Serano argues that trans women and transfeminine people experience not only transphobia but also trans-misogyny. "Trans-misogyny" is Serano's term for a particular kind of hatred at the intersection of misogyny (the hatred of women) and transphobia (the fear of trans people). To direct trans-misogyny at someone is to hate them doubly, both for being trans and for exemplifying feminine traits. In her useful primer on the concept, Serano writes that "individuals on the trans female/feminine spectrum are culturally marked, not for failing to conform to gender norms per se, but because of the specific

direction of their gender transgression—that is, because of their feminine gender expression and/or their female gender identities. Thus, the marginalization of trans female/feminine spectrum people is not merely a result of transphobia, but is better described as trans-misogyny. Trans-misogyny is steeped in the assumption that femaleness and femininity are inferior to, and exist primarily for the benefit of, maleness and masculinity."⁸

Remember our Chapter 2 discussion of intersectionality? Serano's identification of the phenomenon of trans-misogyny is intersectional analysis in action.

8.4. Questions for reflection

- What do you think about the "cis-" prefix? Is it helpful? Why or why not?
- Are some mental illnesses natural, as opposed to socially constructed? How might we discern "real" mental illnesses from ways of being that are wrongly pathologized in order to reinforce social norms?
- Do you think there is any way to balance radical feminists' opposition to gender binarism with trans people's hard-won right to their preferred gender expression?
- What do you think about women-only spaces? Are they appropriate? For music festivals? For protest marches? For rape shelters? Is there any reason to limit such spaces to cis-women?

8.5. Works cited and recommended reading

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA: American Psychiatric Publishing, 2013.
- . *Gender Dysphoria*. 2013. <<http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>>. Accessed 3 May 2015.

⁷ For some recent statistics on discrimination against trans people, see Jaime Grant et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*.

⁸ Julia Serano, "Trans-misogyny Primer," on the Julia Serano website.

- Benjamin, Harry. *The Transsexual Phenomenon*. New York: Julian Press, 1966.
- Burkett, Elinor. "What Makes a Woman?" *New York Times*, online edition. 6 June 2015. <http://www.nytimes.com/2015/06/07/opinion/sunday/what-makes-a-woman.html?_r=0>. Accessed 10 June 2015.
- Califa, Patrick. "Transsexual Autobiography: The First Wave." *Sex Changes: Transgender Politics*. 2nd ed. Berkeley: Cleis Press, 2003.
- Grant, Jaime et al. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: The National Gay and Lesbian Task Force and the National Center for Transgender Equality, 2011. <http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf>. Accessed 3 June 2015.
- Haslanger, Sally. "Gender and Race: (What) Are They? (What) Do We Want Them to Be?" *Noûs* 34.1 (2000): 31–55.
- Jorgensen, Christine. *Christine Jorgensen: A Personal Autobiography*. New York: Bantam, 1967.
- Martino, Mario. *Emergence: A Transsexual Autobiography*. New York: Crown Publishers, 1977.
- Morris, Jan. *Conundrum*. New York: Harcourt, Brace, Jovanovich, 1974.
- Serano, Julia. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Emeryville, CA: Seal Press, 2007.
- . "Trans-misogyny Primer." N.d. Julia Serano website. <<http://www.juliaserano.com/av/TransmisogynyPrimer-Serano.pdf>>. Accessed 3 June 2015.

CHAPTER 9

Biodeterminism

9.1. Is biology destiny?

A number of texts in the preceding chapters have suggested in subtle and not-so-subtle ways that important aspects of human gender—perhaps human genders themselves—are socially constructed. In this chapter, we look at the opposite view, namely, that gender is biologically determined. This view is an example of a more general position known as "biodeterminism."

The idea of biodeterminism is most pithily captured by the familiar saying, "biology is destiny." Biodeterminists think that human behaviour is best understood as the result of human beings' innate biological tendencies. Biodeterminism of one stripe or another is very often deployed to explain differences between masculine and feminine gender roles. If someone says that women tend to pursue caring professions because they are naturally more nurturing than men, they are invoking biodeterminism, as does someone who says that women *ought to* pursue caring professions because they are naturally more nurturing than men. Notice the difference between these two claims, though. The first claim is descriptive and seeks