

**Beyond Gender Essentialism and the Social Construction of Gender:
Redefining the Conception of Gender through a Reinvestigation of Transgender Theory
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Introduction

This analysis is intended to facilitate a critique of the argument that defends binary gender as a psychological fact of human nature, including the presupposition that gender is essential in the construction of an individual's identity. The supposed association between biological sex and sociological gender identification comes into question when discussing members of the transgender community. The problem arises for transsexuals because their femininity and masculinity do not coincide with their sex. In seeking sex reassignment surgery (SRS) an attempt is made to "pass" — seemingly reinforcing gender essentialist notions. The problem arises, however, insofar as neither gender essentialism nor social constructivism has effectively incorporated transsexualism as an integral theoretical conception. This analysis, then, serves to explicate these complications and offer an accommodating account of transgender theory.

The Initial Critique of Binary Gender Normativity

In an investigation of gender it should be noted that a theory of gender must recognize gender as a *concept* wherein the relation of power between men and women is such that women are subordinated by the power constructs of binary gender normativity. That is to say, the alleged identity between sex and gender sexualizes the woman and the female body, insofar as her gender becomes synonymous with her sex. An evaluative, an arbitrary judgment is then placed on sex, arguing from a psychoanalytic stance that the phallus dominates and penetrates — it is through the phallus that we come to be, that we, from a Lacanian point of view, transition from the Real into the Symbolic order of meaning. Traditionally, as Lacan argues, it is the 'Name-of-the-Father' that ascribes meaning to the child's undifferentiated psyche. This is an important conception, since it is argued that binary gender normativity has its inception at this early stage.

This is perfectly evident in the baptismal practices of the Roman-Catholic Church, that is to say, the child, whether male or female is brought into the house of the Lord, by evoking the ‘Name-of-the-Father’. The ‘Name-of-the-Father’ in-and-of-itself is necessary for salvation. Hence the phrase, “I baptize you in the ‘Name-of-the-Father’”. The name of the Father, then, is *the* meaning giving activity, allowing the child to graduate past a lesser stage of mirroring and mimicry into a state of meaning and understanding. For Lacan, the mirroring stage, prior to the child’s introduction into the Symbolic order and formal use of language, is the first recognition of the subject as subject. Lacan writes,

It is sufficient to understand the mirror stage...as an identification, in the full sense analysis gives to the term: namely, the transformation that takes place in the subject when he assumes an image (Lacan, 2002, p. 4).

The “I” is necessitated by the phallus. If I have a penis, I am a boy. If I do not — I lack, I am incomplete — I am a girl. Note, it is first with reference to the phallus (sex) that I am socially recognized (gender). Hence, the construct of binary gender normativity has as its theoretical starting point, the phallus. This assumption is then translated into a juridico-discursive construct wherein the power of the phallus to penetrate translates to the man’s ability to dominate the woman. This relation of power between a particular man and woman is then translated to a generalized relation of dominance and subordination between men and women. Power is attributed to the phallus and since women lack the “proper” sex, they also lack power or a position of dominance. Hausman writes,

To my mind, the most forceful and provocative theories of gender argue that it is an instrumental concept to analyze power relations and systems of inequality that subordinate women and those who repudiate heterosexuality (Hausman, 2001, p. 476).

Without an attempt to identify the genealogy of power through the conception of binary gender normativity, as noted by Hausman, one must fail in liberating one's self from the confines of socially constructed gender roles. Thus, to critique the social construction of gender, we must go beyond recapitulating the construction as such. It is not merely that binary gender normativity enacts power to oppress and subjugate but that *prima facie* its construct is one of opposition, i.e., the phallus *as-opposed-to* the vagina or the masculine *as-opposed-to* the feminine.

We have observed certain distinctions that are operative in the debate concerning binary gender. Of special note, moreover, is the distinction between gender and sex. We have seen that there is a normalizing tendency in society that pressures individuals to subscribe to a certain gender; specifically the gender that matches their sex. The sexually male must be masculine and the sexually female must be feminine. The gender binary bias is also seen in the medical institution, which includes psychology. Foucault gives a compelling account of how this came to be.

In his *History of Sexuality*, Foucault takes issue with the field of psychotherapy, especially as it occurred in the nineteenth century (the reign of Freud and introspection). Psychotherapy is envisioned as the talking cure or the “confessional”, which will be discussed shortly; part of its goal is to free people from internal constraints that they do not understand, perceive or control. Foucault, however, does not agree that therapy frees people from constraint. Instead, the framework of understanding that psychotherapy constructs — under the guise of liberation — brings about constraint. Psychotherapy puts sex “under the rule of the normal and the pathological” (Foucault, 1990, p. 67). It gives us a vocabulary through which we can understand ourselves as internal subjects. Subscribing to this vocabulary of normativity, we constantly engage in self-surveillance and thereby “normalize” ourselves.

Furthermore, the systems of classification that informs these norms are susceptible to perversion. Instead of seeing ourselves as committing homosexual acts, we see ourselves as homosexuals. Psychotherapy fosters this shift from act to identity, and through its normative power, changes the way we view the events in our lives. The vocabulary of psychotherapy is such that sex is at the root of all behavior, so we see sex everywhere. Sex, then, which is supposedly repressed, becomes the lens through which we view the world.

We can see this legacy of sexual priority and policing in the now famous John/ Joan case, in which a doctor convinced the parents of a male infant to raise the infant as a girl after a botched medical procedure burned off the baby's penis.¹ The rationale was that since John did not have a penis, he had a better chance at a "normal" life if he was transformed into a female. Implicit in this concern seems to be the view that an undamaged phallus is necessary for the experience of maleness and masculinity. Without his sex, he could not be his gender. Moreover, in her critique of the medical profession and the alleged ease with which the female body is constructed during (SRS) Judith Butler notes: they "argue for the ease with which a female body can be surgically constructed, an elimination a cutting away" (Butler, 2001, p. 626). The "construction" of gender is more than a metaphorical or a philosophical conception, it is an actuality, undertaken by members of the medical profession — hopelessly entrenched in the conceptual confines of binary gender normativity.²

An Investigation of Transgender Theory and a Further Distinction between Sex and Gender

For the point of clarity, 'transgender' refers to a broad spectrum of identities, all of which challenge binary gender normativity, including drag queens, cross-dressers and transsexuals. Though it is practiced, one should take great care in ascribing the term 'transgender,' a vast conceptual term, to the individual, as it serves to essentialize and homogenize the particular with

the group. The term ‘transsexual’ refers to an individual that identifies with a gender, which does not correspond with her or his given sex. Transsexuals are categorized by the medical profession as either primary or secondary transsexuals. While the distinctions between primary and secondary transsexuals are great, the main differences pertain to (1) “an absence of fetishism associated with cross dressing” (Docter, 1988, p. 24) and (2) “a lifelong history of gender dysphoria” (Docter, 1988, p. 24) for the primary transsexual, whereas the secondary transsexual exhibits, (1) “a history of sexual arousal to cross dressing” (Docter, 1988, p. 29) and (2) “an absence of lifelong gender dysphoria” (Docter, 1988, p. 29).

The *American Medical Association Encyclopedia of Medicine* (AMAEM) defines transvestism as: “A persistent desire by a man to dress in women’s clothing...It is done in private while masturbating” (AMAEM, 1989, p. 1006). Since, primary transsexuals have an absence of fetishism associated with cross dressing; the primary transsexual will not be a transvestite, whereas the secondary transsexual will.

The revised *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition* (DSM-IV-TR) defines Gender Identity Disorder as: “a profound disturbance of the individual’s sense of identity with regard to maleness of femaleness” (DSM-IV-TR, 2000, p. 580). Moreover, the *ICD-10 Classification of Mental and Behavioral Disorders* defines Gender Identity Disorder as: “A desire to live and be accepted as a member of the opposite sex” (ICD-10, 1992, p. 215/F64.0).

Some obvious and not so obvious implications arise from these definitions of Gender Identity Disorder. It is certain that declassifying Gender Identity Disorder — as a disorder — is paramount if transsexuals are to be liberated from the stigma attached with mental pathology, as such classifications serve to justify the demonization of the transsexual community. More

perversely, however, the completion of (SRS) requires that the interested party be diagnosed as afflicted with Gender Identity Disorder if she or he is to become eligible for consideration.

Gagné illustrates this point, “those...seeking access to hormones and (SRS)...[must be] diagnosed transsexual...In other words, they must “confess” their Transsexualism in ways that adhere to medical models in order to proceed from one sex to the other” (Gagné, 1997, p. 481).

It is interesting to note Gagné’s use of the term ‘confess’ in the preceding quote. Foucault writes, “One can say certainly that psychoanalysis grew out of that formidable development and institutionalization of confessional procedures which has been so characteristic of our civilization” (Foucault, 1977, p. 191). Indeed, secularists no longer attend church and “confess” their sins to God; they attend a therapy session and “confess” their anxieties and fears to a medical professional. Now, in a contemporary setting, the medicalization of sex is the definitive source for upholding binary gender normativity. Transsexualism is a “disorder” because only the medical community possesses the power to perform (SRS). Hence, it is they who determine the grounds for eligibility. Kathryn May notes an interesting complication, pertaining to this act of confession, however, writing, “...the question of embodied histories, often problematic where therapists want to work with clients on issues relating to the inner child, (but *which* child?), is vexed enough where two gender identities are involved” (May, 2002, p. 459). Clearly, then, the concept of the “confessional” cannot be blanket-ed across all psychotherapy patients, as varying degrees of confession require varying degrees of therapy, especially in the case of transsexual patients. Note, that those who seek to have their sex changed must appeal to the binary notion of gender. As Butler reports,

It is for the most part that the gender essentialist position that must be voiced for transsexual surgery to take place, and that someone who comes in with a sense of gender as changeable will have a

more difficult time convincing psychiatrists and doctors to perform the surgery (Butler, 2001, p. 7).

It will not do that one has a lackadaisical view toward gender. To say that I simply want to be a woman is problematic. Instead, I must say that I am in fact a woman, albeit one trapped in a man's body. I must ascribe to the essentialist view to the point of constructing myself as pathological if I am to successfully complete my transformation.

Moreover, the mandate with which transsexuals construct themselves as pathological, while contingent of the requirements of the medical community, is also pressured by society's continual reinforcements and mandates, which uphold binary gender normativity through the perpetuation of fear and hysteria. The media is largely to blame for this ignorance insofar as it generates the images and the narratives necessary for the construction of hate and bias, which as we have stated, is partially justified by the classification of Gender Identity Disorder as a mental pathology. A clear example of the media's perpetuation of ignorance is illustrated in the movie, "Silence of the Lambs". Throughout the movie it is suggested that Buffalo Bill is not a transsexual "but he thinks he is". In an analysis of the film, Elizabeth Young puts it best,

Buffalo Bill is variously presented as a would-be transsexual, a transvestite, and a homosexual queen. The film is utterly unable to distinguish among the specific valences of these roles...when the camera pulls back to allow us to see [Buffalo Bill] more fully, it reveals that he has placed his penis back between his legs to simulate the appearance of a vagina. The moment stands as one of profound dependence upon the physical insignia of genitalia to confer gender identity (Young, 1991, p. 18).

The shock of images like this has a lasting affect on the minds of the heterosexual population. The pressure derived from a confusion of sex with gender, as evident in the movie, propagates misinformed conceptions of the transgendered community. Even more dangerous, however, with

respect to the movie, is the latent association of transsexualism with psychopathy, which further desensitizes those in the social “norm” to the struggles transsexuals face in their daily lives.

The Objectification of the Human Subject

The focus of this investigation is to critique the methodologies that reinforce binary gender normativity. In doing so, it may be helpful to offer a phenomenological and existential examination of gender and sex. It is not our goal to criticize binary gender normativity from the standpoint of a single unified theory. Rather, we wish to use various concepts to highlight the conceptual weakness of these norms.

We begin with the insight offered by Foucault. According to Foucault, the transition from act to identity concerning sexual acts was decisive in the formation of the self-policing aspects of culture. One does not regulate or investigate actions in the same way that one regulates and investigates states. Foucault’s insight concerning act and identity can be explained in terms of Jean-Paul Sartre’s distinction between the for-itself and the in-itself.

The for-itself is understood most simply as a conscious human subject. It is consciousness that characterizes the for-itself. One essential constituent of this consciousness is freedom. This freedom is understood as the freedom to choose, as opposed to the freedom to obtain. This choice concerns meaning. As an instantiation of being-for-itself, I can choose the meaning of my life and projects therein, including any actions that I take. The for-itself is distinct from the in-itself, which is simply understood as the non-conscious object.

Of course, it is possible that a human subject can look upon another human subject as an object, despite the fact of the human’s consciousness and freedom. Simone de Beauvoir has commented on this phenomenon as it pertains to male oppressive practices.³ We can see the objectification of the Other at the heart of relations of power between individuals and

communities. The slave master does not see the slave as human. Rather, the slave is an object to be dominated like other chattel. The man reduces the consciousness and freedom of the woman by restricting her to a set of roles. This objectification can be most insidious. Beauvoir notes that the restriction of women to their roles is so established that to act outside of them is seen as attempting to be male:

Her activities in sports, politics, and intellectual matters, her sexual desire for other women, all are interpreted as “masculine protest”; the common refusal to take account of the values toward which she aims, or transcends herself, evidently leads to the conclusion that she, as subject, is making an inauthentic choice (Beauvoir, 1989, p. 408).

This choice is supposedly made through the woman’s self-deception. But such a notion already depends on the notion of a woman as a certain kind of thing (in-itself) with a range of choices incomparable with that of the true subject — the man.

After considering, we can see the significance of a change in the ontological status of sex acts. It is no longer the case that a man engages in sodomy, an act that he does not have to repeat and for which he can be “forgiven”. Instead, he is now a sodomite. The sex act becomes a part of his identity, and he must now see himself as *being* it. Furthermore, he must be counseled and treated if he wants to change this aspect of his life. A given institution can now exercise power over him, through its rejection of his freedom to act and the affirmation of his being a particular kind of thing. In his dealings with them, he makes himself an object that fits “their notions” of perversion. He gives in, and they “help” him recover or become something else, that is, some other thing, just as a woman is forced to see herself in terms of her imposed social roles.

Thus sex, gender, and sexual preference must be combined in a specific way to achieve the status of medical, psychological and moral rightness. But our existential understanding shows

us that this normative assessment is actually a denial of the freedom of the subject; it is an objectification from which many, such as the parents of John/Joan, derive their notions of what should be the case concerning one's sex or gender.

“Passing” and the Phenomenology of Binary Gender Identification in the Transsexual Community

Such is the paradigm of the current age. Since the norms that lead to such classifications are still operative, there are many on the fringes that have to struggle for recognition and acceptance or seek acceptance through passing. But there is another aspect of the objectification of the subject that is relevant for those who stand outside of social norms. This is the transition from shame to pride. A discussion of this topic will be particularly relevant to the subject of passing.

Sartre claims that a feeling of shame is instilled in the objectified subject. This shame is brought about from our recognition that we are seen as an object:

By the mere appearance of the Other, I am put in the position of passing judgment on myself as on an object, for it is as an object that I appear to the Other. ... Shame is by nature *recognition*. I recognize that I am as the Other sees me. ... I am unable to bring about any relation between what I am in the intimacy of the For-itself, without distance, without recoil, without perspective and this unjustifiable being-in-itself which I am for the Other. ... Nobody can be vulgar alone! (Sartre, 1956, p. 302).

It is our apprehension of our being-for-others that causes the upsurge of shame. This is particularly relevant as it pertains to transsexuals and others who are seen as being outside of the norm and who may be socially ostracized. Such a sentiment is voiced by psychologist and existential philosopher Frantz Fanon, who reflects on the meaning of his blackness in *Black Skin, White Masks*: “All those white men in a group, guns in their hands, cannot be wrong. I am guilty. I do not know of what, but I know that I am no good” (Fanon, 1967, p. 139).

Often this feeling of shame is accompanied by the desire to hide, to not give over one's self to observation. In the context of sex and gender, this may be understood as hiding or denying one's non-normative gender identity. But Sartre notes that shame quite naturally gives way to pride in this sphere of relations. As an object for the Other, my pride seeks to impress the power of my object-ness back onto the Other. In effect, I take a stand against the gaze by accepting the object-ness. I come out as what I am in the face of the Other.

This moment of self-definition inevitably has more of an effect on me than on the Other who's gaze has objectified me. Also, since my pride is a kind of acceptance of my objectification, I have inadvertently given in to the systems of classification that objectify me. Such is the trap of binary gender normativity. It is only after some reflection that I can come to determine what this means for me. If I am lesbian, gay, or bisexual, this may be easy enough. I see my gender as not conforming to my sex or sexuality. I can challenge the binary notion of gender through my openness about my sexuality and any activism that I may want to engage in.

For the transsexual, self-definition is more complicated. For the transsexual, there may not be a public declaration that accompanies self-definition. The transsexual may seek to pass, and as such he or she cannot "come out" in the sense that a lesbian can. But, under our current understanding of objectification and shame, there is a problem. The transsexual, in the act of passing, must contend with the fear of discovery, that is, fear of being objectified and put to shame. The transsexual, in many cases, wants to preserve the social mandate of binary gender normativity, though he or she may pose the greatest criticism of it. From the phenomenological standpoint, the passing transsexual maintains a deception that open gays and lesbians do not. From an activist standpoint, the passing transsexual is not contributing to the changing of norms.

Furthermore, a transsexual who wants to pass is not likely to have the motivation to challenge the classifications in the DSM-IV. This is if the transsexual wants to pass with or without SRS.

Yet the classification in which the transsexual seeks to pass is a contingency that emerged in the give-and-take between individuals and the medical establishment. It is a sickness born of the oppression of norms, reinforced and constructed in medical confession. Homosexuality was seen as an aberration because, as the reasoning used to go, a human being was a certain kind of thing that followed certain natural tendencies. These tendencies included congruence with a certain combination of gender, sex, and sexual preference. But the eighty-one words that demarcated the homosexual as pathological has been removed from the DSM. This removal suggests a widening space in the norm to include a nontraditional sexual identity. But the space has been made for a static identity. Transsexuals reflect a dynamic nature of gender of sexuality that is more amorphous than homosexuality. As such, the transgender debate will be the most formative in establishing a new notion of gender, sex, and sexual preference.

Notes

¹ For the whole story, see Colapinto's *As Nature Made Him*

² See, Kessler, Suzanne J. "The Medical Construction of Gender: Case Management of Intersexed Infants" *Signs: Journal of Women in Culture and Society*. Vol. 16 (1). p. 3-26. 1990.

³ See the introduction to *The Second Sex*

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