

AMBIGUOUS SEX: COMPARING THE SOCIAL IMAGINARY OF TRANS AND INTERSEX PEOPLE

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Abstract

Using a framework of compulsory sex attribution (Lorber), this paper compares the assumptions made about transgender and intersex people and the underlying motivations of societal perceptions and prejudices. I argue that the treatment of both is motivated by a desire to uphold a clear and unambiguous binary sex/gender system, and that both are subject to pressures to conform with this, largely for the comfort of the wider population. Given the differential treatment and different levels of prejudice associated with trans and intersex people, I suggest that this is due to whether they are perceived to be ‘wilfully’ disrupting the sex/gender system or victims of circumstance.

Keywords: binary sex/gender system, compulsory sex attribution, prejudice, transgender, intersex

“Everybody was to have his or her primary, profound, determined and determining sexual identity; as for the elements of the other sex that might appear, they could only be accidental, superficial, or even quite simply illusory”.

M. Foucault

This claim is part of the introduction to the memoir of Herculine Barbin, who was assumed to be female before medical problems occasioned a closer medical examination. Upon the discovery of male gonads Herculine was determined to be male, and so took the name Abel and moved to Paris to live as a man where no one would know of their previous life. Foucault frames this as part of an increasing regulation of sex, in which primary sex characteristics should align with a person’s appearance and social role to produce properly

sexed subjects and ambiguity should be avoided or erased. He observed that appearing to have a consistent and unambiguous ‘true sex’ is vitally important for navigating the world as a social being. Today in almost every social interaction the sex of a person is used as one of the simplest, most basic ways to categorise people. Alongside this, many people feel an underlying unease and discomfort with sex ambiguity, which leads to a desire to uphold a binary sex system, as occurred with the ‘re-sexing’ of Herculine/Abel Barbin. In this paper I will argue that the social demand for an individual to have sex and gender characteristics aligned can be seen as a significant factor in the different ways that intersex and trans people are treated. Even though they may experience the demand for a single clear sex identity very differently, this can be linked back in many cases to the imagined and actual effects of others perceiving a disrupted or incoherent social sex.

Intersex and trans people

In this paper, I am using ‘intersex’ to refer to individuals where sex development (chromosomal, gonadal, anatomical or hormonal) differs from what is generally understood by medical professionals to be male or female. [1] This difference may become apparent at birth or puberty due to visible physical differences or may be unknown until it causes problems – for instance a woman finding herself unable to conceive. Intersex conditions can cause medical problems, but even where they do not there are frequently medical interventions available to more closely align the intersex person’s appearance with what would be expected of a binary sexed male or female.[2] For visibly intersex infants this generally takes the form of cosmetic genital surgery, and in later life may consist of surgery or hormone therapy. Intersex individuals may be women, men, or non-binary gendered individuals. Some intersex people transition away from the sex they were assigned at birth, and may or may not also consider themselves to be trans. The ethics of ‘normalising’ treatment for intersex people is the subject of ongoing debate and campaigns. This paper does not directly address these issues, but is instead focused on a motivating force behind those treatments. [3]

Trans people, by contrast, generally begin with normatively sexed bodies but express a gender identity and experience which does not align with this. The vast majority seek to alter their actual or perceived primary and secondary sexual characteristics (through changes

in gender presentation and through hormonal and surgical interventions) to bring these into alignment with their gender experience. For the purposes of the comparisons I am drawing in this paper, it is also notable that while trans experiences have been thought of as a psychiatric issue in recent times, there is increasing medical evidence that they have a physiological element. [4]

The importance of coherent gender and sex

For the purposes of this paper, I am using ‘sex’ to refer to the actual or assumed primary sexual characteristics of a person, and ‘gender’ to refer to secondary sex characteristics [5], social roles, expressions, and identities which are closely associated with them (That is, a person with female sex characteristics is generally expected to be living as/easily perceivable as a woman, and vice versa). The precise link between these is not specified, as this division is based on casual social use and assumptions rather than clearly distinct categories, but different ways that this connection can be conceived are discussed in the next section. [6]

The importance of sex and gender being legible (by which I mean coherent, understandable and aligning with social norms) is widely discussed in feminist, trans, and queer theory (Lorber 1995, Serano 2007, Stone 1987, Butler 1990) and often articulated alongside a disciplinary model of gendered embodiment and behaviour, which produces men and women through the social training of children from birth (Butler 1990). Those who transgress too far from what is expected may be actively corrected (for instance, a girl being told she should take up dance rather than rugby) or find their expressions passively erased (such as the girl who turns up to rugby practice and is assumed to be there to meet her brother). [7] It is important to note that these expectations are contingent to varying degrees, and also historically and culturally specific. Despite this, appearance and behaviour are used as indicators of a true underlying single sex, which is understood as conveying some truth of a person. While I cannot claim that it is a universal experience, many people have had an experience of seeing someone with what they perceive to be ambiguous or mixed gendered characteristics and found themselves scrutinising this person to figure out – for their own satisfaction – which binary sex / gender attribution would be appropriate. Judith Lorber observes that this is done for our own social comfort: “*Gender signs and signals are so*

ubiquitous that we usually fail to note them - unless they are missing or ambiguous. Then we are uncomfortable until we have successfully placed the other person in a gender status; otherwise, we feel socially dislocated." [Lorber, 1994]

A brief account of social sex attribution

At its simplest level, the attribution of sex in society does not depend on the medical attribution of sex. People who meet in the street have no access to knowledge of each other's chromosomes, hormone levels or anatomy, instead determining (assuming) sex through a combination of gendered signs - clothing, secondary sex characteristics, and behaviour. It is when these public indicators of gender are mixed that a person's true sex comes to be questioned, with the resulting sense of social dislocation. The idea that ambiguity in gendered behaviour indicates an underlying physical sex ambiguity is very common, but the *particular* behaviours or appearances that indicate a troubled sex clearly change over time.

Homosexuality, for instance, has become a something which (mostly) does not cast doubt on the true sex of a person, though depending on the social group it can still indicate a disordered or improperly used sex. [8] In other societies expressions of homosexual desire in men could raise questions of whether they were actually male. Likewise, in contemporary societies many behaviours which are coded masculine and feminine can be performed by either sex, and generally speaking this does not cause people to doubt the underlying truth of their maleness or femaleness unless it is accompanied by observable physical ambiguities – though the people performing cross-gendered behaviours may be regarded as unusual and possibly stigmatised. Butler observes that this separation of behaviours and appearance (masculinity and femininity) from sex has actually served to *uphold* the sex binary as an underlying truth of a person, while allowing the social roles of both men and women to become broader [Butler, 2004]. Social attribution of sex, then, takes into account the visible culturally-gendered indications of true underlying sex (clothing, hair style, make-up, body shape, mannerisms, voice, etc) and then assumes from the balance of these indicators what the true sex of that person is, and which social interactions would be appropriate. Social context is significant in this - people who have mixed or mostly neutral gendered signifiers can find that they will be sexed differently in a socially conservative neighbourhood than a more liberal one, as some cues are gendered in a particular way. For example, a masculine woman with short hair is more likely to be interpreted as female in a town where hair styles

are not strongly gendered cues or where there is a large community of masculine women, but may be read as a male in a more traditional context where women are expected to have long hair. Lorber points out that the sexing of others is automatic, and generally only noticeable when it fails or provides a mixed reading - a person who read the short hair style as an indicator of male sex may double take on hearing a voice in the normal female range and look again at the person for further, more subtle indicators of their sex. Kessler and McKenna observed how people would make sense of conflicting gendered / sexed attributes of individuals, whether seen or described, in order to arrive at a conclusion of their 'true' sex. [Kessler and McKenna, 1978]

Disrupted or ambiguous sex and gender

But what happens when a social attribution of sex is denied through ambiguous social signifiers, or later found to be mistaken, and why does it lead to social discomfort? The first possible answer is that while social performances of gender are all outward signs of socialisation, these are generally assumed to be *caused* by the underlying true sex, which is possibly the most widely expressed view of sex stereotyped behaviour [9]. The underlying true sex here has a final, definitive indicator which is often either the person's gonads, genitalia, or expressed identity [10]. In this model, the public performances of gender should truthfully reflect the private truth of sex, and people for whom this is not the case can be judged to be violating social norms in a way that could be considered 'deceptive'. This can be termed an *expressive* model of gender. Butler contrasts this with a *performative* model of gender in which gender is constructed through the repetition of gendered acts, whose meanings have already been socially established. This repetition creates gender as an illusion of an internal stability rather than the sedimentation of norms over time, which appears to be a cause rather than an effect [Butler, 1990]. Under this model, the unease which results from mixed sex indicators is not linked to an 'inherent' true sex, but caused by the breaking apart of these norms - a trans woman for example may have female-coded mannerisms but also facial stubble, which is not associated with women. Either the occurrence of stubble must be reconceived as a possible gender performance for a woman, or the sex (truth) of the woman is thrown into doubt.

For an intersex infant, with no gendered performances to indicate sex, the primary (only) indicator of their sex is their genitalia, and if that is ambiguous then this destabilises the culturally mediated assumption that identifies particular genitalia with a stable true sex. In many cases, cosmetic medical treatment on intersex children is justified by concerns over the child's ability to lead a normal social life – and the parents' ability to bond with the child. The birth of an ambiguously sexed infant has been referred to as a 'psycho-social crisis' in the US context, with medical practitioners keen to reassure parents that their child is definitely a girl (or boy) and can be made to look like they should [Karkasiz 2008]. Emotive terms are used by doctors to describe children's ambiguous genitals such as "unsightly", "offending" or "inadequate" [Karkasiz, 2008 and Dreger, 1999]. These normalising surgeries for infants attempt to modify the sex characteristic which disrupts the sex binary, and thus can be seen as being motivated by wanting to avoid the social disruption caused by visible sex ambiguity [11]

Despite medical interventions for intersex children historically acting to reduce disruptions to a binary sex/gender system caused by visible ambiguous sex characteristics, this will still occur in situations where bodies are under examination or in a semi-private sex divided environment. The 'locker room scenario' – or 'public bathroom scenario' – can be used to illustrate the way in which emotive imagined scenes motivate different treatment for trans and intersex people. I will now compare how a desire to have coherent, non-ambiguously sexed people in these places results in this scenario playing out in different ways for trans and intersex people, before moving on to consider why there is such a difference in the next section.

The locker room scenario, significantly, revolves around *someone else* becoming aware that the person that they are in a semi-private space with cannot be easily categorised as either binary sex. This is one of the primary justifications for performing 'normalising' surgery on intersex children's bodies - so that they will not experience stigma, ridicule or shame on occasions when their bodies may be exposed and compared with those of their peers. [12] The locker room is a place where their public performance of gender will collapse as their body, which presents stronger indicators of sex, is found to be discordant with what has been portrayed. In that moment of disruption, doctors and parents project their own discomfort at such a discovery - curiosity, ridicule, fear and retaliation - and seek to remove

the source of that discomfort. The unquestioning upholding of the 'natural' binary of bodies and the discomfort with ambiguous sex characteristics here can be seen in that the risk of bullying over having a different body is considered a matter for surgical alteration rather than a sign of the need to educate children and monitor their behaviour or if necessary to intervene. A naturally developed difference in sexual characteristics is considered 'unnatural' and a 'justifiable target' for childish bullying, and so the intersex child must be altered in order to protect them from the expected reaction of their peers - one can hardly imagine the same argument (medical intervention rather than condemning children's behaviour) being applied to a child who may be at risk of ridicule or bullying due to a difference in skin colour or physical characteristics which are not sexed [13].

This concern over the treatment of intersex people in instances when their bodies become public spectacles due to a visible difference plays out very differently when the question is trans people in sex-divided spaces. Again, this is a concern which is brought up time and time again in relation to trans people, particularly when legal protections against discrimination are considered. As with the intersex person, the trans person's visible gender may collapse through contradiction if they are not perceived to be coherently and correctly sexed. Trans people with visibly incongruous gender characteristics, which may be considered unusual but harmless in more public spaces, are often considered to be undesirable or dangerous in the semi-private spaces of public bathrooms or locker rooms. [14]

At first glance, these imagined scenarios may appear to be discussing different concerns - in the case of the intersex person (usually imagined as a child), the concern is to protect *them* from what is assumed to be a naturally hostile reactions of others, whereas in the case of trans people (usually imagined as a mature trans woman with some male-associated gender cues) the concern is raised about what is necessary to protect *others*. I argue that this division masks an underlying similarity – both are concerned with the affect to others of the existence of a person whose sex is perceived to be ambiguous. In the case of the intersex person, it is assumed that the revelation that a person had mixed sex characteristics would disturb them to the extent that hostile behaviour or bullying would naturally follow. Trans people express concerns about the safety of public locker rooms, bathrooms etc for *themselves* from this type of reaction, as they potentially face ridicule, removal by security, police intervention or threats to their physical safety if their presence in a single-sex bathroom

is questioned [Serano, 2007; Namaste, 2000]. The imagined situation of the intersex child in a locker room, subject to childish taunts for their sex/gender incongruity, is in fact a gentler version of the actual reactions to people with non-binary sex characteristics in single sex areas, which are experienced by both trans and intersex people.

A victim or threat?

While I have argued that the underlying cause of the social reactions which trans and intersex people must negotiate is the same, there are two significant differences which I believe drives the differential treatment and much of the popular prejudice against trans people. The first vital difference seems to be that of intent, or blame. The intersex person is generally discovered - whether as an infant or adult. They have a disorder or difference which is clearly innate and they cannot remedy, and so their disruption of the sex binary is seen as inadvertent, and they themselves can be easily seen as a victim of it. The trans person, on the other hand, discovers or reveals themselves - they intrude into a neatly divided system and breach the barrier between the two sexes, or threaten to live between them. This is a wilful rather than an inadvertent disruption of the sex binary, and as such trans people, particularly as adults, are held responsible for the disruption and thus the discomfort they cause to others.

At the heart of the issue of intent is the idea of deception. For the social comfort of others, a person must be legible as a single sex, but trans people may have gendered characteristics which are associated with both, particularly during the period of time in which they begin medical transition or if they choose to retain a mixture of gendered characteristics. This brings up the issue of deception, which is a perennial problem linked to people who change their presentation of sex. There are three common ways of reconciling the 'true sex' of a trans person in narratives of transition. The first is that the new sex is the true sex of the person, in which case their lives before coming out were deceptive. The second is that the old sex is the true sex, in which case their coming out and transition is a deception (or delusion). The third is that they have actually changed the truth of their sex, in which case there must be a point at which the changeover happens, but this brings up the difficulty of conceiving of a way to cross over the invisible chasm of 'unsex' which is between the strictly policed borders

of sex, and means that cross-sex behaviours on either side of that single point are – again – subject to being considered ‘deceptive’. [15]

Intersex people are not entirely exempt from the judgement of being deceptive, though as intersex people are much less visible than trans people in day to day life they encounter it less frequently. While children are generally exempt from being considered deceptive, adult intersex people can find themselves subject to a narrative of deception which is similar to that applied to trans people. One example of this is in elite sports. Sex-segregated sports by their very nature make explicit the performativity of gendered behaviour - athletes are demonstrating exceptional sexed characteristics through exhibitions of strength, speed and skill. These sports are therefore an important arena for upholding the sex binary and particularly hostile to disruptions. A classic example of this is the history of the ‘sex testing’ or ‘gender verification’ of world class athletes, which used to insist that athletes competing as women be verifiable as female by medical experts. This is an ongoing debate across elite sports, which has seen the requirements for sex segregated sports shift from anatomy (and intrusive physical examinations) to hormone levels. I would argue that this change upholds the binary sex system and reflects the recent medical shift in emphasising hormonal influences as indicators of true sex – despite this change the sporting world is clearly not replacing events for men and women with events for people with different androgenic hormone levels. Instead, the different hormone levels are being used as the key indicator of sex, with the advantage that measuring hormone levels provides the clear division that the sex binary requires and primary sex characteristics fail to provide - if particular hormones measure above a particular level, you cannot compete in the women’s category, but may compete in the men’s. [16] It is disingenuous to suggest that this is not questioning or redefining the sex of the athlete. [17] Using this standard of sex is advantageous in terms of upholding the sex binary, as it can be applied to both trans and intersex athletes. However, this association also means that intersex athletes whose ‘hormonal eligibility’ for particular events is questioned are vulnerable to suspicions of deliberate deception, in ways similar to those experienced more frequently by trans people.

The second key issue which characterises the understanding of trans people as opposed to intersex people is the idea of sexual deviance. Historically, cross sex identification and behaviours have been linked with same sex desire, both of which were pathologised.

While homosexuality itself has been depathologised, the idea that sexuality is a motivating aspect of trans experiences has been persistent and it is only in the past decade that updated diagnostic manuals have stopped linking trans identity with paraphilias. This disproportionately affects trans women, due to particular essentialist and heterosexist understandings of male and female sexuality. Males are assumed to have an active and predatory sexuality, while females are more passive, the recipients of desire. Applying this simplistic model of male sexuality to trans women sets up fears of sexual ‘wolves in sheep’s clothing’, who adopt feminine attire and habits either to attract male partners and ‘trick’ them into homosexual acts or to get close enough to women to assault them [Namaste, 2000; Serano, 2007; McKinnon, 2014]. This logic also affects trans men - some proponents of a social constructionist theory of sex identity suggest that they transition to escape a position of subordination in society, while those who are attracted to women may be thought of as deceiving their partners into unwilling homosexual acts.

Returning to the imaginary locker room, then, the trans person is thought of as a deceptive potential predator who intrudes on and fetishises the private spaces and bodies of the ‘opposite’ (their self identified) sex (particularly if they are a trans woman), while the intersex person just wants to belong and should be helped to not stand out.

The exception to this rule, and an interesting area for considering the similarities between the socially imagined narratives of intersex and trans people, is the case of trans children. As with the parents and doctors of intersex children who do not explicitly consider them as future sexual beings, it is difficult to apply the logic of sexual fetish and predation to young children who assert themselves to be trans. Medical diagnosis of trans people has reflected this, treating trans identification asserted at a very young age as entirely non-sexual, while trans identification in adults was for a long time interpreted as a fetish unless the person presented themselves as entirely asexual [Stone, 1987]. While the question of the ‘threat’ of trans children engaging in sex-segregated activities with other children is still raised, this line of reasoning is generally strongly criticised as an inappropriate sexualisation of children. The case of pre-pubescent children wanting to live normally is far enough away from the imagined fetishist snooping into women’s locker rooms that they are not considered as threatening, and the concern may shift to thinking what can be done to help trans children blend in and not stand out – reminiscent of concerns for intersex children.

This combination of narratives of deception and sexual predation is one of the main factors behind the differences between the mainstream cultural ideas and medical treatment of intersex and trans people. Though similarities can clearly be drawn between the disruption that intersex and trans people cause to a coherent social sex binary and some models of sex and gender, it is also vital to look at the very different social positions they occupy.

A difference in outcomes

While having a clear and consistent sex is considered to be so vital that intersex infants' bodies are modified to prevent them attracting the stigma of an unstable sex identity, trans people generally find that physicians insist on social criteria being satisfied before any bodily alterations can be made. One controversial aspect of healthcare for trans people has been the Real Life Experience, which required that a trans person live as their identified sex for a set period time before being prescribed hormones to modify their secondary sex characteristics. This period of time was supposedly intended both to verify the legitimacy of the trans person's identity (testing against the 'deceptive' stereotype) and also to prove that the trans person could live successfully after transition, to the extent that after transition they would not be visibly trans. [18]

Intersex people generally do not have such difficulties, as in the majority of cases their sex was not considered fraudulent but merely uncertain or mistaken. Unless the intersex person chooses to be public about being intersex, their experience as a person of uncertain sex is considered to be a private part of their medical history, and not a matter of public concern. Likewise, if they need to transition later in life, this is a private medical matter and does not have the sexual or fraudulent associations which come with a trans person's transition. Conversely, accounts of trans people will tend to document their transition and change of sex identity even when that is unconnected to the matter being reported, and transitioning itself can be considered a newsworthy subject. It seems that in the case of trans people, because their public behaviour (performance) is not a sufficiently stable signifier of their true sex (and because they are linked with deception), more details such as their former legal name or their private anatomy become treated as matters of public concern in ways which would be judged to be rude, intrusive, irrelevant or illegal if applied to people who had not transitioned and

thus were not suspected of an incoherent true sex. [19] However, making this information public destabilises and perpetuates the ambiguity of trans people through reminding people that their public performative acts are not necessarily considered to be sufficient evidence of the truth of their sex.

In determining whether or not to have a public history of changed or ambiguous sex, trans and intersex people must balance many concerns and priorities. [20] Both groups have become more visible over the past decade and this must also be understood as a reaction against pressures to conceal or erase that history. [21] Medical treatment for both groups has persistently been motivated by minimising the disruption caused to the binary sex/gender system, in a way which also erases the knowledge and experiences of the disruption. Parents of intersex children have been advised to erase family records of the time before the sex of their child was determined, while for older intersex people any medical treatment is a private matter and while it may be correcting their sex development it is not explicitly linked to their identity. For trans people, it used to be expected that (if they could) they would cut ties with their 'old' life and conceal their past identity from new acquaintances, and assumed that successful concealment or erasure of previous life experiences would be a goal of transition. [22] The different levels of public prejudice and medical regulation have the same effect of concealing any disruption to the binary sex system.

Where next?

While this is a very brief comparison of the social perception and treatment of trans and intersex people, I have suggested that a common underlying motivation is the reduction of the discomfort other people experience due to a disruption to an established sex binary, where the sexed truth of a person is considered to be important social knowledge. These findings accord with Preves' argument that that the social commitment to upholding a clear sex binary is so strong that we "have developed institutional means of covering up or erasing the violation, so that the initial social expectation of sex binarism may be upheld" (Preves in Dreger 1999). Those who find themselves unable to satisfy this demand for a coherent binary 'true' sex find themselves subject to suspicion, social marginalization and exclusion, and prejudicial stereotypes. For intersex children, there is pressure to normalise their bodies to avoid some of this. The social erasure of these people's experiences can also create a culture

of silence, where they do not have the shared social resources to articulate and understand their experiences. [23]

In cultures which also link gendered norms and expected sexual behaviour, this analysis can be extended to see how it also comes into play with regard to homophobia, where there the homophobe uses a logic of escalating corrective violence to restore the lesbian or gay man into the appropriate place, with appropriate behaviours, in the binary sex system. Recognising this contingent system – an ideology of aligned binary sex, appearance, behaviour and sexual activity - as the basis for different treatment of diverse populations can be useful for drawing links between the experiences of diverse populations. [24]

There is a temptation to suggest that the increasing visibility of trans people, and the push for changing attitudes (whether they are women, men or non-binary) is destabilising this need for a coherent sex. However, this does not seem to be a genuine disruption of the initial urge to know a social truth about the person, but rather a displacement of it. Rather than escaping Foucault's observation of the need for a socially clear sex as truth, the truth can instead be determined by an expression of pronouns or gender identity. Social roles, behaviour and sex characteristics are viewed as less clear indicators of the 'true sex identity' of a person compared to this expression – but that expression is still expected to be single, consistent, and is considered to convey something important about the person. Furthermore, the appeal to an underlying physiological cause for trans identity, while potentially reducing the social stigma attached to it (as it is therefore clearly not the hypothetical trans person's 'fault' and they can be re-imagined as experiencing a medical condition in the same way as the imagined intersex person), in fact upholds the normative sex binary by implying that there is a physiological element of sex identity which has simply not yet been discovered – and which determines the 'true sex' of an individual.

Despite its limitations, a shift to a public expression of identity being considered a reliable indicator of the truth of a sex of a person could be beneficial for those people who wish to have their sex identity be non-remarkable, as it could reduce the scrutiny and demands for justification. However, this does not combat the erasure and silencing of experiences of not having a clear identity, or the policing and correction of those who display gendered behaviour which contradicts their perceived true sex. An alternative approach would be to challenge the both the social attribution of sex and the assumed link between sex,

the ‘truth’ of a person, and the idea that this conveys important information about a person. This attempt to shift social norms and habitual thinking is a far greater challenge, which means resisting stereotypes and expanding social norms and possibilities. One way in which this is done is through the narratives of trans and intersex people themselves, and this has expanded massively over the past two decades. Where Herculine Barbin was a single voice, in recent decades there has been a vast increase in the publication (both on paper and online) of memoirs, anecdotes and narratives which resist the norms and expectations of having a single true sex [Bornstein, 1995; Burns, 2018; Lester, 2017; Mattilda, 2006].

Conclusion

This paper has outlined some of the ways that the public perception and treatment of trans and intersex people can be motivated by a desire to uphold a clear sex binary, and suggested that this is done primarily for the social comfort of those who interact with them. Being judged to have a sex identity which is inconsistent or capable of being challenged is considered to be a deceptive act, and in the case of trans and some intersex people this ambiguity is considered to be public problem which they are at fault for. Both groups of people have been encouraged to hide their non-standard gendered histories and characteristics as much as possible, and been stigmatised where this has not been possible. Challenging this set of norms and assumptions, however, is a difficult process, as some attempts end up inadvertently reinforcing them. I have noted that one way in which public visibility and acceptance has increased in recent times is through the publication of people’s stories which portray social possibilities outside the current contingent sex and gender norms.

NOTES

[1] The term ‘Disorders of / Diverse Sex Development’ (DSD) is also used to refer to the medical conditions which result in sex characteristics seen as ambiguous, though this has been more widely accepted in medical contexts than in some activist and rights-based communities. I am using intersex here as it is the term more commonly used for discussing life experiences and as a claimed identity.

[2] For more on this history, see Karkasiz 2008, Fausto-Sterling 2000 and Dreger 1999.

[3] The way that intersex bodies have been regulated and reshaped according to sex norms, the impact this has on intersex people’s lives, and the tensions between a focus on normative

regulation and patient centred ethics is extensively discussed in Dreger 1999 and Morland 2008.

[4] In June 2018, the latest International Classification of Diseases published by the World Health Organisation moved the trans related diagnosis (formerly ‘gender identity disorders’, now ‘gender incongruence’) out of the section for mental health disorders as it was felt that there was sufficient clear evidence that it is not. The Endocrine Society has also stated that there is “considerable” evidence demonstrating a “durable biological element underlying gender identity”.

[5] Where sex and gender are given different definitions, secondary sex characteristics are often counted as ‘sex’ as they are physical attributes. However, as they are used as visible indicators of underlying primary sex characteristics and also are affected by hormone therapy, it makes sense to group them with them with other ‘gender’ characteristics in this paper.

[6] This distinction can also be understood as one of genotype (primary sex characteristics) and phenotype (the observable characteristics of an individual which result from the interaction of genotype and environment) .

[7] These are the less violent expressions of correcting gendered behaviour, which can of course escalate to social shunning or physical attacks. Where expected gendered norms include opposite-sex attraction, and prohibit same-sex attraction, the policing and correction of challenges to these norms can become much more extreme and dangerous.

[8] In these cases, the accusation against the gay person tends to take the form that they are behaving/desiring incorrectly for their sex and should be corrected/punished for this.

[9] This idea can be seen in everyday discourse, in every statement which includes the idea that something about a person is true or to be expected ‘because’ they are male or female.

[10] Which of these indicators is taken as showing the truth tends to vary depending on the social context - frequently the true sex is taken to be determined by genitalia, and in some places the ‘veracity’ of the womanhood of trans women is judged based on whether or not she has had genital surgery. Other social groups - particularly LGBT groups - will give preference to self-expressed sex identity as the indicator of a person’s true sex.

[11] Kessler (1998) notes that this can be a contingent matter and the context in which an intersexed infant is seen can affect how they are perceived. She argued that despite there being some crude guidelines for the expected size of the clitoris/phallus, other conditions such as hypospadias (where the urethral opening is on the underside rather than the tip of the penis) are very much subject to the doctor’s experience and judgement of normality. The perception of the penile/clitoral structure itself changes depending on whether the infant is assigned male or female – an ‘inadequate’ penis becomes an ‘oversized’ clitoris if the sex of the child is determined to have been mistaken at first.

[12] This fear assumes that the surgically altered body will appear more normal, though this may not always be the case – Iain Morland (2009) recounts that the taunts he experienced as a

child were actually due to the scars caused by surgery rather than any remaining intersex characteristics.

[13] The other place where similar rhetoric is found is in some of the theory around disabled bodies, and in the approach to the medical management of disabilities which is primarily focused on encouraging as much as possible the approximation of movement and methods of able-bodied people rather than the development of individual different ways of navigating the world determined by each person's possibilities and limitations.

[14] This is not, of course, just a problem for trans people and intersex people. Masculine women and feminine men can experience having their presence in sex divided spaces questioned when they are neither trans nor intersex. Trans and intersex people who do not have ambiguous gender characteristics leading to a confused sex attribution will not have their presence questioned. In all cases where a person is challenged, the pressure is on the person challenged to reassure the challenger that they do have a 'true' sex aligned with the rules of the space.

[15] Examples of the first are currently very common in contemporary media narratives, and the second is used primarily in cases where the trans person's identity is being questioned. The third interpretation is one reason for the prominence of genital surgery being seen as the single moment of 'sex change' – even if a trans person may have entirely socially and legally transitioned before having surgery, or may choose not to at all (Stone 1987). I have summarised very briefly the links between a deceptive stereotype, pressures to conform to gendered norms and prejudice against trans people – this is explored in far greater detail by Serano 2007, Bettycher 2007 and Mackinnon 2014.

[16] Whether or not an athlete with particularly low levels of androgenic hormones could be excluded from competing in the men's category will unfortunately probably never be tested - sports sex testing has historically been only a concern for ensuring that female athletes conform to the particular (cultural, medical) expectations for their sex.

[17] Consider for example the difference between the public treatment of Olympic athletes Michael Phelps and Caster Semenya. There has been public speculation that a genetic difference (Marfan syndrome) gives Phelps a competitive advantage, but this was understood as a matter of chance and not something to disqualify him from competition. The question of whether Caster Semenya also has an advantage due to a difference of her body has been studied, widely publicised as an potentially unfair advantage and resulted in a change to eligibility criteria for the events she competes in. If she has a physical difference, it would mean not that she was exceptional among her peers (as world class athletes are) but that she was different enough to be of a different kind from them.

[18] There has been a lot written by trans people on the assumption that evidence of a gender transition must become invisible in order for the transition to be considered a 'success', including Stone 1987, Bornstein 1995, Mattilda 2006, Serano 2007.

[19] This can be expressed as a fascination with trans people's sexual characteristics, and scrutinising their appearance or behaviours.

[20] This of course only applies to those people who are fortunate enough to be able to conceal or ignore their history.

[21] I do not mean to imply here that trans and intersex people are immune to the prejudices and social commitment to upholding the sex/gender binary that I have discussed. This is not that case – these groups are not monoliths and many people act in concordance with this goal.

[22] This practice which was mandated by medical practitioners of course plays its own role in perpetuating a stereotype of trans people as deceptive by expecting them to be.

[23] This can be understood as a form of epistemic injustice, or epistemic oppression – see Fricker 2009. Both intersex and trans people, like other socially marginalised groups, have emphasised the importance of collective knowledge and sharing their experiences for coming to understand their experiences.

[24] Mattilda, 2006 is part of a growing body of work which situates trans sex/gender ambiguity alongside other crossing of social norms, including having unclear sexuality, race and/or disabilities.

REFERENCES

Barbin, H., 1980. *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth Century Hermaphrodite with an introduction by Michel Foucault*, Pantheon Books, New York.

Bettcher, T. M., 2007. 'Evil Deceivers and Make-Believers: On Transphobic Violence and the Politics of Illusion', *Hypatia, Summer 2007, Vol. 22, No. 3*, pp. 43-65.

Bornstein, K., 1995. *Gender Outlaw: On Men, Women and the Rest of Us*, Vintage Books, New York.

Burns, Chr. (Ed.), 2018. *Trans Britain: Our Journey from the Shadows*, Unbound, London.

Butler, J., 1990. *Gender Trouble*, Routledge.

Chase, Ch., 1999. 'Surgical Progress is not the Answer to Intersexuality' in Dreger (Ed.) *Intersex in the Age of Ethics*, University Publishing Group, Maryland.

Coventry, M., 1999. 'Finding the Words' in Dreger (Ed.) *Intersex in the Age of Ethics*, University Publishing Group, Maryland.

Dreger, A. D., 1998. *Hermaphrodites and the Medical Invention of Sex*, Harvard University Press, Cambridge, Massachusetts.

- (Ed.), 1998, *Intersex in the Age of Ethics*, University Publishing Group, Maryland.
- Ekins, R. and King, D.**, 2001. 'Telling Body Transgendering Stories' in Backett-Milburn and McKie (Eds.) *Constructing Gendered Bodies*, Palgrave Macmillan, Basingstoke.
- Fausto-Sterling, A.**, 2000. *Sexing the Body: Gender Politics and the Construction of Sexuality*, Basic Books, New York.
- Fricker, M.**, 2009. *Epistemic Injustice: Power and the Ethics of Knowing*, Oxford University Press, Oxford.
- Hird, M. J. et al**, 2001. 'The Intersexual Body and the Medical Regulation of Gender' in Backett-Milburn and McKie (Eds.), *Constructing Gendered Bodies*, Palgrave Macmillan, Basingstoke.
- ICD-11 for Mortality and Morbidity Statistics**, 2018, available at <https://icd.who.int/browse11/l-m/en>, [last accessed on 1 August 2018, 13:59 h.]
- Karkasiz, K.**, 2008. *Fixing Sex: Intersex, Medical Authority and Lived Experience*, Duke University Press, Durham, North Carolina.
- Kessler, S.**, 1998. *Lessons from the Intersexed*, Rutgers University Press, New Brunswick, New Jersey.
- Kessler, S. and McKenna, W.**, 1985. *Gender: An Ethnomethodological Approach*, University of Chicago Press, Chicago.
- Kipnis, K. and Diamond, M.**, 1998. 'Paediatric Ethics and the Surgical Assignment of Sex' in Dreger (Ed.) *Intersex in the Age of Ethics*, University Publishing Group, Maryland.
- Lester, C. N.**, 2017. *Trans Like Me: a journey for all of us*, Virago Press, London.
- Lorber, J.**, 1995. *Paradoxes of Gender*, Yale University Press, New Haven, Connecticut.
- Morland, I.**, 2008. 'Intimate Violations: Intersex and the Ethics of Bodily Integrity', *Feminism and Psychology*, 1 August 2008, Vol. 18, No. 3, pp. 425-430.
- Morland, I.**, 2009. 'What Can Queer Theory do for Intersex?', *GLQ: A Journal of Lesbian and Gay Studies*, 2009, Vol. 15, No. 2, pp. 285-312.
- Mattilda a.k.a. Matt Bernstein Sycamore** (Ed.), 2006. *Nobody Passes: Rejecting the Rules of Gender and Conformity*, Seal Press, Boston, Massachusetts.
- McKinnon, R.**, 2014. 'Stereotype Threat and Attributional Ambiguity for Trans Women', *Hypatia*, 31 March 2014, Vol. 24, No. 4, pp. 857-872.

- Namaste, V. K.**, 2000. *Invisible Lives: The erasure of transsexual and transgender people*, University of Chicago Press, Chicago.
- Preves, S.**, 2003. *Intersex and Identity: The Contested Self*, Rutgers University Press, New Brunswick, New Jersey.
- Rubin, D.**, 2012. “‘An Unnamed Blank That Craved a Name’: A Genealogy of Intersex as Gender”, *Signs: Journal of Women in Culture and Society*, Summer 2012, Vol. 37, No. 4, pp. 883-908
- Serano, J.**, 2007. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*, Seal Press, Boston, Massachusetts.
- Stone, S.**, 1987. *The “Empire” Strikes Back: A Posttranssexual Manifesto*, 1987, available at <http://sandystone.com/empire-strikes-back> [last accessed on 1 August 2018, 13:59 h.]
- The Endocrine Society**, *Transgender Health: An Endocrine Society Position Statement*, 2017, available at <https://www.endocrine.org/advocacy/priorities-and-positions/transgender-health> [last accessed on 1 August 2018, 13:59 h.]