**Article/Essay Title:** "Mutilating Gender."
**Author:** Dean Spade (PGP: any but "it.")
(handout prepared by Joseph Rees)

**Readability:** Easy

**Thesis:**
The medical and social criteria for determining authentic trans* status (1) appeal to a highly specific, elaborate, and ideologically formed conception of the psychological experience of Gender Identity Disorder (GID) and of the transition process, which (2) often requires trans* people to insincerely perform that narrative in order to access medical resources. This process (3) unjustifiably constrains the gender presentation of many trans* people, and (4) naturalizes cis gender performance and depoliticizes gender norms.

**Key Definitions:**
Gender Identity Disorder, aka GID: A recognized "mental illness" characterized by felt divergence between one's felt and assigned gender identities.
Repressive Power: A primarily destructive form of power exercised by intentional, discrete acts of an authority figure that prohibit the fulfillment of its targets intended actions and desires.
Disciplinary Power: A primarily creative form of power diffused in social practices that draws upon and reinforces social norms, as well as supportive desires in their practitioners, in their repeated performance.

**Brief Summary:**
Methodology
Spade's article proceeds throughout by interweaving academic argument with a personal narrative of his attempts to be medically approved for a mastectomy (about 1/3 of the paper, offset by italics). The primary theoretical resources appealed to is Foucault's account of disciplinary power, as contrasted with repressive power, which is well-explained for a novice reader. Spade argues that the gatekeeping standards for access to gendered cosmetic surgery is a disciplinary practice with diverse and far-reaching effects for both trans* and cis people.

The Standard GID Surgery Gatekeeping Narrative
In order to gain access to funded gender-related cosmetic surgery, trans* people must have a therapist testify that (1) they feel trapped in the wrong body, (2) that they have felt that way all their life, (3) that this represents a deep, formative fact about their identity, (4) that they intend to perform their target gender for the rest of their life, that they intend to perform their target gender wholly and in culturally standard ways, (6) that doing so will be an unambiguously positive experience for them, (7) that that desire is dispositional, rather than intellectual, and, relatedly, that (8) that desire is involuntary.

Many Trans* People Who Seek Surgery Do Not Meet Those Standards
1) *"In order to obtain the medical intervention I am seeking, I need to prove my membership in the category 'transsexual' – prove that I have GID – to the proper authorities. Unfortunately, stating my true objectives is not convincing them." (2)*
2) *"Most of the trans people I have talked to do not imagine themselves entering a realm of "real manness" or "real womanness," even if they pass as non-trans all the time, but rather recognize the absence of meaning in such terms and regard their transformations as freeing them to express more of themselves, and enabling more comfortable and exciting self understandings and images." (10)*
3) *"My project would be to promote sex reassignment, gender alteration, temporary gender adventure, and the mutilation of gender categories, via surgery, hormones, clothing, political lobbying, civil disobedience, or any other means available. But that political commitment itself, if revealed to the gatekeepers of my surgery, disqualifies me. One therapist said to me, 'You're really intellectualizing this, we need to get to the root of why you feel you should get your breasts removed, how long have you felt this way?' Does realness reside in the length of time a desire exists? Are women who seek breast enhancement*

*required to answer these questions? Am I supposed to be able to separate my political convictions about gender, my knowledge of the violence of gender rigidity that has been a part of my life and the lives of everyone I care about, from my real 'feelings' about what it means to occupy my gendered body? How could I begin to think about my chest without thinking about cultural advantage?*" (7)

Many Trans* People Perform the Narrative in order to Gain Access to Medicine and Surgery

1) *"[Psychiatrists and therapists] . . . use you, suck you dry, and tell you their pitiful opinions, and my response is: What right do you have to determine whether I live or die? Ultimately the person you have to answer to is yourself and I think I'm too important to leave my fate up to anyone else. I'll lie my ass off to get what I have to." (6)*
2) *"'[P]assing tips' that are commonly shared between FTMs on the internet and at conference. Many such tips focus on an adherence to traditional aesthetics of masculinity, warning FTMs to avoid 'punky' hair cuts that may make you look like a butch lesbian, and to avoid black leather jackets and other trappings associated with butch lesbians. A preppy, clean cut look is often suggested as the best aesthetic for passing. Again, this establishes the requirement of being even more 'normal' than 'normal people." (9)*

The Standard Narrative has Widespread Disciplinary and Ideological Effects

The standard narrative…

(1)…can only exclude. Who are the 'pretenders' it is concerned to exclude? What do these barriers protect?

(2)…reinforces the assumption that gender and sexuality are among the deepest defining attributes of one's identity:

-"*When did you first know you were different?" the counselor at the L.A. Free Clinic asked. 'Well,' I said, 'I knew I was poor and on welfare, and that was different from lots of kids at school, and I had a single mom, which was really uncommon there, and we weren't Christian, which is terribly noticeable in the South. Then later I knew I was a foster child, and in high school, I knew I was a feminist and that caused me all kinds of trouble, so I guess I always knew I was different.' His facial expression tells me this isn't what he wanted to hear, but why should I engage this idea that my gender performance has been my most important difference in my life? It hasn't, and I can't separate it from the class, race, and parentage variables through which it was mediated. Does this mean I'm not* real *enough for surgery?"* (5)

(3)…denies that cis people regularly experience gender distress during childhood, or that their gender performance is effortful:

-"*I don't want to participate in an idea that only some people have to engage a struggle of learning gender norms in childhood…The diagnostic criteria for GID produce a fiction of natural gender, in which normal, non-transexual people grow up with minimal to no gender trouble or exploration, do not crossdress as children, do not play with the wrong-gendered kids, and do not like the wrong kinds of toys or characters"* (5-6)

-"*Despite the disclaimer in the diagnosis description that this is not to be confused with normal gender non-conformity found in tomboys and sissies, no real line is drawn between 'normal' gender non-conformity and gender non-conformity which constitutes GID." (6)*

(4)…depoliticizes trans* experiences with gender by viewing it as an illness.

-"[It] *privatizes and depoliticizes the meaning of those transgressions. It is 'in the minds of the ill' that gender problems exist, not in the construction of what is 'healthy.'"* (5)

-"*It creates the fictional transsexual who just knows in hir gut what man is and what woman is, and knows that sie is trapped in the wrong body." (7)*

(5)…depoliticizes normative, cis gender presentation by viewing it as the standard of 'health.'

-"*Constraining gender distress within 'transsexualism' functions to naturalize and make 'healthy' dichotomized, birth-assigned gender performance."* (5)

SECTION TWO: to be completed by note taker during discussion

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**Possible Applications:**

- Personal Identity
- Bioethics
- Authenticity
- Foucault
- Philosophy of Science

**Complementary Texts/Resources:**

Genderbread Person http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/

Ian Hacking "Making Up People"

Anthony Appiah "But Would That Still Be Me?"

Iris Young "Throwing Like A Girl"

Charles Mills "But What Are You Really?"

Talia Mae Bettcher "Evil Deceivers and Make-Believers: On Transphobic Violence and the Politics of Illusion"

Buzzfeed – "Telling Trans Stories Beyond 'Born in the Wrong Body" https://www.buzzfeed.com/meredithtalusan/telling-trans-stories-beyond-born-in-the-wrong-body?utm_term=.kpMPGr4jN#.qlr6M9jlo

Miranda Fricker *Epistemic Injustice* (specifically hermeneutic injustice)

Anne Fausto-Sterling "How to Build a Man"

Anne Fausto-Sterling "The Five Sexes"

Maggie Little "Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity"

Ellen K. Feder "Tilting the Ethical Lens: Shame, Disgust, and the Body in Question"

Alice MacLachlan "Closet Doors and Stage Lights: On the Goods of Out"

**Possible Class Activities:**

1. Draw out the introductory example of the "rhino-identity disorder." Discuss the narrative this patient gives (is forced to give?) and the scrutiny she receives. This vignette seems ridiculous, but why? Why are some surgeries and not others subject to medical "gate-keeping"?

2. Spade describes the strategic use of medically approved gender narratives and gender norms:

> "Since the reputable clinics treated only 'textbook' cases of transsexualism, patients desiring surgery, for whatever personal reasons, had no other recourse but to meet this evaluation standard. The construction of an appropriate biography became necessary. Physicians reinforced this demand by rewarding compliance with surgery and punishing honesty with an unfavorable evaluation." (Spade 14)

What are some of the "costs and benefits" of the strategic use of these narratives? Is the strategic use of gender binary norms at all problematic? How has the creation of this approved narrative affected trans people? Does it have any effects outside of the trans community?

3. Everyone breaks gender norms in some ways at some points in their life; no one fits perfectly into a gender category. Try to get cis-people to answer questions that trans-people are often asked to get the interventions they desire. How well does their narrative "fit"?

4. Spade writes:

> "…sexual and gender self-determination and the expression of variant gender identities without punishment (and with celebration) should be the goals of any medical, legal, or political examination of or intervention into the gender expression of individuals and groups." (Spade 3)

What do you think is meant by gender 'self-determination'? What is the relationship between self-determination and the gender norms and categories already in place?

5. There is a tendency to think there is something odd or 'unnatural' about the way trans people have a gender identity, because they need certain interventions to have the gender/sex that they want. But, as Spade points out, we all maintain our gendered/sexed bodies through many, many small (or substantial) interventions. What are some of the obvious and more subtle interventions we commonly use? (see Spade p.5)

6. As an exercise look through past iterations of the DSM. Choose one or more entries and note how they have changed (or disappeared) over time.

## What traditional texts might this text replace?

Foucault *Discipline and Punish*; *History of Sexuality*

Heather Douglas "Inductive Risk and Value in Science"