Richard, J Civil Legal Sci 2022, 11:12

Journal of Civil & Legal Sciences

ISSN: 2169-0170

Mini Review | Open Access

Gender Binarism: Transgender as Social Phenomenon

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Abstract

The transsexual taxonomy presents a more Diverse representation of transsexuals, one that is not bound by the frames of sexual fetish. New measures are created to account for the diagnosis and identification of trans-sexuality, such as the degree of cross-dressing, fetishism, and self-perception.

Keywords: Cultural logic; Trans-sexuality; Transgendersim; Categories of orientation; Advocacy; Liberation;

Introduction

However, these were still couched in gender binaries as the other gender and sex would naturally be understood as the opposite, and that cross-dressing encompasses wearing the typical clothes of the opposite sex. At the same time, both categories of transsexuals remained marked by psychiatry and psychology. Biomedical science and psychiatry may have been separated thanks to the re-conceptualisation of transsexuals in relation to sexual fetish, but they remain firmly entrenched in social stereotypes and gender norms [1]. While this taxonomy expanded the encyclopaedia of transsexual identity, it nevertheless fails to account for many more transgender persons who display symptoms that present a gender orientation to more than just that of the opposite. In the 1950s, psychologist John Money differentiated six levels to which sex may be understood, that proved to be helpful in understanding and examining the biological aspect of trans-sexing [2]. They are chromosomal sex, anatomical/morphological sex, genital/gonadal sex, legal sex, endocrine/hormonal sex, and psychological sex. As with the separation of sex and gender role by anthropologists, sociologist, sexologists and feminist before, during and after this period, Money stated that sex is something one is born with, although the sum of its six parts is a lot more complicated than the whole. In the midst of this differentiation, Money also conceived of the terms gender identity and gender roles to account for the complexities of psychology and social behaviour. The theorising of continuums of dysphoria/discordance and degrees of intensity of transsexual feelings however only legitimises the representation of transgender people in the terms of psychiatry and medicine. While the establishment of distinct categories have advanced research in these fields, it has resulted in lesser attention and considerations made towards those who fall in between and outside these categories. This would later provoke more attempts to discover and create labels and categories that would better capture any gender variance [3]. The field of medicine was driven by one, the need to diagnose and taxonomies these individual conditions in a way understandable in a community organised by a cultural logic incapable of accommodating gender variance; two, the imperative to logically discover and scientifically explain the origins of transgenderism with respect to how gender is socially rationalised; and three, depending on whoever manoeuvres its moral and ethical rudder, the quest to find a means to return to normalcy, a state of gender and sex believed to be natural.

Discussion

Transgender people, mostly divided into two recognisable categories in transsexuals and transvestites, were observed as subjects of biology, genetics and medicine, rather than of society and economy, domains seemingly unfathomable by the medical experts of the day. The constitution of the transgender subject here is by the discourse of biomedical science [4]. As the major components of trans-sexuality are medically and pathologically defined, transsexuals remain vulnerable to being associated with illness and unnaturalness. This was very much the case in the pathologisation of homosexuality, which lead to some conservative factions of society morally justifying reparative therapy to straighten the queers. Furthermore, the idea of homosexual pathologisation legitimises moralisation against homosexuality and the advocacy of reparative therapy. This explains, even in modern day Singapore, the presence of ex-gay ministries in Liberty League and Church of Our Saviour, despite the 1973 depathologisation of homosexuality by the American Psychological Association, an authority on medicine and health [5]. The articulation of the science of transgenderism/trans-sexualism is also ordered by the prevailing heteronormative discourse on sexuality. Such taxonomization may be useful to professionals in the fields of psychology and psychiatry in helping or treating gender dysphoric individuals, and orientating them back into the gendered and sexed fabric of society. Outside these fields, the relevance of these taxonomies are questionable, and their impact contentious. Such categorisations do not account for transsexuals or cross-dressers who are either homosexual, identify as having a fluid sexual orientation or analloerotic. It is also taken for granted that sex change would restore heterosexuality to the trans-sexed, in that a transitioned person would have sexual preferences for a member of the opposite sex. Furthermore, the validity of such a diagnosis of homosexual fetishist cross-dressing is questionable, for such a label is contingent on the categorical gender of the pre-transitioned person [6]. This again supports the view that homosexuality would be cured with sex reassignment, maintaining the status quo of hetero-normality, which drives the attitudes of the experts behind the diagnoses. Apart from straddling the categories of normal and the medical framing of transgenderism/trans sexual is further organised by the rigid dichotomy of heterosexual and homosexual. Attention is divided between addressing the aspects of transgender behaviour and homosexuality, with the latter often taking priority. This has reverberations in civil society today, when transgender persons in the queer community often feel an obligation to articulate their sexuality with respect to their transgendered or trans sexed personhood. Transgender people have already long been confined to identifying themselves within the binary gender rubric, and risk further straight-jacketing into socio-

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Received: 21-Nov-2022, Manuscript No. JCLS-22-84571; **Editor assigned:** 23-Nov-2022, PreQC No. JCLS-22-84571(PQ); **Reviewed:** 07-Dec-2022, QC No. JCLS-22-84571; **Revised:** 12-Dec-2022, Manuscript No. JCLS-22-84571(R); **Published:** 19-Dec-2022, DOI: 10.4172/2169-0170.1000368

Citation: Richard K (2022) Gender Binarism: Transgender as Social Phenomenon. J Civil Legal Sci 11: 368.

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politically established categories of sexual orientation. They find themselves entwined with the prevailing discourses on sexuality and sexual orientation, for example presenting narratives such as I was formerly a lesbian and I used to be gay ahead of accounts of their gendered struggle. These narratives of gender-sexuality identification and differentiation are also susceptible to mis-readings, in particular that of the transgender renouncement of homosexuality. Such mis-readings have legitimised homophobic movements today, supporting the particular moral discourses in which shame and guilt should naturally accompany the deviance of non-heterosexual orientation, and that the cures of hormonal therapy and surgery would allow for the restoration to the natural order. The medicalisation and pathologisation of transgender are not without social implications. With diagnoses and concepts provided by these fields being the gatekeepers for surgery and administrative changes, it has been observed that transgender persons themselves knowingly and willingly embody and reproduce the medical and pathological narratives, as a means to surgical and administrative sex change. Harry Benjamin wrote a book, the contents of which have been rearticulated by transsexual people seeking to legitimise their problem of gender/sex discomfort in terms recognisable by the medical establishment, and gain access to sex reassignment surgery. Seeing this as problematic, Virginia Prince, Janice Raymond, Sandy Stone and Bernice Hausman have respectively been concerned with the relationship between the emergence of medical technologies and the formation of the transsexual identity [7]. To this day, there are transsexuals who reproduce the medico-psychiatric narrative of being in the wrong body and a man/woman trapped in a woman/men body, an articulation of binary polarities that no less couple sex with gender. There has also been a history of communicating ones sexual preference to further justify the wrong body narrative, couching it in hetero-normality. On top of that, there would be more accounts of ones affinity with the toys, items, behaviours and aspirations stereotypically associated with the opposite sex as a means to justify sex change, a more hyper-feminised/masculinised rendition of pre-operative transsexual accounts in lieu of what they actually feel. Given the unilaterally proclaimed laws of biomedicine and psychiatry are highly respected and enshrined in the legal and social administration, we are confronted with two scenarios that ultimately further legitimise the medico-psychiatric slant on transgender: One, the conflation of gender confusion and the want to transition from one gender/sex pole to another as the solution to this problem; and two, the predetermined articulation of transgender identity [8]. Gender confusion primarily stems from discomfort with one's body and gender role, and the experiencing of dissonance with socially inscribed and approved gender behavioural traits. For the champions of gender and sexual diversity and body confidence, this discomfort does not entirely equate to the desire to assume and embody the respective behavioural, physiological and psychological traits of the sex that is socially and legally declared to be the opposite of one's sex at birth. In this view, there appears to be only one other gendered position to occupy one solution, one choice for the gender confused. It should also be noted that the notion of gender confusion, a philistine misnomer according to male-to-female transsexual Jan Morris is imposed by the medico-psychiatric institutions on those who actually know who they are and who they want to be [9]. The emergence of transsexual autobiographies in the 1960-70s introduced trans-sexuality to the mainstream. The publication of first-hand accounts of Christine Jorgensen, Jan Morris and female-to-male transsexual Mario Martino came on the back of forty years of the medical framing of trans-sexuality. Their accounts of substantial bodily discomfort diagnosed and recognised as gender dysphoria – as well experiences prior to and after transition supported trans sexual medicalization and pathologisation. These legitimised biomedical sciences influence on people's knowledge of trans-sexuality. This is probably explained by the presence of Harry Benjamin in the autobiographies of Jorgensen and Morris. These earlier autobiographies accounted for their conditions as medical anomalies and the wrong body argument was often put forward to explain their discomfort [10]. Though these rationalisations were in line with the prevailing biomedical discourse, they served to explain the struggles of transsexuals to the general binary-savvy public. These autobiographies, void of theoretical frameworks and academic arguments, blazed the trail for the differentiation of trans-sexuality from transvestism and homosexuality.

Conclusion

Equally as important, there were acknowledgements of the trans-sexuals previous sex and gender amidst descriptions of dissonance, dissatisfaction and discomfort. Jan Morris, following her transition, began evaluating the differential treatment she had as a man and as a woman. These provided the necessary social commentary to foster greater understanding of the gendered ways of society, all the more conducive in a political climate of sexual liberation.

Acknowledgement

None

Conflict of Interest

None

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