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2022-01-01

University of Chicago press

<http://hdl.handle.net/10138/355306>

Karhu, S 2022, 'Gender skepticism, trans livability, and feminist critique', *Signs*, vol. 47, no. 2, pp. 295-317. <https://doi.org/10.1086/716643>

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Gender Skepticism, Trans Livability, and Feminist Critique

Within Foucauldian feminist theory, a number of scholars have problematized the self-evidence of “gender” as a critical concept in feminist theory. These scholars emphasize that rather than originating in second-wave feminism as is sometimes assumed, the concept was first introduced by American sexological and psychiatric discourses in the 1950s (Hausman 1995; Germon 2009; Repo 2016). “Gender” was thus initially invented and institutionalized as part of the diagnostic efforts to pathologize and “cure” intersex and trans¹ persons. However, as Jennifer Germon notes, the concept of “gender” has become so commonplace in the feminist theoretical lexicon that its roots have been elided or nearly forgotten (Germon 2009, 4). According to Germon, especially those feminist theorists, such as Judith Butler, whose primary focus has been on the social and linguistic constitution of gender can be held responsible for this occlusion as they have overlooked the historical specificity of the concept (Germon 2009, 4). Also Jemima Repo and Bernice L. Hausman have criticized particularly Butler’s notion of gender performativity. Although also Butler relies on Foucault’s notion of power, they argue that she de-historicizes gender and ignores the sexological discourses that paved the way for its emergence (Repo 2016, 7; Hausman 1995, 179). For Repo and Hausman, the enormous influence that Butler’s notion of gender has had for feminist and queer theoretical discussions thus partly explains the amnesia among contemporary feminist thinkers regarding the problematic background of the concept of gender.

Establishing detailed genealogies of “gender,” these scholars seek to show, in their different ways, that the concept is not definitely a subversive concept for feminist theory but, in contrast, a function of power through which the normalization and pathologization of bodies in terms of binary gender takes place. Thus “gender” in their analyses does not point toward the destabilizing possibilities of bodies as in Butler’s account of performativity but designates instead the specific, historical mode of power that regulates the normality of bodies. Since these scholars conceive gender as entangled in sexological and psychiatric discourses, they argue that unless the self-evidence of the concept is not problematized, feminists risk entrenching the very practices of normalization they seek to contest. For this reason, they express serious skepticism toward “gender,” arguing that feminists should question its status as a key theoretical and political tool. Repo (2016, 180; see also Hausman 1995, 200) for instance suggests that given the medical background of the concept, feminists should consider discarding it by creating new concepts or returning to the concepts of “women,” “sex,” and “sexual difference.”

I agree that a critical, genealogical analysis of the historical emergence of “gender” and its functioning as a normalizing discourse is necessary for feminist problematizations of gendered power relations. The pathologizing history of gender originating in 1950s sexology still continues today for example in the psychiatric diagnosis of “gender dysphoria” classified in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) that is used for diagnosing and treating trans individuals. Given that a critique of the social and political exclusion of trans and nonbinary people is an urgent task for contemporary feminist theory and politics, exposing and questioning the pathologizing operations of gender is indispensable for inclusive feminist theory and politics today. However, it is my contention that the

gender skeptical approach—and the argument according to which feminists should consider discarding the concept of “gender”—is highly problematic for two reasons. First, it downplays the possibility of a critical rearticulation of “gender” and, second, it neglects the question of gender self-determination that is a crucial issue in transfeminist scholarship. I develop my argument in four stages. First, I provide a brief overview of the psychiatric-sexological introduction of “gender.” The aim of this overview is to pave the way for the second section, which puts forward a critical scrutiny of the arguments by the gender skeptics. Paying close attention to their understandings of normalization, I will raise questions concerning the possibility of resistance and social transformation.

My critical engagement with the gender skepticism centers thus on the tension between the pathologizing history of gender and the possibilities of feminist redeployments of the concept. In order to productively alleviate this tension, I return to Butler’s notion of gender in the third section of the article. It is my contention that a more careful reading of Butler’s account of gender demonstrates that she theorizes gender both as a normalizing category and as a lived norm that can contest the pathologizing discourses of gender. Extending on Butler’s notion of gender, I will discuss the problem of gender normalization through my concept of “trans livability” in the fourth section by utilizing recent transfeminist discussions of trans specific health care. The concept allows me to emphasize the question of gender self-determination as a pressing issue for feminist theory. I conclude by showing why the concept of “gender” is still valuable, or even indispensable, for feminist problematizations of social power.

The clinical birth of “gender”

In 1955, the American sexologist John Money coined the concept of “gender.” His initial concern was the psychosexual development of children born with “ambiguous” genitalia, that is, intersex children. Borrowing the term “gender” from linguistics, Money and his research team members sexologists Joan Hampson and John Hampson aimed to find an unequivocal method of determining a person’s sex in cases when biological variables (i.e. chromosomes, external genitals, gonads, hormones, and internal accessory structures) were incongruent. Drawing from their clinical research on intersex children, the team argued that the various and disparate biological variables of sex did not predict a person’s psychological sex, or what they called “gender role.” On the basis of their speculation regarding the asymmetry between the variables of biological sex and gender role, they reasoned that gender role was not an innate feature of a body but an outcome of postnatal experiences and learning (Money, Hampson, and Hampson 1955; see also Germon 2009, 32). By questioning the causal relation between biological sex and psychological sex, Money and his team challenged the previous sexological theories that emphasized the prenatal basis of psychological sex. Working within a behaviorist framework, a hegemonic paradigm in psychology and social science at the time, they posited that gender role was psychologically learned as a response to a perceptual stimulus of one’s genitals during a “critical period” that lasted 18 months after birth. Once gender was learned it became a relatively fixed feature of a person’s self (Money, Hampson, and Hampson 1955, 310; see also Germon 2009, 36–37, 55).

On the basis of their notion of gender, the team started to develop medical protocols for the surgical “correction” of the bodies of intersex children. They believed that if genitals were operated on after birth, the child would be more likely to develop a “normal” gender role, which for them meant either the role of a male or female

(Money, Hampson, and Hampson 1955, 302). In this way, and in addition to a gender specific upbringing, the risk of getting “wrong” perceptual stimuli was eradicated and thus the development of an “abnormal” gender role. The model for the medico-surgical management of intersex infants developed by Money’s team is still being practiced in many countries, even though several intersex, LGBTIQ, and other human rights organizations have strongly criticized the coercive genital surgeries for many decades.

The sexological discourse of gender that targeted intersex children also contributed to the further pathologization of transsexuality as well. Building on Freudian psychoanalysis and Money’s work, psychiatrist Robert Stoller introduced a new concept, “gender identity”, as a part of his studies of transsexuality. Stoller suggested that gender identity is a specific feature of a person’s psyche that expresses one’s psychological sense of self as female or male (Stoller 1968, 10). For him, gender identity resulted from the psychosocial development of personhood in early childhood. As result, the concepts of “gender” and “gender identity” now came to inhabit the psyche, understood as a separate domain somewhat distinguishable from the biological body.

In a similar manner as Money, Stoller sought to disclose the way children developed “normal” gender identity, one that corresponded the “sexual” markers of the body, that is, genitals. Drawing on the Freudian notion of the Oedipal development of the psyche, Stoller held that gender identity developed in and through identifications with the parents. Hence, disclosing and regulating the family dynamic could prevent the development of abnormal gender identities. His clinical interest was particularly in “curing” feminine boys, whose gender identity Stoller saw deviating from their natal

sex (Stoller 1968, 10). He held that whereas a “normal” boy developed his gender identity by identifying with the father, an “abnormal” boy—who suffered from “childhood transsexualism”—identified with his mother (Stoller 1968, 100). For Stoller, “male childhood transsexualism” was a “potentially malignant personality disorder,” which resulted from the overly symbiotic relationship between the male child and the ambivalently gendered (e.g. “bisexual” mother, Stoller 1968, 94, 125) and/or psychologically “empty” mother (Stoller 1968, 90, 96, 109, 113–117). The pathology of these children manifested in their “feminine” behavior: they wanted to dress in women’s clothes; mimic feminine gestures; they preferred female roles in games; and while urinating, they wanted to sit (Stoller 1968, 90).

In sum, and as Germon notes, Money and Stoller’s work “followed a long tradition of medical and scientific studies that have sought to demarcate the boundaries of normality by turning to those whose bodies and/or subjectivities betray some level of anomaly” (Germon 2009, 72). The Stollerian discourse of gender identity that built on Money’s and Harry Benjamin’s work resulted in the establishment of new psychiatric diagnostic categories. Although the American Psychiatric Association (APA) removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973, the new diagnoses “Gender Identity Disorder” (GID) and “Gender Identity Disorder in Children” (GIDC) were added to the DSM-III in 1980. While the classifications of GID and GIDC have since been modified (in DSM-IV), traces of the old diagnostic criteria can still be found from the current DSM-5 diagnosis of “gender dysphoria.” I will come back to this issue, but first will move on to discuss the Foucauldian-feminist critiques of “gender.”

Gender skepticism

In the 1970s, several second-wave Anglo-American feminist thinkers adopted the concept of “gender” from Money and Stoller’s work, such as Kate Millet with her *Sexual Politics* ([1969] 2016).² These second-wave feminist thinkers were especially interested in Stoller’s sex/gender split, arguing that if gender was *learned* through socialization, then the sexual division of labor along with the different gender roles were not biological facts but socially imposed categories and thus something that could be changed (Germon 2009, 86–87). Therefore, the concept of “gender” offered a promising—albeit much-debated—concept for the problematization of women’s oppression.

As Jennifer Germon notes, this conceptual travelling of “gender” from psychiatric-sexology to feminist thought laid the groundwork for contemporary feminist theorizations of gender (Germon 2009, 86–87). Yet, “the origins of gender in sexology have, almost without exception, been elided” (Germon 2009, 3; see also Repo 2016, 2).³ According to her, this can be explained by the lack of critical analyses of Money’s work as well as the ahistorical accounts of gender developed in those branches of poststructuralist feminism that focused on semantic—and not clinical—construction of gender (Germon 2009, 3–4).⁴ In a similar vein, Repo criticizes second-wave feminists’ deployment of the sexological discourse of gender for ignoring “the perfunctory instrumentalization of Money’s and Stoller’s intersexed and transsexual patients” and for “thus depoliticizing the conditions of their plight” (Repo 2016, 166).

For Repo, the problem here is not only the lack of a feminist critique of the normalizing practices targeting intersex and trans persons but also the complete

misunderstanding by early and contemporary Anglo-American feminist theorists of the way “gender” made possible a systematic regulation of populations in the context of postwar US capitalism. In Repo’s view, the psychiatric-sexological concept of “gender” served the emergence of the idea of nuclear family as the core economic unit with different but complementary reproductive roles for men and women. “Gender” operated thus as a medical and social scientific discourse through which it became possible to control the socialization of children and to normalize the nuclear family as the basis upon which the whole society was understood to rest. In this sense, the psychiatric-sexological discourse of “gender” produced and reinforced a host of other discourses (such as the nuclear family) that operated both through the disciplinary control of the body as well as the biopolitical regulation of the family (Repo 2016, 74).⁵ As intersex and trans populations were seen as threats to the normal functioning of the heterosexual family structure, the task was, as Repo notes, to “cure” and normalize their bodies:

“In addition to the psychological profiling, diagnosis, and treatment elicited by gender, the [gender] apparatus also created new possibilities for surgically altering an individual’s genitals (“sex”) in order to align them with the person’s mind (“gender”). Where for Money, gender justified *pre-emptive* genital surgery on infants, for Stoller, gender also justified the *normalizing* surgical alteration of the genitals of adult transsexuals.” (Repo 2016, 73, emphasis in original.)

For Repo, the surgeries of trans and intersex bodies developed within the psychiatric practice can thus be seen as normalizing techniques through which the social adjustment of gender deviancy took place at its extreme. According to her (2016, 50–

51), the discourse of gender also gave birth to “the transsexual subjectivity,” which functioned as a biopolitical testing ground that served the aim of consolidating the heterosexual nuclear family as the ideal way to organize the private sphere. Reassignment surgery was therefore marketed for transsexual patients as a way to achieve personal self-fulfillment, a strategy of power that aligned with the individualistic, psychoanalytic and liberal capitalist discourse of self-realization circulating during postwar America (Repo 2016, 70).⁶ In Repo’s view, the gender apparatus along with the surgeries and hormone therapy offered to trans persons were thus, in the same way as the genital surgeries of intersex children, technologies of social control.

From her genealogy of “gender,” Repo arrives at the conclusion that unless feminist theorists reconsider the use of “gender” as a conceptual tool, they risk investing in the very power relations they seek to question (Repo 2016, 9, 161). Examining the genealogy of gender and its current biopolitical operations is, for her, the first step toward a more critical feminism.⁷ Another is a cautious, and indeed skeptical, attitude toward the feminist use of the concept of “gender.”

“Once we expose the power relations that condition the very possibility of gender, gender becomes a much more difficult idea for feminist theory. Gender has risen to such a prominent status in Anglo-American feminist theory and beyond as the central tool for critiquing truth claims of sex that some may find it difficult to conceive of how to carry out critical work without the concept.” (Repo 2016, 9)

Because “[t]he concepts that feminists use must open up possibilities for critical thought and transformative politics,” she stresses that they “must be ready to discard

concepts when they lose their critical edge,” arguing that “an intricate feminist critique of sexual oppression is possible without speaking about ‘gender’ (...)” (Repo 2016, 171, 176–178). She also holds that instead of gender “(...) often it might simply suffice to refer to sex, sexual difference, or women instead” (Repo 2016, 180).

While I think Germon and Repo’s critical analyses of gender offer a critical reminder for contemporary feminist, queer, and trans theorists to pay attention to the regulative and biopolitical aspects of the concept of gender, I think the conclusion especially in Repo’s framework regarding “gender” raises some further questions. If the concepts of “sex,” “sexual difference,” and “women” are not fixed to their prior meanings but open to redeployments and can thus be relevant tools for feminist theory and politics, why does the same not hold true of “gender”? Why shouldn’t for instance “transsexuals,” “trans women,” “trans men,” and “genderqueers” be included into the critical feminist lexicon as well? Furthermore, why should we understand feminist critique only in terms of a critique of “sexual oppression”? What about the oppression, not to mention the different and interlocking forms of violence, on the basis of one’s *gender identity* that especially trans women often face—even *within* feminist theory and activism?⁸ Why should we assume that the concepts of “sex,” “sexual difference,” and “women” are not biopolitically produced?

Repo does note that these concepts “also have their pitfalls” and that nothing stops feminists from creating new concepts in the future (Repo 2016, 180). Yet, she does identify these pitfalls and why they are less pernicious than those she associates to gender. Although Repo urges feminist theorists to pay critical attention to the normalizing discourses of gender, a point I agree with, her skepticism of gender leaves open the question with regard to the possibility of a critical redeployment of

“gender” in contemporary feminist theory. While Germon and Repo share the skeptical attitude toward “gender,” Germon (2009, 188–189) poses this important question as follows: “[c]ould gender be used in the interests of those who have historically been most marginalized by it?” I am aware that Repo’s key task in her genealogical critique is not to focus on the lived experiences of gender minorities but to expose the biopolitical regulations of gender that produce certain kinds of subject positions while making others unintelligible. My own interest, however, lies in the ways in which regulative discourses and/or concepts might be critically redeployed and resisted from within. Following Germon, I find “gender” to be exactly this kind of concept that can be used against its normalizing functions. Shifting the focus in this sense opens the avenue to examine not only the normalizing and biopolitical aspects of “gender” but also the counter-discourses and practices (e.g. the idea of gender self-determination) the concept later enabled especially in the marginalized and pathologized communities that the apparatus of “gender” originally sought to violently normalize.

Before discussing gender as a lived category, I want to briefly come back to Repo’s claim according to which “the transsexual subject” emerged as part of the discourse of gender. Repo, of course, is not alone with this argument. Over two decades ago, Bernice L. Hausman (1995, 7, 9) argued, also using “a Foucauldian paradigm” (viii), that the possibility of transsexual subjectivity depends on the historical and medical emergence of the concept of “gender” as well as on the invention of sex-reassignment technologies. A crucial element of Hausman’s analysis is her critique of trans persons themselves. She claims that trans subjectivities cannot be taken for granted because they are necessarily tied to medical techniques (Hausman 1995, 3–4). Hausman goes

as far as to argue that “transsexuals are the dupes of gender” because of their “compulsive relation to technology” through which “they produce themselves as the simulacra of sexual difference” (Hausman 1995, 140). Repo in fact cites Hausman to back her own arguments regarding the medico-psychiatric emergence of “the transsexual subject.” Following Hausman, she writes that “[p]eople who previously felt they were different but were able to live with this feeling now engaged in practices of self-identification, self-diagnosing themselves as transsexuals” (Repo 2016, 71). On the same page to which Repo refers, Hausman blames “transsexuals” for uncritically taking part in the establishment of the diagnostic criteria of “gender identity disorder,” thus reinforcing the pathologizing discourse of gender (Hausman 1995, 110, 194). Therefore, Hausman (1995, 180) expresses strong hesitance over the feminist possibilities of gender and suggests a return to the concept of sex as an analytical tool for challenging gender normalization.

It is important to note that while Hausman’s skepticism of gender is informed by her hostile understanding of trans subjectivities and identities, Repo’s skepticism of gender does not advocate an “anti-trans” feminist position.⁹ Yet, I do find it problematic that she refers to Hausman without engaging in a critical reading of her arguments, neither does she mention that many trans scholars and allies have questioned Hausman’s views on trans subjectivities (see e.g. Bettcher 2009/2014; Heyes 2003; Prosser 1998). As Clare Hemmings (2011) has reminded us, citational practices is a key feminist issue, since the ways in which feminist theorists cite or do not cite particular texts or ideas contribute to the construction of a certain kind of feminist past, present, and future. I think careful attention to one’s citational practices is especially timely in our efforts to build and defend a trans affirmative conception of feminist theory. In the end of the book, Repo notes “the gradual achievements of the

trans movement to render ‘transgender’ an intelligible category of subjectivity,” thus pointing toward the struggles over the meaning of “gender” within trans community (Repo 2016, 180). As she leaves this thematic underdeveloped (perhaps for others to pursue), the tension between her skepticism of gender—the argument that feminists “must be ready to discard concepts when they lose their critical edge”—and the possibility of a critical redeployment of the concept in contemporary feminism remains.

To be clear, my aim here is not to question the importance of Foucauldian genealogies of gender—I agree that they are indispensable for feminist theory and praxis—but rather to suggest a widening of perspective that also takes seriously the current ways in which gender is being lived and challenged in marginalized communities. As Eduardo Mendieta notes, Foucault’s aim, in addition to the task of disclosing the biopolitical and discursive operations of state and institutional power, is to show that concepts are “historically contingent, produced, mutable and thus open to transformation” (Mendieta 2011, 113). According to this understanding, Foucauldian genealogy can also be conceived of as “a science of freedom, a creative freedom that opens up horizons of being by challenging us to exceed, to transgress, to step over the limit established by existing modes of subjectivity and subjectivation” (Mendieta 2011, 113 see also Oksala 2005). Here, one only needs to acknowledge the various critical analyses and reworkings of the concept of “gender” that the growing body of literature in trans scholarship has provided over the decades.¹⁰ The early transfeminist works by Sandy Stone ([1991]2006) and Susan Stryker (1994), for example, take issue with the normative idea of gender as well as the narrow notion of transsexuality found from the medical discourse. As an alternative, they both call for a new understanding of gender and trans subjectivity. For Stone (1994, 232), this means

developing a “posttranssexual” counter-discourse that celebrates multiple and disobedient gender identities as a practice of “writ[ing] oneself into the discourses by which one has been written.” Similarly, Stryker (1994, 248; see also Bornstein ([1994]2016) seeks to articulate transsexuality as a practice of feminist critique that problematizes “naturalized order” of gender “by mobilizing gendered identities and rendering them provisional, open to strategic development and occupation.” In addition, trans and queer activist subcultures—such as drag and ball room culture and trans sex worker communities—formed collectives that imagined and lived gender beyond the rigid concepts of gender that hegemonic culture and medical discourse sought to impose (Pearce 2018, 37; Bailey 2013, 33-37). It is my contention that the normalizing functions of gender by no means exhausts or determines the multiple meanings we give to gender today—let alone the diverse ways in which trans or genderqueer identities and experiences are *lived* today. In order to highlight these aspects of gender, I now turn to discuss Butler’s account of gender as a lived norm.

Gender as a lived norm

Common to the gender skeptics I have discussed above is that they all are critical of Judith Butler’s approach to gender. Repo and Hausman, for example, both claim that Butler’s notion of gender as a performative practice is ahistorical, for it lacks a detailed genealogical analysis of the psychiatric-sexological emergence of the concept of “gender” (Repo 2016, 7–8; Hausman 1995, 175–177; see also Germon 2009, 3–4). Repo, who otherwise is sympathetic toward Butler’s work, maintains that she “de-historicizes gender, lending it a phenomenological dimension as a form of existing in and experiencing the world” (Repo 2016, 8; see also Repo 2014). Butler’s inattentiveness toward gender as a specific, historical category according to this

interpretation, risks concealing—with her aim of proliferating gender—the operation of gender as a normalizing and biopolitical strategy.¹¹

I argue that to characterize Butler's theorization of gender as ahistorical and then framing it as not sophisticated enough for contemporary feminist critique of power relations misses something very distinctive and valuable in her work, however. Namely, the way her notion of gender is informed by the ethico-political objective and feminist commitment to make life more livable for those whose gender presentation, identity, or bodily experience have been judged abnormal, non-existent, or impossible. This aspect of her work is the one that is missing from Repo and Hausman's notions of gender that focus primarily on the questions of institutional and state power, a perspective that is admittedly legitimate when analyzing different forms of regulative regimes. Yet, I want to suggest a different approach, one that recognizes the regulative aspects of gender but also the ways in which gender has already become a *lived* reality through which to affirm one's sense of self and, simultaneously, contest normative regulation of bodies. In this section I therefore suggest a return to Butler's work in order to reassess the tension between gender normalization and gender as critical tool for feminist theory.

While Butler does not engage in the genealogical analysis of the psychiatric-sexological inception of "gender," she does critically examine Money's work and the psychiatric pathologization of gender nonconforming people. She does this through analyzing gender as a "historical category," sexological norm and an "apparatus of knowledge" that produce and normalize certain kinds of historical truth claims regarding the binary morphology of bodies (Butler 2004, 9, 67). By normalization, she refers to the ways in which gender "hold sway over embodied life, provid[ing]

coercive criteria for normal ‘men’ and ‘women’” (Butler 2004, 206). When these norms are defied, “it is unclear,” she writes, “whether *our* lives are valuable, or can be made to be, whether *our* genders are real, or ever can be regarded as such” (Butler 2004, 206, emphasis added). Here, it is worth noting that by using the pronoun “our,” Butler situates herself within the “gender” community she is referring to, a feminist move by which she emphasizes the need to theorize gender from the perspective of those who live gender in nonnormative ways and whose identities and experiences therefore become easily marked as problematic or unreal. Rather than focusing merely on the conditions that made gender possible as an apparatus, Butler is interested in formulating a critique of these normalizing discourses as to make more room for nonnormative ways of living gender, “a critique which,” she paraphrases Foucault, “is precisely the desubjugation of the subject within the politics of truth” (Butler 2004, 74).

Butler’s theorizing is inspired by “the ‘New Gender Politics,’ by which she means a “combination of movements concerned with transgender, transsexuality, intersex, and their complex relations to feminist and queer theory” (Butler 2004, 4). In dialogue with these movements, her aim is to question those conceptions of gender that “produce a differential sense of who is human and who is not, which lives are livable, and which are not” (Butler 2004, 4). With her critique, she seeks to expose “the continuum of gender violence,” such as the surgeries done to intersex infants; the harassment and violence against trans people, especially trans communities of color; and the criminalization and pathologization of trans lives (Butler 2004, 6).

Before proceeding further, I want to acknowledge that some trans scholars have expressed hesitation concerning Butler’s turn to trans issues. Viviane K. Namaste, for

example, has criticized Butler for appropriating the “Trans Question” only for the service of her broader, queer feminist theoretical arguments concerning the social constitution of gender (Namaste 2009, 11–12; see also Prosser 1998, 30–32). While it is true that Butler’s early work (Butler [1990]1999; Butler 1993) focused much on demonstrating how trans identities—along with other alternative gendering practices such as drag and butch/femme identifications—illustrate queer-crossings of normative heterosexuality, her discussion of trans lives in her later work takes a different direction.¹² Although she still seeks to theorize sex, gender, and sexuality in ways that disrupt the hegemonic understandings of bodies, her discussion of trans is informed by gender self-determination, a question that has made Butler reconsider her views about “stable” gender categories.

In a recent interview with Sara Ahmed (2016a), Butler directly addresses this issue:

“[T]he strongest criticism of ‘queer’ lately has come from the trans community. (...) I accept these criticisms as necessary, and have found myself revising my views in response to some of what has been said. (...) If ‘queer’ means that we are generally people whose gender and sexuality is ‘unfixed’ then what room is there in a queer movement for those who understand themselves as requiring—and wanting—a clear gender category within a binary frame? (...) the message to the advocates of ‘queer’ seems quite pertinent: some people very much require a clear name and gender, and struggle for recognition on the basis of that clear name and gender. *It is a fundamental issue of how to establish and insist upon those forms of address that make life liveable.*” (Butler in Ahmed 2016a, 9–10, emphasis added)

Already in *Undoing Gender* Butler acknowledges the crucial role that a “stable” identity category plays for those whose experiences and identities have previously been denied as impossible. As she notes, “it seems crucial to realize that a livable life does require various degrees of stability” (Butler 2004, 8). Butler’s notion of “livability” refers here to the operation of gender norms that make the lives of trans and gender nonconforming people susceptible to different modes of “unlivability”: to harassment, violence, pathologization, and criminalization, for example. By the twin concepts of “livability” and “unlivability” that are clearly linked to Foucault’s notion of biopolitics (see e.g. Butler 2015a, 196) Butler refers to the ways in which certain populations become differentially exposed to forms of injury, precarity, or premature death. Livability is thus a political concept that illustrates the operations of different modes of power—such as cisgenderism, racism, and ableism—that draw the line between those populations that are understood as valuable and therefore “livable,” and those that are not. Gender as an institutional and regulatory discourse is thus inextricably linked to the question of livability: it is a normalizing category that is “received” in the sense that it is generally medical professionals that decide the gender of a newborn by checking a box on a legal, state-authored document. Gender starts thus to operate on us before our own knowing or choosing. For Butler, this is the initial “gender assignment” that we all usually receive and, after that, are obligated to enact in our lives (Butler 2015a, 28–30).

The question of livability brings us back to the gender skeptical argument according to which feminists should consider discarding the concept of gender, since its use for feminist struggles might unwittingly reproduce its biopolitical and normalizing functions. Butler also might be characterized as a Foucauldian “gender skeptic” to the extent that she is critical of the institutional and normalizing power of gender.

However, Butler's discussion of livability is informed not only by her critique of state power and other forms of biopolitical regulation but also by her account of the normative constitution of the subject and the possibility of transformation it involves. Although these operations of power are connected, I argue that Butler theorizes them as two different temporalities: the time of norms/discourse and the time of the subject. In order to fully grasp the notion of livability it is necessary to briefly explain the difference between these two modes of temporalities.

Butler often illustrates these different vectors of temporalities by citing Foucault's famous remark that "Discourse is not life, its time is not yours" (see e.g. Butler 1993, 223; Butler 2005, 35; Butler 2015b, 5; see also Foucault 1991, 70–72). This is to say that although normative discourses condition the formation of the subject, that work is "hardly finished (...) once we start to emerge as thinking and speaking beings. Rather, they continue to act according to an iterative logic that ends for any of us only when life ends, though the life of norms, of discourse more generally, continues on with tenacity that is quite indifferent to our finitude" (Butler 2015b, 5). As this indicates, the way in which norms and discourses produce subjects is not a causal production happening only once but a constant, "iterative" process, where norms act upon us but where also "my own self-formative activity (...) becomes part of that ongoing formative process" (Butler 2015b, 6). It is this "self-formative activity"—the temporality of the subject—in the midst of norms that opens up the possibility of doing differently those normative categories that have been imposed upon us without our consent.

As is well known, Butler's conception of gender is based on her theorization of the historical and temporal—"performative"—operation of social norms. It is the iterative

dimension of norms that gives them their stabilizing and normalizing power, yet it is exactly the continuous bodily enactment and repetition of norms by the subjects (individual or collective) that opens up the horizon of critical intervention and invention. Whereas in Hausman and Repo's gender skepticism the focus is often only on the mechanisms of power and the subject positions they produce—as their monolithic expression of “the transsexual subjectivity” implies—in Butler we find a notion of embodiment that emphasizes gender normalization not only as a function of power but also as an *active* and transformative bodily process. This is to say that although “gender is received,” it is “not simply inscribed on our bodies as if we were merely a passive slate obligated to bear a mark” (Butler 2015a, 30). As she goes on to argue:

“Although there are authoritative discourses on gender—the law, medicine, and psychiatry, to name a few—and they seek to launch and sustain human life within discrete gendered terms, they do not always succeed in containing the effects of those discourses of gender they bring into play. Moreover, it turns out that there can be no reproduction of gendered norms without the bodily enactment of those norms, and when that field of norms breaks open, even if provisionally, we see that the animating aims of a regulatory discourse, *as it is enacted bodily, give rise to consequences that are not always foreseen, making room for ways of living gender that challenge prevailing norms of recognition.*” (Butler 2015a, 31–32, emphasis added)¹³

One example of how authoritative discourses of gender can be contested is when the initial gender assignment given at birth is rejected or modified. In this light, it would be a mistake to view gender reassignment only as a normalizing practice. Indeed, as

Butler (2015a, 30) notes, the different practices of gender *reassignment* can be understood as a critical *redeployment* of gender, including but not limited to surgical or hormonal modifications, that strive toward a greater livability for trans lives.

A feminist critique of gender, then, and as Butler formulates it, “*must be situated within the context of lives as they are lived and must be guided by the question of what maximizes the possibilities for a livable life, what minimizes the possibility of unbearable life or, indeed, social or literal death.*” (Butler 2004, 8, emphasis added).

Rather than a phenomenological description of gendered existence, I argue that Butler’s theorization of gender is informed by her ethico-political concept of livability. Livability, in the context of her account of gender, refers on the one hand to the normative and violent regulation of gender and on the other to gender as a lived and embodied experience and identity that potentially rework and disrupt the hegemonic conception of gender. In order to bring the feminist implications of Butler’s account of livability into sharper relief, I will discuss the question of gender normalization through my concept of “trans livability”¹⁴ in the rest of the article by utilizing recent transfeminist discussions of trans medicine. The concept, that develops further Butler’s notion of livability, allows me to highlight the question of gender self-determination as a pressing issue for feminist theory. It is my contention that the concept of trans livability adds a necessary layer to the skepticism of gender, since it brings to light the ethical and political stakes in contemporary feminist discussions and critiques of gender.

Trans livability

By “trans livability” I refer to the question of what would make trans and genderqueer lives more livable against the backdrop of cisnormativity and the history of violent

discrimination and marginalization of LGBTIQ lives, and more specifically, in relation to the psychiatric pathologization and regulation of trans experiences and identities. My starting point for explicating trans livability is the idea of gender self-determination by which I mean, following Susan Stryker and Talia Mae Bettcher (2016, 7), the question “of trans people making conscious, informed choices about the best ways to live their own embodied lives.” The right to decide one’s own gender has been and continue to be a key topic in feminist transgender scholarship (see, e.g. Stone [1991]2006; Bornstein 2016[1994]; Stryker 1994; Bettcher 2013; Spade 2006a & 2006b; Latham 2017b; Pearce 2018). In the following excerpt, Dean Spade summarizes what is at stake with the idea of gender self-determination vis-à-vis the pathologizing discourse of gender:

“An approach that recognizes the possibility of a norm-resistant, politicized, and feminist desire for gender-related body alteration need not reject the critique of medical practice regarding transsexuality nor embrace the normalizing regulations of the diagnostic and treatment processes. (...) Such an analysis requires seeing the problem not as fundamentally lying in the project of gender change or body alteration, but in how the medical regime permits only the production of gender-normative altered bodies (...). An alternative starting point for a critique of the invention and regulation of transsexualism is a desire for a deregulation of gender expression and the promotion of self-determination of gender (...).” (Spade 2006a, 319)

As becomes clear from this passage, the critique of normalization and the idea of gender self-determination are not mutually exclusive. While it is true that a certain understanding of trans subjectivity along with the concept of gender were initially

produced by the diagnostic discourses in psychiatric-sexology, these discourses also, as Pearce (2018, 20) observes, made possible “trans language” and “by extension, trans lives as we might understand them today.” The diagnostic categories thus not only enabled normalization of gender but also opened up *new* possibilities for trans livability, such as, “a basis for self-understanding and stable non-normative subjectivity” (Pearce 2018, 23). However, it would be a mistake to see these new possibilities for trans lives as emanating only from medical discourses. As Pearce (2018, 47–48) reminds us, the medicalized ideas of gender and trans subjectivity were also critically contested, and still are, within the internally diverse trans movement that operates as a counter-discourse to the pathologization of trans lives.

Furthermore, viewing trans-related body modifications as a normalizing tactic overlooks the fact that we all are, more or less, dependent on medical technologies and sometimes surgical interventions in the course of our lives. Gender reassignment technologies can be conceived of as something that maintain the survivability, and indeed livability, of those who understand medical transitioning as crucial to their experience of gender. Getting the psychiatric diagnoses (“gender dysphoria” in DSM-V) is still in several countries the only way to have one’s juridical gender changed to correspond to one’s gender identity and/or have access to particular gender affirming treatments. Hence, the diagnosis can provide the necessary means for gender self-determination and thus a more livable life. However, since not all trans people—such as the poor, incarcerated trans sex workers, undocumented trans people, and trans people of color—have equal access to medical services or health insurance that covers gender reassignment, the availability of trans-affirmative health care is an urgent political question (Spade [2011]2015; Camminga 2019). When these questions are brought to bear upon the gender skeptical arguments, it becomes clear that we cannot

provide a feminist account of gender normalization without also addressing the question of trans livability.

In other words, the medical diagnosis can be understood as both normalizing and *enabling* at the same time (see also Pearce 2018, 29). Acknowledging the importance of equal access to trans-affirmative health care by no means reduces the need for questioning the normalizing aspects of the diagnosis, however. As a transfeminist rejoinder to the skepticism of gender, I want to suggest that the problem of gender normalization should be reframed in a different way. The focal point in feminist critiques of the psychiatric discourse of gender should not be solely the problematization of the psychiatric-sexological production and pathologization of gender *per se*, but also, and more importantly, the way in which contemporary trans medicine produces and entrenches *a particular* understanding of gender and trans subjectivity, thus constraining the possibilities of trans livability. One of the problems with the current diagnosis (“gender dysphoria”) and trans medicine in general is that they are grounded on a notion of gender as a relatively fixed, binary identity with strict norms for femininity and masculinity. These norms are often also filtered through norms of whiteness and anti-Black prejudices in clinical contexts (see e.g. Ansara 2010; Snorton 2017). Not only do these norms work as regulatory tactics that aim to produce subjects that conform to prevalent gender norms—those very norms that contribute to the different modes of violence against trans and genderqueer people, to “the continuum of gender violence”¹⁵—but they also police who can meet the diagnostic criteria and from whom the treatment and health care coverage might be denied.

In order to get the diagnosis, one has to submit oneself to “regulatory apparatus” (Butler 2004, 90) that produces and maintains a set of standards that regulate who can meet the criteria set by the medical establishment. In the DSM-5, the main requirement is “a marked incongruence between one’s experienced/expressed gender and assigned gender of at least 6 months duration.”¹⁶ The diagnostic features also include stereotypical descriptions about how gender dysphoria manifests itself in different age groups. For example, those children with “gender dysphoria” who have been assigned as girls¹⁷ at birth are characterized as “prefer[ring] boys’ clothing and hairstyles” and “[c]ontact sports, rough-and-tumble play, traditional boyhood games, and boys as playmates” (DSM-5, 453). The diagnosis thus not only presumes that gender is a relatively fixed phenomenon, but it also promotes a conventional, binary notion of femininity and masculinity. Within this diagnostic model culturally typical “traits” of masculinity and femininity are understood as normal aspects of personhood and behavior, while transgressive behavior becomes conceived of as abnormal—as if “non-transsexual people grow up with minimal to no gender trouble or exploration,” as Spade points out (Spade 2006a, 321).

As J.R. Latham (2017a & 2017b) argues, the clinical narratives of transsexuality in trans medicine produce narrow understandings of transsexuality and trans patients, thus foreclosing certain trans realities, such as those trans persons who do not conform to the gender binary. In the clinical context, transsexuality is conceived of as an “independent, stable, and definite ‘disorder’ that *precede* clinical treatment,” as a result of which “transsexuality (and trans people’s experiences of gender)” is produced as “*singular* (the same everywhere)” (Latham 2017b, 41, emphasis in original).

Drawing on the autoethnographic material of his own transitioning, Latham notes that the medical professionals expect the treatment process to follow a specific pattern at

the end of which the patient has shifted as fully as possible to the “opposite sex” and therefore “(...) the possibility of seeking explicitly *trans* (rather than male or female) interventions is foreclosed” (2017a, 193–194, emphasis in original). In other words, the treatment protocols do not take into account, let alone support, the gender self-determination of those whose experience of gender does not fit the diagnostic criteria. The clinical discourse of gender thus attempts to make trans experience, identity, and narratives intelligible only by medical standards, ignoring “the complexities of trans people’s individual experiences of gender” and “the lived realities of many different ways people are trans” (Latham 2017b, 45, 50).

Another problem is that the psychiatric diagnosis of “gender dysphoria” strengthens the assumption that trans and gender nonconforming persons are in need of psychiatric intervention, which can reinforce the stigma already attached to those who transgress gender norms. As Latham (2017b, 57) observes, the compulsory psychiatric counseling as part of the treatment process tend to “synonymize ‘gender nonconformity’ with psychiatric problems.” As a result, the counseling becomes a gatekeeping practice requiring trans persons to prove their transness, that their experience of gender really meets the clinical definition of transsexuality. Requesting trans-affirmative body modifications thus puts trans people automatically under suspicion for the reason that they are trans (Latham 2017b, 50).

A related problem is that in depoliticizing gender transgressions the diagnosis contributes to the psychologization of political phenomena. For example, one of the requirements of the diagnostic tests is that the person who wishes to transition must show remarkable emotional or psychological “distress.” The diagnosis assumes that the origin of this distress and related “emotional and behavioral problems” and even

the risk of suicide are psychological in origin.¹⁸ Drawing on the findings from her online fieldwork, Ruth Pearce (2018, 151–152) argues, in contrast, that the long and unpredictable waiting times, delays, or refusals of treatment by clinicians during the transitioning process itself can contribute to suicide and suicidal feelings in trans patients. As this indicates, the protocols and gatekeeping practices of trans medicine often limit the possibilities for trans livability, “with transition becoming a future that is never quite realized” (Pearce 2018, 152). Although the anticipation of physical transitioning can also bring hope about the possibility of a more livable future in the beginning of the treatment process, the “not-yet limbo” as a mechanism of institutional power makes the waiting subject vulnerable to an uncertain, indeed unlivable future with fears of not meeting the diagnostic criteria, of not being “trans enough” as Caterina Nirta has put it (Nirta 2017, 66–67). For Pearce and Nirta, temporality as experienced by trans patients in the context of treatment can thus be understood as a regulative tactic that constrains the possibilities of trans livability in that it is in the hands of medical professionals to delay or even prevent the process of affirming one’s gender identity, hence making gender self-determination—and therefore the imagining of a livable future—difficult or impossible.

The regulative tactics, including the diagnosis and other clinical practices, that target trans livability are thus not to be analyzed in isolation as they reflect and reinforce the wider social operation of gender norms. As long as trans and genderqueer persons are discriminated against on all levels of society, it remains easier for states and medical institutions to legitimize unwanted and violent interventions, ranging from compulsory counseling and gatekeeping practices to sterilization¹⁹. Therefore, it is vital to assess the practices in trans medicine from the perspective of trans livability (see also Latham 2017a, 199): whether the clinical practices make trans lives possible

and livable, or whether they impose unlivable expectations, norms, or categories on particular or all trans bodies.

If clinical practices construct normative notions of gender and trans subjectivities that delimit trans livability, then they might also be reconstructed in a different way that would support gender self-determination by rejecting narrow notions of gender. In order for this to happen, the medical establishment should take seriously the experiences of individual trans patients and the counter-discourses of gender emerging from trans communities and activism. Indeed, as both Latham (2017b, 42, 45) and Pearce (2018, 27) remark, the medical discourse generally delegitimizes the work on gender produced by trans communities and trans or queer scholars working within feminist scholarship. This omission mirrors “wider epistemic hierarchies” that occlude the knowledge produced by marginalized people (Pearce 2018, 27). Thus, it is crucial to ask, as Latham (2017a, 199) does: “What might it mean to take seriously trans multiplicity in medical practice and beyond?” And further, “How can we, as feminist theorists, challenge and hold to account medical treatment practices that further oppress those at the margins?” While these are necessary questions to pose in order to maximize the livability of trans lives within the medical context, equally important is to pose the further question: What might it mean to take seriously trans livability in feminist critiques of gender normalization?

Toward a trans-affirmative feminist critique

Sara Ahmed (2016b, 22) describes how the normative understanding of gender that violently marginalizes trans and queer lives can be experienced as “a hammering away at our being.” But, as she continues, “To experience that hammering is to be given a hammer, a tool through which we, too, can chip away at the surfaces of (...)

the very categories of sex and gender, for instance, that have chipped away at us.” In this article, I have sought to show that while gender has operated as a powerful normalizing discourse since the 1950s, its normalizing functions have also been contested and destabilized through alternative and norm-resistant practices within trans and genderqueer communities. Whereas some of the Foucauldian feminists I have called “gender skeptics” have expressed hesitation over the feminist employment of the concept of “gender” due to its problematic background in psychiatric sexology and its connection to biopolitical regulation, I have suggested a different approach, one that acknowledges the critical genealogies of gender but also takes into account the counter-discourses of gender emerging from marginalized communities. This is not to say that the lived experiences of trans persons, for example, are not affected by normalizing discourses of gender but that the ways in which gender is lived cannot simply be reduced to these discourses.

Therefore, it is important to analytically disentangle gender as a norm that is lived as well as actively and critically embodied from the pathologizing discourses and biopolitical operations of gender. By spelling out these distinctions as part of my reading of Butler’s notion of gender as a lived norm and through my discussion of the tension between the normative practices of trans medicine and the possibility of trans livability, I have demonstrated why the concept of “gender” can still be understood as a valuable feminist tool—indeed a “hammer”—to rework and destabilize normalizing functions of power. Expanding critically upon the gender skeptic genealogies of gender, I want to suggest that rather than doing away with “gender” we need to recognize gender self-determination as one of the critical practices that contributes to making trans and genderqueer lives more livable. In this sense, the concept of “gender” remains a key tool in our struggles for a trans-affirmative feminist theory.

Only by taking into account trans and gender nonconforming lives “as they are lived” can we start to formulate a radical account of feminist critique, one that takes seriously the normalizing discourses of gender but recognizes and affirms the disobedient ways gender is currently being lived—and contested.

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¹ When I use the concept of “trans” I use it, following Whittle (2006, xi), as an open umbrella term that encompasses a wide range of trans, genderqueer, nonbinary, and gender nonconforming identities and experiences.

² In addition to Millet, the early feminist discussions of “gender” can be found from the texts by Germaine Greer, Ann Oakley, Gayle Rubin, Nancy Chodorow, Suzanne Kessler, and Wendy McKenna, for example. More on their work on gender, see Germon (2009, 86–120).

³ In transfeminist theory, the medical history of “gender” is quite well recognized. See e.g. Bettcher (2009/2014).

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- 4 For a recent queer-feminist analysis of Money's work, see Downing et al. (2014).
- 10 Money's and Stoller's accounts of gender acquisition were filtrated through Talcott Parsons's functionalist sociology that emphasized social control and conformity.
- 6 In fact, only a small number of surgeons performed reassignment surgeries in the US, while the majority of the medical establishment opposed the procedures and expressed hostile attitudes toward trans people. See, e.g. Beemyn (2014).
- 7 For an analysis of the biopolitical operations of gender today, see chapter 5 in Repo's book (2016), where she discusses the neoliberal governmentality of gender in the European Union's equality policies.
- 8 As Stryker and Bettcher (2016, 8) note, trans women participated actively in feminists struggles already in the 1970s, although they were often excluded by gynocentric radical feminists.
- 9 Hausman refers to radical feminist theorist Janice Raymond's ([1994]1979) notorious arguments that reassignment surgeries are violations against bodily integrity because they reinforce patriarchal gender stereotypes. Raymond not only argues for the eradication of gender from feminism but also the abolition of "transsexualism" and "transgenderism."
- 10 In fact, a critique of the normalizing functions of gender has been an ongoing struggle in queer and trans scholarship for many decades. To suggest that feminist should be cautious toward the concept is thus not a new argument; criticisms of "gender" as a liberating concept or identity (e.g. queer criticisms of identity politics) is a standard point of departure in Foucauldian-influenced queer and trans theorizations.
- 11 According to Repo, another failure in Butler's account of gender is her omission of biopolitics. For a critical assessment of Repo's claim, see Sawicki (2016).
- 12 Already in a 1999 interview with Kate More, Butler states that "(...) I feel great affiliation with transgender communities and feel that my work, although it hasn't always been explicitly linked to those issues, strikes me as (...) very sympathetic" (More 1999, 286).
- 13 For a phenomenological account of trans embodiment, see Salamon (2010).
- 14 Although also certain other scholars (see e.g. Lloyd 2008, 135) have analyzed trans issues in terms of Butler's notion of "livability," nobody has used, to my knowledge, the specific concept of "trans livability" as a theoretical tool.
- 15 One of the grave examples of gender violence is the alarming numbers of murders of transwomen worldwide, a normalization of violence that affect disproportionately the trans women of color. See the latest statistics, e.g. <https://transrespect.org/en/trans-murder-monitoring/tmm-resources/>
- 16 For the complete list of the requirements, see DSM-5 (2013), "Gender Dysphoria," pp. 451–459.
- 17 In the diagnosis they are called "natal girls." On the violence of misgendering, see e.g. Spade ([2011]2015).
- 18 See DSM-5, p. 454.
- 19 For a Foucauldian critique of trans sterilization, see Honkasalo (2016).