

Chapter 5: Defining Sex/Gender: Beyond Trans Ideology

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As mentioned in the previous chapter, feminist analyses of how the law reflects and supports a patriarchal system emerged in the 1970s and '80s,¹ around the same time that critical race theory (CRT) scholars were developing analyses of the role of the law in supporting white supremacy.² Some of those feminist critics focused on pornography (defined as graphic sexually explicit material that eroticizes male dominance and other hierarchies) and its role in the subordination of women, a kind of sexist hate speech.³ At the same time, a number of prominent CRT scholars focused on the case for regulating racist hate speech,⁴ while cultural critics were documenting the negative racial stereotypes in mass media.⁵ These analyses of sex and race were, and remain, similar in moral and theoretical dimensions—so much so that a 1993 conference at the University of Chicago Law School on “Speech, Equality, and Harm: Feminist Legal Perspectives on Pornography and Hate Propaganda” included major figures in both movements.

By the time I retired from teaching in 2018, a respectful internal debate continued within the left about how best to deal with racist hate speech, with disagreements about public policy but a consensus that racist hate speech was a bad thing. At the same time, a pro-pornography argument had prevailed in most academic and political circles that lean left. The most common left position today views pornography as just a form of sexual expression⁶ and women's participation in pornography as one of many forms of “sex work.”⁷ Radical feminists who continue to critique the sexual-exploitation industries (pornography, prostitution, strip bars, massage parlors) have been marginalized in many academic and activist spaces. Many leftists and feminists who share concerns about men's buying and selling of objectified female bodies stay quiet because it has become a mark of left/feminist politics to ignore or denigrate the critique of pornography.

Why did the two debates go in such different directions? Both issues raise complex questions about the connection between various forms of expression (everyday speech and mass media) and potential negative effects (on individuals and societies). Reasonable people with shared values can disagree about public policy in both arenas. But why did liberal/progressive/left people continue to critique racist expression and media depictions but ignore or embrace sexist media that is sexually explicit? And why did this happen even as the evidence accumulated of pornography's negative effects, including the psychological and physical harms to women used in the production of pornography?⁸

This is what I have called the paradox of pornography.⁹ In my adult life, two trends are uncontroversial. First, pornography has become more widely available and accepted, for various social, economic, and technological reasons. Second, the pornography industry has produced images that are more overtly cruel and degrading to women, as well as more overtly racist, than ever before. As the amount of pornography produced has increased and become more normalized, the degradation it portrays has intensified. How can a media genre become more mainstream at the same time that it becomes more misogynist and racist? Why would liberals/progressives/leftists who routinely critique sexism and racism give pornography a pass?

I'll return to this question later in the chapter but for now want to point out that a radical feminist critique of institutionalized male dominance, especially when it challenges the ways we have learned to be sexual beings, often faces deep resistance not only from the right but also on the left. When it comes to feminist challenges to one of patriarchy's central demands—that men have a right to sexual pleasure without concern for the well-being and social status of women—the left has proved it isn't a reliable ally.

I have found the same disjuncture between what I understand to be left principles about challenging oppressive power and the left's rejection of the radical feminist critique of transgender ideology. The left typically argues for a radical, structural, politicized response to oppression. But in this case, the left embraces the transgender movement's liberal, individualist, medicalized response to the problem of patriarchy's rigid, repressive, and reactionary gender norms.¹⁰

In this chapter I will argue that trans activists are pursuing a politics that is intellectually incoherent, anti-feminist, and at odds with an ecological worldview. A left critique of patriarchy should embrace the radical feminist critique.

SEX/GENDER DEFINITIONS: INTELLECTUAL COHERENCE

In my experience, one of the easiest ways for a political debate to get derailed is a lack of attention to definitions. The best example of this today is the debate about transgenderism, which requires clarity about two key terms, sex and gender. I have written about this online since 2014¹¹ and in a 2017 book,¹² but I will restate the key points, since definitions seem to get muddier as time goes by. Here is how I understand the words “sex” and “gender” in this context, following longstanding feminist analyses.

Sex differentiates between male and female based on the physiological characteristics associated with distinctive roles in reproduction. Sex does not change depending on social settings. Sex is binary and biological.

Gender differentiates between masculine and feminine based on a society's ideas about the meaning of male and female, and those claims are not uniform across or within societies and not static within any one society through time. Gender is a social construction, one that in contemporary societies reflects thousands of years of patriarchy, or institutionalized male dominance.

Sex is about male/female. Gender is about masculinity/femininity. What about man/boy and woman/girl? In this book and in everyday conversation, I use man/woman to mean adult males and females, and boy/girl to mean male and female children.

Starting in the 1960s, feminists distinguished biological sex from cultural constructions of gender and challenged the patriarchal claim that men's domination of women is natural and inevitable because of biology. Cultural ideas about gender emerge out of sex differences—obviously, if we were not a sexually dimorphic species it is hard to imagine the concepts of masculinity and femininity emerging. But today's gender norms reflect the unequal distribution of power between men and women since patriarchy emerged and developed over the past few thousand years.

That was once a nearly universal feminist position, but the increasing influence of the transgender movement means that shared definitions cannot be assumed. Today, what is sometimes called gender-identity theory has led to different uses of these terms. Here are definitions from the American Psychological Association:

Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person's internal sense of being male, female or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice or body characteristics.¹³

The key difference is clear: For radical feminists, gender is external, in the sense of social norms to which people react. In other circles, gender may be understood as an internal sense, perhaps innate and immutable, perhaps generated independent of society.

The World Professional Association for Transgender Health¹⁴ explains in its Standards of Care that “we use the phrase transgender and gender diverse (TGD) to be as broad and comprehensive as possible in describing members of the many varied communities globally of people with gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth.”¹⁵

The deceptive phrase in both those passages is “sex assigned at birth.” Sex is in some sense assigned by someone, such as the woman giving birth, or a midwife assisting with a home birth, or a doctor in a hospital. But “assigned” implies an arbitrary decision. If I am assigned a seat at a dinner party, for example, it's understood to be the choice of the host. But sex is observed at birth, not assigned. The only potential uncertainty about the sex of newborns involves the small portion of the population born “intersex,”¹⁶ with what are called disorders of sexual development or differentiation.¹⁷ (Some prefer differences in sexual development.¹⁸) The term “sex assigned at birth” is inappropriate in light of the stability of the categories of male and female, evidenced by successful human reproduction over millennia.

It feels a bit odd to have to keep restating something so straightforward, but one more time: Sex is binary and biological.¹⁹ Male and female are marked by the kinds of gametes we produce, sperm or egg. Not every person born has the capacity to reproduce (there are anomalies) and not every person will reproduce (people make choices). But that does not change the fact that male humans can participate in reproduction only when their small gametes come together with a large gamete of a female human.

Some trans activists work hard to persuade people that holding onto these biological realities puts one out of step with contemporary scholarship. One prominent scholar is often cited as having demonstrated there really are five sexes,²⁰ but that 1993 article simply describes various intersex conditions and makes no substantive argument that changes our understanding of the reproductive roles that define male and female. That scholar has since said that she wrote that article with “tongue firmly in cheek,” intending to be provocative.²¹ More recent attempts to argue that sex is a spectrum also ignore the realities of reproduction, leading one biologist to describe such assertions as “sex-spectrum pseudoscience.”²² Arguments for “multimodal sex”²³ obfuscate but don't change biological realities.²⁴ As a philosopher and sociologist put it, in understated fashion, “the denial that humans are sexually dimorphic mammals appears, at the very least, problematic for a range of scientific disciplines.”²⁵

I hedged in the previous paragraph by saying “some trans activists” because within the trans movement one can find a wide variety of definitions of terms used in the debate. Some intellectuals supportive of trans activism have argued that sex and gender both are socially constructed,²⁶ but trans activists increasingly argue that gender is an innate characteristic²⁷ and that biological sex is socially constructed.²⁸

The growing list of different trans identities, such as nonbinary and pangender, has not helped clarify matters.

“Nonbinary is used as an umbrella term referring to individuals who experience their gender as outside of the gender binary.”²⁹ But if gender is socially constructed, then in some sense everyone is nonbinary to some degree because no one (at least no one I’ve ever met) embraces and exhibits every trait associated with conventional masculinity or femininity. Pangender describes “a person whose gender identity is comprised of many genders or falls outside the traditional cultural parameters that define gender.”³⁰ That suggests gender is not confined to masculine and feminine or some combination, but other genders that can’t be named. How does asserting an identity based on what can’t be defined help us understand anything?

Stepping into the world of gender-identity theory and transgender ideology is like living in a mashup of *Alice in Wonderland* and *1984*. Words mean whatever one chooses them to mean, except when institutions such as schools dictate how they should be used, overriding any disagreement a person might have with the hard-to-follow dogma of transgenderism.³¹

There is greater specificity in use of another key term, “gender dysphoria,” which is a diagnosis made by psychiatrists and psychologists. I’ll quote at length from the fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, updated in 2022, which sets the standards for mental health professionals:

Gender dysphoria as a general descriptive term refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. However, it is more specifically defined when used as a diagnostic category. It does not refer to distress related to stigma, a distinct although possibly co-occurring source of distress. Transgender refers to the broad spectrum of individuals whose gender identity is different from their birth-assigned gender. Cisgender describes individuals whose gender expression is congruent with their birth-assigned gender (also nontransgender). Transsexual, a historic term, denotes an individual who seeks, is undergoing, or has undergone a social transition from male to female or female to male, which in many, but not all, cases also involves a somatic transition by gender-affirming hormone treatment and genital, breast, or other gender-affirming surgery (historically referred to as sex reassignment surgery).³²

There is no doubt that some people experience gender dysphoria, and anyone experiencing psychological distress should be able to access mental health treatment. But an appropriate treatment that will be most effective depends on a clear understanding of the source of the distress. As noted above, a previous version of the DSM had used the term “sex-reassignment surgery,” which had replaced the earlier term “sex-change surgery.” Neither term makes much sense, since such surgery cannot change a male human into a female human or vice versa. The newer terms “gender-affirming surgery” or “gender-confirmation surgery” make sense if gender is indeed an innate sense of being male or female, a claim that is not established medically or scientifically.

All this raises some obvious questions. Are males who identify as trans claiming to be female (and vice versa)? Or are they only claiming to experience themselves as female? If there is such a thing as an innate gender identity that should determine one’s sex category, is that gender identity primarily generated in the brain? If so, what does it mean to say “brain sex” is different from “body sex,” since we have no reason to think there are dramatic differences

in male and female brains³³ that would make such a claim intelligible? As one research team put it, “Overall, male/female brain differences appear trivial and population-specific.”³⁴

Given the confusion around these questions, let’s one more time remember the basics of sex in humans:

an individual’s sex is based on the type of gamete (sperm or ova) his or her primary sex organs are organized around, through development, to produce. Males have primary sex organs organized around the production of sperm, and females, ova. Brains do not define an individual’s sex. Brains, like any other part of one’s body, exhibit average differences between males and females. A brain, like any other organ, does not have its own sex, separate from the body. The terms “male brain” and “female brain” simply refer to the brains residing in the bodies of males and females, respectively.³⁵

One more possibility: Some who endorse trans ideology may believe that gender identity resides in a nonmaterial soul. If so, that’s a type of theological claim about a supernatural realm of existence, which is not open to scientific study. One can claim to have the soul of a man or a woman, but that tells us nothing about the nature of a psychological condition or human physiology.

Another approach is to ask what is the etiology (the cause or set of causes of a disease or condition) of gender dysphoria or transgenderism? There is nothing resembling a coherent account of the cause or causes of gender dysphoria, let alone a consensus among researchers.³⁶ In other words, there is no known biological explanation for the condition of being transgender. I say that not with condescension but with genuine concern that protocols for “gender-affirming care”—puberty blockers for children, cross-sex hormones, and surgeries that destroy healthy tissue—have become routine even when there is so little known about the conditions they are supposed to treat. After a caseworker at the transgender center of a prestigious children’s hospital resigned rather than continue to participate in what she believed to be unethical treatment, she wrote:

Some critics describe the kind of treatment offered at places like the Transgender Center where I worked as a kind of national experiment. But that’s wrong. Experiments are supposed to be carefully designed. Hypotheses are supposed to be tested ethically. The doctors I worked alongside at the Transgender Center said frequently about the treatment of our patients: “We are building the plane while we are flying it.” No one should be a passenger on that kind of aircraft.³⁷

If your head is spinning after even this brief summary of terminology, I’m not surprised. I have talked to many ordinary people since I first started writing about this issue, and the most common reaction is confusion—in private, people routinely acknowledge that they don’t know how to make sense of the assertions of the transgender movement.

But rather than be defensive about the lack of clarity in terminology and the ambiguity of transgender arguments, many trans activists celebrate the lack of definition as a strength of the movement, an indication of open-mindedness. Jack Halberstam, a leading trans scholar, argues that the body is always under construction and that the binary of male-female may possibly have run its course. (I’m tempted to add, “whatever that means,” since I’m not sure what it means and suspect I am not alone.) The very act of naming and categorizing imposes limits that constrain

the imagination, according to Halberstam, hence the use of an asterisk, “trans*” rather than “transgender”:

I have selected the term “trans*” for this book precisely to open the term up to unfolding categories of being organized around but not confined to forms of gender variance. As we will see, the asterisk modifies the meaning of transitivity by refusing to situate transition in relation to a destination, a final form, a specific shape, or an established configuration of desire and identity. The asterisk holds off the certainty of diagnosis; it keeps at bay any sense of knowing in advance what the meaning of this or that gender variant form may be, and perhaps most importantly, it makes trans* people the authors of their own categorizations. As this book will show, trans* can be a name for expansive forms of difference, haptic [relating to the sense of touch] relations to knowing, uncertain modes of being, and the disaggregation of identity politics predicated upon the separating out of many kinds of experience that actually blend together, intersect, and mix. This terminology, trans*, stands at odds with the history of gender variance, which has been collapsed into concise definitions, sure medical pronouncements, and fierce exclusions.³⁸

I don’t quote this passage merely to poke fun at the abstruse phrases that are common in postmodern academic writing. My concern is not stylistic but about the arguments being presented. After reading that passage a couple of times, I think I can sort of figure out what Halberstam is trying to say, though I can’t see how any of it helps anyone understand anything. Should we not be concerned about an approach that “holds off the certainty of diagnosis” while accepting treatment that permanently changes a human body?

Beyond academia, the idea that people who identify as transgender need not define terms is also prevalent. As a transwoman (a male who identifies as a woman) put it in a newspaper interview: “We are who we are, and you don’t need to understand it. It’s not meant for you to understand. What you need to do is learn and just be quiet and listen.”³⁹ But how are we to learn about something we aren’t meant to understand? Listening is a good thing all around, but if people are confused and have questions, why is it disrespectful to ask questions?

That comment echoes what I’ve been told in person by trans advocates—it doesn’t matter whether I can make sense of their claims.⁴⁰ That’s apparently my problem, and my job is to accept the demands made by the movement, which has “the right to not be interrogated by the dominant structures of oppression,” as one critic explained to me.⁴¹ Is it acceptable for a political movement to make policy demands based on claims that they acknowledge many people will not be able to understand? I know of no other movement that would celebrate the fact that its argument is unintelligible to many ordinary people.

Nothing I have ever read or heard from those advocates has led me to abandon the longstanding feminist distinction between sex and gender.⁴² Gender is best understood as the social meaning (captured in the terms “masculinity” and “femininity”) ascribed to the biological sex differences rooted in reproduction (male and female). Sex is a function of the kind of animals that we humans are, and gender is how we human animals make sense of sex differences. Sex is biological, and gender is cultural. In patriarchal societies—which is to say, virtually all the contemporary world—gender is a weapon to control girls and women in the service of institutionalized male dominance. We can recognize the material realities of human biology and at the same time reject patriarchal gender norms.

TRANSGENDER PUBLIC POLICY: ANTI-FEMINIST

After years of good-faith efforts to read widely and engage the transgender movement's arguments, I have concluded that the ideology of the movement is incoherent. I don't mean simply that I disagree with the movement's policy proposals, but that I often do not understand the underlying claims being made, and that my inability to understand is not primarily because of any limitations of mine. I am not alone in this. A wide range of scholars and researchers—not only radical feminists⁴³ but also philosophers,⁴⁴ biologists,⁴⁵ and doctors and psychologists,⁴⁶ including some people who identify as transgender⁴⁷—question or reject those claims of the trans movement that are at odds with material realities.⁴⁸

Contrary to what trans activists assert, there is no consensus among people of goodwill about defining and explaining transgenderism. Even many people who accept the policy demands of the transgender movement will, in private, acknowledge that they don't really understand what they are supporting. At times, this incoherence borders on self-parody, such as when a major university's Office of Diversity and Inclusion posted an "LGBTQ Glossary" that defined lesbian as:

A non-man attracted to non-men. While past definitions refer to "lesbian" as a woman who is emotionally, romantically, and/or sexually attracted to other women, this updated definition includes non-binary people who may also identify with the label.⁴⁹

Critics mocked the absurdity of scrubbing the word "woman" from a definition of lesbian and pointed out that the glossary defined a gay man as "A man who is emotionally, romantically, sexually, affectionately, or relationally attracted to other men," making the glossary not only silly but sexist.⁵⁰

I stress this incoherence because at least some of the objections to trans policy demands are inevitable given the lack of clarity in the transgender movement's underlying claims about the nature of human biology. It is disingenuous for a movement to offer an incomplete and/or incoherent account of the world and then make political demands as if these policies were self-evidently appropriate remedies, while labeling anyone who challenges the demands a bigot. When those policy demands so often are counter to the interests of women and girls, this incoherence is also anti-feminist.

This confused and confusing politics is captured best in the common phrase "transwomen are women," which has become a mantra of the movement, often used as if it magically refutes any critique instead of merely begging the question. This assertion reduces complex questions about the etiology of the psychological condition of gender dysphoria to a simple truism offered without argument. A better rendering would be "transwomen are transwomen," which is a way of saying "males who identify as women are males who identify as women." But such slogans would not be of much use to trans activists, if their goal is to shut down legitimate questions about, for example, whether males who identify as women should be allowed to participate in women's sports.

I'll start with an examination of that public-policy debate, but first an explanation of why in this section I'm focusing on males who identify as women. Obviously, the transgender movement also includes females who identify as men. The experience of females in patriarchal societies who identify as men is no doubt different from that of males who identify as women, as are the public-policy implications. Here we should pay close attention to detransitioners—primarily females who once transitioned but later reasserted their identity as women. Feminist

scholar Janice Raymond suggests we understand them as survivors of transgenderism who later “come to grips with the way they internalized misogyny, a consequence of the social pressure to transition in a society where becoming a self-declared man is often more accepted than being a natal woman, especially a lesbian.”⁵¹ As detransitioner Keira Bell put it, “As I matured, I recognized that gender dysphoria was a symptom of my overall misery, not its cause.”⁵²

A researcher who focuses on online trans communities reported that many adolescent and young adult females in trans forums are “seeking an explanation for the distress they feel over their changing bodies” and seem to be “responding to common developmental pressures and seeking to fulfill basic developmental tasks through trans identification.” She writes:

Simply put, it is hard to grow up female. It can be hard to accept the changes to one’s body—like menstruation and breast development—and the way society responds to those changes. There have always been girls and young women who sought a way out of the developmental challenges puberty posed. They took off-ramps like anorexia or cutting. Today, trans identity is a super highway promising an escape from the discomfort of female adolescence.⁵³

Whatever we eventually come to understand about the differences between men and women in the transgender movement, the presence of females who identify as men in all-male spaces does not create the threats that come with the presence of males who identify as women in all-female spaces. I’ll focus on the latter.

Let’s start with sports. If you ask people, “Should males be allowed to compete in athletic events for females,” the answer would almost always be no. Women’s sports are reserved for women because men on average have physiological advantages over women in strength, acceleration, and speed. On average, men can run faster, lift more weight, and throw harder and farther than women.⁵⁴ Serena Williams, perhaps the greatest female tennis player of all time, made this clear when asked about whether she would play a match against a leading male player:

Andy Murray, he’s been joking about myself and him playing a match. I’m like, “Andy, seriously, are you kidding me?” For me, men’s tennis and women’s tennis are completely, almost, two separate sports. If I were to play Andy Murray, I would lose 6-0, 6-0 in five to six minutes, maybe ten minutes. No, it’s true. It’s a completely different sport. The men are a lot faster and they serve harder, they hit harder, it’s just a different game.⁵⁵

Even after males who identify as women (that is, transwomen) have gone through hormone therapy, they still retain physiological advantages.⁵⁶ But if “transwomen are women” and no one is allowed to question that assertion—or even ask what it means—important challenges to transgender demands seem to be irrational. As a result, males who identify as women are being allowed to participate in some women’s sports.

One of the most well-known cases in the United States involves Lia Thomas, a male swimmer who now identifies as a woman. After testosterone suppression and hormone replacement therapy, Thomas’s times were slightly slower than when competing as a man, but those slower times were good enough to win a National Collegiate Athletics Association (NCAA) Division 1 women’s national championship.⁵⁷ The data makes it clear that “minimal

mitigation of her male-puberty advantage” gave Thomas an advantage when competing with women:

During the last season Thomas competed as a member of the Penn men’s team, which was 2018–19, she ranked 554th in the 200 freestyle, 65th in the 500 freestyle and 32nd in the 1650 freestyle. As her career at Penn wrapped, she moved to fifth, first and eighth in those respective events on the women’s deck.⁵⁸

In March 2024, a number of current and former female athletes sued the NCAA in federal district court, asserting that the association violated their Title IX rights by allowing Thomas to compete.⁵⁹

Another example is Laurel Hubbard, a male who identifies as a woman and was the first openly transwoman to compete in the Olympic Games, as a weightlifter on the New Zealand team in 2020. By being allowed to compete for a spot on the national team Hubbard displaced the next ranking female competitor who, if not for this policy, would have gone to the Summer Olympics.⁶⁰ As more female athletes resist these policies, some athletic associations are reconsidering the practice.⁶¹ For example, after Austin Killips, a male who identifies as a woman, won a women’s cycling race, the sport’s governing body announced a change in its rules.⁶²

If more males who identify as women are allowed to compete against women, opportunities for female athletes to develop skills, enhance physical fitness, and build confidence through sports will be reduced. Girls and women competing against males who identify as women will face greater risk of intimidation and injury during events.⁶³ As I understand feminism, these are anti-feminist results of trans activism. Such policies treat women’s attempts to create space for themselves in a patriarchal culture as less important than the assertion by males who identify as women that they have a right to be treated as women. Yet those who advocate for a trans-compliant policy routinely wave away these concerns as being based on nothing more than “fears and prejudices.”⁶⁴

Another contentious debate arises when a male who identifies as a woman asserts a claim to be allowed in a single-sex locker room for women. In testimony about a Scottish proposal to make it easier for anyone over the age of sixteen to get a “gender recognition certificate” for the opposite sex, Reem Alsalem, United Nations Special Rapporteur on Violence against Women and Girls, warned the law could endanger women because it “would potentially open the door for violent males who identify as men to abuse the process of acquiring a gender certificate and the rights that are associated with it.”⁶⁵ Trans activists wave away this concern, despite the long history of violent men using whatever tactics are available to get access to girls and women, such as men who game the system to seek entry into female single-sex toilets.⁶⁶

But the issue of violence is only part of the problem. Consider this situation, which will become more common as transgender demands become public policy.

A high school boy who identifies as a girl asserts the right to shower and change in the girls’ locker room after a physical education class. The request is based on that boy’s internal subjective experience, his belief that he either is a girl or should be treated as a girl. In the name of inclusion and tolerance, many liberals/progressives/leftists support this policy, even if the presence of that boy who identifies as a girl causes anxiety and fear in one or more of the girls in the class. The girls’ internal subjective experience is trivialized and discounted, in the name of inclusion and tolerance. But it’s even more disturbing because many girls have experiences of

sexual harassment and sexual assault. Such trauma comes not from a purely internal and subjective experience but from experiences they have lived through, experiences that are so common that in any high school class we should assume there are a number of such girls present.

Whom do we care about if we treat the internal subjective experience of one boy who identifies as a girl as more important than the emotional consequences of the routine abuse experienced by girls?⁶⁷ The boy who identifies as a girl could be accommodated in a separate facility (such as a teacher's shower, temporarily made available to a student) without imposing costs on the girls, if we care enough about the girls. To prioritize the interests of the boy is anti-feminist, as I understand feminism.

Should males who identify as women be housed in women's prisons,⁶⁸ even if they have histories of sexual offenses and violence?⁶⁹ When feminists first raised the possibility of this more than a decade ago, it also was dismissed by the trans movement as a scare tactic. One trans activist told me, "That will never happen." But it has happened,⁷⁰ and continues to happen,⁷¹ and the problems such a policy creates are predictable.

No doubt there are inmates who are honest in their declaration of gender dysphoria, but two objections are obvious. First, women should not have to accept heightened risk. If prison officials decide to accommodate a male who identifies as a woman, separate housing arrangements could be made that don't impose on female prisoners. Second, because people take advantage of opportunities to improve their situations, inevitably there will be men who opportunistically assert a trans identity, either to give them access to women or simply to avoid serving time in a men's prison that likely is more dangerous. Prison conditions everywhere should be raised to humane levels that currently are not the norm in the United States. But prioritizing men's demands over women's interests is anti-feminist.

One last exploration of the implications of transgender ideology, concerning pronoun protocols. Should we compel people, either through institutional rules (such as a school policy) or informal coercion (peer pressure and the threat of shunning), to refer to a male who identifies as a woman as "she" (and vice versa, to a female who identifies as a man as "he")?

We generally accept that people should be able to choose their own names, unless using an alias is part of deception or fraud. Pronouns, however, are not a name but a marker of sex, and one's sex is not something that one chooses. Again, there are a very small number of intersex people for whom there is ambiguity about sex category, but in the vast majority of cases, male and female are clear. Even if a male identifies as a woman, it is accurate to refer to the person as "he" because the person is still male. But many males who identify as women would prefer to be "she." Transgender advocates endorse—and sometimes demand—that everyone use a person's "preferred pronouns."

Feminist critics are not of one mind on the question, and reasonable people can disagree. It's not hard to understand why some people, out of respect for the generally accepted right of people to name themselves, will use preferred pronouns even though they reject the ideology of the transgender movement. It's also not hard to understand why some won't, based on the concern that this pronoun protocol confuses sex and gender, and is an implicit endorsement of transgender ideology.

What do I do? My first position was to accept preferred pronouns. But the more the transgender movement has demanded everyone use them, the greater my concern about the implicit endorsement of an ideology that I reject. I retired from my teaching position in 2018, just about the time pronoun protocols were becoming entrenched in institutions such as universities, and so I haven't had to confront the question very often. I now live in a rural area

where the question has never come up in interactions with my neighbors. I continue to ponder what I should do, aware that in different situations I might make different choices.

When it comes to announcing one's own pronouns, I don't. My Zoom name and email signature do not include pronouns. If anyone were to ask me, I would simply say that I don't participate in the pronoun protocol of liberal/progressive/left institutions. If someone were to press me, I would say that I do not endorse the ideology of the transgender movement and that pronoun-announcement demands are a form of compelled speech. The US Supreme Court has ruled that the First Amendment generally bars the government from compelling people to express things they do not want to say.⁷² In this case, a principle constraining government is also appropriate in private settings. There is no reason to compel people to accept the practice.

But let's explore another scenario that, again, illustrates the incoherence of transgender ideology. If a man rapes a woman and the rapist later identifies as a woman, should the rape victim be expected to refer to the rapist as "she"? While testifying in court, should the victim be expected to utter the sentence, "She forced her penis into me"? If a male identifies as a woman but has not chosen surgical intervention, do we want to pretend that "her penis" makes sense? Such a conundrum doesn't happen every day, of course, but it does happen,⁷³ and it will happen more often if trans ideology becomes normalized. To many, such an outcome seems absurd, but as one trans blogger and podcaster puts it, "Some women have penises, and frankly, it's time that people get over it."⁷⁴ Again, people who can't "get over it" can expect to be accused of being insensitive, even bigoted.

This example reveals that at the heart of transgender ideology is a problem that can't be wished away: A male human cannot become a female human (and vice versa), and to label a male as female distorts reality. This isn't an unpredictable problem but is instead created by the incoherence of transgender assertions. Something as allegedly simple as pronoun choices cannot be resolved simply by being polite to people who identify as transgender. That's not because feminist critics are mean-spirited but because transgender ideology demands that people deny material reality. In computing terms, it's a feature not a bug of the system.

No matter how often trans activists assert their claim that allowing males who identify as women into all-female spaces has no downside, women's concerns about fairness, privacy, and safety are justified and sensible. In patriarchy, women and girls face threats from men and boys, including sexual assault and harassment that are so common as to be, sadly, a routine part of life. Females face threats from males on a regular basis. Females have a right to protect themselves and to demand that social institutions offer protection.

A final comment on policy: While my focus has been on a feminist critique, conservatives also have a critique of transgenderism. But even when feminists and conservatives support the same policy—for example, not allowing males who identify as women to compete in women's athletics—the underlying philosophy and motivation typically are quite different. Many conservatives endorse a patriarchal worldview that supports male dominance, while some have less regressive ideas about sex/gender. But it can be difficult to engage these differences when right-wing politicians and pundits routinely choose inflammatory language to express their disagreements with the trans movement,⁷⁵ leading many people to assume they must choose between accepting trans ideology or being lumped in with reactionaries. Such conservative political grandstanding is not helpful, but feminists aren't responsible for right-wing provocations.

Feminists don't support every legislative proposal generated by conservatives.⁷⁶ For example, I do not endorse charging parents with child abuse if they allow their children to take

puberty blockers.⁷⁷ But in news media coverage, the distinction between feminist and right-wing analysis is rarely made, and too often the feminist critique drops out altogether.⁷⁸

AN ECOLOGICAL WORLDVIEW: UNDERSTANDING LIMITS

In addition to the intellectual incoherence and anti-feminist consequences of transgender ideology, we should consider the conflict between the transgender conception of the body and an ecological worldview. My concern is not just whether a medicalized approach to transgenderism is safe, but that is a crucial issue and an appropriate place to start this discussion.

Trans activists assert that treatments such as puberty blockers for children do not raise medical and ethical issues. Some medical groups endorse such treatments, including the American Academy of Pediatrics,⁷⁹ although that organization has acknowledged that a systematic review of the evidence is necessary.⁸⁰ Around the world, medical professionals are stepping back from these risky treatments to review the evidence on “gender-affirming care.”⁸¹ In recent years that has included major clinics and programs in England,⁸² Scotland,⁸³ Sweden,⁸⁴ Norway,⁸⁵ Denmark,⁸⁶ and Finland.⁸⁷

The most extensive evaluations of trans medicine have been in the UK. A BBC journalist documented that the Tavistock Clinic—which had once pursued a careful approach to teenagers suffering from gender dysphoria, relying heavily on talk therapy—had moved to irresponsibly prescribing puberty blockers. Those drugs routinely led to cross-sex hormones and surgery, which failed many patients who consequently suffered from depression, sexual dysfunction, osteoporosis, and stunted growth.⁸⁸ The most thorough recent review of the evidence, headed by a leading UK pediatrician, described trans medicine as being based on “remarkably weak evidence,” concluding “we have no good evidence on the long-term outcomes of interventions to manage gender-related distress.”⁸⁹ That doctor, Hilary Cass, described gender medicine as being built on “shaky foundations.”⁹⁰

Researchers reviewing Dutch studies that claim to support such protocols for children point to methodological biases that lead to “the tendency to present weak or negative results as certain and positive,” problems that “continue to plague reports that originate from clinics that are actively administering hormonal and surgical interventions to youth.” Those researchers remind the medical community that:

The burden of proof—demonstrating that a treatment does more good than harm—is on those promoting the intervention, not on those concerned about the harms. Until gender medicine commits to conducting high-quality research capable of reliably demonstrating the preponderance of benefits over harms of these invasive interventions, we must be skeptical of the enthusiasm generated by headlines claiming that yet another “gender study” proved benefits of transitioning youth.⁹¹

A statement from the French National Academy of Medicine summed up a growing sentiment: “[G]reat medical caution must be taken in children and adolescents, given the vulnerability, particularly psychological, of this population and the many undesirable effects, and even serious complications, that some of the available therapies can cause.”⁹² This call for caution was echoed by the European Academy of Pediatrics: “The fundamental question of whether biomedical treatments (including hormone therapy) for gender dysphoria are effective remains contested,” with no robust empirical evidence that puberty blockers reduce suicidality or suicide rates.⁹³

The editor of the *British Medical Journal*, evaluating the Cass Review, put it bluntly:

[S]tudies in gender medicine fall woefully short in terms of methodological rigour; the methodological bar for gender medicine studies was set too low, generating research findings that are therefore hard to interpret. The methodological quality of research matters because a drug efficacy study in humans with an inappropriate or no control group is a potential breach of research ethics. Offering treatments without an adequate understanding of benefits and harms is unethical. All of this matters even more when the treatments are not trivial; puberty blockers and hormone therapies are major, life altering interventions. Yet this inconclusive and unacceptable evidence base was used to inform influential clinical guidelines, such as those of the World Professional Association for Transgender Health (WPATH), which themselves were cascaded into the development of subsequent guidelines internationally.⁹⁴

Increasingly, medical experts acknowledge that gender-affirming care is not “evidence-based” in any meaningful way: “Large-scale, long-term research is lacking, and researchers disagree about how to measure the phenomenon.”⁹⁵ Despite these warnings from medical professionals, trans activists demand that critics “stop questioning science that is SETTLED,”⁹⁶ even though it’s clear that the science is anything but settled.⁹⁷

Beyond the question of safety lies a more fundamental issue: Is interfering in the physiological development of a child through chemicals and hormones consistent with an ecological worldview? Is the surgical destruction of healthy tissue to deal with psychological distress, whether in children or adults, consistent with an ecological worldview?

An industrial worldview assumes that we can engineer the ecosystems in which we live to satisfy human desires with few limits, treating the planet as a machine to tinker with. But the world is not a machine, nor are our bodies. An ecological worldview understands that we are organisms living within parameters set by the larger forces that created the planet and life, and alerts us to be aware of the potentially destructive consequences of high-energy/high-technology “solutions.”

The trans movement rejects that ecological standard, sometimes asserting that the human body can be remade in whatever fashion we choose. For example, a team of doctors was hopeful that “the first uterus transplant in a TG (transgender) woman is very likely in the near future,” though they acknowledge that such a procedure would be “best performed by well-established teams at experienced centers, prioritizing multidisciplinary and long-term collaborations between ethicists, medical, and surgical team members.”⁹⁸ In other words, doctors should have the power to reshape bodies in any way possible, including at the most basic level of reproduction, so long as certain standards are met. It is jarring to see this vision of the body-as-machine presented as a sign of progress in a leading scholarly journal.

I’ll start with a statement that may not seem controversial: We are biological creatures, part of the ecosphere, and like any other organism, our genetic code sets parameters within which we live. Stated that generally, few people would disagree. Yet in practice, people routinely endorse practices that ignore the biophysical limits that an ecological worldview helps us understand. There are compelling reasons to limit how we try to remake the world, as we see the catastrophic effects of high-energy/high-technology living arrangements on the health of ecosystems around the world (more on that in Chapter 6). The success of the trans movement is in part a manifestation of the dominant industrial worldview in advanced technological societies,

the refusal to accept limits on how we intervene in the larger living world, including limits on how we remake the body.

Not all people who identify as transgender seek such treatment, but the transgender movement and its supporters endorse the use of advanced medical technology to resolve a condition about which we have little understanding, including of the most basic etiology. This embrace of drugs, cross-sex hormones, and cosmetic surgery is an example of “technological fundamentalism,”⁹⁹ the belief that high-energy/high-technology solutions are always appropriate, even when we know little about the underlying problem and cannot predict long-term consequences. This approach to alleviating people’s psychological distress and social dislocation assumes that the ability to chemically and surgically change a body means that we should use that ability, ignoring the ecological reality of limits.

A male body is a male body, and a female body is a female body. No deployment of human technology can change that, and attempts to alter that reality are a recent phenomenon in human history, an outgrowth of a glorification of technology that has become reflexive in the dominant culture. Trans activists point to many cultures that have long had “third genders,” such as muxe in parts of Mexico, hijra in South Asia, and joya in Chumash society in what is now California. Whatever one thinks of these traditions, none involved the use of modern drugs, hormones, or surgery. Such treatments are possible only in affluent societies that prioritize technological “solutions” to complex human struggles.

I’m often told that my inability to understand trans claims and the importance of medical intervention is a failure of my imagination, perhaps a byproduct of unwitting acceptance of “biological essentialism,” which is widely understood on the left to be a bad thing. But to understand biology is not to reduce all human choices to a simplistic account of biology, and my imagination works just fine. I can imagine a world without patriarchy in which people develop their capacities unconstrained by the rigid, repressive, and reactionary gender norms that are a product of patriarchal culture not biology. I try not to imagine away complex intellectual questions and difficult political problems. When a claim does not make sense to me, I seek clarification, and when others tell me they have similar problems making sense of a claim, I assume there’s something important to work out.

Here’s an example of how the transgender movement avoids these questions. In my 2017 book *The End of Patriarchy*, I quoted a scholar and trans advocate, who, after recounting an exhaustive list of procedures to reshape the body that come with sex-reassignment/gender-confirmation surgery, noted:

It can seem and feel as if one is *at war with one’s body* (emphasis added), reviewing this list of interventions. To make the experience more tolerable, it is imperative to help reframe this process, not with a warfare mentality and vernacular but as a more positive process.¹⁰⁰

That passage has stayed with me since I first read it. Simply reading the description of those surgical procedures in that article left me with a sense of despair. The author, a psychotherapist and WPATH member, acknowledges the feeling of being at war with the body, but then suggests that the solution is not to rethink the surgical destruction of healthy tissue but to make it more tolerable by finding a new metaphor. That left me deeper in despair.

War metaphors, such as the “war on drugs,” usually lead to distorted understandings of problems and responses. But sadly, the measures required to remake the body in such surgeries make the term applicable. Here are brief descriptions.

One option for “male-to-female sex reassignment surgery” is “a penile inversion vaginoplasty with a neurovascular neoclitoris”:

During this procedure, a surgeon makes “like become like,” using parts of the original penis to create a sensate neo-vagina. The testicles are removed, a procedure called orchiectomy. The skin from the scrotum is used to make the labia. The erectile tissue of the penis is used to make the neoclitoris. The urethra is preserved and functional.

“Female-to-male sex reassignment surgery” typically involves the surgical removal of both breasts with the option of “a phalloplasty, generally using the radial forearm flap method”:

This procedure, which can be done at the same time as a hysterectomy/vaginectomy, creates an aesthetically appropriate phallus and creates a urethra for standing urination. Construction of a scrotum with testicular implants is done as a second stage.¹⁰¹

When surgeons destroy healthy tissue in these procedures, they are modifying bodies in irreversible ways and creating life-long medical dependency. Administering puberty blockers to children “recasts a normal physiological process as a disease and can trigger a cascade of increasingly invasive medical interventions.”¹⁰² Many of us wonder how procedures that destroy healthy tissue or interfere in human development have become defined as “medically necessary.”

In other medical arenas, wariness about solving complex problems with drugs and surgery is common, such as when the American Academy of Pediatrics released guidelines on childhood obesity that advocated intensive therapy for children as young as six, weight loss drugs for those as young as twelve, and surgery for teens as young as thirteen. A journalist reported that professionals on both sides of the debate “express uneasiness about the potential long-term consequences of putting millions of children on drugs or under the knife, instead of doing more to prevent the condition in the first place” and quoted a leading medical ethicist:

“Turning to surgery and pills is quintessentially American,” said Arthur Caplan, a bioethicist at the NYU Grossman School of Medicine who said he struggles with weight himself. Caplan called obesity “one of the biggest moral challenges” our society faces but described medication and surgery as just “Band-Aids in a society that can’t figure out what to really do to protect the interests of its kids.”¹⁰³

Those comments reflect a concern for the health of children and a wariness about rushing to industrial solutions. A parallel analysis of gender-affirming health care is appropriate but would generate accusations of transphobia.

Trans-surgery only makes sense if we take literally the idea that people with gender dysphoria are “born in the wrong body.” That phrase, once common in the transgender movement, has fallen out of favor, at least in part because to most people it makes no sense. What does it mean to suggest that any organism can be born in the wrong body?¹⁰⁴ The position of the UK nonprofit Mermaids, which supports “transgender, nonbinary and gender-diverse children, young people, and their families,” reflects the confusion:

We recently posted that ‘no child is born in the wrong body’, which is our broad position as a charity. Why? Because we believe that transgender people shouldn’t be expected or encouraged to reject their entire amazing, intelligent, beautiful, creative bodies, simply because of gender incongruity. Still, we also know some people—including some of our amazing patrons—do use that phrase to express who they are. It is your right to use whatever words you choose to describe yourself. As a charity representing lots of different people, however, we have to make sure our language is as inclusive as possible, especially for people who might be struggling with their gender.¹⁰⁵

Once again, “inclusive” is invoked to avoid asking crucial questions. It’s difficult not to ask, as we should with all cosmetic surgery,¹⁰⁶ whether this medical intervention is a healthy way for society to address people’s discomfort with their appearance or their distress about not conforming to social norms. That seems like an obvious question, yet in polite liberal company where support for transgenderism is common, I have watched some people scramble to avoid it while others label the question to be evidence of transphobia.

THE PROBLEM WITH LGBTQIA+

This is a good place to explain why linking transgenderism to the movement for lesbian and gay male liberation is misguided. Lesbians and gay men have long argued that their sexual orientation is not pathological¹⁰⁷ and that they do not need treatment but simply need to be left alone, free from violence and discrimination. That’s why the LGBT (lesbian, gay, bisexual, trans) label is confusing—the L, G, and B have little in common with the T. Adding more letters, such as QIA+ (queer, intersex, asexual, and many other terms) confuses more than clarifies. Lesbians, gay men, and bisexuals—along with everyone else—can support the transgender movement’s goal of ending violence and discrimination in such things as policing, employment, and housing without endorsing the ideology of the trans movement. Progressive politics do not require that anyone support risky medical treatment or claims by males (no matter how they identify) to have a right to be in single-sex female spaces.

Here’s another way to make this point, in the form of questions to liberal/progressive/left people: If you learned that a child you loved was gay or lesbian, how would you react? Is that different than how you would react if you learned that child had gender dysphoria and wanted medical intervention? Even strong supporters of the transgender movement’s policy demands are hesitant to equate the two.

Depending on where one lives and works, children coming out as lesbian or gay might face harassment. Lesbian and gay kids often get bullied, no matter where they live. But the challenges of being lesbian or gay are social. Lesbians and gay men may seek psychotherapy, not (except in rare cases) to change their sexuality but to deal with the pain of being stigmatized and/or the emotional problems that so many people experience. Lesbians and gay men don’t need medical treatment because same-sex attraction is not pathological, not the result of disease.

Medical treatment is appropriate to treat disease and injuries that pose a threat to a person’s health. If trans activists argue that in some cases, drugs, cross-sex hormones, and surgery are medically necessary, that is a recognition that at least in some cases, transgenderism is a pathological condition. Yet the transgender movement also argues that transgenderism should not be pathologized.¹⁰⁸ Proposals for a WPATH language policy include:

Avoid language which has the intention (or likely effect) of stigmatizing or pathologizing gender and bodily diversity (including a diversity of gender expressions and identities, as well as bodily characteristics). Stigmatizing and pathologizing language (e.g., “disordered” or “abnormal” or “malformation”) should be avoided altogether.¹⁰⁹

When Spain passed a law allowing anyone over sixteen to change their gender on legal documents without undergoing psychological and medical evaluations to show gender dysphoria, the minister of equality stated: “Trans people are not ill people. They are people, full stop.”¹¹⁰ The statement is hard to understand. In the context of other medical conditions, no one suggests that people who are ill are somehow lesser people. These two claims—that trans is merely one aspect of human diversity but yet also is a condition requiring treatment—are contradictory.

Even when acknowledging that, trans activists try to deny it. Masha Gessen, a female journalist who identifies as trans and nonbinary, found it difficult to explain this contradiction in an interview:

Being trans is not a medical condition, but it marries you for life to the medical system. It almost always—not always—involves some kind of medical intervention. ... I hate using the word “treatment.” I’m always stumbling over it because it’s not actually treatment, but it is treatment. But it’s not a medical condition.¹¹¹

Again, given how little we know about the etiology of the condition, there’s not much we can say about what transgenderism actually is in definitive terms. But whatever one believes transgenderism is, it can’t be both a routine part of healthy human diversity and a condition requiring medical treatment. If one isn’t ill in some way, why would one need such treatment? Simply saying there are lots of different types of trans people doesn’t get us any closer to understanding what the terms mean.

This issue arose when the APA revised the *Diagnostic and Statistical Manual of Mental Disorders* to eliminate “gender identity disorder” in favor of “gender dysphoria.” One medical news website pointed out the tension:

[W]hile the move is seen as a win by some, others worry about what it could mean. Currently, insurance carriers may pay for sexual reassignment surgery because the procedure is for a medical problem, not for plastic surgery. Having the condition reclassified may cause problems with surgery for an already marginalized group.¹¹²

A trans scholar who states that “gender identity and gender assigned at birth is increasingly understood as a matter of human diversity rather than as pathology” notes that the DSM and WPATH definitions of gender dysphoria are different, and therefore:

[C]linicians should not routinely diagnose patients who wish to access transition-related interventions with gender dysphoria. A diagnosis of gender dysphoria should be limited to situations in which it is genuinely necessary (such as for insurance coverage) or is done at the express request of the patient.¹¹³

What responsible physician would consider a diagnosis “genuinely necessary” based on insurance or when the patient requests it? It’s an understatement to conclude, as did one research

team, “All physicians included in gender dysphoria treatment are facing great bioethical challenges and dilemmas.”¹¹⁴

I believe that we should reject an industrial worldview that says people can remake the world, and our bodies, in any way it’s technologically possible to do so. An ecological worldview starts with a recognition of what it means to be an organism living in ecosystems, and helps us accept the biophysical limits of organisms (including humans) and of the ecosphere. The industrial worldview asks only how to keep the high-energy/high-technology game going as long as we can, ignoring the obvious need for limits on the expansion of the human enterprise. (More on that in Chapter 6.) Applying a feminist analysis and ecological worldview to transgenderism would lead us to more effective and humane ways to deal with gender dysphoria in patriarchy.

FEARS OF PATRIARCHY: WHY TRANS IDEOLOGY IS ATTRACTIVE

In this chapter, I have argued that we should not be afraid to point out that transgender ideology is intellectually incoherent and inconsistent with an ecological worldview, and that radical feminism offers a more accurate account of history and a more useful framework for dealing with sex/gender issues. Whether or not readers agree with this analysis, it shouldn’t be hard to understand the arguments, which certainly are plausible. But in some circles, feminist critics are deemed to be on the “fringe,” at least according to one mainstream journalist:

The Women’s Liberation Front is part of a long-running strain of feminism that rejects the existence of transgender identity. These fringe activists argue that advancements in transgender rights will come at the expense of women’s rights and threaten the safety and sanctity of women-only spaces. They say women are defined not by their gender identity, but by their biology and by having “survived girlhood.”¹¹⁵

I am not a member of that group, but I know of no one who “rejects” the existence of people who identify as transgender. Since the transgender movement has no clear and coherent explanation of transgender identity, it’s hard to imagine how anyone can be accused of denying their existence. And it is unclear why the positions ascribed to the group are fringe when so many feminists, not to mention many women and men who may not think of themselves as feminist, share those concerns. That reporter also writes that “radical feminists are helping to bolster [Republicans’] message, creating the perception of bipartisan support in a polarizing social debate.” Based on my experience, the bipartisan nature of many women’s rejection of transgender policy demands is not a “perception” but a reality.

I’ve been involved with feminism for more than three decades, and some of the most courageous and dedicated people doing battle with patriarchal gender norms and male domination I have known have been radical feminists—the very people the trans movement seeks to marginalize. At the risk of sounding glib, radical feminists were nonbinary before nonbinary was cool, challenging social norms that demand men and women fit into patriarchal boxes¹¹⁶ but acknowledging the reality of biological sex. That raises an obvious question: Why have so many liberal and postmodern feminists—along with so many people with liberal/progressive/left political leanings who are usually supportive of feminist politics—embraced transgender politics and ignored or demonized radical feminists? Why do these left-of-center folks ignore material realities in favor of a transgender ideology that even they will sometimes admit is hard to understand?¹¹⁷

Many people tell me that they don't challenge trans ideology because they want to be compassionate toward people in distress. That's understandable, but it doesn't answer the question of why trans ideology has become the dominant position on the left. Here's my best explanation.

If the rigid, repressive, and reactionary gender norms that many of us want to resist are a product of patriarchy, then the obvious target for political organizing should be the practices of patriarchy, used here as a term for varied systems of male dominance in the family, economy, politics, and culture. If patriarchy forces us into rigid boxes, represses our ability to experience our full humanity, and generates a reactionary politics, then let's go after patriarchy, right?

The problem is that fighting patriarchy is hard. It is the oldest of the oppressive social systems, going back several thousand years in human history,¹¹⁸ compared with several hundred for white supremacy and capitalism. Patriarchal ideas and modes of behavior are so woven into the fabric of everyday life that they can be hard to identify, let alone eliminate. Feminist organizing has forced some changes, such as improved laws against rape, domestic violence, and sexual harassment. But striking at the core of male dominance, especially at men's sexual exploitation of women, produces intense backlash.

I learned this working on the feminist critique of pornography. The most hostile reactions to an analysis of the sexist and racist patterns in pornography came from liberal/progressive/left folks, especially men. I found that confusing at first, until my friend Jim Koplín (the same JK from whom I borrowed the phrase "multiple cascading ecological crises") made a point that now seems obvious to me: When we critique pornography, people know it's not just a critique of movies and magazines (this was years ago, before the internet ended the market for pornographic magazines) but of men's assumption that they should be in control, as well as of the ways we learn to be sexual in a patriarchal culture. People are nervous about surrendering control and giving up methods for finding sexual pleasure, which I know because when I first encountered the critique it scared me, and I still struggle with all the ways I was socialized into patriarchal masculinity.

Why has the trans movement made such deep inroads on the left, to the point where a feminist challenge to trans ideology can get one banished from progressive spaces? My working hypothesis is that embracing transgender politics gives the appearance of challenging patriarchy without actually fighting male dominance. Instead of confronting male power, trans activists most often embrace patriarchal gender norms, implicitly or explicitly, or refuse to challenge those in the trans movement who do embrace those norms. Supporting the trans movement gives the appearance of feminist politics without facing the most vexing issues.

In some circles, these arguments cannot be articulated because people like me are dismissed as being a TERF (pronounced "turf"), trans exclusionary radical feminist, a term I reject.¹¹⁹ Radical feminists' goal is not exclusion but expansion of understanding; they have for decades offered an alternative to transgenderism's approach to the problem of patriarchy's rigid, repressive, and reactionary gender norms.

Radical feminists aren't ignoring the suffering of people who identify as transgender but rather are offering a different way to think about that suffering. Nothing in radical feminism denies the emotional struggles of people who identify as transgender. Radical feminists seek to include those who experience gender dysphoria in a movement that challenges patriarchy and opens up new possibilities without yoking people to irreversible procedures and lifelong drug/hormone treatment.

Let's go back to the etiology of gender dysphoria and transgenderism, with a reminder of how little we know. No single theory is likely to explain such complex phenomena, but one reasonable place to look carefully is childhood trauma, what are sometimes called adverse childhood experiences, especially sexual abuse in childhood. For decades, radical feminists have asked the culture to face the high levels of sexual violence against not only women but also children.¹²⁰ The consequences of such abuse are well known in psychology: "A history of sexual abuse is associated with an increased risk of a lifetime diagnosis of multiple psychiatric disorders."¹²¹

Is there a link between trauma and gender dysphoria? As early as 1994, one researcher suggested "that in some cases transsexualism may be an extreme adaptive dissociative response to severe child abuse."¹²² Practitioners and researchers are aware of the relevance of trauma, but there is surprisingly little discussion of it in the public debate. But as one recent study observed:

TGAs [transgender adolescents] are more likely to report psychological, physical, and sexual abuse during childhood compared with heterosexual CGAs [cisgender adolescents]. Our findings align with those of previous studies finding high rates of childhood abuse among transgender individuals. Growing evidence indicates TGAs experience mental health problems at higher rates than CGAs, and childhood abuse likely contributes to the onset of mental health problems among TGAs. In the future, researchers should examine the role of childhood abuse in the etiology of mental health problems among TGAs.¹²³

That study does not assert a causal link but calls for more research on the topic. Another study concludes:

Given these associations as well as the high prevalence of physical and/or sexual abuse among transgender women, mental health professionals and social service providers working with this population should be sensitive to the abuse history and mental health needs of the transgender women with whom they work.¹²⁴

Another study focusing on gender dysphoria in girls and the effects of pornography points out that those adolescents are more likely to have experienced adverse childhood experiences such as sexual traumas and also show a higher prevalence of autism.¹²⁵ These studies do not prove that childhood sexual assault is a cause, let alone *the* cause, of gender dysphoria and transgenderism. But these correlations certainly support the case for extended, open-ended psychotherapy.¹²⁶ Yet when radical feminists raise these issues, too often the accusation of transphobia shuts down conversation. Journalists can expect the same treatment.¹²⁷ Is it in the interests of people struggling with gender dysphoria to downplay this concern?

The increasing number of detransitioners suggests that exploration of these factors is crucial. One medical researcher is more forceful, arguing that we should recognize detransitioners as "survivors of iatrogenic harm" (the harm to patients that is the result of medical practices).¹²⁸

Until there is more research, we should pay attention to the increasingly common reports of detransitioners:

I am a 26-year-old trauma survivor. I transitioned with testosterone at 19, a double mastectomy at 20, and de-transitioned at 22 when I was diagnosed with CPTSD [complex post-traumatic stress disorder] from childhood abuse, abandonment, and the medicalization and identity crisis. De-transitioning and understanding how gender dysphoria was created from complex variables of hormonal conditions, autism, insecurity, shame, and magical thinking was crucial to the start of my healing process. I cured my gender dysphoria with psychotherapy, DBT [dialectical behavior therapy], and mindfulness.¹²⁹

I end with this account from a social media platform not to suggest that a tweet can resolve complex questions, but to point out that people struggling with sex/gender crises cope with their psychological distress in varied ways. The choice is not between either a liberal embrace or a conservative rejection of transgender ideology, not between either “gender-affirming care” or relentless suffering. A radical feminist analysis, rooted in an ecological worldview, offers a path to a deeper analysis and potentially more effective responses.

ENDNOTES

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