



# Building Boxes and Policing Boundaries: (De)Constructing Intersexuality, Transgender and Bisexuality

Betsy Lucal\*

*Indiana University South Bend*

---

## Abstract

The process of social differentiation, or the process of creating boxes in which we can place other people and in which we can place ourselves, is key to the existence and persistence of social inequality. The focus of this article is on the construction and maintenance of boxes and boundaries with respect to sex, gender and sexuality. We take the existence of these boxes and boundaries for granted, organizing our lives around them in a variety of ways. Exceptions to them call our categorizations and the decisions we make based upon them into question. Particularly interesting in this context are intersexuality, transgender and bisexuality. Intersexuality, transgender and bisexuality have in common the fact that they challenge our easy reliance on categories and the boundaries between those categories. Our responses to, treatment of and understanding of these exceptions provides striking insights into our system of boxes and boundaries and, correspondingly, to sex-, gender- and sexuality-based inequalities.

---

The process of social differentiation, or the process of creating boxes in which we can place other people and in which we can place ourselves, is key to the existence and persistence of social inequality. Once we (as a society) have constructed these boxes, we also have constructed a vested interest in preserving them. Without a process of making distinctions among people, or creating ways to tell different ‘types’ of people apart, there would be no basis for treating people differently. And while differential treatment is not necessarily unequal, social inequality does boil down to treating people differently.

My focus in this article is on the construction and maintenance of boxes and boundaries with respect to sex, gender and sexuality. In our society, these boxes and their corresponding boundaries rest on a variety of assumptions. First, we assume that there are two and only two sexes, genders, and sexualities. Everyone is either male or female, masculine or feminine, heterosexual or homosexual. No one can be neither (these categories are universally inclusive); no one can be both (they are also

mutually exclusive). Such an assumption about gender, for example, belies the reality of substantial variation in how individuals actually 'do' gender, yet we continue to believe that there are just two mutually exclusive gender categories into which every person can easily be placed.

Second, we assume that sex and gender are congruent. People who belong to a sex category (male or female) are assumed also to belong to a gender category that corresponds to that sex (male people are assumed to be masculine, female people to be feminine). In fact, because, most of the time, we cannot see what sex category a person belongs to (since they are wearing clothes), we not only assume sex and gender are congruent but we rely on that correspondence to decide how to interact with people. We assume that most people, most of the time, are performing a gender that corresponds with their sex. If they appear to be feminine and act in feminine ways, then we assume that they are females and treat them as such. If they act in masculine ways and appear to be masculine, we assume that they are males and treat them as such. In the event that their appearance and behavior does not clearly place them in one box or the other, we are not sure how to interact with them (Lucal 1999). To the extent that people believe men and women, males and females, should be treated differently, such assumptions open the door to sex and gender inequality.

Finally, we assume that there is a relationship between gender and sexuality. How do we know someone is heterosexual or homosexual? Our categorization scheme tells us that we will know one or the other when we 'see' them. We learn that heterosexuals can be identified by their sex-gender congruence. That is, heterosexual men are assumed to be masculine males while feminine females are assumed to be heterosexual women. Homosexual men, on the other hand, are assumed to be feminine males and masculine females are assumed to be homosexual women. Sexual deviance is assumed to be signaled by gender deviance, just as sexual conformity is assumed to be evidenced by gender conformity.

Of course, feminine men and masculine women are *not* necessarily homosexual and masculine men and feminine women are *not* necessarily heterosexual. But because we believe sex-gender congruity and heterosexuality are normal and preferable compared to sex-gender incongruity and homosexuality, these assumptions open the door to homophobia (the belief that same-sex desires and behaviors are wrong and/or unnatural) and heterosexism (the privileging of people who are or appear to be heterosexual over those who are not).

With these assumptions in mind, we can start to think about how our boxes and boundaries operate in everyday life – as well as the social processes that serve to keep the boxes and boundaries in place. We take the existence of these boxes and boundaries for granted, organizing our lives around their existence and persistence in striking ways. We build our identities around them (or question ourselves or others when identities do not correspond to them); we organize our interactions with other people around them

(or question people's motives or normality when we can't easily organize our interactions around them); we structure the social world around them (or question what is happening when we cannot organize experiences this way). Exceptions to these boxes and boundaries call our categorizations and the decisions we make based upon them into question. Particularly interesting in this context are intersexuality, transgender and bisexuality.

Most people, most of the time, take their sex, gender and the relationship between the two for granted. In other words, most people know themselves to be male or female (i.e. to have the biological/physiological characteristics associated with one of these two categories), to be a boy/man or girl/woman (i.e. to adhere to the social characteristics associated with masculinity or femininity) and to be a man or woman because they are male or female respectively. We use appearance and behavioral cues (i.e. social cues) to make assumptions about a person's physiology/biology (i.e. their sex category) – and we assume that other people are doing the best they can to signal their sex/gender to us (Kessler and McKenna 1978; Lucal 1999; West and Zimmerman 1987).

This understanding shows how the boxes and boundaries operate at the individual and interactional levels. Individuals are assumed to have one-and-only-one gender that matches the sex they were assigned at birth. In social situations, we rely on this assumption to know how to interact with other people and how to expect them to interact with us. The exceptions to these rules are viewed by our society as so, well, exceptional, that we have special names for them and special procedures that will allow these individuals to become 'normal' (i.e. to have one-and-only-one sex that corresponds to their one-and-only-one gender). And we continue to discriminate against those people who are not 'normal'.

While we might assume that we make distinctions among men and women because males and females are naturally different, this belief overlooks the fact that, most of the time, we have no idea what the sex of another person is (i.e. what genitals they have). Furthermore, the existence of two dichotomous sexes is a social construction. We assume that males are people with penises and females are people without penises (Kessler and McKenna 1978) or people with vaginas. Biologically, however, this dichotomy is not as clear, since individuals can be born with a variety of intersex conditions that result in a mixing of male and female hormones, chromosomes, genitals and physical appearances.

Additionally, we all wear clothes in public, meaning that we end up making assumptions about people's genitals (as well as hormones and chromosomes) based on the performance of gender they provide for us (or that we assume they are engaging in – more on this issue later). In other words, most of the time, gender stands in for sex; we use gender to make assumptions about the sex category to which a person belongs. This is an example of how boxes and boundaries operate at the level of social interaction; this is how we 'do gender' (West and Zimmerman 1987).

But are there not secondary sex characteristics that we can use instead? Characteristics like facial hair, breasts, pitch of voice, musculature and the like? Such reckoning quickly becomes muddled and too complicated to serve as a definitive source of sex determination. We all have seen females with facial hair; some males have prominent breasts. A woman can have a low-pitched voice (like my female student who is mistaken for a man on the telephone). Some males have little obvious muscle definition while some females have quite distinct muscles.

The fact is that we have no definitive means for categorizing individuals as male or female. Secondary sex characteristics are clearly unreliable indicators, since none of them are mutually exclusive; they cannot provide a definitive mechanism for distinguishing male from female. Furthermore, the reality of intersexuality makes it obvious that even genitals do not provide the mutually exclusive (i.e. every person belongs to one and only one category) and dichotomous (i.e. there are just two categories) mechanism for dividing people that we imagine them to offer us.

### **Intersexuality: beyond male and female**

Intersexed people, formerly known as ‘hermaphrodites,’ call into question the assumption of two mutually exclusive and naturally occurring sexes, as their genetic makeups (chromosomes), body chemistry (hormones) and/or bodies (genitals) provide evidence of the coexistence of supposedly distinct characteristics. There are a variety of naturally occurring conditions that call into question the existence of just two sexes. For example, congenital adrenal hyperplasia is the most common cause of intersexuality among individuals with XX (‘female’) chromosomes (Intersex Society of North America [ISNA] web page). One outcome of congenital adrenal hyperplasia is females with large clitorises or even genitals that are penis-like in appearance. While this condition has metabolic effects that may need medical attention (via cortisone treatments), its virilizing (i.e. masculinizing) effects are problematic only for social reasons. Androgen insensitivity syndrome occurs among XY (‘male’) individuals and, because of insensitivity to androgens (‘male’ hormones), the individual has a ‘female’ appearance (including genitals, but no or a short vagina) at birth but also has testes (ISNA website). (There are many other intersex conditions; see the ISNA web site [[www.isna.org](http://www.isna.org)] for more information.)

While the prevalence of intersexuality is difficult to determine, partly because of the lack of agreement about what constitutes this condition, noticeable abnormalities in sexual anatomy occur in at least 1 out of every 2000 births; the frequency may be as high as 2% of all live births (Blackless et al. 2000; ISNA website). To put these numbers in perspective, consider that it is more common than some of the ‘birth defects’ (e.g., cystic fibrosis) we hear about all the time. About 1 out of 9000 people have cystic fibrosis, or approximately 0.01 percent of the US population (see Cure Research web page).

Given the existence of these naturally occurring variations, biologist Fausto-Sterling (1993, 2000) once argued that we would be better served (and more accurate) to recognize at least *five* sexes. In fact, she considered five to be too low an estimate of the true diversity of human sex, preferring instead to think of sex as existing on a continuum rather than being divided into easily discerned categories. In other words, as suggested above, sex, too, is a social construction. We see two sexes because we have learned to believe that two sexes exist – as sociologist Judith Lorber puts it, ‘Believing is seeing’ (1994). (Of course, since we don’t see most people’s genitals, we are actually forming our beliefs on the basis of gender rather than sex.)

Since the 1950s, our society has used technology to keep this (false) belief in place. If a baby is born with both male and female characteristics, our culture treats this occurrence as a ‘social emergency’ (Kessler 1998). This is an example of how the boxes and boundaries operate at the structural and institutional level. The medical establishment (a social institution) intervenes to help preserve a male–female dichotomy. Parents (part of the social institution of family) need not explain to other people that their child is neither male nor female, which would likely be a source of dismay and embarrassment in our society. The rest of society is spared the need to consider that there is more to humanity than a male–female dichotomy. And the socially constructed belief in two–and–only–two sexes is preserved.

While few of these cases are actual medical emergencies (i.e. need to be treated immediately to preserve the life of the infant), parents are urged to allow medical personnel to act quickly to ‘correct’ the ‘problem’ through genital surgery and other interventions. For example, the focus on genitals as a symbol of sex is seen in the focus on their size and appearance in treatment (Kessler 1998; Preves 2002, 2003). Genitals three–eighths of an inch or less in length are considered an acceptable size for a clitoris; if larger, they will be trimmed down. To be considered a penis, the organ must be at least an inch long. Because of concerns about a boy growing up to be a man with an inadequate penis, most intersexed infants are sexed female. This categorization, like treatment of intersexuality in general, has little to do with medical necessity and much to do with social necessity.

Among the outcomes of genital surgery and the secrecy surrounding an intersex diagnosis (something many parents do not tell their children about) are compromised adult sexual function, psychological confusion and other problems (Preves 2003). For example, intersexed individuals raised as females (as the majority are) report difficulty achieving orgasm, as well as problems with vaginal penetration (see, for example, Minto et al. 2001, 2002). Preves’ (2003) respondents reported confusion and shame that resulted from not knowing what was wrong with them along with having poor self-concepts.

Yet the societal need to fit a person clearly into one sex category or another seems to trump all other considerations – or did until groups like the ISNA started to convince physicians to alter their approach (see ISNA

website). In their 2006 'Consensus Statement on Management of Intersex Disorders', physicians Lee, Houk, Ahmed and Hughes note that: 'There has been progress in diagnosis, surgical techniques, understanding psychosocial issues, and recognizing and accepting the place of patient advocacy' (e488). In an interview with the *New York Times* (Dreifus 2005), physician William G. Reiner explains that the standards of care for intersexed infants are in transition. Until recently, he acknowledges, an infant with a tiny penis would have been 'almost universally' assigned female at birth. Today, about two-thirds of his colleagues *would not* make that choice – but that means one-third still *would* take that approach. Clearly, attitudes toward treatment are changing.

But it is also interesting and significant to note that changes in treatment away from genital surgery do not necessarily mean changes away from a sex/gender binary. On its website, for example, the ISNA recommends against surgery but argues in favor of assigning a *gender* to the intersexed child. The 'Consensus Statement' (2006, 4490) similarly states as a 'general concept of care' that 'all individuals should receive a gender assignment'. This stance provides compelling evidence of the primacy of social cues over physiological ones.

That is, intersexuality makes it clear that genitals simply are not the definitive proof of the existence of two sexes that most of us take them for granted to be. Social psychologists Kessler and McKenna (1978) make this point explicit with their concept of 'cultural genitals.' As Kessler explains, 'what has primacy in everyday life is the gender that is performed, regardless of the flesh's configuration under the clothes' (1998, 90). Yet treatment for intersexuality makes genitals the primary criterion for categorization, despite the fact that we rarely see them.

It is not physical or biological cues that we rely upon to make assumptions about people's sex. The tools/clues we use are social: gendered appearance and gendered behavior. We expect people who appear to be 'feminine' – however that is defined by a culture – to be females and people who appear to be 'masculine' – again, as defined by a particular culture – to be male. Norms for behavior are also assumed to provide guidelines for our categorization: People who behave in 'masculine' ways are male; those whose behavior is 'feminine' must be female. Yet the reality is far from being so simple.

If we take a few moments to think about our own lives and those of the people we interact with, we can readily see that male-bodied people engage in feminine behavior all of the time, just as female-bodied people act in masculine ways. When a father nurtures his baby – feeding, changing a diaper, soothing away tears – he is engaging in behavior that our society considers 'feminine'. When a woman plays tackle football, she is behaving in ways that our society labels 'masculine'. Clearly, having a penis and higher levels of testosterone has not rendered this man incapable of child care, just as having a clitoris and higher levels of estrogen has not rendered this woman incapable of playing a sport that involves hitting other people.

Masculine and feminine appearances are just as difficult to attribute only to male-bodied and female-bodied people, respectively. Men in various subcultures wear makeup and women's jeans; men of various backgrounds wear pink and other pastel-colored shirts when doing so is in fashion. Women have short hair, unpolished fingernails, and adopt men's clothing in the name of comfort (or fashion).

We also recognize that people can temporarily 'do' another gender, perhaps in the form of a female wearing a man's tuxedo to a Halloween party or a male actor playing a woman character, like John Travolta as Edna Turnblad in *Hairspray* (2007). And, though many individuals might be reluctant to play with their gender displays, my male students have gamely violated gender norms by wearing pink nail polish for a day while my female students have spit or burped loudly in public for the same assignment.

In short, our own mundane daily experiences show the limitations of assuming that sex and gender are always congruent with one another. While we associate nurturing feelings and behaviors with females and aggression with males, these are, in fact, *human* qualities exhibited in different amounts, different ways and different contexts by different people – whether they are male or female. If nurturing is more common among females and aggression is more common among males (or even simply more likely to be recognized and labeled as such), then this difference is a *social* product, not a biological inevitability. Once we start an accounting of all these exceptions to rigid gender categories, it is rather amazing to see how persistent they remain in our culture.

These patterned (but not absolute) differences that exist between men and women are the result of social processes, of experiences, not of having a particular kind of genitals, hormones and chromosomes. As people with male or female bodies, we have grown up in a society that strongly – *very* strongly – encourages us to develop a gender identity that corresponds with our sex. And, as a society, we use a variety of mechanisms to ensure that this developmental process proceeds smoothly. We give children gendered names, clothing, and toys; we treat people in gender-appropriate ways in families, at schools, at work, in the context of religion, friendship, leisure and sports; we teach them to act and appear in gender-appropriate ways. All of these processes sound like a lot of effort being put into a relationship (the one between sex and gender) that is supposed to be natural. If females are 'naturally' feminine and males are 'naturally' masculine, why is so much teaching and learning necessary? Can't we rely on individual developmental processes to create appropriately gendered men and women? Apparently not.

### **Transgender: beyond masculine men and feminine women**

The phenomenon of transgender throws our assumptions about the relationship between sex and gender – and the shortcomings of such assumptions – into

bold relief. A small, but increasingly visible, portion of the population experiences a disconnect between their sex and their gender. These individuals regard the sex to which they were assigned on the basis of genital inspection at birth to be an inaccurate reflection of their gender, of the gender with which they deeply identify, often from an early age.

The fact that a female-bodied person can also live socially as a man reveals the socially constructed nature of gender. Transmen live as men with or without surgeries, hormones and other medical interventions to make their bodies consistent with their genders. They do so by doing masculine gender, by acting and appearing in ways that members of our society have learned to associate with males/men. Despite living as a woman (again, being a woman), an individual can have a male body – including a penis. Transwomen, with or without medical procedures, live as women with male or formerly male bodies. They do so by doing feminine gender, by acting and appearing in ways that members of our society have learned to associate with females/women. In other words, an individual can use gendered appearance and behavior cues in hir daily life in ways that will lead other people to attribute the gender ‘woman’ or ‘man’ to hir without relying on any information about that individual’s genitals. (Note that the pronouns ‘ze’ and ‘hir’ are preferred alternatives to ‘he’ or ‘she’ and ‘her’ or ‘him’ in this context.) The existence of transgender people also shows us that there is no necessary relationship between maleness and masculinity or between femaleness and femininity.

Yet, both society as a whole and many transgender individuals themselves respond to their condition in ways that favor the creation of correspondence between sex and gender. The medical community has devised a process through which transgender people can obtain bodies that match their genders. This is what hormone therapy, sex reassignment surgery (SRS), and other medical interventions create. Many transgender individuals have been willing to be diagnosed with a mental illness – gender identity disorder – to get access to such treatment (Butler 2006).

Physicians can construct a body that matches the gender preferred by the individual – provided, of course, that person has the thousands of dollars needed to pay for the medical treatments, psychotherapy to certify that they *really* are transgender, etc. In a society that associates masculinity exclusively with maleness, one is expected to have a male body if one is a man. That association is why hormone therapy, SRS and other medical interventions are so important.

While the origins of transgender are complex (is it genetic?), it is a social emergency in the same ways that intersex is. Surgeries and other medical treatment for intersex conditions preserve the illusion that there exist two-and-only-two mutually exclusive sexes. The existence of intersexuality shows that sex is a social construction: we see two sexes not because there really are only two but because we believe there are (should be?) only two. And we’ve got the medical technology to make it so.

Similarly, our response to transgender is a set of medical interventions that preserves a related illusion: that masculinity is manifested only by males, that only males can be men and that femininity is manifested only by females, that only females can be women. Providing SRS and other medical treatment to transgender people undoubtedly gives them what they want and need: a body that matches their gender identity. It is not surprising in this context that many transpeople leave their transgender identity behind after they have transitioned. As researcher Cromwell (1999, 125) notes, transpeople have been expected to leave their identities 'in an operating room' and emerge as a 'new' man or woman; many (but not all) have been happy to comply.

But we cannot lose sight of the fact that treating transgender this way gives society what its other members want, too: the preservation of a clear distinction – a boundary – between males and females, men and women, masculinity and femininity. How else to explain the responses from medical professionals to transgender people who do not desire full SRS? Transpeople may have difficulty getting approval for treatment if they do not say they want all of the available surgeries and treatments. Reliance on medical evidence and intervention has its price.

For example, attorney Spade (2003) reports the difficulty he had gaining approval for surgery because he was not willing to say that he wanted to live as a man all of the time, he did not tell the 'transsexual childhood narrative' the therapist expected to hear, and he wanted only top surgery (removal of breasts and construction of masculine chest) (also see Denny 1996 and Hale 2002). Even though bottom surgery is notoriously risky for transmen (as the infamous saying goes: 'It is easier to dig a hole than build a pole'), the assumption is that someone who is *really* transgender will want to 'go all the way' – anyone else might just be pretending to be transgender. Furthermore, as Cromwell (1999, 124) reports, treatment (hormones and surgeries) has been withheld from transpeople who identify as gay or lesbian, just as it has been withheld from people who are unable or unwilling to pass as '“normal” and nontransgendered'.

We cannot ignore the possibility that transgender *exists* because of the assumption that sex and gender are congruent. In other words, transgender identity may well be a social construction, too. It may be a product of the very assumption that male-bodied people must be masculine and female-bodied people must be feminine. If we did not believe that sex and gender must 'match up', transgender identity would not make any sense. Would people continue to experience the same sex–gender dissonance trans people currently report (Serano 2007)? But, in the context of our existing sex–gender system, a female-bodied person doing masculinity, for example, doesn't just make the rest of society uncomfortable; it makes the masculine female-bodied person uncomfortable, too. So why wouldn't ze think hormones, SRS, and so forth is the answer?

Many (but certainly not all) transgender individuals appear to have the same goal for themselves that society would support for them in the name of preserving the boxes and boundaries we use to make sense of the gendered world. They do not wish to live between genders, to combine features of each category (though, as noted above, this is related to the fact that medical professionals discourage them from doing so). Their goal is to be able to live in their preferred gender without being 'clocked' or 'read' – in other words, being able to 'pass' as their new gender.

We might conclude, as Lorber (1994) does, that transgender is a socially conservative phenomenon. If a transperson has the goal of becoming a member of the other gender category (i.e. a man becoming a woman or a woman becoming a man), then gender itself is not called into question. Nor, in many cases, is the assumption that sex and gender are congruent. Unusual and radical as transgender might seem, to the extent that responses to it (by society and by transgender individuals) preserve the sex and gender dichotomy, it ultimately may preserve the boxes and boundaries it appears at first glance to undermine. Transgender identity does have radical potential if, for example, it undermines the assumption that an individual's gender is determined by sex categorization at birth. (Genetic explanations for transgender identity, however, undermine this potential because they assume gender is biologically determined rather than socially constructed.)

Of course, it is extremely important to remember that transgender individuals are no more responsible for the maintenance of traditional ideas about sex and gender, masculinity and femininity, than the rest of us are. In a society in which sex-gender congruence is so highly valued, the vast majority of people (whether cis-gender or transgender) have an investment in living up to its demands. Cis-gender or cis-sexual individuals are those who experience a consonance between the sex they were assigned at birth and their gender (Serano 2007). They tend to take their gender for granted because it fits with their sex: being a masculine male or feminine female makes sense to them.

But not all non-transgender individuals experience such congruence between their sex and gender. And not all individuals who identify as transgender desire to live full-time in just one gender. In their edited volume, *GenderQueer: Voices from Beyond the Sexual Binary*, Nestle et al. (2002) provide a forum for a variety of differently gendered individuals. Some identify as transgender while others are 'gender queers' who refuse to be placed into a single gender box, thus defying the carefully constructed boundaries.

For example, in the essay, 'This Butch Body', a masculine-identified lesbian writes about the possibility of being pregnant. People say they cannot imagine her pregnant and assume her feminine partner will be the one to give birth despite the fact that her own body is more 'female', with 'more curves, more hips and thighs, bigger breasts ...' (2002, 263). Raven Kaldera offers insights into hir experiences as a transgender person

who is also intersexed. After trying to live as a woman by plucking and shaving his beard, taking hormones and trying to dress in ways that made him look more feminine, Kaldera gave up, eventually coming out as a 'masculine androgyne' (2002, 159). (Also see O'Keefe and Fox's *Finding the Real Me: True Tales of Sex and Gender Diversity* (2003) for similarly varied autobiographical accounts.)

Our assumptions about the relationship between sex and gender also influence our understanding of sexuality. As explained above, the assumption is that masculine, male-bodied people are sexually attracted to feminine, female-bodied people, making both of these groups heterosexual. This notion is consistent with the idea that there are two-and-only-two sexes, the members of which are 'naturally' attracted to one another (i.e. the idea that 'opposites attract'). Furthermore, we also assume that masculine, female-bodied people and feminine, male-bodied people have a deviant sexuality (homosexuality) that corresponds to their deviant gender. Coupled with the above assumption about heterosexuality being natural, this belief lends itself to the conclusion that same-sex attractions are 'unnatural', an argument that is at the heart of much of the opposition to same-sex marriages. But none of these assumptions allow for the possibility that individuals might be sexually attracted to people of *both* sexes. In other words, they do not recognize (or legitimize) the possibility of bisexuality.

### **Bisexuality: beyond hetero and homo**

Sociologist Miller (2006) has written about the relationship between assumptions about gender and assumptions about sexuality, explaining how this set of beliefs renders bisexuality invisible. If heterosexuals are assumed to signal their sexuality via sex-gender congruence and homosexuals are assumed to signal their sexuality via sex-gender incongruence, then there is no way for bisexuals to signal their sexuality. A dichotomous understanding of sex and gender and the relationship between them, then, leaves no space for bisexuality. Even though such stereotypes about the genders of heterosexual and homosexual people are just that – stereotypes that fail to reflect the complexities of the ways people actually do gender – they do indeed serve to maintain the invisibility, even the incomprehensibility, of bisexuality. The assumptions people in our society make about the relationship between gender and sexuality are based on the existence of two categories of sexuality: homosexuality and heterosexuality.

Such 'logic' leaves no place for other possibilities. Only these two monosexual identities (heterosexual and homosexual) are seen as legitimate. Bisexual people cannot be seen, and therefore cannot exist, in this sex-gender matrix (Butler (1990) calls it the heterosexual matrix.) We have a box for (normal) people who prefer other-sex (or, in the usual parlance, 'opposite-sex') partners and a box for (deviant) people who prefer same-sex partners.

Between these dichotomous boxes lie a boundary and a wide chasm – in many people’s minds, a *vast* chasm. What Lorber (1994, 96) says about gender is true about sexuality as well: Just as ‘we have no social place for a person who is neither woman nor man’, we have no social place for a person who is neither heterosexual nor homosexual.

The meaning of ‘monosexuality’ and the belief in either-or sexual identities is both clarified and muddled by some of the lesbians interviewed by sociologist Esterberg (1997) in her study of lesbian and bisexual identities. These individuals believed that a woman should call herself a lesbian when she was sexually involved with a woman and a heterosexual when she was in a relationship with a man; to them, bisexuality only made sense when someone was involved in more than one relationship at a time. Curiously, even having had even a significant past relationship with a man (not just having a single sexual encounter) did not lead these women to identify themselves as bisexual. For them, any relationship with a woman made them lesbians, despite having a sexual history with men, too.

This curious phenomenon shows how, as sociologist Rust (1996, 79) explains, monosexual identities ‘subsume relationships with both genders’ and thus define bisexual identities ‘out of existence.’ If an individual can have sexual relationships with both men and women and still not identify as bisexual, then it is difficult, even impossible, to make sense or grant legitimacy to a bisexual identity. Is it any wonder that we save our most negative stereotypes for those individuals who dare to adopt such an identity? Bisexuals are stereotyped as promiscuous (and therefore prone to sexually transmitted infections), unfaithful (since they must maintain an interest in both men and women, which assumes at least two relationships at a time), and immature (because they cannot settle on a sexual identity), among others. As Esterberg (2006, 157) observes, ‘in popular discourse, bisexuals are often seen as a menace’.

In a memoir about her own shifting sexual identity, author Clausen (1999) provides telling insight into the boxes and boundaries when she reflects on people’s responses to her identity shift. She notes the difficulty of understanding attraction to both sexes in a society convinced that males and females are not only different but opposites asking, ‘For on what other grounds would attraction to one logically preclude attraction to the other?’ (1999, xviii). She also points out that ‘erotic allegiance to a single gender’ (xxi) is viewed as more important than the specific form that allegiance takes. In other words, while many people still consider heterosexuality preferable and/or superior, homosexuality at least makes sense in a way that bisexuality fails to do. The form monosexuality takes (hetero or homo) is less important than the preference for monosexuality itself. In fact, one might argue that the social movement around same-sex marriage and civil unions may further legitimize the distinction between monosexuals and bisexuals, particularly if it is viewed as a way, or ends up being a way, for gays and lesbians to appear as more ‘normal’.

Rust argues, in fact, that bisexual identity is ‘threatening to a monosexual identity’ (1996, 79) because it has the potential to destroy the gendered categories upon which both hetero- and homosexual identities rely. It also asserts a dynamic understanding of identity (versus the stable one a monosexual identity relies upon), thus challenging the unchanging and essentialist understanding of identity many people take for granted. As Esterberg (1997, 10) explains, ‘bisexual ... identity accounts call into question the dual categories of sexuality created in modern Western societies’.

For sociologist Udis-Kessler (1991), responses to bisexuality from heterosexuals and gays and lesbians show how it represents a ‘crisis of meaning’ for both groups, calling their respective claims to a clear and stable identity into question. She (1991, 356) observes that: ‘The heterosexual reaction to the bisexual is ‘I’m not gay’. The lesbian and gay reaction to the bisexual is “I *am* gay”.’ For both groups, bisexuality represents a challenge to the certainty of their sexual identity and, in fact, to the very categories upon which it is built. As Esterberg (2006, 161) explains, ‘bisexuality raises the possibility that sexual orientation is not so fixed after all’. Such observations are particularly intriguing in light of the speculation and research on the genetic basis of sexual orientation. The need to procreate is viewed by many as an adequate explanation for the existence of heterosexuality; procreation, in other words, is what makes heterosexuality ‘natural’. While some see research that seeks a genetic explanation for homosexuality as the product of a homophobic agenda, there are gay men and lesbians who believe that their orientation is innate (i.e. genetically determined) and fixed.

If we think about bisexuality in terms of boxes and boundaries, both the lack of understanding and the threat posed by it make sense. Our mutually exclusive, universally inclusive and dichotomous understanding of sexuality – like our comparable understandings of sex and gender – defines away alternatives like bisexuality, which fails to maintain the boundaries between categories upon which monosexuality relies. As with intersexuality and transgender, there is no place in this system for an identity that crosses the boundaries between the boxes.

And, also as with intersexuality and transgender, acknowledging the existence of this alternative is a threat to the boxes themselves. If individuals can be attracted to and engage sexually with both men and women, then why give primacy to monosexualities? (Let alone to one form of monosexuality like heterosexuality.) What is the basis upon which bisexuality is defined as abnormal? Like intersexuality and transgender, it is only abnormal to the extent that we insist on either-or categories and on the importance of maintaining the boundaries between those categories. As Udis-Kessler (1991, 355) notes, the challenge posed by bisexuality is a ‘problem for any culture which uses categories as ours does to scapegoat some people in return for offering others peace of mind.’ Writer Baumgartner (2007, 203) wonders whether ‘bisexuality is a term we use to deal with

our own fear of sexual fluidity and the dynamic nature of attraction.’ In this context, we might consider the conservative potential of same-sex marriage. The legitimization (e.g., in the form of legalization) of same-sex marriage or civil unions may both strengthen the distinction between monosexuals (hetero and homo) and bisexuals and make bisexuals even more invisible than they already are by marginalizing them. Such a possibility is raised by the fact that so little has been written by or about married bisexuals, the assumption perhaps being that marrying an other-sex partner makes them ‘really’ heterosexual or having a civil union with a same-sex partner makes them ‘really’ gay or lesbian.

### **Conclusion: beyond boxes and boundaries**

Is it a coincidence that intersexuality, transgender and bisexuality are all made invisible? All three have in common the fact that they call into question our easy reliance on categories and the boundaries between those categories. The belief that clear-cut sex, gender and sexuality categories exist is important – vitally important – to our ability to treat members of those categories differently and unequally. Because we cannot see people’s genitals – but assume, despite the problems with such an assumption, that genitals are definitive signal of sex – we usually allow gender to stand in for sex. For example, we treat feminine-appearing people like women/females and expect them to behave like women/females.

We rely on these distinctions constantly: we use different language (‘Sir’ or ‘Ma’am,’ ‘he’ or ‘she’); we have different behavioral expectations (that assertive man is a ‘go-getter’ while his female counterpart is a ‘bitch’); and we differentially value contributions to society (female-dominated occupations are rewarded with lower wages than male-dominated occupations). Widespread homophobia continues to keep gays and lesbians in the closet, hiding their identities because of fears that they will be discriminated against. We deny them access to the rights associated with marriage because their sexuality is ‘unnatural’.

Would it be so easy to continue these practices if the belief that males and females, women and men and heterosexuals and homosexuals were opposites disappeared? Would these inequalities persist, in other words, if the gaps between these groups were rendered insignificant? Taking intersexuality, transgender and bisexuality seriously would mean calling that vast chasm into question; it would mean asking whether the boundaries between these boxes are as hard and fast as we have been led to believe.

If one or two out of every 1000 infants receives surgery to change the appearance of their genitals (Blackless et al. 2000), then how can we continue to believe that male and female are naturally occurring, mutually exclusive and dichotomous sex categories? To what extent is our willingness to believe that there are two and only two sexes based on the invisibility of intersexuality? Sociologist Sharon Preves puts it this way: ‘The social

response to intersexual “deviance” is so strong that we have developed institutional means of covering up or erasing the violation, so that the initial social expectation of sexual binarism may be upheld’ (2003, 20). We engineer people’s bodies so that our belief in two-and-only-two sexes can be upheld and so we can continue to act based on that belief to treat men and women differently and to discriminate against females.

Physician Reiner (2004, 52) suggests instead that ‘What is “normal” or “normative” might better be thought of as “typical”; what is “abnormal” might better be considered “atypical”’. The only harm, after all, would be to the categories, to the boxes of sex we have constructed for ourselves. Maintaining the boxes, on the other hand, does real harm to real people. Activist Raven Kaldera’s statement makes clear what is at stake: ‘[W]henver a line is drawn, it passes through someone’s flesh’ (2002, 157).

If male people can be feminine in their appearance and behavior, if some female-bodied people live as men, how can we continue to believe that masculinity follows naturally from male bodies and femininity from female bodies? To what extent is our understanding of transgender identity and our accepted treatment for this condition (to, in effect, make it go away through medical interventions) based on our desire to continue to believe that just as sexes cannot mix, neither can genders? SRS provides people with bodies that match their genders. But what if we didn’t assume that bodies (i.e. sexes) and genders had to match?

As Cromwell explains, transpeople ‘queer the Western binaries of body=equals-sex=equals-gender=equals-identity’ (1999, 122). ‘Queering’ these binaries and questioning these boundaries makes their construction obvious: if they were ‘naturally’ occurring, there would be no need to work so hard to maintain them. And all of this hard work of maintenance has real consequences for transgender people. As writer Graff (2001, 20) puts it, ‘The slash between M/F cuts painfully through these lives.’

Finally, if some (perhaps many) people experience sexual attraction and desire for people of both sexes and if some people act on those desires, then bisexuality must be just another variation on human sexuality. Only our insistence on placing – and keeping – people firmly in one of two dichotomous categories (hetero or homo) and maintaining clear boundaries between those categories makes it seem otherwise. Clausen puts it this way: ‘The world can understand adultery, divorce, nonmonogamy, sleeping around, falling out of love or lust – but infidelity to a gender remains a real scandal’ (1999, xvi). This ‘scandal’ is born out of our refusal to see beyond our boxes and boundaries; and it, too, has real effects on people’s lives.

If attachment to boxes and boundaries means attachment to categories and attachment to categories is about the construction and maintenance of differences and social inequalities, then our boxes and boundaries ultimately help to construct and maintain inequalities. If we did not assume congruence and correspondence among sex, gender and sexuality, then gender itself would cease to make sense. If people could mix and match behaviors,

traits, appearances, and so on, then there would be no way to use them (i.e. to use gender) to make sex attributions and to use those attributions to decide how to treat people (unequally). As sociologist Lorber (2005, 152) explains: 'Because the categorical opposites contain elements of the other, similarities must be suppressed; if the similarities were allowed to emerge, they would blur the boundaries between the two groups and undermine the distinction of one as dominant.'

Similarly, if there were no assumed correspondence between sex and gender (Lorber (2005) calls this 'degendering'), neither could there be an assumed correspondence between gender and sexuality. If 'deviant' gender were not a signal of 'deviant' sexuality, and 'normal' gender did not mean 'normal' sexuality, then bisexuality would emerge as a viable, comprehensible possibility. In fact, there would be no reason to distinguish between monosexuality and bisexuality; sexuality boxes and boundaries could wither away (and with them the corresponding inequalities). If there were no assumptions available to associate sex with gender, then there would be no basis for making assumptions about people's sexual attractions and desires as being sex/gender-based.

In the end, we must ask ourselves serious questions about why we are so committed to the maintenance of clear and dichotomous sex, gender and sexuality boxes with their correspondingly rigid boundaries. We must consider why we are so dedicated to labeling some aspects of the spectrum of human variation as deviant, sinful, and inappropriate. As writer Bloom (2002, 132) points out, 'our mistake is in thinking that the wide range of humanity represents aberration when in fact it represents just what it is: range'.

A commitment to hierarchical categorizations and to the elimination of divergences from those categories by making them invisible is a commitment to the maintenance of social inequality. Ironically, the labeling of intersexuality, transgender and bisexuality give lie to that very invisibility because they recognize that these variations exist despite our efforts to eliminate them. What are we so afraid of?

Consider this invitation from anthropologist Rubin (2006, 479): 'Instead of fighting for immaculate classifications and impenetrable boundaries, let us strive to maintain a community that understands diversity as a gift, sees anomalies as precious, and treats all basic principles with a healthy dose of skepticism.' What a different world we could make.

### **Short Biography**

Betsy Lucal is Associate Professor of Sociology at Indiana University South Bend, where she is also a member of the Women's Studies Faculty. Winner of the 2004 IU South Bend Distinguished Teaching Award and the 2005 Sylvia E. Bowman Award for Excellence in Teaching, she teaches courses on sociology of gender, sociology of sexualities, sociological theory, and sociology of food. She has published articles in *Gender & Society* and

*Teaching Sociology*, and currently serves on the Editorial Board of both journals. Her current research focuses on the social construction of gender and sexualities. She is a member of the American Sociological Association's Departmental Resources Group and current chair of their Taskforce on the Status of GLBT Persons in Sociology. She holds a BGS in General Studies and an MA and PhD in Sociology, all from Kent State University.

## Note

\* Correspondence address: Department of Sociology and Anthropology, Indiana University South Bend, 1700 Mishawaka Ave., South Bend, IN 46634, USA. Email: blucal@iusb.edu.

## References

- Baumgartner, Jennifer 2007. *Look Both Ways: Bisexual Politics*. New York, NY: Farrar, Straus and Giroux.
- Blackless, Melanie, Anthony Charuvastra, Amanda Derryck, Anne Fausto-Sterling, Karl Lauzanne and Ellen Lee 2000. 'How Sexually Dimorphic Are We? Review and Synthesis.' *American Journal of Human Biology* **12**: 151–66.
- Bloom, Amy 2002. *Normal: Transsexual CEOs, Crossdressing Cops and Hermaphrodites with Attitude*. New York, NY: Random House.
- Butler, Judith 1990. *Gender Trouble: Feminism and the Subversion of Identity*. New York, NY: Routledge.
- Butler, Judith 2006. 'Undiagnosing Gender.' Pp. 274–98 in *Transgender Rights*, edited by Paisley Currah, Richard M. Juang and Shannon Price Minter. Minneapolis, MN: University of Minnesota.
- Clausen, Jan 1999. *Apples and Oranges: My Journey through Sexual Identity*. Boston, MA: Houghton Mifflin.
- Cromwell, Jason 1999. *Transmen and FTMs: Identities, Bodies, Genders and Sexualities*. Urbana, IL: University of Illinois Press.
- Cure Research. 'Statistics about Cystic Fibrosis.' <http://www.cureresearch.com/c/cf/stats.htm> (accessed 31 May 2007).
- Denny, Dallas 1996. 'In Search of the 'True' Transsexual.' *Chrysalis: The Journal of Transgressive Gender Identities* **2**: 39–44.
- Dreifus, Claudia 2005. 'Declaring with Clarity, When Gender Is Ambiguous.' *New York Times*, 31 May. <http://www.nytimes.com/2005/05/31/science/31conv.html> (accessed 5 March, 2008).
- Esterberg, Kristin G. 1997. *Lesbian and Bisexual Identities: Constructing Communities, Constructing Selves*. Philadelphia, PA: Temple University Press.
- Esterberg, Kristin G. 2006. 'The Bisexual Menace Revisited: Or, Shaking up Social Categories Is Hard to Do.' Pp. 157–63 in *Introducing the New Sexuality Studies: Original Essays and Interviews*, edited by Steven Seidman, Nancy Fischer and Chet Meeks. New York, NY: Routledge.
- Fausto-Sterling, Anne 1993. 'The Five Sexes: Why Male and Female Aren't Enough.' *The Sciences* **March–April**: 20–4.
- Fausto-Sterling, Anne 2000. 'The Five Sexes, Revisited.' *The Sciences* **July–August**: 18–23.
- Graff, E. J. 2001. 'The M/F Boxes.' *The Nation* **December 17**: 20–22, 24.
- Hale, C. Jacob 2002. 'Whose Body Is This Anyway?' Pp. 250–2 in *GenderQueer: Voices from beyond the Sexual Binary*, edited by Joan Nestle, Clare Howell and Ricki Wilchins. Los Angeles, CA: Alyson Books.
- Intersex Society of North America. 'How Common Is Intersex?' and 'Intersex Conditions.' <http://www.isna.org/faq> (accessed 31 May 2007).
- Kaldera, Raven 2002. 'Do It on the Dotted Line.' Pp. 156–60 in *GenderQueer: Voices from beyond the Sexual Binary*, edited by Joan Nestle, Clare Howell and Ricki Wilchins. Los Angeles, CA: Alyson Books.

- Kessler, Suzanne J. 1998. *Lessons from the Intersexed*. New Brunswick, NJ: Rutgers University Press.
- Kessler, Suzanne J. and Wendy McKenna 1978. *Gender: An Ethnomethodological Approach*. Chicago, IL: University of Chicago Press.
- Lee, Peter A., Christopher P. Houk, S. Faisal Ahmed and Ieuan A. Hughes. 2006. 'Consensus Statement on Management of Intersex Disorders.' *Pediatrics* **118**: e488–500.
- Lorber, Judith 1994. *Paradoxes of Gender*. New Haven, CT: Yale University Press.
- Lorber, Judith 2005. *Breaking the Bowls: Degendering and Feminist Change*. New York, NY: W. W. Norton and Co.
- Lucal, Betsy 1999. 'What It Means to Be Gendered Me: Life on the Boundaries of a Dichotomous Gender System.' *Gender & Society* **13**: 781–97.
- Miller, Andrea 2006. 'Bi-Nary Objections: Voices on Bisexual Identity Misappropriation and Bisexual Resistance.' Unpublished dissertation. Washington, DC: American University.
- Minto, C. L., S. Creighton, M. Mrcog, and C. Woodhouse 2001. 'Long term Sexual Function in Intersex Conditions with Ambiguous Genitalia.' *Journal of Pediatric and Adolescent Gynecology* **14**: 141–2.
- Minto, Catherine L., K. Lih-Mei Liao, Gerard S. Conway and Sarah M. Creighton 2002. 'Sexual Function in Women with Complete Androgen Insensitivity Syndrome.' *Fertility and Sterility* **80**: 157–64.
- Nestle, Joan, Clare Howell and Riki Wilchins (eds) 2002. *Genderqueer: Voices from Beyond the Sexual Binary*. Los Angeles, CA: Alyson Books.
- O'Keefe, Tracie and Katrina Fox (eds) 2003. *Finding the Real Me: True Tales of Sex and Gender Diversity*. San Francisco, CA: Jossey-Bass.
- Preves, Sharon E. 2002. 'Sexing the Intersexed: An Analysis of Socio-Cultural Responses to Intersexuality.' *Signs: Journal of Women in Culture and Society* **27**: 523–556.
- Preves, Sharon E. 2003. *Intersex and Identity: The Contested Self*. New Brunswick, NJ: Rutgers University Press.
- Reiner, William G. 2004. 'Mixed-Method Research for Child Outcomes in Intersex Conditions.' *BJU International* **93** (Supplement 3): 51–3.
- Rubin, Gayle 2006. 'Of Catamites and Kings: Reflections on Butch, Gender and Boundaries.' Pp. 471–481 in *The Transgender Studies Reader*, edited by Suzanne Stryker and Stephen Whittle. New York, NY: Routledge.
- Rust, Paula C. 1996. 'Sexual Identity and Bisexual Identities: The Struggle for Self-Description in a Changing Sexual Landscape.' Pp. 64–86 in *Queer Studies: A Lesbian, Gay, Bisexual and Transgender Anthology*, edited by Brett Beemyn and Mickey Eliason. New York, NY: New York University Press.
- Serano, Julia 2007. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Emeryville, CA: Seal Press.
- Spade, Dean 2003. 'Resisting Medicine, Re/modeling Gender.' *Berkeley Women's Law Journal* **18**:15–37.
- Udis-Kessler, Amanda 1991. 'Present Tense: Biphobia as a Crisis of Meaning.' Pp. 350–8 in *Bi Any Other Name: Bisexual People Speak Out*, edited by Loraine Hutchins and Lani Kaahumanu. Los Angeles, CA: Alyson Books.
- West, Candace and Don H. Zimmerman 1987. 'Doing Gender.' *Gender & Society* **1**: 125–51.