

About Purportedly Gendered Body Parts

I have been thinking about how much I would like it if people, especially health practitioners, exercise instructors and others who talk about bodies a lot, would adjust their language about body parts heavily associated with gender norms. Lots of people who identify as feminists and allies to trans people still use terms like “female-bodied,” “male body parts,” “bio-boy,” and “biologically female.” Even in spaces where people have gained some basic skills around respecting pronoun preferences, suggesting an increasing desire to support gender self-determination and release certain expectations related to gender norms, I still hear language used that asserts a belief in constructions of “biological gender.” From my understanding, a central endeavor of feminist, queer, and trans activists has been to dismantle the cultural ideologies, social and legal norms that say that certain body parts determine gender identity and gendered social characteristics and roles. We’ve fought against the idea that the presence of uteruses or ovaries or penises should be understood to determine such things as people’s intelligence, proper parental roles, proper physical appearance, proper gender identity, proper labor roles, proper sexual partners and activities, and capacity to make decisions. We’ve opposed medical and scientific assertions that affirm the purported health of traditional gender roles and activities and pathologize bodies that defy those norms.

As feminists and trans allies, we continue to work to dispel myths that body parts somehow make us who we are (and make us “less than” or “better than,” depending on which we may have). But feminists and trans allies sometimes (often inadvertently) prop up these sexist and transphobic ideas just by using language that is shaped by biological determinism.

I have heard language used by many smart trans people and allies that I would like to suggest as an alternative to language that is invested in the myth of biological binary gender:

1) We can talk about uteruses, ovaries, penises, vulvas, etc. with specificity without assigning these parts a gender. Rather than saying things like “male body parts,” “female bodies” or “male bodies” we can say the thing we are probably trying to say more directly, such as “bodies with penises,” “bodies with uteruses,” “people with ovaries” and skip the assumption that those body parts correlate with a gender. Examples: “Unfortunately the anatomical drawings in this book only represent bodies with penises and testicles, but I think this picture can still help you get a sense of how the abdominal muscle is shaped.” “People with testicles may find this exercise easier with this adjustment.” “Some people may feel a sensation in the ovaries during this procedure.”

2) The term “internal reproductive organs” can be a useful way to talk generally about ovaries, uteruses, and the like without calling them “female reproductive organs.” Example: “The doctor might think it is necessary to have some ultrasounds of the internal reproductive organs to find out more about what is causing the pain.”

3) We can use “people who menstruate” or “people who are pregnant” or “people who produce sperm” or other terms like these rather than using “male,” “female” or “pregnant women” as a proxy for these statuses. In this way we get rid of the assumptions that all people who identify as a particular gender have the same kind of body or do the same things with their bodies, as well as the mistaken belief that if your body has/does that thing it is a particular gender. Examples: “This exercise is not recommended for people who are menstruating.” “People who are trying to become pregnant should not take this medication.” “People who produce sperm should be warned that this procedure could effect their fertility.”

4) When we want to talk about someone and indicate that they are not trans, we can say “not trans” or “non-trans” or “cisgender” rather than “biologically male,” or “bio boy,” or “bio girl.”

When we talk about someone trans we should identify them by their current gender, and if we need to refer to their assigned gender at birth we could say they were “assigned male” or “assigned female” rather than that they are “biologically male” or “biologically female.” These “bio” terms reproduce the oppressive logic that our bodies have some purported biological gendered truth in them, separate from our social gender role. Our bodies have varying parts, but it is socialization that assigns our body parts gendered meaning.

If we know we’re going to be talking about bodies, taking the adjectives “male” and “female” or “masculine” and “feminine” out of our vocabularies for describing body parts or systems can help us avoid alienating or offending the people we are talking to. This may help improve access to whatever we are offering for people who are often alienated from much needed health services. As we all know, lots of people’s bodies do not fit the rigid story about “biological sex,” including trans people, genderqueer people, people with intersex conditions, people who cannot or choose not to reproduce, non-trans women who have had hysterectomies, non-trans men who do not have testicles, etc. Many people will benefit from our efforts to dismantle gendered language about bodies that enforces harmful norms. Taking these gendered framings off of medical intake forms, and making sure that the “gender” question on such forms is a blank space where people can write what they want rather than check a box, are also important steps for improving access. I’m sure that depending on the context in which we’re talking about bodies, other phrasing might be useful, but I believe that we can talk in ways that get out of compulsory gender assignment of these body parts and reflect our rejection of the notion that binary gender is “natural” or pre-political. I would love to hear other people’s examples of good use of language to move away from these assumptions.