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Gender Incongruence as Incongruence with the Social Meaning of Sex

James Dyer and Mary Leng

University of York

ABSTRACT

Nicole Vincent makes the argument that the gender incongruence thesis is 'conceptually incoherent, insidiously regressive, and hostile to diversity' (Vincent 2023: 215). She holds that the idea that there is such thing as congruence or incongruence between experienced gender (or gender identity) and sex is regressive and hostile to diversity on the grounds that it rests on a regressive normative assumption that experienced gender and sex ought to align. She holds further that the gender incongruence thesis is conceptually incoherent on the grounds that sex and experienced gender are conceptually distinct and can vary independently of each other. If this is true, then combinations of sex and experienced gender can be more or less common, but not congruent or incongruent. Finally she proposes an alternative diagnostic assessment of transgender people suffering gender dysphoria, holding that gender dysphoria should be understood as involving a feeling of incongruence between sex and experienced gender, and comments on the implications of this understanding for medical treatment of this condition.

We argue that Vincent is wrong in thinking that the incongruence thesis is conceptually incoherent. Nevertheless, we argue that on at least one plausible analysis of incongruence, incongruence itself, as opposed to an individual's distress at the presence of incongruence, is not something in need of treatment, including medical interventions. Thus, we conclude, Vincent's proposals concerning medical treatment receive some support, even if the gender incongruence thesis holds.

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KEYWORDS sex; gender; incongruence

1. Introduction

Nicole Vincent makes the argument that the gender incongruence thesis(IT) is 'conceptually incoherent, insidiously regressive, and hostile to diversity' (Vincent 2023: 215). She holds that the idea that there is such thing as congruence or incongruence between experienced gender (or gender identity) and sex is regressive and hostile to diversity on the grounds that it rests on a regressive normative assumption that experienced gender and sex ought to align. She holds further that the gender incongruence

CONTACT Mary Leng mary.leng@york.ac.uk

thesis is conceptually incoherent on the grounds that sex and experienced gender are conceptually distinct and can vary independently of each other. If this is true, then combinations of sex and experienced gender can be more or less common, but not congruent or incongruent. Finally she proposes an alternative diagnostic assessment of transgender people suffering gender dysphoria, holding that gender dysphoria should be understood as involving a *feeling* of incongruence between sex and experienced gender, and comments on the implications of this understanding for medical treatment of this condition.

We argue that Vincent is wrong in thinking that the incongruence thesis is conceptually incoherent. Nevertheless, we argue that on at least one plausible analysis of incongruence, incongruence itself, as opposed to an individual's distress at the presence of incongruence, is not something in need of treatment, including medical interventions. Thus, we conclude, Vincent's proposals concerning medical treatment receive some support, even if the gender incongruence thesis holds.

2. The Conceptual Coherence of the Gender Incongruence Thesis

Vincent's claim concerning the conceptual incoherence of the IT rests on her assertion that sex and experienced gender are different things:

> if sex, gender, and sexuality are indeed different things, then transgender people's experienced gender and natal sex cannot possibly be incongruent, simply because no combination of sex, gender, and sexuality can be either congruent or incongruent. (2023: 218)

We think this is too quick. The fact that two things differ does not mean that we cannot make sense of the idea that they could be congruent or incongruent. After all, pegs and holes are different things, and yet we might plausibly think that a square peg is incongruent with a round hole in a way that a round peg of the right size wouldn't be.

In the case of pegs and holes, there is a feature of the hole (its size and shape) that determines what a peg would have to be like to be 'congruent' or 'incongruent' with it. Vincent's contention is that, unlike in the peg/hole case, there is nothing in the notions of sex and experienced gender that requires that any one sex should be aligned with any one experienced gender. The evidence she offers for this is the fact that various combinations of sex and experienced gender exist, and that given that sex and gender are different things, there is no conceptual connection between sex and experienced gender:

> I do not deny that sex, gender, and sexuality are connected. Rather, we emphasise that where such connections exist, they are causal not conceptual, and contingent not necessary. (2023: 226)

Again we find this move too quick. In particular, even though sex and experienced gender can be found in all combinations, it does not follow from this that there is no conceptual connection between the two. Even if sex and experienced gender can be had in any combination (for example, in a trans woman, someone whose natal sex is male but whose experienced gender involves identifying as female), if experienced gender is conceptualized in relation to sex, it is not conceptually distinct from sex.

To assess Vincent's claim that the incongruence thesis is conceptually coherent we thus need to supplement it with an account of experienced gender to see whether such an account involves a conceptual connection. In her commentary, Sophie Grace Chappell (2023) suggests an account of experienced gender as involving bodily identification, which looks to involve a conceptual relation between experienced gender

and sex. On Chappell's account, someone has the *experienced gender* 'woman' if they have a conception of themselves as someone with a female-*sexed* body. We think that Chappell is right that, on this account of experienced gender, the notion of gender incongruence is coherent. Given that this 'bodily identification' account of experienced gender has been discussed already in the commentaries, however, we will focus on an alternative 'internalised social map' account of experienced gender that is also available in the literature to show that, on this account too, there is no incoherence in the claim that experienced gender and sex can be incongruent. We note here that there is no *prima facie* reason to think of either the 'bodily identification' or the 'internalised social map' picture of experienced gender as being the whole story or the universally correct account of experienced gender. We leave it open that experienced gender may involve aspects of both bodily identification and social map identification, and also that the weight these aspects hold may vary from person to person. For simplicity, however, we will focus on the 'internalised social map' picture of experienced gender to consider what consequences this account has for Vincent's discussion of incongruence.

3. 'Experienced Gender' as Identification with a Sex-Linked Social Map

The 'social map identification' account of experienced gender involves an account of experienced gender that is built around a broader conception of 'gender' understood as the social meaning of sex. The account we have in mind is Katharine Jenkins' (2016) account of gender identity (that is, experienced gender), which itself picks up on an account of gender offered by Sally Haslanger (2000). Haslanger offers what she calls 'a focal analysis that defines gender, in the primary sense, as a social class' (2000: 37). A focal analysis, she tells us, 'undertakes to explain a variety of connected phenomena in terms of their relations to one that is theorized as the central or core phenomenon' (2000: 37). For Haslanger, the core phenomenon of gender is 'the pattern of social relations that constitute the social classes of men as dominant and women as subordinate; norms, symbols, and identities are gendered in relation to the social relations that constitute gender' (2000: 37).

Starting with the core phenomenon of gender, Haslanger accounts for gender as social class in terms of being categorised as subordinate or dominant in virtue of assumptions made about one's male or female biology. Thus on Haslanger's account of being classed as a woman,

> S is a woman iff_{df} S is systematically subordinated along some dimension (economic, political, legal, social, etc.), and S is "marked" as a target for this treatment by observed or imagined bodily features presumed to be evidence of a female's biological role in reproduction. (2000: 39)

This core phenomenon of gender is clearly related to sex: individuals are targeted for differential treatment on the basis of assumptions made about their biological sex. As such, in Haslanger's social class account of gender, we can make sense of the idea that the gender 'woman', which involves being targeted for subordination, is associated with the sex 'female' and the gender 'man', which involves being assigned a dominant social role, is associated with the sex 'male'.

With 'gender' so-understood as the core phenomenon, experienced gender, or what Haslanger calls 'gender identity', is on Haslanger's account meant to be understood with reference to this core phenomenon. Gender identity isn't Haslanger's focus in her discussion; a rough sketch is relegated to a footnote (2000: 53, n. 9). However,

Jenkins (2016) takes up the challenge of fitting in an account of gender identity (experienced gender) into Haslanger's picture. Jenkins' proposal is as follows:

> S has a gender identity of [woman] iff S's internal 'map' is formed to guide someone classed as a [woman] through the social or material realities that are, in that context, characteristic of [women] as a class. (Jenkins 2016: 410)

Under Jenkins' account, having an experienced gender (of a woman) involves an individual having an internalised map that would guide someone through the social and material realities for those classed as women (in Haslanger's sense).[1]

With this account of experienced gender in place, it should be clear that even though experienced gender and sex can be found in all combinations, there is nevertheless a conceptual link between experienced gender and sex, as experienced gender is understood conceptually as involving our relation to the norms/social map that society associates with a given sex. My experienced gender is of a woman if the internalised social map I take to be relevant to me is the one that is socially expected to guide those classed as women (that is, those taken to be female). We can also see how, in this picture, a 'mismatch' between experienced gender and sex can lead to troubling experiences of incongruence to the extent that others recognise an individual's sex and treat them accordingly. Suppose that an individual has an experienced gender of a woman, as Jenkins describes it, but, due to having male primary and secondary sexual characteristics, is not recognised by others as female. In such circumstances, how an individual experiences themselves, indeed how they would navigate through life, conflicts with how others would see and treat them due to the biological features of their sex. They would have an internal map to guide women but little/no opportunity to follow said map because, in the eyes of others, they would be classed as men. Their *experienced gender* would be incongruent with their sex because it would be incongruent with the gendered map society associates with their sex. In contrast, if a natal male has, and navigates life with, an internal map for those classed as men, then there will be no conflict between his sex and his experienced gender. This is because how he experiences himself would cohere with how others treat him due to their recognition of his primary and secondary sexual characteristics. His experienced gender would be congruent with his sex.

4. Gender Incongruence and Transgender Medical Interventions

Aside from challenging the conceptual coherence of the Incongruence Thesis, Vincent holds that adopting the notion of gender incongruence is '*insidiously regressive*' (2023: 218). Her main contention here is that once we understand the conceptual separation of sex and experienced gender we should see that there is no requirement that they

[1] Jenkins does not offer, in her account of gender identity, any explanation of how it might come about that someone internalises a social map different from the one society presents them with, and it might seem puzzling that this could happen. Perhaps, though, the case of sexual orientation can help to support the idea that individuals may internalise a different set of gender norms despite gendered socialisation. In a heteronormative society, we are heavily socialised towards heterosexuality, and yet gay and lesbian people are somehow resistant to this socialisation. Perhaps the same could be said about gender socialisation for transgender people on Jenkins' account. That is, while in a cisnormative context we are all socialised to internalise the gender norms associated with our sex, transgender people are somehow resistant to this socialisation, internalising instead the social maps typically associated with people of the opposite sex (or in some cases internalising no social map).

should align, and realise that the assumption that they ought to be made to align (perhaps through medical intervention to alter secondary sex characteristics) is grounded only in an 'outdated, conservative, and oppressive view about sex, gender, and sexuality which poses a very real threat – not just to sex, gender, and sexuality minorities, but to everyone – through its hostile attitude towards diversity' (2023: 218). Better, Vincent thinks, to encourage recognition that sex and experienced gender can exist in all combinations than push the regressive idea that if one's experienced gender does not 'match' one's sex, medical and/or social interventions are required to make the two align. Medical intervention may still, she thinks, be necessary for some individuals to alleviate their *feeling* of gender incongruence, but only after exploring other avenues, including challenging the regressive assumptions that may give rise to a sense of incongruence.

One peculiarity in Vincent's account is her assumption that, while gender incongruence does not exist (and so cannot be effectively resolved by transgender medical interventions), the *feeling* of incongruence does exist, and can sometimes be effectively resolved by such interventions (though other routes to resolution may also be available). Clearly, an individual may think/believe they are feeling gender incongruence, but it is difficult to understand how one could actually *feel* gender incongruence if gender incongruence is impossible. Furthermore, if there really is no such thing as gender incongruence to be resolved by medical interventions targeted at aligning secondary sex characteristics with experienced gender, it's difficult to understand how *felt* incongruence could be resolved by such interventions.

An advantage of the social map identification account of experienced gender is that, by making sense of gender incongruence it can also explain how transgender medical interventions can alleviate distress in those experiencing incongruence. For the 'social map' account, modifying secondary sex characteristics (as well as one's outward presentation, for example, by dressing in accordance with gendered expectations of the sex with which one's internalised social map is associated) so that one appears *to others* as having—or at least as aspiring to have—the kind of body associated with one's internal social map is likely to have the effect of switching others' expectations of the social map a particular person ought to conform with in a way that aligns more closely with that person's internal social map. Even if a person does not 'pass' as the opposite sex, bodily and presentational changes can serve as a signal to others of one's experienced gender, and can be enough to prompt others to switch their expectations vis-à-vis which social map one should follow.

The social map identification account also, however, allows for the recognition of the regressiveness of the idea that gender incongruence is a problem that needs treating by means of realignment of experienced gender with sex (for example, through alteration of secondary sex characteristics). This is because, on the social map account, one's experienced gender is a result of one's relation to a gendered social map that arises primarily out of social policing of gendered norms that exist to uphold the patriarchal oppression of female people by male people.[2] It is in the service of patriarchy that most of the distinctive gendered norms typically associated with male and female

[2] We note that although gendered norms exist to uphold the patriarchal structure of female oppression, it by no means follows that it is only females who suffer from the existence of these norms. Norms of masculinity are also heavily policed under patriarchy, and males who diverge from norms of masculinity are chastised for failing to reinforce the patriarchal myth of males as naturally superior/dominant.

people (and giving rise to the gendered expectations on real 'men' and 'women') have been developed, so that the existence and nature of separate gendered social maps for male and female persons is itself a result of regressive social norms. Recognising the regressive source of gendered social maps allows us to see that, although gender incongruence is a *real* phenomenon, it is also thoroughly *social*, an artefact of the system of patriarchy.

On this picture, even though gender incongruence exists, it doesn't follow that our response to the existence of incongruence should be to make changes to individuals to resolve the incongruence they feel and/or that others perceive. Similarly, even though transgender and gender diverse people's *feelings* of gender incongruence exist, it doesn't follow that their feelings of incongruence are in need of treatment of any sort (they are, after all, simply a recognition of social fact: a recognition that the map that feels right for an individual does not match the social map they are typically expected to follow). What, if anything, is in need of resolution is neither incongruence nor feelings of incongruence, but a person's *distress* at the incongruence between sex and experienced gender. One widely accepted way of resolving this distress is via transgender medical interventions that bring secondary sex characteristics more in line with the sex associated with a trans individual's experienced gender. But this is not the only way to resolve such distress, and we agree with Vincent that working towards achieving her conditions (i)-(iii) would be valuable in helping to resolve distress at gender incongruence prior to embarking on medical interventions. Were we all to reflect adequately on gendered stereotypes and social norms and take steps to challenge these where they occur, perhaps the social maps associated with those classed as women would come to more closely resemble the social maps associated with those classed as men, until the point when they were (almost) indistinguishable. This would presumably lead to fewer cases of people experiencing an incongruence between their experienced gender and sex, as there would no longer exist two very separate social maps associated with 'male' and 'female' with which to align.[3]

Recognising, though, that on the social map account the existence of incongruence is a result of the social system of gender, and that incongruence is a result of this system rather than just the feelings of individual transgender people, might help us to see why Vincent's prescription that conditions (i)-(iii) should be satisfied *before* people embark on medical interventions may place an unfair—and potentially impossible—burden on individuals who may therapeutically benefit from such interventions. If the problem that gives rise to incongruence is with the social system of gender, involving the core phenomenon of patriarchal oppression and longstanding systems of norms and expectations that have been put in place to support that patriarchal system, it is hardly fair on transgender individuals to require them to dismantle this system in order to resolve their own feelings of incongruence. We all can and should be working towards dismantling the system of patriarchy, but until this happens, medical interventions involving bodily modifications may still be the best option for some transgender individuals to relieve distress over gender incongruence.

[3] To the extent that aspects of an individual's experienced gender is a result of bodily identification rather than social role identification, as suggested by Chappell (2023), one might expect that some experiences of incongruence would persist even in a society with much more equal gender roles.

Disclosure statement

No potential conflict of interest was reported by the authors.

ORCID

Mary Leng http://orcid.org/0000-0001-9936-5453
James Dyer http://orcid.org/0000-0002-1333-3707

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