

Pressured to ‘Pass’: Performance, Surveillance, and Medicalisation Explored as a Trans Sociology

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This article aims to problematise the idealisation of passing in both the trans and gender diverse (TGD) community and the medical field that holds epistemic privilege over the TGD community. Through an exploration of Butler’s concept of gender-as-performance, this paper finds the idealisation of passing as contributing to a reinforcement of the gender binary, despite TGD existence broadly being considered otherwise. Through a further elaboration on the mechanisms of regulation and normalisation that drive TGD people to surveil, and in turn normalise themselves—both in the form of social and physical discipline, this paper concludes that passing is, in itself, a harmful ideal for TGD people and society in a broader sense, and is a mechanism of control, rather than true freedom, for TGD communities. Although it is concluded that passing as an ideal is problematic, I caveat that it is a realistic desire that comes as a symptom of a society with an oppressive and rigid gender binary, and attempts to challenge this binary must come from areas beyond simply the rejection of passing.

INTRODUCTION

Trans and gender diverse (TGD) people comprise a group that is under increasing scrutiny, surveillance, and marginalisation in modern society. An increasingly common theme within TGD communities is finding ‘passing’—meaning to pass as cisgender—to be an end goal of social and medical transition. Drawing heavily on the ideas of Butler in relation to gender performance and construction, Foucault’s concept of power, and Garfinkel’s microsociology—especially in relation to accounting and breaching within social interaction, this paper aims to problematise passing, and more specifically the conditions that create a desire to pass for TGD people. Through an examination of how gender as a performative system contributes to and is shaped by a hegemonic system of gender, we begin to find issues in the idealisation of TGD gender conformity. We further explore how this is constructed through the role of external influence, and, in turn, internalised knowledge of gender, that pushes TGD people to surveil and normalise themselves as part of the constructing process of their own gender identity. Applying these concepts, this paper then moves on to criticise the medical field as an instrument of cis-normative knowledge production and in turn discipline of the TGD body, before ultimately concluding passing as a concept that, although beneficial for the individual, is symptomatic and reinforcing of a binary gender system, that contributes to the oppression of TGD people more widely. As such, this paper concludes the idealisation of passing as an outcome within TGD communities and the medical field more widely as problematic, although noting that it is symptomatic of a wider system of gendered power.

GENDER TROUBLE AND IDENTITY UNDER CONSTRUCTION

Key to understanding the construction of gender identity in TGD people is to consider gender in non-essential terms, and rather as an externalised performance. For Butler (2006), gender identity is constructed as an individual performance influenced and constricted by an existing hegemony of the binary sex system. As such, despite a claimed existence of a gender ‘essence’ in the individual, gender is rather constituted by the gendered expressions that are claimed to follow on from it (Butler 2006, 25; 31–32). In this sense, gender is considered to be constructed by its own expression, with the communication of gender through behaviours, language, and appearance constituting gender itself (Butler 2006, 33). Within Butler’s non-essential

understanding of gender, we can quite clearly view the role of internal identity construction and the external influence on this process, and in turn, the role of ideological forms of power in how individuals 'do' gender (Butler 2006, 22; Carey 2022, 28). The most prevalent ideology in the background of gendered logic is the heterosexual matrix, which posits a hegemonic understanding of gender as binary, embedding certain modes of appearance, behaviour, and language with the culturally intelligible meaning of either being 'man' or 'woman' (Brickell 2006, 93). Using a post-structuralist approach, we can understand that beyond any institutional creation of meaning, individual gender performances not only are influenced by, but create, reinforce, and reshape the heterosexual matrix, by way of giving authority to the hegemonic logic of a binary gender system when abiding by the meaning it assigns to gender in a 'coherent' fashion (Morgenroth and Ryan 2020, 1124–1125). This also opens up the possibility of subverting the hegemonic understandings of gender through creating incoherency, or for Butler, 'gender trouble' (Butler 2006, 24). In this sense, we can view gender in an interactionist framework, where the symbolic interaction of gendered individuals is the main contributor to the construction of gender ideals and gender roles and its policing in the form of Garfinkel-like systems of background expectancies. Underlying expectations of social norms and practices—in this case relating to gender coherency—have individual behaviour, and encourage punishment for those who cause gender trouble in the form of accounting (Garfinkel 1967, cited in Quéré 2011, 13). Of course, this is not to discount the role of institutions and more 'top down' forms of enforcing gender conformity, but instead to place a larger focus on the individual interactions that contribute to a hegemonic discourse on gender and to the pressure to conform to gender roles. The understanding of gender we have established in this section, as a performance, that is communicated and enforced in a primarily decentralised manner, is key to the argument of this paper and the following section. This notion allows us to problematise the idealisation of passing as the desired outcome for TGD people as a reification of an existing gender system (Jones 2020, 63) that continues to oppress the TGD community and beyond.

Passing, simply defined, 'refers to the process whereby a person adopts the guise of a different group's member in relation to one's race, gender, nationality, or sexual orientation' (Dias et al 2021, 691). For the TGD community, passing entails being recognised as their gender identity, and further, in the case of binary trans people, being seen as cisgender. Key to understanding the desire to pass, then, is an understanding of identity construction as an externalised process that requires recognition. A major role in the construction of gender identity is the identification process, which through one projects themselves into a group that requires a culturally defined, intelligible meaning (Hall 2003, 277). This requires the adoption of meaning-imbued practice, costume, and language that communicate externally one's own identity in an intelligible fashion (Dias et al 2021, 696). This identity is then under continual surveillance by other individuals performing and accounting within the knowledge system of the heterosexual matrix. Beyond an external communication, however, I propose that TGD people also experience an internalised gender surveillance in the construction of their own identity, where an incoherence between themselves and a culturally generated, generalised other's perception of gender ideals, creates internal distress, felt as shame – or psychologically labelled as gender dysphoria. We may also view this external process as akin to Du Bois' concept of double consciousness in regard to race, with TGD people viewing themselves through a cis-normative lens, that compels them to pass as a 'desirable' cis identity, although with the added level of this recognition being a form of identity affirmation (Anderson et al 2020, 56). This combination of the intra-psychological surveillance of one's own gender identity, and external surveillance and consequence for gender incoherency in the form of accounting – which manifests itself in malicious misgendering, discriminatory practices and at extremes, actions of hate, creates a strong desire to pass as a relief from legitimate physical and psychological harm. Passing is strongly associated not only with decreased discrimination externally (Lerner 2021, 264), but also a reduction in rates of mental illnesses such as depression and anxiety (To et al 2020, 7–8). This paper is not seeking to challenge the notion that passing is a benefit to TGD people on an individual basis—but rather seeks to problematise

the practice as a community idealisation, and an as externally enforced solution to the distress TGD people feel. Passing creates an issue in that in conforming to these culturally generated categories of gender, as discussed above, TGD people reinforce this rigid understanding of gender (Dias et al 2021, 693; 700), that includes the notion that gender must follow on from sex, through the process of medicalisation, as discussed in more detail below. Furthermore, the practice of passing subjects TGD people, as well as cis people, to even stronger systems of gender surveillance and rigid gender boundaries, with TGD identity at risk of being discredited should they step outside of the ‘acceptable’ boundaries of gender. For Butler, TGD existence in itself challenges the heterosexual matrix (Butler 2006, 24; Anderson et al 2020, 48), but I argue that, in the sense that power is always adaptive, the creation of significant pressure on TGD people to conform in culturally intelligible ways to the existing system of gender, in order to gain not only external, but also self-recognition of gender identity, is a form of normalising power that seeks to bring binary TGD identities back within this gender matrix by forcing a ‘normal’ gender performance, or embodiment, epitomised by the medicalisation of binary trans experience.

One may argue that non-binary persons present a challenge to this argument, in that their very existence challenges the notion of a gender binary, and that their refusal to conform to one of the binary gender categories presents a significant subversion of the heterosexual matrix in a way that binary trans people do not (Nicolazzo 2016, 1174). To this argument, however, we may note that although an advancement on binary challenges to the hegemony of our current gender epistemology, non-binary identities still fall prey to the same regulatory and surveillance-based practices as binary identities do, with similar internal and external pressure to conform to a supposed ‘middle-line’ or ‘third gender’ of androgyny, in both behaviours and appearance (Nicolazzo 2016, 1182) which in turn struggles to truly escape the gender binary, but rather balances traits into a third category (Taylor 2019, 200–201) (Galupo et al 2021, 108). Most notably, though, there is a severe lack of literature on non-binary people and the ways in which they perform gender, construct their identity, and in turn their impacts and relation to, the heterosexual matrix. This gap should begin to be addressed in order to gain a greater understanding of these concepts more broadly.

MEDICALISATION AS DISCIPLINE OF THE TRANS BODY

In a Foucauldian sense, we can understand the body generally, and more specifically the TGD body, as a vital site of power relations, in that it is subjected to forms of societal discipline via the conceptualisation of a norm and an other, ultimately culminating in a level of self-surveillance to remain within the norm, akin to Foucault’s panopticon (Foucault 1975, 138). Surveillance, of course, must begin with some criteria—one cannot define what is outside of the norm without a norm established—and so surveillance operates as a clear tool of power for an authority that establishes and adapts this norm. In order to exert this power over the body most effectively, this authority needs to present these norms—referred to by Butler as the heterosexual matrix—as a strictly hegemonic view of the body and physiology, as to ensure there is a stable enough universalism around conceptions of the body in order to allow for a clarity of criteria, and in turn effect, of both internal and external surveillance against this criteria. In doing so, we can understand these hegemonic views with regard to self-surveillance as taking on the views of a generalised other, similar to Mead’s conception of the social self (Mead 1934, 247, cited in Adams 2003), and so are internalised in the minds of TGD people. In ‘post-traditional’ societies, the epistemologies that are used to surveil against no longer derive their universalism from a divine or holy text—but instead are most strongly replaced in the form of scientific, ‘rational’ knowledge that not only naturalises but eternalises a condition of the body beyond any level of reflexivity. Butler (2006) notes how in turn, this separates the social element from the body in regard to sex, with a ‘natural sex’ created that is ‘pre-discursive’. In understanding this, we can understand the hegemony of scientific understanding regarding the body as providing effective authority for the purposes of Foucauldian discipline on TGD bodies—this conception of the body is established in order to be measured against some norm, and in turn controlled, providing a ‘medically useful

space' (Foucault 1975, 144).

Within this, we must also understand the danger in that these views, in being presented as hegemonic, continue to reproduce themselves in the very scientific knowledge that informs medical practice and medical conceptions of norms. This concept has already been explored in regard to patriarchy—Martin (1991)'s paper notes how gender-based ideals have affected the research into the biological process of fertilisation, with the sperm being presented as active, and the egg as passive, in line with patriarchal understandings of gender. It is important to consider then not only how this research is shaped in its conception by hegemonic understandings of gender and sex (and thus gendered bodies), but also in how this research further entrenches these understandings as part of an 'immutable' biology that presupposes any and all social analysis, but is instead a natural order in its own right (Butler 2006, 13). In doing so, we understand that medical knowledge of the body gives further authority to power-constructed views, and in turn, it is in part this authority imbued knowledge, that informs the construction and performance of gender-coherency as discussed in the first section, with medical knowledge informing social practice. These views, in turn, become rather than vertically imposed, horizontally imposed, via means of social and self-surveillance. Following on from this understanding of the body as a site of discipline, deriving from a 'scientific' authority that is both created by and reproduces hegemonic understandings of the body, especially with reference to sex—we can now apply this to explore more directly how the medicalisation of the trans experience, fuelled by the desire to pass, affects the TGD community in a social and psychological sense.

First and foremost, we find that the majority of sociological literature on TGD highlights this medicalisation of trans experience as a commonplace ideal. In the UK, the process of legal recognition of gender identity requires multiple medical consultations, and a diagnosis of 'gender dysphoria' (King et al 2020)—a clear institutionalised process in which the medical field is handed authority over the TGD body. Once again, this stems from an understanding of TGD experience as being outside of the hegemonic sex/gender norm, and thus being trans becomes pathologised. In simpler terms, something is viewed to have 'gone wrong' as TGD people break with the hegemonic understanding of sex as binary and its impact upon gender as just the same. This Foucauldian idea of the 'deviant' in turn creates not only a conception of TGD experience as a disorder to be treated (Giami 2022, 5), but also grants the authority and epistemic privilege of the medical field over TGD identity in its whole (Pearce 2018, 28).

This medicalisation, in turn, becomes the dominant view of TGD people—as a 'problem' to be solved, deriving from the pre-discursive and 'universal' understanding of sex as being an immutable fact, making complete social transition 'impossible' without medical transition, and thus creates pressure to transition in order to reclaim some degree of normality amidst being marginalised. Once more, this comes down to a level of surveillance of the body—in which gender discourses present certain expectations of the 'normal' body for that gender, and in doing so, creates the means by which to punish those who transgress those norms with social exclusion or irrecognition. In Goffman's terms, the TGD body becoming stigmatised or devalued, which in turn creates social rejection—the TGD body becomes a discrediting factor, and in turn, not only creates external rejection but internal anxiety. As such, the TGD body becomes an object of Foucault's self-surveillance and in turn discipline, with the TGD person objectifying their body and comparing it to the hegemonic ideal of a gendered body, leading to shame and in turn a desire to normalise their body (Wang et al 2020, 731–733). We may also consider how binary transgender people may feel a 'double' effect in their desire to embody the idealised body of their gender, with both surveillance against the ideal of a cis body for their trans identity, and that of a hyper-feminine/masculine body within their gender. This suggestion is reinforced through this finding in other groups, such as Carey (2022)'s study, which found a double effect in the idealisation of thinness in a group of female runners, for their identities both as runners and as women, constituting a desire to embody the discourses they were exposed to in both communities (Carey 2022, 28; 35). In either case, we can problematise the desire to pass, and to conform to an idealised gendered body, in that TGD people then feel pressure to undergo procedures such as facial feminisation surgery,

that conform to epistemologies of the gendered body, constructed by, and reproductive of: the oppressive dominant ideals of gender. Externally, though we must consider how this entire process is often navigated in medical institutions which adopt a medicalised conception of TGD existence that is hostile to gender non-conformity, and which paints 'passing' as the ultimate goal of the TGD experience and so delegitimizes TGD people who fail to conform to the gender binary (Grzanka et al 2018), as well as reifies an oppressive gender structure. Once more, this is not to question the success of medical transition in reducing gender and body dysphoria (van de Grift et al 2017; Dubov and Fraenkel 2018, cited in Grzanka et al 2018, 17), but rather to understand this TGD experience as a symptom of medically reinforced, hegemonic understandings of sex, gender, and the expectations/effects this has on the body, or in other words, we may understand gender dysphoria in relation to the body as a 'cultural' illness contingent on the society it exists within (Cockerham and Scambler 2021, 34).

Perhaps the greatest evidence of the problematic nature of the medicalisation of TGD bodies, and its reciprocal relationship with binary ideals of gender, is the care or lack thereof, provided for non-binary bodies. Although primarily, we find that care provided and guidelines for it are few and far between, with a lack of clear practices, we also find that the care available trends towards the removal of gendered features such as breasts (Friedman et al 2023, 12), as is aligned with the social notion above of this trend towards androgyny as an idealised non-binary body. Which, once more, fails to escape gender surveillance, but rather adapts to create a gender 'middle ground' between the binary. As was found in the section above, though, there is an overwhelming lack of literature on the medicalisation of non-binary bodies, and on non-binary healthcare in general, and as such, we cannot definitively say whether non-binary bodies are subject to the same discipline in order to normalise as binary trans bodies are. We can, however, see a slight pattern of trend towards androgyny in care, and so may suggest that, pending further research, normalisation towards a 'middle' gender may be at place.

CONCLUSION

To conclude, this paper has problematised the idealisation of 'passing' in TGD communities and the medicalisation of TGD bodies that reinforces that. Through an exploration of gender as non-essential, and having both centralised and decentralised modes of enforcement, we have found that individual actions and community desires can be subject to scrutiny in how they affect and are affected by the heterosexual matrix, as it is these actions that constitute the shared intelligible meanings of gender. As such, we have found that the act of 'passing' is inherently a political act that fails to subvert these hegemonic understandings of gender, and in doing so, not only reinforces gendered ideals, but also upholds cis-normativity, further delegitimizing those who do not transition to perform their chosen gender—such as those who do not voice train, wear 'gendered' clothes, and even medically transition. This idea has been further explored through problematising the medicalisation of TGD experience, which has become the dominant producer of knowledge over TGD life, as being shaped by, and further reinforcing a cis-normative ideal, that views TGD people as a problem to be solved—with medical transition being a means by which to assure they do not effectively challenge the heterosexual matrix.

As has been made clear throughout this paper, these conclusions do not come as a means to criticise the individual action of passing—for it is recognised that for reasons of safety, mental health and freedom from discrimination, social and medical transition is crucial to the individual well-being of TGD people, and is within TGD communities, highlighted as a source of joy and self-congruence. Rather, these conclusions come from a stance of criticising the conditions by which this has become a compulsory TGD experience—i.e. the prevalence of the heterosexual matrix, or any other name given to the current hegemonic understandings of gender and its relation to sex in the modern world. In turn, this paper moves that challenging these discourses, in the form of causing 'gender trouble' and a removal of medical transition and 'passing' as a compulsory ideal in TGD communities, would broadly benefit TGD experience, lessening both external and internal discomfort felt by these communities.

These ideas could be taken on by further research into improving TGD healthcare by incorporating the social understanding of gender into medical practice, and in turn, demedicalising TGD experience. Of course, this also requires research into how to change the social conditions that produce the psychological experiences of TGD people—this may be further explored in both the psychological and sociological field, with an active focus on how social order can be challenged—although this paper notes this as an already saturated field. It is also important to note that throughout this paper there has been a noted lack of research found on non-binary identities. As suggested, with these identities seemingly the best positioned to challenge these gender binaries, further research in fields such as queer theory, that specifically foreground understandings of gender surveillance, performance, and normalisation through a non-binary understanding, would potentially be the most beneficial to achieving these aims and furthering sociologies' understandings of this concept. This paper, alongside future explorations of these themes and beyond that begin from the point of TGD experience, may be considered a 'trans and gender diverse sociology'.

- Adams, Matthew (2003) 'The reflexive self and culture: a critique', *The British Journal of Sociology*, 54:2, 221–238
- Anderson, Alecia et al (2020) "Your picture looks the same as my picture": an examination of passing in transgender communities', *Gender Issues*, 37:1, 44–60
- Brickell, Chris (2006) 'The sociological construction of gender and sexuality', *The Sociological Review*, 54:1, 87–113
- Butler, Judith (2006) *Gender Trouble: Feminism and the Subversion of Identity* (London: Routledge)
- Carey, Christine (2022) 'Gender, embodiment, and self-regulation: surveillance in Canadian intercollegiate women's distance running', *Qualitative Sociology Review*, 18:2, 28–47
- Cockerham, William C and Graham Scambler (2021) 'Medical sociology and sociological theory', in Cockerham, William (ed) *The Wiley Blackwell Companion to Medical Sociology* (New York: Wiley), 22–44
- Dias, Cristiana K (2021) "Passing" and its effects on Brazilian transgender people's sense of belonging to society: a theoretical study', *Journal of Community & Applied Social Psychology*, 31:6, 690–702
- Foucault, Michel (1975) *Discipline and Punish: The Birth of the Prison* (London: Penguin Classics)
- Friedman, Rosie et al (2023) 'Breast reduction as gender-affirming chest surgery in non-binary patients: Addressing the needs of a growing population', *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 76:1, 12–14
- Galupo, M Paz, Lex Pulice-Farrow and Emerson Pehl (2021) "There is nothing to do about it": nonbinary individuals' experience of gender dysphoria', *Transgender Health*, 6:2, 101–110
- Giami, Alain (2022) 'Medicalization of sexuality and trans situations: evolutions and transformations', *Societies*, 13:1, 1–14
- Van de Grift, Tim C et al (2017) 'Effects of medical interventions on gender dysphoria and body image: a follow-up study', *Psychosomatic Medicine*, 79:7, 815–823
- Grzanka, Patrick et al (2018) 'The biopolitics of passing and the possibility of radically inclusive transgender health care', *The American Journal of Bioethics*, 18:12, 17–19
- Hall, Stuart (ed) (2003) 'The question of cultural identity', in Hall, Stuart, David Held and Tony McGrew (eds) *Modernity and Its Futures* (Cambridge: Polity Press), 274–323
- Jones, Amelia (2020) *In Between Subjects: A Critical Genealogy of Queer Performance* (London: Routledge)
- King, Daniel, Carrie Paechter and Maranda Ridgway (2020) Reform of the Gender Recognition Act: Analysis of consultation responses. Report CP 294. Government Equalities Office.
- Lerner, Justin E (2021) 'Having to "Hold It": Factors That Influence the Avoidance of Using Public Bathrooms among Transgender People', *Health & Social Work*, 46:4, 260–267
- Martin, Emily (1991) 'The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles', *Signs: Journal of Women in Culture and Society*, 16:3, 485–501
- Morgenroth, Thekla and Michelle K Ryan (2021) 'The effects of gender trouble: an integrative theoretical framework of the perpetuation of the gender/sex binary', *Perspective on Psychological Science*, 16:6, 1113–1142
- Nicolazzo, Z (2016) "It's a hard line to walk": black non-binary trans' collegians' perspectives on passing, realness, and trans-normativity', *International Journal of Qualitative Studies in Education*, 29:9, 1173–1188
- Pearce, Ruth (2018) 'Condition or movement? A genealogy of trans discourse', in *Understanding Trans Health: Discourse, Power and Possibility* (Cambridge: Polity Press), 19–50
- Quéré, Louis (2011) 'Towards a Social Externalism: Pragmatism and Ethnomethodology', *European Journal of Pragmatism and American Philosophy*, 3:2, 148–166
- Scheff, Thomas J (2000) 'Shame and the Social Bond: A Sociological Theory', *Sociological Theory*, 18:1, 84–99
- Taylor, Jessica et al (2019) 'An exploration of the lived experiences of non-binary individuals who have presented at a gender identity clinic in the United Kingdom', *International Journal of Transgenderism*, 20:2–3, 195–204
- To, Margaret et al (2020) 'Visual conformity with affirmed gender or "passing": its distribution and association with depression and anxiety in a cohort of transgender people', *The Journal of Sexual Medicine*, 17:10, 2084–2092.
- Wang, Yuhui et al (2020) 'Body talk on social networking sites, body surveillance, and body shame among young adults: the roles of self-compassion and gender', *Sex Roles*, 82:11–12, 731–742