Between Autonomy and Alienation
Creating the Self via Sex-Reassignment Surgery

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ABSTRACT. Upon a consideration of self-creation and the introduction of the gender binary a potential limiter of autonomy, sex-reassignment surgery (SRS) beckons significant reconsideration by the biomedical-ethical field, ranging from the transpersons who undergo it to the preoperative processes that oversee it. Autonomy does not underlie a majority of SRS on prevailing biomedical hypotheses; SRS is granted to those candidates who report symptoms of dysfunction and denied to candidates who do not confirm such suspicions. This research proposes that, upon his or her failure or refusal to demonstrate some understanding of the potentially limiting influence of the gender binary, a candidate should be denied SRS for lack of autonomy. Despite disadvantages of the proposal, it attempts to facilitate and preserve autonomy in transpersons’ projects of self-creation via SRS, indict the gender binary as a limit to autonomy, and estrange notions of ‘dysfunction’ and ‘inauthenticity’ currently associated with transpersons.

Keywords: sex-reassignment surgery, transperson, autonomy, self-creation

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Though transsexuality is not an entirely new concept, nor is it strictly a medical or Western phenomenon, transpersons have much cause for concern as subjects of a biomedical-ethical field that views them as genuinely dysfunctional. Some physicians, psychologists, and queer theorists alike hypothesize that transpersons are
inauthentic and suffer from a false consciousness. Many transpersons rebut that their transitions fall between self-creation and revelation of their true selves; on wither view, that which is being created or revealed is an authentic self. Can the biomedical field, through prohibition and nosology, dictate what an authentic self is or what are appropriate means for actualizing it? As a culture, we have the opportunity to seize upon this situation and learn about ourselves and better understand our dance with gender itself by investigating the institutions and cultural conventions that attempt to govern projects of authentic self-creation and the interstices where they overlap.

In his book *Human Identity and Bioethics*, in a chapter entitled “Human Persons: Narrative Identity and Self-Creation,” David DeGrazia investigates the notion of self-creation. After some explanation of and rebuttal against determinist arguments, he finds and specifies the following condition of autonomous action: that identification with one’s desires “has not resulted primarily from influences that [one] would, on careful reflection, consider alienating” (DeGrazia, 2005).10 This condition of autonomy raises the question of whether sex-reassignment surgery (SRS) is a means of authentic self-creation and solidifies the conception of autonomy with which I work throughout this research. In this research, I examine the role of autonomy (as conceived by DeGrazia) in SRS-candidacy and how it might be best preserved amidst many biomedical-ethical concerns associated with SRS. I also investigate the roles of society and of the biomedical field in SRS-candidacy and the implications of this research for SRS as a means of self-creation. On the current state of affairs in the biomedical field, SRS is perched between corrective measure for genuine dysfunction and concession to alienating influence, thus leaving no room for the interpretation of SRS as a genuine means of self-creation or of transpersons as authentic selves. I argue that, on the

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current state, the biomedical-ethical field also ignores significant costs in offering SRS to some candidates. I follow these arguments with a proposal for the biomedical field’s preservation of DeGrazian autonomy in SRS and its role in indicting the gender binary.

The chapter referenced above includes the following examples of self-creation: a teenage nerd who changes his social milieu and exercise habits, a mediocre physics student who accumulates genuine expertise through consistent hard work, and an unattractive woman who undergoes cosmetic surgery for more confidence and a more active love life (DeGrazia, 2005).11 Though the first two individuals seem to pose no issues for DeGrazia’s account, he suggests that “the only genuinely troubling case, morally, is that of the young woman who transforms herself” via cosmetic surgery (DeGrazia, 2005).12 The concern, he notes, lies in a question of the autonomy and, therefore, the authenticity of her self-creation project. DeGrazia asks whether “she [is] capitulating to social forces that largely determine her choice,” and whether “she would consider [such forces] alienating...and choose differently were she more perceptive” (DeGrazia, 2005).13 Though DeGrazia does not address SRS until a later chapter, his third example here highlights the conception of SRS-candidates with which I am concerned. Are SRS-candidates undertaking an autonomous self-creation project? Are they capitulating to social influences that they might consider alienating upon careful reflection? Can SRS be a genuine means of self-creation for transpersons in light of these questions? Can the persons that are created through SRS be interpreted as authentic?

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11 Ibid., pp. 110-111.
12 Ibid., p. 111.
13 Ibid., p. 111.
I. SRS Across and Beyond the Gender binary

To begin answering some of these questions about SRS as means of autonomous self-creation, I consider the work of Gunnar Lund. In “Across and Beyond: The Semantics of Transgender Identity,” Lund offers a profile of two types of transpersons or SRS-candidates: those who identify across the gender binary and who are “bounded by the male and female binary...[and] must identify as either male or female,” and those who identify beyond it and feel that their identity is not captured by the terms ‘male’ or ‘female’ (Lund 2012).14 I will hereafter refer to a transperson who identifies in the ‘across’ sense as a “tpA” and to a transperson who identifies in the ‘beyond’ sense as a “tpB”. Lund references the Stanford Gender Dysphoria Program’s findings to portray a tpA as “a person experiencing the wrong-body phenomenon,” wherein one purports to be an individual of the opposite physiological sex ‘trapped’ in their current body (Lund 2012).15 It seems that, in order for this condition to be a genuine dysfunction and such reports to be literally true, there must be a functional “essence” of either manhood or womanhood existing within the transperson. This notion is far from credible according to Sarah Salih, who cites queer theorist and philosopher Judith Butler’s argument that the gender binary is a performative, social convention (Salih, 2002).16

In her book Judith Butler, Salih investigates Butler’s theory that gender is a performance. Sailh builds on Butler’s ideas to tell us that “there is no ‘natural body’ that pre-exists its cultural inscription,” that is to say, the inscription of male into ‘man’ and female into ‘woman’ (Salih, 2002).17 She quotes Butler’s claim that

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15 Ibid., p. 8
17 Ibid., p. 62.
“[g]ender is the repeated stylization of the body, a set of repeated acts within a highly rigid frame that congeal over time to produce the appearance of substance, of a natural sort of being;” according to Salih herself, “gender is not something one is, it is something one does” (Salih, 2002).\textsuperscript{18}

Salih also describes Butler’s position on the oppressive nature of the gender binary, noting that “Butler is not suggesting that the subject is free to choose which gender she or he is going to enact” but, rather, that it is “always already determined within this regulatory frame” (Salih, 2002).\textsuperscript{19} Finally, and in regard to the wrong-body phenomenon, Salih quotes Butler’s claims that

“gender proves to be [performative, that is,] constituting the identity it is purported to be” and that “[t]here is no gender identity behind the expressions of gender; that identity is performatively constituted by the very ‘expressions’ that are said to be its results” (Salih, 2002).\textsuperscript{20}

These theories suggest that those tpAs who experience the wrong-body phenomenon do not actually have a man or woman “trapped inside” but rather feel that their bodies do not match the pattern of performative behavior that society has assigned to and expected of them as dictated by the gender binary. It is necessary to state here a paramount assumption that I make throughout this work: that the gender binary is an alienating influence for some SRS-candidates. Gender is revealed to be a cultural convention and imperative, as evidenced by the consequences met by

\textsuperscript{18} Ibid., p. 62.
\textsuperscript{19} Ibid., p. 63.
\textsuperscript{20} Ibid., p. 62.
those who go there against. It is not ontologically essential to human persons but, instead, a norm to be adopted and obeyed. While many people have little difficulty accepting their gendered fates, it is a coerced fate, nonetheless, enforced by the threat of social opprobrium.

Upon my assumption, we can distinguish two groups of tpAs. Were preoperative processes to require some demonstration of understanding of the gender binary and its potential to be an alienating influence, the group of tpAs would split into two subgroups of SRS-candidates: (1) tpAs who acknowledge, appreciate, and can demonstrate understanding of the gender binary and its potential as an alienating influence over motives of self-creation, and (2) tpAs whose desires for SRS remain the result of alienating influence for failure or refusal to acknowledge, appreciate or demonstrate understanding of the same. Keeping in mind the criteria of DeGrazian autonomy, I will refer to this latter subgroup as “alienated tpAs;” it does not include genuinely dysfunctional SRS-candidates described later. Should the biomedical field heed this suggestion and meet the challenge to distinguish non-alienated tpAs from alienated tpAs, the prospect of SRS as means of autonomous self-creation would become much more promising than it is currently.

The SRS-candidacies of all tpAs are currently affirmed by the biomedical field because of the authority of programs like the Stanford Program and of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Such authorities seek the eradication of disorder, illness, and dysfunction in efforts to achieve or maintain health. If transpersons are indeed dysfunctional as the biomedical field currently maintains, then SRS is less a means of self-creation and more a corrective measure for a genuine dysfunction. In her article “Body Integrity Identity Disorder (BIID)—Is the Amputation of Healthy Limbs Ethically Justified?” Sabine Müller offers an analogy that demonstrates the concept of tpAs’ dysfunction and the implications of such a classification (Müller, 2009). Müller discusses the
neuropsychological disturbance BIID and argues that, according to the prevailing hypotheses of the biomedical field, desires for medically unnecessary amputations are “either obsessive or based on a...delusion,” and that surgical procedures that would fulfill those desires must be “regarded as severe bodily injuries of patients with a substantial loss of autonomy” (Müller, 2009).21 Müller’s conclusion is relevant to my investigation because of her analogizing BIID patients to transpersons on the grounds of “identity disorder...[as in] a neurological conflict between a person’s anatomy and body image” (Müller, 2009).22 She supports this analogy by citing medical research that shows that “males seem to be more likely affected by BIID...especially homosexuals and transsexuals,” and that “many of the people who utter the desire for the amputation of a healthy limb are [male-to-female] transsexuals” (Müller, 2009).23 Müller cites more findings that seem strangely akin to the situation of the tpA suffering from the wrong-body phenomenon; she cites the research of Michael First as one of his subjects claims that “[he] felt like [he] was in the wrong body” (Müller, 2009).24 Finally, she cites an online BIID support group that “explain[s] the desire for amputation in analogy to the desire of transsexuals for [SRS]” (Müller, 2009).25 Müller’s analogy suggests that an alienated tpA’s SRS-candidacy cannot be autonomous—as it is the result of either compulsion or delusion (i.e., BIID, wrong-body phenomenon) or of ignorance to potentially alienating influences. It is a lack of autonomy that links alienated tpAs to BIID patients and underlies the ethical impermissibility of their SRS. Therefore, SRS ought not to be granted to all tpAs since, for

22 Ibid., pp. 36-37.
23 Ibid., p. 37.
24 Ibid., p. 37.
25 Ibid., p. 38.
some, it is not a means of autonomous self-creation but a form of treatment that is ethically problematic at best and deeply immoral at worst. To so grant SRS is to entrench the biomedical field’s interpretation of transpersons as genuinely dysfunctional.

This conclusion, according to which some tpAs non-autonomously seek treatment, is not reflected on the current state of affairs in the biomedical field. There is inconsistency between ideally autonomous SRS-candidacy and the authority of the biomedical field and its adoption of the gender binary. Despite Müller’s demonstration of genuine dysfunction which would merit corrective treatment, some alienated tpAs do not suffer from such dysfunction; instead, their desires for SRS are the result of the alienating influence of the gender binary. Their experience of the wrong-body phenomenon is viewed by the biomedical field as a genuine neurophysiological dysfunction while, as Butler suggests, it is mere adoption and performance of the gender opposite that which the binary dictates (Salih, 2002). Lund suggests that “the medical community...appear[s] to have defined transgender in the across-sense” (Lund, 2012). As a result of the Stanford Program’s findings, Lund notes that “the medical community came to deem transsexuals as only those who wish to fully assimilate as the other sex” and that “the medical community nearly universally recognizes transpeople in the across-sense” (Lund, 2012). The assumption that all SRS-candidates are dysfunctional makes it impossible to offer SRS as means of autonomous self-creation because the gender binary is not considered an alienating influence by the professionals overseeing SRS-candidacies. Furthermore, the biomedical field thereby excuses the gender binary from indictment—where its

26 Salih 2002.
27 Lund 2012, p. 11.
28 Ibid., p. 11.
influence may undermine the autonomy of some tpAs’ desires for SRS—and aids in its entrenchment in society.

In response to the false assumptions made by the biomedical field and preoperative processes, let us consider the SRS-candidacy of tpBs. Lund profiles tpBs as transpersons who transcend the gender binary; they feel that “the wrong-body phenomenon does not describe their experiences” and that “genitals, which surgeons can only understand as a binary [and devoid of their cultural significance,] are of little importance in one’s identity” (Lund, 2012).\textsuperscript{30} Such individuals seem to be the more autonomous candidates for SRS as they refuse to identify with or be defined by the gender binary. For them, the gender binary is too insignificant an influence to be considered alienating. Lund says that many tpBs feel they “must follow a ‘script’ where they claim to feel the wrong-body phenomenon;” they report feeling coerced into affirming pre-ordained symptoms of self-loathing, impotence, and sexual-preference (Lund, 2012).\textsuperscript{31} He continues that “this reinforce[s] the doctors’ notion that a...transperson must feel as though they have the wrong body...and disservices the individual who must hide their identity” (Lund, 2012).\textsuperscript{32} Finally, Lund presents real-world consequences for tpBs, reporting that if they “continue to exhibit both male and female traits, [they] cannot get hormonal medication or surgery” (Lund, 2012).\textsuperscript{33} Despite tpBs’ seeming autonomy and situation as the subgroup most immune to the potentially alienating influence of the gender binary, they are often denied SRS because they exempt themselves from the gender binary upon which the biomedical field places too much importance.

\textsuperscript{30} Ibid., p. 13.
\textsuperscript{31} Ibid., p. 14.
\textsuperscript{32} Ibid., p. 14.
\textsuperscript{33} Ibid., p. 14.
II. Proposal to Preserve DeGrazian Autonomy in SRS

This series of observations suggests that what is needed is a more thorough consideration of SRS-candidacies, in which SRS should be viewed as means of autonomous self-creation for tpBs and non-alienated tpAs, and in which SRS should be viewed as a corrective measure, albeit an ethically problematic one, for alienated tpAs. However, I suggest there are two reasons why this outcome would be an imperfect state of affairs for SRS-candidacy. First, it would fly in the face of alienated tpAs’ phenomenology—the authority of their own subjective experience. Talia Bettcher tells us that to deny first-person authority—whereby we would, on this proposal, deem the desire for SRS as non-autonomous for some tpAs, as they remain alienated by the gender binary—is analogous to rape (Bettcher, 2009).34 She explains this analogy by referencing instances where a man who “disregards a woman’s refusal...acts as if his own assessment about her attitudes were authoritative;” according to Bettcher, “this suggests...the complete absence of [ethical first-person authority]” (Bettcher, 2009).35 Secondly, it would risk coercing alienated tpAs into ‘scripting’ their SRS-candidacies.

Based on the above considerations, I maintain that the biomedical field should not deem SRS as a means of autonomous self-creation for alienated tpAs and grant it only to tpBs and non-alienated tpAs on grounds of DeGrazian autonomy requisite of self-creation. Despite its disadvantages, this proposal would offer three significant benefits. First, and of the most immediate benefit, it would facilitate and preserve SRS as means of autonomous self-creation where the potential for such exists currently—with tpBs and non-alienated tpAs. Secondly, it would draw

35 Ibid., p. 113-114.
attention upon and combat the social perpetuation of the gender binary that produces social and psychological victims daily. Third and finally, this proposal would affirm SRS as means of self-creation (not as corrective measure) for a greater number of SRS-candidates than upon the current state of affairs, thus weakening the notion of ‘dysfunction’ currently associated with transpersons and esteeming alternative therapies where genuine dysfunction exists.

III. Criticism, Defense, and Conclusion

I now anticipate and respond to three criticisms that would undermine my conclusion that the social and biomedical stakes are too high to maintain current preoperative practices. First, one might ask whether alienated tpAs can become more informed and thus autonomous in their desires for SRS; such a possibility would circumvent my proposal and portray alienated tpAs as more similar to DeGrazia’s unattractive woman than to Müller’s dysfunctional BIID patients. Certainly, the biomedical field has a practice, informed consent, which attempts to ensure patients’ autonomy in their agreement to undergo or forgo some procedures, especially regarding risks and consequences associated therewith. Malcolm de Roubaix surveys the practice of informed consent in the biomedical field where specific requirements include “assuring contextual understanding and promoting rational deliberation” (Roubaix, 2008). He also notes, like DeGrazia, that “autonomous choice in cosmetic surgery [, which we have likened to SRS,] is an extension of personal choice on how to beautify ourselves...based on personal world-views,” thus basing autonomy on one’s values (Roubaix, 2008).

37 Ibid., p. 380.
autonomy to informed consent, and informed consent to competence (Roubaix, 2008). He notes, however, that the possibility exists for “competence [to] be limited by circumstances intrinsic to the patient...and extrinsic (Roubaix, 2008).” Roubaix cites this possibility as an inherent tension in the practice of informed consent and “a price tag of [patient] autonomy (Roubaix, 2008).” It is my view that the gender binary is such an extrinsic circumstance and does have the potential to limiting one’s competence and, thus, one’s autonomy, specifically for alienated tPAs.

Next, we might investigate informed consent’s likelihood of fostering DeGrazian autonomy in general. If it can so foster autonomy, it my proposal is thwarted on the grounds that autonomy is present where informed consent is obtained. Informed consent, if practiced in conjunction with other biomedical-ethical principles, is an efficient standard of ensuring sufficient autonomy for the biomedical field; however, in the real world, informed consent is often the field’s means of avoiding liability. Roubaix’s profile of informed consent leaves open the question of its efficacy in ensuring DeGrazian autonomy. Roubaix portrays informed consent as highly consequence-oriented—respecting advantages, disadvantages, variables, and risks associated with a procedure. DeGrazian autonomy, however, requires more than knowledge of the aforementioned. Whereas informed consent is consequence-oriented, DeGrazian autonomy is motive-oriented, requiring one to understand the reasons for which they act and not just an action’s possible outcomes. The biomedical field is rarely privileged to such insights into patients’ lives. Although preoperative processes attempt to ensure the appropriateness of candidates’ motives, the current state of affairs affirms motives that entrench the gender binary and candidates

who concede to being interpreted as inauthentic or dysfunctional. Informed consent ensures only tpAs’ “freedom of action [which] does not entail autonomy” (DeGrazia, 2005).

Third, informed consent cannot make alienated tpAs into autonomous SRS-candidates, for the difference is based on their respective values regarding the gender binary. Were it so able, then my proposal would be similarly frustrated. Let us suppose, then, that informed consent is a sufficient condition of DeGrazian autonomy. Would the biomedical field then be obligated to perform SRS on an alienated tpA? Both DeGrazia and Roubaix cast doubt upon the absolute privilege of such persons’ autonomy based on ‘poor’ values or inappropriate desires for surgery. In a later chapter, “Enhancement Technologies and Self-Creation,” DeGrazia revisits the notion of cosmetic surgery as a means of self-creation. He argues that, although “some desires for major self-change may be [improperly] motivated...this does not justify preventing [it]...It does, however, provide ample reason for individual practitioners, such as the surgeon...to decline requests” (DeGrazia, 2005).

Similarly, Roubaix asks, “who are we to interpret and judge their...world-view?” while he suggests that “responsible doctors steer clear of involvement [with such improperly motivated requests]” (Roubaix, 2008). Both DeGrazia and Roubaix offer a ‘yes but no’ conclusion when pushing their commitment to the absolute privilege of such values where surgical self-creation is concerned. This conflict implies that some requests may be so improperly motivated—and, for the present purposes, some desires so alienated—as to discourage the involvement of a medical professional and, therefore, that the patient’s autonomy ought not to be honored in all cases.

Furthermore, DeGrazia explains that granting some

41 DeGrazia 2005, p. 95.
42 Ibid., p. 235.
43 Roubaix 2008, p. 381.
procedures to non-autonomous candidates, even with informed consent, risks “complicity with...problematic social norms,” such as the gender binary (DeGrazia, 2005).\(^{44}\) DeGrazia suggests that “someone who desires a major change in physical appearance may be more satisfied in the long run by eliminating...the insecurity underlying the desire” (DeGrazia, 2005).\(^{45}\) DeGrazia also notes the risk of “fostering social quietism,” and he uses an example of psychopharmacology to caution that “patients may accept drug-induced complacency over active struggle to change the social conditions that contribute to their discontent, leaving these problems untouched” (DeGrazia, 2005).\(^{46}\) DeGrazia’s caution applies to the current topic; SRS may pacify an alienated tpA and others in his or her life, but it leaves the gender binary—the social construct that influenced his or her desires—unaddressed. Such risks are inherent in granting SRS to non-autonomous candidates. These disadvantages presented by DeGrazia are more than mere risks; they are realities of the current state of affairs. Finally, SRS “to make one more at peace with oneself” (DeGrazia, 2005)\(^ {47}\) neglects a host of alternative therapies such as Müller’s suggestion of “adapting the body image to the body...by movement therapy, [Repetitive Transcranial Magnetic Stimulation], or electrical stimulation of the brain” (Müller, 2009.)\(^ {48}\)

In conclusion, a more thorough preoperative measure affirming SRS as means of autonomous self-creation for tpBs and non-alienated tpAs while maintaining SRS as corrective measure for only alienated tpAs seems to most fully accommodate transpersons (with respect to SRS) and to be the best way to weaken notions of dysfunction and inauthenticity associated with transpersons. Otherwise, on the untouched state of affairs, SRS remains

\(^{44}\) DeGrazia 2005, p. 215.  
\(^{45}\) Ibid., pp. 215-216.  
\(^{46}\) Ibid., p. 217.  
\(^{47}\) Ibid., p. 208.  
\(^{48}\) Müller 2009, p. 41.
viewed by the biomedical field as merely a corrective measure of genuine, neurophysiological dysfunction or the coerced affirmation thereof. Should the biomedical-ethical field fail to take some measure to preserve autonomy where it exists in transpersons’ projects of self-creation, then all persons who are created through means of SRS remain interpreted as inauthentic and less than genuine persons. I have demonstrated that my proposal offers three benefits—facilitation and preservation of DeGrazian autonomy in SRS, scrutiny drawn upon the gender binary, and affirmation of SRS as autonomous means of self-creation where it can and ought to be so affirmed—in trade for the biomedical field’s willingness to tolerate its two disadvantages—disregarding the phenomenology of some transpersons and encouraging alienated tpAs to script their SRS-candidacy.

We have the opportunity to seize upon this situation—where medical and biological sciences attempt to dictate which persons are authentic and which products of self-creation are genuine. Though this research makes only one suggestion toward the cultural imperative to defend the authenticity of transpersons, there remains much work to be done.

Anthony Duffey recently graduated as a Bachelor of Arts from the University of West Georgia where he majored in philosophy and concentrated in gender and pre-law studies. He currently works as Director of Publications at a mental health consulting practice in Griffin, Georgia and plans to soon begin a program of Master’s study in Social Work at Georgia State University. Duffey plans to become licensed as an LCSW and to specialize in work with and for transsexual and gender-non-conforming populations. He also hopes to someday earn a Ph. D. in Women's Studies and teach at the graduate and clinical levels.
References


