

# **“You Don’t Know Where Your Interest Lies”: A Brief Reply to Professor Radi on his Remarks About Professor Córdoba and Gender Identity.**

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“You Don’t Know Where Your Interest Lies”: A Brief Reply to Professor Radi on his Remarks About Professor Córdoba and Gender Identity

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Professor Blas Radi's article, "Epistemic Responsibility and Culpable Ignorance: About Editorial and Peer Review in Practical Philosophy" (2021), presents an interesting series of problems and proposals as a reaction to a particularly defective article on gender questions published by *Dianoia*. While I agree with Radi's overall strategy and with his demands for a more serious approach to trans questions, I believe that the core of his disagreement with Córdoba cannot be reduced to a "culpable ignorance" committed by the latter, but hinges, instead, on a dispute about whether or not the behavior of trans people that appeal to biomedical practices can be interpreted as "autonomous" or "dependent".

### Section 1: Outline

The text will proceed as follows:

In **Section 2**, I will attempt a reconstruction of my own of the article that Radi criticizes, that is, Professor Córdoba's "Identities that Matter" (2020). As I will try to show, it is not clear that the alleged "paradox" that the article tackles even exists, unless Córdoba's remark about this "paradox" is completed with an argument that extrapolates the "regressive" character of *forced* medical interventions on intersex bodies in order to describe the *voluntary* transformation of their bodies that trans people undergo. As I will argue, this argument commits a *petitio principii* against the possibility that trans people have an *autonomous* relationship with biomedical practices.

In **Section 3**, I will try show how Professor Radi's reply to Córdoba coincides, *grosso modo*, with the one I have proposed. According to Radi, the key problem in Córdoba's approach resides in the fact that she seems to *ignore* the evidence that trans people make an "instrumental use" of the practices that medicine offers. Córdoba's approach, then, could be described simply as a case of *culpable ignorance*.

In **Section 4**, however, I will point out that the problem at stake here can be deeper than simple ignorance: in fact, in order to defend the tenet that trans people's relationship with biomedical practices is "instrumental", Radi needs to rely on a series of reports concerning such relationship (such as those that can be found in a seminal article by Sandy Stone), whereas a critic as Córdoba could object that those reports *cannot be taken at face value*—in other words, that despite the fact that trans people describe that relationship as an autonomous one, the relationship in question is "objectively" one that needs to be described in terms of dependence or subjection.

In **Section 5**, consequently, I will discuss two possible arguments according to which the relationship of trans people with medical practices just *cannot* be autonomous, but a case of "dependence", and none of those arguments, as I will try to show, holds water. If (as it is considered in 5.1) the problem with trans people's modifications of their bodies is the very fact that they make use of technologies, this does not make a relevant difference with the way in which nearly everyone is currently "dependent on" medicine. If, on the contrary (as it is considered in 5.2) the argument is a more specific one against the "binaristic

presuppositions” concerning what it is to “look like a man” (or a woman), then it is not clear at all why this would be different to “yielding” to “binaristic presuppositions” when changing one’s *name*—that is to say, Córdoba’s argument certainly risks proving too much.

In **Section 6**, I concede that it might be desirable to live in a society in which people are not publicly classified as “men” or “women” and in which, therefore, no demand for a specific gender-laden appearance can emerge. However, this *desideratum* still fails to provide a concluding support for a rejection of voluntary biomedical interventions that trans people perform on their bodies: it is not clear that the inner experience of gender would disappear even in a “gender-neutral” society, and, whatever the answer to that question could be, we simply *do not live* in such a society.

## **Section 2: Professor Córdoba, “Science”, and the Argentinian Gender Identity Law**

I begin with a reconstruction of the specific piece Radi criticizes, and of the aspects he rejects in it. In her “Identidades que Importan. Trans e Intersex, la ley Argentina y la Irrupción de la Ciencia”, professor Mariana Córdoba links “science”, in general (“*la ciencia*”) with a much more specific theoretical element *within* science: what she calls “the scientific principles of sexual dimorphism” which “are usually denounced for repressing, normativizing and pathologizing, in particular, intersex bodies” (Córdoba 2020, 31).<sup>1</sup>

According to Córdoba, the Argentinian Gender Identity Law is “opposed to reducing human life to what science allegedly defines” (Córdoba 2020, 38). However, whereas the law does not seem, in this way, to “make room for science”, because science is “excluded from the identity determinations of gender”, a tension would supposedly emerge insofar as “biomedical practices that come to the fore [...] presuppose certain theoretical principles, both biological and biochemical”, a circumstance that, according to Córdoba, would stand in a strained relation with the fact that “struggles for the acknowledgment of gender identity on the basis of personal desire [...] have been marked by a radical opposition to naturalistic essentialisms, to the supposed *determination* by biology” (Córdoba 2020, 38–39).

### **2.1 A Paradox that Does Not Exist**

In even stronger terms, Córdoba writes:

Medicine holds the power to classify bodies, on the basis of their qualities, as healthy/sick, normal/abnormal, typical/anomalous, which is evident in its

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<sup>1</sup> As is well known, it is a question of debate *within* science whether or not our species can be described as neatly divided between males and females (Cf. Blackless et al., 2000; Fausto-Sterling, 2000); it does not seem appropriate, consequently, to speak about “science” or “biology” as monolithic in this point (“*la ciencia*”, “*la biología*”). As to the alleged “disciplinary” and “normativizing” consequences of “science” in the domain of human sexuality, it is an empirical question whether the emergence of biological explanations of human sexual behavior tends to have such consequences or, on the contrary, it tends towards a more respectful attitude towards diversity. A study concerning the social perception of homosexuality in Sweden supports the second alternative (Landén and Innala, 2002).

treatment of intersexuality. Biomedical practices play a normativizing role when they violently “cure” and “correct” intersexual bodies [...] Now, the interventions of bio-power on intersexuality and the surgical and hormonal treatments that the Law of Gender Identity regulates *are founded on the same scientific knowledge that supports the supposition of sexual dimorphism* (Córdoba 2020, 41, emphasis added).

According to Córdoba, it would be necessary to tackle a presumed “paradox” that would emerge when, *on the one hand*, certain people consider “regressive” the “intrusion of biology” in gender issues while, *on the other hand*, the same people appeal to “certain biomedical practices *that are based*, in the last instance, in biology and biochemistry” (Córdoba 2020, 41-42, emphasis added).

This analysis is rather baffling. Of course, it *would* be paradoxical to attempt to expel “biology” from *any* role concerning questions of gender while, at the same time, appealing to scientific knowledge in order to guarantee the access of a series of rights. But, before “tackling” such an alleged paradox, as Córdoba claims to be doing, it would be important to examine whether the paradox even *exists*; that is, if there are real human beings that support the two incompatible attitudes that Córdoba describes. To begin with, for the paradox to even emerge, it is necessary to be committed to the overall condemnation of the monolith “biology” (or, in some passages, even “science”). However, this rejection seems to be an attitude held by Córdoba herself—not by her interlocutors, who, by the way, are mentioned only under vague denominations such as “collectives for the sexual-generical dissidences”, or “activisms” (Córdoba 2020, 39).

Let us look a little bit closer. Córdoba’s argument seems to be the following:

- (1) There are people who recourse to certain biomedical practices *that are based* in biology and biochemistry, and who “even celebrate” such practices;
- (2) The people referred to in (1) also “consider as regressive” the “intrusion” of “biology” in questions of gender;

Therefore,

- (3) The people referred to in (1) have a “paradoxical” position.

The obvious problem is, of course, (2). What is the support for such a claim? A first strategy could be to suggest that (2) is supported by another claim, namely, the claim that the activists whose positions Córdoba is discussing reject the need to appeal to biology *for the specific task of determining one’s gender identity*, an identity that, according to the Argentinian law, can be determined by means of self-perception only. Córdoba enthusiastically celebrates the “exclusion” of science from “the [...] determinations of gender” (Córdoba 2020, 38) but, *of course*, the determination of gender is *one* thing and the possibility of intervening one’s own body in accordance to the self-perceived gender is *another*. There can definitely be connections between the two issues, but to assume that the two problems are the same—

that if we reject an appeal to biology for the determination of gender identity, we must *also* refuse to resort to biology as the scientific foundation for a series of medical practices—would be simply a *petitio principii* against the supporters of the Argentinian law.

## 2.2 The Argument Concerning Interventions on Intersex Bodies

Nonetheless, Córdoba offers something that can be read as an argument in favor of an overall “exclusion” of biology from gender identity questions. In this case, the issue is no longer the (trivial) statement that gender activists have defended self-perception, instead of medical analysis, as the basis for the attribution of gender identity; Córdoba offers, instead, an apparent reason why those activists *should* reject (as “regressive”) the intervention of biology in gender matters. In this way, the paradox described in (3) would emerge if, following Córdoba’s reasoning, activists accepted that they should reject such intervention, and nevertheless continued to hold the attitudes described in (1). Under this reading, we are no longer *describing* an attitude, as in (2), but *suggesting* that such attitude *should* be held—only *after* which a paradox could emerge. What is the argument that is supposed to reach this result? Córdoba seems to have in mind something like the following:

- (4) The knowledge that supports the assumption of sexual dimorphism is the foundation of “the interventions of bio-power on intersexuality”;
- (5) Such interventions are regressive;
- (6) The knowledge in question is the same knowledge that underlies the voluntary modifications of the bodies of trans people;

Therefore,

- (7) The “intromission” of biology in *all* matters of gender identity (including those concerning the voluntary transformations of the body in accordance with self-perceived identity) is “regressive”.

Córdoba really seems to be committed to an argument of this sort, insofar as she repeatedly claims that it is “*the same* scientific knowledge” which lies at the foundations of *both* the interventions on intersex bodies *and* the voluntary interventions that the law of gender identity regulates (Córdoba 2020, 31, 32, 41). However, it is difficult to perceive the strength of this argument—an argument which, again, depends on associating a rejection of *one* practice (the compulsory interventions on the bodies of intersex people) with the rejection of *another* practice (the voluntary treatments carried on by trans people to adapt their bodies). *How*, really, is the regressive character of one practice supposed to “pollute” the other? Córdoba proceeds as if the compulsory medical interventions of the bodies of intersex people were somehow a *consequence* of the underlying knowledge, as if this knowledge were a sufficient condition for the existence of such interventions and were, consequently, inseparable from them. On this basis, Córdoba claims that we cannot vindicate the scientific knowledge underlying the transformation of the bodies of trans people without also accepting *all* the alleged consequences of such knowledge.

According to this line of thought, scientific knowledge would somehow manage, *by itself*, to *cause* violent interventions on the bodies of intersex people. It is *knowledge* that should be held responsible, not a certain *application* of that knowledge, carried on by certain individuals. The distinction between a theoretical content and what people can *do* on the basis of it would somehow be rendered irrelevant. However, erasing this distinction involves, *again*, a *petitio principii*: if Córdoba is discussing against activists who celebrate the *possibility* (a possibility, not an obligation) of voluntarily modifying their bodies according to a series of scientific discoveries (activists whose very *lives* can in some cases be an example of *doing* things with the results of “science”), what can be the grounds of the author to reject such a possibility, and insist on describing the relationship with science in terms that exclude agency and freedom? At this point, it is necessary to consider Professor Radi’s reply, and how the debate could continue.

### Section 3: Professor Radi’s Reply

As I see it, Blas Radi’s reply points, broadly, to the same problems I have tried to analyze. He asks, rhetorically:

Why would we insist on presenting trans people as subjected to the normative standards of science? What would lead us to present the development of biomedical technologies as a parallel process independent of the agency of trans people? *What is the justification for not knowing, as experts, the strategies of appropriation and instrumental use that trans people have historically made of biomedical technologies* (Radi 2021, 2, emphasis added)?

In other words: according to Radi, Córdoba would adopt a rather *condescending* attitude vis-à-vis trans people concerning their relation to entities such as “science” and “biomedical technologies”—which appear in Córdoba’s view as monolithic and as incontrollable agents, with respect to which trans people can either be helpless victims or simply escape. But there is something more. Radi not only points out the existence of “instrumental uses” of biomedical technologies, but also—and crucially—insists that this existence is something that Córdoba, and the reviewers that evaluated her article, *should have known*. In other words, Radi’s criticism is one of *culpable ignorance*. His main line of attack, then, is at a meta-level: he does not discuss Córdoba’s arguments in detail, but, instead, reflects on the conditions of epistemic irresponsibility that led to its publication. He presents Córdoba’s “argument that seeks to defend” that the Argentinian law “collides with the emancipatory principles it claims to uphold” (Radi 2021, 32) and concludes that “only a person who ignores the fields of knowledge that are intertwined here [...] would allow for such an argument” (Radi 2021, 33).

Whereas Radi takes for granted that only ignorance can account for Córdoba’s neglect of the “instrumental use” that trans people make of medical resources, we may need, even from a sympathetic view, to explore what the evidence of that “instrumental use” is, and what is required to accept it as valuable in this context. I am aware that Radi’s reproach of “culpable ignorance” is not *limited* to the problem of trans people’s “instrumental use” of biomedical technologies; it extends to other aspects of the debate, such as the analysis of the specific

drugs whose risks Córdoba discusses, and which are *not*, Radi remarks, those recommended in the Argentinian guidelines (Radi 2021, 31). However, I will focus on the specific problem of “instrumental use” as key to his argument against Córdoba’s approach to the question of medical practices.

#### Section 4: The Problem of Agency and the Notion of “Instrumental Use”

Without attempting to be exhaustive, I will appeal here to a *locus classicus* in trans studies, a text which suits Radi’s purposes particularly well: Sandy Stone’s “The Empire Strikes Back” (Stone 1992).

In this essay, Stone takes up Laub and Gandy’s analysis on how transsexuals who “wanted surgery” (Stone 1992, 162) to modify their bodies in accordance to their self-perceived gender used to read Harry Benjamin’s book *The Transsexual Phenomenon* to “provide” medical researchers with “the behavior that led to acceptance for surgery” (Stone 1992, 161; Stone cites Gandy and Laub 1974, 8–9). This relationship with medical literature and practices does not seem to be that of a group of people who are passively subjected to the imperatives of “science”: quite on the contrary, what is found there is that trans people who wanted to modify their bodies appealed to medical resources *as means to their own ends*. Now, if Radi intends to invoke sources such as Stone to prove his point about an “instrumental use” of medical technologies, then his disagreement with Córdoba’s approach seems to hinge on two more specific aspects regarding the reliability of trans people: on the one hand, their reliability to give a factual account of the relationship between them and the medical institution; on the other hand, their right to *interpret* that relationship in terms of “agency” and “instrumental use” (instead of in terms of “subjection” or “subordination”).

Let me begin at what is, arguably, the least controversial level. Radi’s claim that Córdoba’s article shows a lack of knowledge about the “instrumental use” of “medical technologies” by trans people needs to appeal, at the very least, to the tenet that these trans people are *in a position to know* about their own relationship with such technologies. In other words, Radi’s point would have to be that trans people are reliable sources to *inform* whether or not they, for example, adapt their behavior in order to overcome the possible obstacles that separate them from their ends. Ignoring the voices of trans people at this level would be as impermissible as ignoring any first-hand testimony from the relevantly “situated” subjects in any other field of enquiry.

However, it can be argued that the really troublesome level is whether or not trans people’s attitude towards certain medical practices can be *interpreted* as an “instrumental use”. *Even if* we admit the existence of phenomena such as those described by Stone, acknowledging those phenomena, and describing them in terms of “instrumental use” are two different steps of the analysis; most notably, “instrumental” seems to entail here something like “autonomous”. An objector might say that describing the behavior of surgery-seeking trans people in such terms is question-begging: Córdoba might insist that “biomedical practices [...] turn the very phenomenon of ‘transsexuality’ into something completely *dependent* on medicine and biotechnology” (Córdoba 2020, 40, emphasis added)—that is to say, as

something *opposed* to autonomy.<sup>2</sup> Paraphrasing a bit: if a certain practice makes trans people “dependent”, then the pursuit of the means to obtain such a practice cannot be an instance of autonomous practice. In this particular case, such a pursuit would be a vindication of a series of binary presuppositions that trans people would allegedly have to oppose.

Now, given that Córdoba’s description of the behavior of trans people as “dependent” in opposition to “instrumental” (and therefore autonomous) is a way to *interpret* certain data, we need to discuss what the criteria employed are.

## Section 5: Criteria of Autonomy and Dependence

### 5.1 The General Argument Concerning “Dependence on Medicine”

When speaking about an “instrumental use” of medical technologies, we assume that the subjects involved have certain ends and seek the appropriate means to achieve them; Córdoba, however, could retort that the ends themselves can be questioned, insofar as those ends push people to a situation of “dependence”. Now, *why* should we accept this move from “ends that trans people *have*” to “ends that trans people *should* have”? If there are trans individuals who *consciously want* to transform their bodies, what exactly can be an argument to say that they *should not* have such a desire?

If the argument is simply that the desire to transform one’s body is something that can only be achieved by medical assistance, and *as such* involves a loss of autonomy (just because the means are something “external” to the individuals themselves), then it obviously proves too much: anyone who makes use of “medical technologies”, for instance to get a cancer operated on, correct their poor eyesight with glasses or treat a depression with pills would also be “completely dependent on medicine” and consequently fall short of a Stoic ideal of independence. Yes—so what? Córdoba should show that there is something *worse* in the “dependence” created by the surgical and pharmacological interventions that trans people seek than in the parallel “dependence” that the other cases involve.

### 5.2 The Specific Argument Concerning “Binaristic Presuppositions”

At this point, predictably, an objector could say that *in the specific case of medical interventions to transform trans people’s bodies*, unlike other forms of “dependence”, what is at stake is a specific desire which is understandable in terms of a “binaristic” demand that men should have a certain appearance and women, another. Therefore, demanding a medical intervention to transform one’s body in accordance with the self-perception of gender would be a way of yielding to that demand. It would be more autonomous, then, to resist such a “binaristic” demand and to accept one’s body as it is.

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<sup>2</sup> Córdoba mentions Hausman as a support for this tenet. A careful discussion of, *inter alia*, the distinction between “the phenomenon of transsexualism” (Hausman 1995, xi), whose “emergence [...] in the mid-twentieth century depended on developments in endocrinology and plastic surgery as technological and discursive practices”, and “transsexuality”, as “a category of experience and identity” (Hausman 1995, 3) goes beyond the scope of the present text.

However, this would be a rather poor objection against the self-interpretation of trans people's behavior vis-à-vis medicine as autonomous and "instrumental"—and it would be poor because it is *ad hoc*, not susceptible of generalization. As a general rule, when the personal desires at stake (desires that seem to involve no-one but oneself) are not those of trans people, it just does not seem acceptable to delegitimize them by "tracing" their origin in some sort of causal story. We find it preposterous when conservatives "explain" a person's desire to perform an abortion, for example, by appealing to some story in which abortion-seeking people are merely pawns in some kind of international conspiracy to diminish the number of births in the Third World. When such an argument comes to the fore, the reply does not aim at whether or not it is desirable to diminish that number but, simply, at the fact that there are individuals who *choose* to perform an abortion, and that, as a consequence, access to abortion is a requisite to respect those individuals' autonomy. Upholding people's autonomy is, in these cases, a question of defending their possibility to fulfill the desires *they in fact have*, not an opportunity to dictate which desires they *should* have.

Furthermore, it is quite ironic to find that Córdoba describes the *voluntary* act of trans people of modifying their bodies as some kind of submission to binaristic imperatives, insofar as this move would certainly prove too much: if deciding to transform one's body somehow *cannot* be an autonomous act, why exactly would it be an exercise of autonomy to change other aspects of one's identity, with the assistance of the law? Why would there be an enormous difference between the act of changing one's name and that of changing one's body? If, according to Córdoba, doing the latter amounts to yielding to binaristic imperatives, it is not clear why the same criticism would not apply to the case of changing a "female" name to a "male" one, or the other way round. (If, again, the huge difference between one act and the other is supposed to hinge on the fact that changing one's body involves a recourse to *medical technologies*, then we return to the problem already tackled in 5.1: nearly everyone is in a way or another "dependent on" such technologies).

## Section 6: A Possible *Desideratum* and a Misplaced Demand

Now, it could perhaps be agreed that it would be desirable to advance towards a society in which individuals are not publicly categorized as belonging to one of two main gender identities, as "men" or "women", and in which, consequently, there is no room for a demand either to have a "male" or "female" *appearance* or to have a "male" or "female" *name*. In fact, in a society in which rights such as vote or education have ceased to be associated with masculinity, it can be demanded that membership in one of the groups or the other should become more a private affair (relevant only to one's close relationships) than a public one, one about which state authorities need to have anything to say. Nevertheless, this demand for an increasingly gender-neutral society (that is to say, a society in which gender identities cease to have any public importance) can still be countered with two other considerations.

First, it is not clear whether in such a future society "each person's deeply felt internal and individual experience of gender", as the Yogyakarta Principles describe it (International Commission of Jurists 2007), would cease to exist. Insofar as human beings *experience*

ourselves *as* men or women (and this, of course, applies not only to trans people, but to cis people as well), it is not at all clear why *manifestations* of such identities (in the form of physical appearance, names, and so on) should be banned. We cis people are usually not demanded to suppress every mark of masculinity and femineity—and therefore it would be rather odd to assume that *trans* people are obliged to carry the burden of performing such a task, failing which they are to be accused of reinforcing binarism.

Second, and more obviously, *we simply are not there yet*. We *do not live* in a gender-neutral society, and trans people, just like cis people, are subjected to being classified as “men” or “women” depending on how they look. Given this fact, the possibilities they face are *either* being systematically misgendered, that is, classified as belonging to a group they do not identify themselves with, *or* modifying their names, appearances, and so on, in order to indicate how they perceive themselves and to guide the way in which they will (hopefully) be classed by others. Again: given that we *cis* people, living in a society which classes individuals as “men” or “women”, are not denied our right to have gender-laden appearances and names, it would be preposterous to demand that *trans* people act as if binaristic classifications had been overcome.

### **Section 7: Summing Up: Beyond “Culpable Ignorance”**

It is time to recapitulate. While I agree with Radi’s overall criticism to Córdoba’s approach to gender identity, I believe that the core of the disagreement is not simply that Córdoba is ignorant of a series of factual reports made by trans people, which indicate that they have an “instrumental” (and, as such, autonomous) relationship with medical technologies. Instead, the key problem seems to be that Córdoba adopts a perspective from which the same actions that Radi describes as instances of “instrumental use” just *cannot* be regarded as autonomous behavior, but only cases of a “dependence” on the demands of a binaristic (and monolithic) “science”. Therefore, I believe that it is fruitful to reconsider what our criteria are when the autonomous character of behavior is at stake. It is on this ground, as I have tried to argue, that Córdoba’s approach appears as critically flawed.

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