

**The King Was Pregnant:
Reproductive Ethics and Transgender Pregnancy**

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Abstract

Using Ursula K. Le Guin's *The Left Hand of Darkness* as an inspirational backdrop, a novel whose story unfolds on a genderless planet that nevertheless relies on reproductive sex for the sake of generativity, this paper tackles the sex/gender debate, its entanglements with procreation, and its consequences for transgender pregnancies. More specifically, I analyze three issues that pose barriers to thinking about a more inclusive reproductive ethics: state-sanctioned sterilization, nonreproductive futurism, and access to assisted reproductive technology.

Keywords: transgender pregnancy, reproductive ethics, sex/gender debate, Le Guin

Early in Hakanna we heard in Gorinhering on the static-fuzzed Palace Bulletin that King Argaven had announced his expectation of an heir. Not another kemmering son, of which he already had seven, but an heir of the body, king-son. The king was pregnant. (Le Guin 1969, 100)

1. Introduction

“The king was pregnant” is a notable quote from science fiction writer Ursula K. Le Guin’s *The Left Hand of Darkness*, a novel whose story unfolds on a planet without gender. Le Guin (1969) imagines an androgynous future where “a maternal and paternal distinction is scarcely worth making; the parental instinct, the wish to protect, to further, is not a sex-linked characteristic” (100). There are no feminine or masculine forms of parenting, because there is no socialization of sex-linked characteristics under the guise of gender. And yet, there still is sex or, rather, reproductive sex. Sexual difference is required to generate the inhabitants of this genderless planet, be it a “kemmering son” or a “king-son.”¹ There is also a qualitative and biological difference in this distinction, as the king’s “kemmering” sons were born while they took on the male reproductive sex organ during kemmering, whereas the “king-son” was born while the king bore female genitalia.

Despite the androgyny of the parental instinct, the “king-son” is somehow superior as the “real” son, having come from the female body. Some may say that Le Guin just does not take her radical reimagining far enough and may suggest penning a project that kills the goddess once and for all, creating sexless cyborgs from the (*her?*) ashes.² But, we are not there yet; and, if we do arrive, we will have a mountain of historical baggage to unpack. I argue that how we go about carrying and unpacking the “sex/gender debate” informs how we discuss reproductive ethics. More specifically, the way we currently reckon with this dualism has harming effects on the procreative lives of transgender individuals.

The “sex/gender debate” refers to the often-contentious exchange of viewpoints regarding the questions: “What is sex?” “What is gender?” And, more particularly, “What is a woman?” It is beyond the scope of this paper to provide an exhaustive account of the varying ways to

respond to these questions, although I do find it necessary to introduce some thinkers who have influenced the current terms of the debate. Certain feminists, following Gayle Rubin's (1975) "sex/gender system," view gender as the social interpretation of sex where sex is defined by fixed biological factors whereas gender is constructed by cultural influences.³ According to this train of thought, to speak of the "female sex" entails referring to anatomical, hormonal, or chromosomal differences, whereas talk of "women" raises questions of a gendered nature regarding how feminine traits are socially constructed within a given society. For Rubin, society is arranged based on the reproductive economy of women, and gender is the social interpretation of this raw procreative biological material. The view that sex is something natural or biological and gender is something cultural remains a popular standpoint.⁴ Although, there are feminists who view sex as consisting of a cluster of biological concepts that are not necessarily fixed, thus allowing for fluidity in both sex and gender (Chappell 2018).

For some theorists, such as gender critical feminists, gender and sex are distinct yet congruent categories, as can be seen in arguments they make against trans women being considered "real" women: Trans women, they claim, were not born female and as such are not socialized (oppressed) as women (Chappell 2018).⁵ Other feminists may recognize that woman's oppression has historical roots in a materialist tradition that highlights the role of the reproductive economy yet reject that any direct correlation between sex as a biological category and gender as a psychology or sociology one remains valid within a contemporary context.

Judith Butler (1990) takes the social constructionist stance that *both* sex and gender are social constructs, noting "whether gender or sex is fixed or free is a function of discourse" (13). This means there is no "natural" body onto which cultural inscriptions of gender are placed, but rather, that an understanding of nature itself is always already marked by signifiers of culture.

The supposed naturalness of sex, particularly as it falls into two clearly delineated categories, is further contested by Anne Fausto-Sterling (1993) as she makes the reality of intersexuality visible. How medical discourse on intersexuality, like narratives surrounding transgender pregnancy, further reifies gender categories will be discussed later on in this text.

This paper does not seek a solution to the sex/gender debate. Instead, I want to highlight that how we choose to negotiate the terms of the argument is a moral issue, as how we reply to the questions “What is sex?”, “What is gender?”, and “What is woman?” makes important value judgments about who we think is the productive reproductive citizen. If we believe only women can become pregnant, what does that say about trans men who bear children? How does a legacy of state-sanctioned sterility and current laws that limit access to reproductive technology further the claim that trans persons lie outside of the social arrangement of the reproductive economy?

In offering some replies to these questions, I attempt to disentangle approaches to the sex/gender debate, analyzing how this coupling affects the way we view transgender pregnancies. Then, in hopes of working toward a more inclusive reproductive ethics, I briefly discuss three barriers that prevent such inclusivity: state-sanctioned sterility, nonreproductive futurism, and access to assisted reproductive technology.

In working toward an inclusive reproductive ethics, I do not wish to further heteronormative claims that favor biological lineages of kinship. While I do not advocate for what has been deemed “homonormativity,” I do place moral significance on the concept of generationality, meaning we are ethical beings insofar as we are generational beings (Fritsch 2019). We are born into a world with others, reckoning with the norms of our foreparents and passing down our own norms to future generations. Although such transmission of responsibility need not occur through biological relations, for many, it is a real desire, and it should not be

thwarted based on identities of sex or gender.

Before turning to the next section where I begin to tease apart the sex/gender distinction, I must state that I am not a transgender person, and I recognize my privilege as a cisgender woman.⁶ As a feminist scholar, I am interested in transgender pregnancy because it further upsets the category “woman” that academics and activists have been challenging for decades. As a mother and teacher of ethics, I am struck by the injustice of a system that privileges heteronormative family values that either socially or legally inhibit human beings from reproducing, an event that cannot be reduced to a mere biological act. I would like to envision a future where “a maternal and paternal distinction is scarcely worth making,” where the desire to start a family is not impeded by one’s sex, gender, race, sexual orientation, and other intersections of identity, but is acknowledged and fostered by society and the medical community.

2. Disburdening the sex/gender debate

We live in a society where the sex/gender debate is very much alive, perhaps more than ever, as transgender bodies become more visible, further upsetting an already untenable dichotomy. Frustration at uncategorizable bodies leads to epistemic and physical violence, particularly directed at trans women of color. Morgan Robyn Collado states, “violence against trans women of color is a reproductive issue because we are prevented from living long enough to realize our dreams of having children” (Cárdenas 2016, 55). No one is guaranteed the right to have children, and even if such a right existed, the abstraction of its speech would not protect the particular bodies of transgender persons “long enough” to fulfill such procreative desire.

In Just Life: Bioethics and the Future of Sexual Difference, Mary Rawlinson (2016)

discusses how rights were never agreed upon by actual particular individuals but rather indicate the speech of the few already in power, the Hobbesian right replaced by might. Rights respect property rather than bodies. Women's bodies in particular are treated as property because of their generativity. Rape became a criminal activity not because of the bodily harm done to women but because of the violation of a man's property, the property being the body of a man's wife (or of a father's daughter prior to a wedding arrangement). Discourse on rights demonstrates that speech could be otherwise, but history (*his story*) is told using the bodies of women as procreative beings. It is worth noting that although transgender men are discriminated against, they do not face the same level of aggression as transgender women. It is as if society "understands" why men assigned female at birth would want to opt for the more powerful gender or sex, but the choice to actively participate in the performance of a body viewed as procreative property is somehow insulting to the status quo.

Micha Cárdenas (2016) remarks that there is even a failure in queer communities to acknowledge the procreative desires of transgender women and their ability to bank sperm, noting "this reproduces a trans-misogynist dynamic in which trans men are highly valued by queer communities and transgender women's concerns and lives are erased" (55). Her use of the word "value" represents how trans men may be viewed as commodities/properties because of their generativity, specifically generativity as gestation.

The role that sexual difference plays in generativity presents a problem to thinking through sex and gender as fluid categories. On the one hand, that trans men may become commodities within a reproductive economy undergirds Rubin's viewpoint that gender is the social interpretation of raw procreative biological material. In this case, it does not matter the gendered social status of the subject (whether they be man or woman), what matters is sex,

seemingly defined by the presence of a uterus. Yet, something appears wrong in assuming that the presence of a “female” reproductive system is the root cause of oppression. There is something about the *intersubjective* quality of oppression, where the assumption that one has “x” biological material contributes more to one’s subjugation than the actual possessing of “x.” Lori Watson demonstrates how the presumptive gaze of the other influences the way we are treated and arranged within a given sex/gender system. Watson (2016) describes the skeptical look she often encounters when entering a woman’s restroom and recounts:

I am taken to be a man over 90 percent of the time In fact, others so routinely identify me as a man that I am often caught off guard and surprised if someone correctly identifies me as a woman. These experiences have changed me; they are, now, a defining feature of my life. Perhaps having experienced my gender/sex so uniformly and routinely confused has allowed me to “see” things, to understand the experience of living in a world in which your body is interpreted one way and your authentic self entirely rejects that other imposed identification. (247)

In this example, it does not matter what kind of genitalia Watson actually possesses, what she is assumed to possess is enough to justify a certain gendered treatment, a treatment that in turn affects how she views herself within a system of social arrangements.

This line of reasoning is similar to a social position account of gender supported by Sally Haslanger (2000), as gender is not defined in terms of an individual’s intrinsic physical or psychological features, but constructed externally through how one is viewed and how one’s life is structured socially, legally, and economically (38). This intersubjective quality of gender

provides a circular argument when trying to account for its disentanglement from sex. Watson is assumed to be a man, based on physical traits that presume a male anatomy, but the sex category male is assumed because of perceived gender expressions (i.e., masculine styling of hair). This “what came first” problem is what leads Butler (1990) to conclude that “sex is always already gender” (10-11). One may make the argument that any confusion in sex perception can easily be settled by observing the actual genitalia, but this makes another assumption that sexual difference can easily be identified based on reproductive organs. What of the “female” who is born without a womb? What of the “female” who has both sex organs? What of the “female” who possesses a Y chromosome and gives birth? What are the assumed criteria for checking the appropriate “sex” box?

I began with Le Guin’s genderless, but nonetheless sexed, planet to open a much-needed debate on the relationship between sex and gender and how the misunderstandings between the two foster an environment that limits transgender procreative freedom. In her essay “Is Gender Necessary?”, Le Guin (1976) reflects on her fondness of having penned the phrase “the king was pregnant,” stating that such an utterance “reverses our habitual way of thinking” and “contradicts our assumptions” (159). We assume that men cannot get pregnant. Reproductive ethics is a huge subfield of feminist medical ethics, because reproduction has historically been an affair of women. As previously noted, the feminist materialist tradition has theorized the oppression of women based on their role in the reproductive economy. But, in 2008, newspaper headlines announced the “first pregnant man” as Thomas Beatie, a transgender man, awaited his first child.

In Le Guin’s novel, *Genly Ai*, a male envoy sent from a planet where gender is very much still alive, follows up his statement, “The king was pregnant” with “I found this funny” (100). Beatie’s story of pregnancy invoked similar reactions of bemusement, with comic images

of Arnold Schwarzenegger in the film *Junior* circulating, but it also made the reality of transgender pregnancy (hyper)visible. In light of such visibility, what issues need addressing if we are to respect transgender persons as fertile members of society?⁷

In a just world, we would view sex and gender as fluid categories and recognize the epistemic and physical violence done to bodies as a result of legal, medical, and societal pressure to remain encased in any rigid mold. The phrase “the king was pregnant” contradicts our assumptions, not only because it disrupts a false congruency made between a biological female who gestates and her assumed gender role as a woman, but also because it challenges the very notion of biological sex as something static.

In the case of Le Guin’s novel, the one who gestates is still considered to have the reproductive sex of a female, but they need not *always* be female. Inhabitants of the planet Winter fluctuate between the two sexes only when the issue of reproduction is at stake. For the most part, they are androgynous as far as both sex and gender distinctions are made. Does this mean that sex is only a useful category as far as reproduction is concerned? I do not want to conflate sexual difference with reproductive difference, and yet, I wonder how to reconcile the necessity of this difference in confronting the reality of generativity.

In 1974, Andrea Dworkin published a book titled *Woman Hating* that contained a chapter called “Androgyny, Fucking, and Community.” Here she challenges the notion that there are two discrete biological notions of sex and footnotes the following question:

Can a person with the chromosomal sex of a male and the gonadal sex of a female conceive? If so, we would have to accept the notion that men can have children. I would think that such cases do exist in nature, even though I could find no confirmation that such persons are fertile. Since

anyone who has children is defined as a woman, and chromosome tests are not done routinely, such persons would not be discovered except by accident. (177)

Today, we can and do regularly test for chromosomal composition in order to detect “genetic defects.” Someone with Swyer syndrome has a karyotype of 46 XY. They typically have external female genitalia, identity as female, and are raised as girls. And yet, the Y chromosome is present. A person with Swyer syndrome has a female reproductive system but does not produce eggs. They can, however, experience pregnancy with an egg or embryo donor. So, to answer Dworkin’s question from 1974: Yes, “a person with the chromosomal sex of a male and the gonadal sex of a female” can conceive.

I do not include this example from 1974 to settle the issue of what defines a biological male and whether said male can become pregnant. Though Dworkin defines “men” in terms of chromosomes and makes her own assumptions about sex and gender, I find her inquiry useful because she is actively questioning a rigid binary sex/gender system (as early as 1974), offering possible exceptions to the rule that only women become pregnant.

During the seventies, we were unable to “prove” Dworkin’s hypothesis that individuals with a Y chromosome (largely believed to be the indicator of maleness, even today) can become pregnant. Now we can, and yet, despite this still largely held assumption that the Y chromosome is only present in males, we do not hear talk about males becoming pregnant from the medical community. “Objective” proof is not enough, not if it runs contrary to a medical literature that neatly delineates between two sexes.

The insistence on a binary sex system is further fostered by how the medical community treats intersex children. Historically, doctors have encouraged parents to make the difficult

choice of raising intersex children as either male or female, performing the appropriate genital surgery, and/or offering the corresponding hormonal treatment. Parents are also advised to dress children and offer them playthings according to a congruent understanding of sex/gender (i.e., a female child should wear a dress and play with dolls). This either/or mentality leaves no place for the sort of androgynous thinking that Dworkin sought. Furthermore, while such medical treatment may support the fluidity of sex/gender, it promotes an “all or nothing” way of thinking where one may choose “male” or “female,” so long as any trace of gender ambiguity is erased.

Returning to our discussion of Swyer syndrome, the medical literature states that a person with this condition has a female reproductive system. Many will think that there is nothing contestable about this statement, indicating that “female reproductive system” insinuates the presence of a uterus, a uterus being that which gestates during pregnancy. Talk of female reproduction is often seen as a biological issue, one that is entirely separate from discussions of gender. And yet, there may be grounds to question such an assumption. Micha Cárdenas (2016) in “Reproductive Futures in Trans of Color Feminism” recounts the painful experience of having to go off estrogen in order for her body to produce sperm, so that her and her partner may realize their desire of having a child together. She states,

I am writing this,

The hormonal chemistry I was born with bubbling up in my body,

It feels so foreign,

Like I’m in here looking out of these eyes,

But this mind isn’t mine

...

Yet this is my experience, as a mixed race mujer,

A woman pregnant with life. (52)

When news broke out that a “man was pregnant,” there were initial moments of shock and confusion, as society wondered if some futuristic reproductive technology made it possible for a male body, assumed to be a body without the gestating capacity of a uterus, to become pregnant. When people realized that Thomas Beatie, a man, had a uterus, confusion still ensued, but they understood that biologically this was possible because of his uterus. The problem is this: Can we then, without contest, equate the female reproductive system with a uterus? If we do this, do we then tell Thomas Beatie that he is a man with female reproductive organs? Do we tell Cárdenas that she cannot become pregnant, as she describes her experience banking sperm, because she has a male reproductive system? Does imposing these “biological facts” about reproduction ignore their own personal experiences with the act? Perhaps these questions should be nonissues, meaning a man may or may not have a uterus and a woman may or may not have a uterus. Can’t we leave it at that? Why must our reproductive systems be sexed at all? Can an egg be an egg without it being female? Can a sperm be a sperm without it being male?

Emily Martin (1991) in “The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female Roles” has demonstrated how gender bias creeps into our supposedly objective understanding of reproductive science, remarking how the sperm was mistakenly described as an active prince going on a journey to awaken the passive princess-egg. Likewise, Nelly Oudshoorn (1994) in *Beyond the Natural Body: The Archeology of Sex Hormones* shows how material, institutional, and social forces worked to collectively, and mistakenly, pronounce the existence of two distinct “male” and “female” sex hormones.⁸ What purpose does such a distinction serve? Are two distinct organs or gametes necessary for reproduction? Do we strip these gametes of their sex and wait for their sexual history to be

forgotten? Or, should we talk about “reproductive sex” in a way that allows for fluidity across sex and gender and in a way that does not conflate it with biological sex.

In Le Guin’s novel, the existence of a genderless society did not depend on the extinction of reproductive sex. The king was pregnant because they had the reproductive organs of the female sex during kemmering, the process whereby the otherwise androgynous inhabitants of the planet Winter assume a male or female reproductive role. Reproductive sex need not coincide with our gender. Perhaps someone who identifies as a woman may be reproductively female during her fertile years, but after menopause, does it still make sense to discuss her female reproductive sex? We do not deny females their status as women just because they can no longer, or have never desired, to reproduce. This example shows one form of asymmetry in the reproductive sex/gender relation. Could someone be a man, yet reproductively female? However, as stated, although this may upset any rigid correlation between sex and gender, it may nonetheless impose a sexed reproductive category among someone who does not identify with said category.

Jasper Verlinden (2012) in “Transgender Pregnancy and Male Bodies: The Ethics of Radical Self- Refashioning” discusses how Beatie’s pregnancy story was met with shock and awe when he and his wife Nancy appeared on the Oprah show. Verlinden suggests that the audience would have been more comfortable had Beatie’s pregnancy been that of a biological male rather than a transgender body. Verlinden (2012) references Judith Butler’s concept of “framing” to posit the transgender body as unintelligible, as the type of body that lies beyond the borders of the frame, beyond what is accepted as reality (110). Paisley Currah (2008) echoes this bodily unintelligibility in “Expecting Bodies: The Pregnant Man and Transgender Exclusion from the Employment Non-Discrimination Act” where he employs a term used by T. Benjamin

Singer, the “transgender sublime,” to highlight the inability of medical professionals to respond to trans bodies. The transgender sublime is the “conceptual limit to a service-provider’s ability to recognize the legibility and meanings of trans identities and bodies” (Singer 2006, 616). The borders of this conceptual limit are further reified as service providers fail to appreciate the complexity of the sex/gender system and either knowingly or inadvertently alienate their trans patients. Such an inability to properly care for pregnant trans persons may be seen via an insensitivity to breastfeeding/chestfeeding or through microaggressions such as misgendering or deadnaming (Freeman and Stewart, 2019).

In a 1998 article on transgender pregnancy, Sam Dylan More quotes a German trans man who was told by the court expert on whom he relied for his name change that if he proceeded with his intended pregnancy, he could not be considered a man and would not be allowed to change his name (Verlinden 2012, 115). As Verlinden states,

Medical and legal discourses are part of a regulatory regime that work to eradicate the in-between spaces of gender. To put it bluntly, you are allowed to cross over from one side to the other, but only if you seem committed to remain neatly categorizable as either male or female. (15)

Although Germany eliminated the sterilization requirement for “legal gender recognition” in 2011, medical and legal discourses remain imbued in a regulatory regime that imposes certain immutable truths about the relation between sex and pregnancy. For example, in 2018, Germany’s Federal Court of Justice rejected a transgender woman’s request to be legally recognized as her child’s mother, arguing,

The country’s transgender identity law *Transsexuellengesetz* states that change in gender does not alter the legal relationship between a parent

and child, even in cases where the child was born after transition

The legal parent of the child is only the woman who gave birth to the child. (Butcher 2018)

This decision has required the trans woman to include her deadname on the child's birth certificate under father. Such a narrative suggests that one may change their gender, but insofar as matters of procreation are concerned, one's biological (read reproductive) sex remains that to which they were assigned at birth.

Assumptions regarding the relationship between sex and gender, particularly as they relate to pregnancy, are not only reinforced through medical and legal narratives but can be seen within pockets of the trans community as well. In "Family Values: Two Dads with a Difference- Neither of Us Was Born Male," Patrick Califia-Rice (2000) recounts the negative feedback he received when his husband Matt decided to have their child: "A few FTMs in an online forum started addressing Matt by his 'girl name' because 'real men don't get pregnant'" (#) Here, Califia-Rice employs the term FTM, an acronym for female to male. It is worth noting that not all trans persons are accepting of this term. For example, there are trans men who argue that they have been men all along, preferring the term MTM (male to male), noting that reference to such a transition is really about making that identity visible to other people.

Rather than see the supposed bodily incongruence, with respect to gender identity, of the transgender pregnant male as a form of negative gender confusion, Verlinden (2012) talks about the pregnant transgender man in terms of a positive radical self-refashioning. He states,

The pregnant transgender man is radical, because he chooses, on the one hand, to mold his body to fit the image he identifies with and at the same time pragmatically uses the physical properties he decides to keep, his

female reproductive organs, leading to a designification of pregnancy as an exclusive, determining sign of femaleness. (123)

Such radical refashioning creates a dissonance between sex and gender. For Verlinden, the pregnant man may keep his “female reproductive organs” yet resist identifying as a woman. In this case, sex and gender need not coalesce in order for a transgender man to feel like a man. One’s reproductive sex need not be erased to make one’s body coincide as much as possible with one’s gender of identification. Of course, it can be, but that should be one’s choice. One can choose to remove their reproductive organs as a form of gender expression, or one may keep the reproductive organs they were born with yet reject that these organs were sexed prior to self-identification.

Cárdenas would contest Verlinden’s statement that “female reproductive organs” lead to pregnancy, as unlike Verlinden, she equates pregnancy with femininity. Cárdenas is a woman, so her experience banking sperm is one of pregnancy. I do not wish to put Verlinden and Cárdenas in debate but rather to highlight that identifying as a certain sex or gender should be one’s choice. Indeed, this element of agency is central to Verlinden’s notion of radical self-refashioning.

Many feminists agree that sex may encompass a variety of biological components, such as the ones previously mentioned, and agree that sex may change over time and need not be binaristic. Likewise, many concur that gender involves cultural attitudes that change over time and may or may not be related to sex. A pushback to embracing such fluidity may be summed up in the following question, an actual question posed to me by a colleague whose transgender son wanted to start taking testosterone: *If there is no direct correlation between sex and gender, why does my son feel like he needs testosterone to be a man?* While I understand where the question

stems from, I do not think it is a valid one to dismiss fluid notions of sex and gender, as not all trans persons feel the need to take hormones or undergo surgery. Many factors (biological, social, environmental, temporal) may contribute to our wanting to feel “masculine,” “feminine,” “non-binary,” or “genderqueer,” and how we go about assuming the identity that helps us flourish as human beings with complicated desires varies from one individual to the next. There is not a single transgender narrative. While some feminists reject the “naturalness” of sex or gender as given categories, as Riki Lane (2016) in “Reading Trans Biology as a Feminist Sociology” notes, many trans people have found personal and political unity in making the argument that they were “born this way.” There is, of course, nothing wrong with such a belief, so long as it is not stubbornly imposed upon others.

I raise these questions to highlight the shaky foundation of biological and reproductive sex and to show how the way we discuss their relation to gender affects our (mis)understandings of transgender pregnancy; however, I do not wish to dwell on whether or not such biological categories exist and whether they should be defined based on chromosomes, genitalia, gonads, hormones, or anything else. Furthermore, in speaking of the sex/gender debate, I do not mean to further reify a supposed congruency between these terms, but nor do I outright deny any relation between them. In the section that follows, I hope to show how external societal forces that assume any universal correspondence between sex and gender work to limit the procreative capacity of trans persons.

3. Breaking down barriers toward an inclusive reproductive ethics: State-sanctioned sterility, nonreproductive futurism, and access to reproductive technology

a. State-sanctioned sterility

As highlighted in Foucault's *History of Sexuality Vol. 1*, the State has a great interest in its constituents as reproductive subjects. Societal values and how we talk about sex tell us something about who we think ought to reproduce and which types of citizens are considered desirable offspring. Foucault (1978) notes the emergence of "population" as a technique of state power:

At the heart of this economic and political problem of population was sex: it was necessary to analyze the birthrate, the age of marriage, the legitimate and illegitimate births, the precocity and frequency of sexual relations, the ways of making them fertile or sterile, the effects of unmarried life or of the prohibitions.... Of course, it had long been asserted that a country had to be populated if it hoped to be rich and powerful; but this was the first time that a society had affirmed, in a constant way, that its future and its fortune were tied not only to the number and the uprightness of its citizens, to their marriage rules and family organization, but to the manner in which each individual made use of his sex. (25-26)

In its aim to create the productive reproductive citizen, the state intervenes in the fertility and sterility of its population. For example, white nationalist discourse and its accompanying state policies may promote and encourage the fecundity of white women for the sake of keeping the bloodline pure, while sterilizing minority populations or putting policies in place that offer little opportunity for such families to flourish (Roberts 1997; Stoler 1995). Trans bodies are subject to such policies: for while outright sterilization is becoming less the norm, its legacy remains and

the ideology behind it can be seen in other barriers set by the state and medical community.

There are current laws that regulate the assumption of a transgender identity by following a linear teleological concept of transgender fashioning, making the body as congruent as possible with the gender of identification, and such congruency may lead to sterilization. It does not allow for dissonant sex and gender spaces. States that continue to require the sterilization of transgender individuals in order for them to officiate their sex/gender identity are essentially asserting, “You may *choose* to change your sex/gender identity, but only if you promise not to potentially birth others like yourself.” While most states in the United States have erased any obligatory medical change via surgery or hormones, in the state of Georgia, if a transgender woman wishes to change her driver’s license sex category to “F,” she must provide a doctor’s note stating that she has undergone the appropriate “gender reassignment operation.”⁹ Many doctors require a surgical change, although some will write a letter after the “appropriate” hormone therapy. Both forms of gender “reassignment” may lead to sterility. I do not think that such procedures are in themselves morally wrong, as many transgender individuals find one or both necessary for their survival. It is, however, unethical for states to sanction procedures leading to sterility in order for its constituents to change their sex or gender identity. There is a strong moral distinction between agency and enforcement.

As previously indicated, even though many states and countries have moved away from a direct sterilization requirement, other barriers may arise that continue to prevent trans persons from realizing their procreative potential. For example, following a 2017 ruling by the European Court of Human Rights, France agrees that sterilization for legal gender recognition violates human rights. However, its revised 2019 bioethics legislation sets forth a medical/legal narrative that eradicates in-between spaces of gender. Both the Senate and National Assembly voted in

favor of a bill that would allow single women and lesbian couples access to assisted reproductive technology (ART). Currently, access to ART is only available to heterosexual couples who can prove a cohabitation of at least two years. The new bill, touted as “ART for all women,” will allow single women and lesbian couples access to sperm banks and in vitro fertilization. This legislature is viewed as progressive and inclusive, yet it explicitly excludes trans men from seeking access to ART. On the one hand, a person could argue that trans men have fought to be recognized as men and thus should not be harmed by exclusion from a bill expressly designed for “women.” Yet, such bioethics legislation is representative of the exact insensitivity to the complexity of the sex/gender system that I hope to highlight. To quote Verlinden (2012) again, “you are allowed to cross over from one side to the other, but only if you seem committed to remain neatly categorizable as either male or female” (15).

b. Nonreproductive futurism

Some may say that highlighting the importance of our reproductive functions may reinforce heteronormative assumptions about relationships (homonormativity); yet, neglecting the importance of reproduction for queer couples is equally dangerous, as it sets up a discourse where having children is not a desirable mediation of love for them.

I say mediation of love in reference to Plato’s *Symposium*. In this dialogue, multiple speeches are given in praise of love, but the most just definition of *eros* comes from Socrates, the mouthpiece of a woman named Diotima. Love is referred to as a mediation or spirit between mortals and gods. We love that which we lack, and that which we lack most is immortality (immortality is tied to notions of beauty and the good since it is eternal). We deal with this longing for immortality via a propagation of the mind and/or a propagation of the body.

Essentially, through love, we can reproduce offspring to perpetuate generations and thus obtain a sort of immortality; or, we can pursue creative endeavors, penning intellectual works like Homer or Hesiod, whose words are still passed down today. Plato views bodily reproduction as an inferior mediation of love, and while I disagree with his hierarchy of “giving birth in beauty,” I maintain that creation and procreation are essential to our ways of existing; and, as previously noted, generationality is the source of ethical responsibility.

Philosophical narratives, including certain strains of queer theory such as “nonreproductive futurism” that mistakenly categorize queer individuals as either sterile or not desiring progeny of their own need to be reevaluated. That is, in trying to combat heteronormative assumptions of the sexual act leading to children, a hetero/fertile and queer/infertile binary is set up that neglects the reproductive desire of transgender persons. All queer sex does not lead to what Lee Edelman (2004) refers to as “no future,” if as the cliché goes, “the children are our future.”

Nonreproductive futurism closes off bodily propagation as a way of dealing with our finite condition, a condition that is defining of our humanity, though no more so than our condition of birth. Human reproduction is not, as most of the history of Western philosophy would have one believe, a baser form of reckoning with one’s finitude. Philosophical narratives that dismiss reproduction as mere animal instinct, opposed to higher forms of cultural propagation, dismiss the importance of generativity because this act has historically been associated with the woman’s body as procreative property (i.e., women become pregnant in body while men become pregnant in soul). Yet, reproduction is never a purely biological act, and even the biological aspects of it are never carried out in a fixed “natural” setting devoid of cultural and historical significance. As Anne O’Byrne (2010) states in *Natality and Finitude*,

Reproduction is a poor misnomer for what happens when we have children; even cloning could only allow me to produce myself all over again on the level of DNA, and it is not clear that the result would even be recognizable as a version of me ... the activity of producing a new generation is biologically creative in distinctly social and historical ways. A person cannot beget or conceive alone—sex is a social act—and the moment the child arrives in the world it is part of a network of social relations that feeds and names and protects or rejects and abandons it (66).

We could arguably say that persons who fit into the heteronormative status quo are protected by the social networks into which they enter, whereas queer and transgender individuals are rejected by this model. Sex is, as O’Byrne asserts, a social act, though medical and legal narratives work to reify it as something “natural” where nature is viewed as something fixed. Butler describes how such reification occurs in her analysis of performativity. Butler (1999) notes, our identities are created through a continuous repetition of acts; through habitually performing gender roles that are expected of one’s given sex, the heteronormative order of sex/gender congruency appears natural. A queer performance questions the stability and variations of such congruency. According to Edelman, the figure of the child is the linchpin to such stability and thus calls for queer individuals to embrace nonreproductive futurism.

Edelman (2004) states, “In a political field whose limit and horizon is reproductive futurism, queerness embodies this death drive, this intransigent jouissance by figuring sexuality’s implication in the senseless pulsions of that drive” (27). I believe Edelman would call my appeal to Plato and his definition of *eros* heteronormative and embracing of reproductive futurism,

given that *eros* mediates one's condition of finitude through bodily or intellectual creation. Queer theory seeks to disrupt such order, and in taking solace in the death drive, opposes *eros* with *Thanatos*. Yet again, such opposition reinforces a binary way of thinking (hetero/fertile/*eros* v. queer/infertile/*Thanatos*).

Traditionally, our sexual acts run counter to our death instincts, because sex brings with it the promise of new life, or the paradigm of futurity, the child. In urging queers to embrace the death drive as *jouissance*, Edelman associates queer sexuality with self-destruction, beyond the pleasure principle. Edelman is not asking that the sexual act be viewed as pleasurable in its own right, therefore upsetting the belief that our sexual impulses are motivated by survival instincts. However, Elizabeth Grosz (2011) does make such a distinction in *Becoming Undone: Darwinian Reflection on Life, Politics, and Art*, when she describes the different motivations behind sexual selection and natural selection. While natural selection regulates sexual difference through reproduction, sexual selection is about erotic intensification, inducing "pleasure rather than progeny" (130). She asserts, "sexual selection may be understood as the queering of natural selection, that is, the rendering of any biological norms, ideals of fitness, strange, incalculable, excessive" (132). At first glance, such a contrast acknowledges the inherent pleasure in exploring one's sexuality and recognizes a value in sex beyond survival. However, what Grosz, like Edelman, essentially does is strengthen a divide between the heteronormative and the queer, as if two neat categories actually existed.

For Grosz, heterosexuals may be motivated by both natural and sexual selection, but what about queer individuals? It appears that queer couples are not motivated by natural selection (so, not natural?), and therefore reproduction becomes possible only for those couples neatly disposed to a form of sexual difference. It seems that both Edelman and Grosz believe

queer sex cannot lead to children. Doesn't this conflate reproduction with heteronormative carnal procreation? Doesn't this lead to a false dichotomy between the natural and the technological, between the bodily and the cultural, as if nature were a one-way street?

Grosz does effectively contest the supposed passivity of nature, indicating that it has the power to become other than what it is, but I am not sure that correlating pleasure with queerness acknowledges the procreative desires of queer individuals, as it insinuates that queer sex may only lead to jouissance. Cannot a queer couple consisting of a transgender man and a cisgender male not reproduce? Cannot a queer couple consisting of two lesbians not reproduce with the assistance of IVF? Cannot a queer couple consisting of a transgender woman and a lesbian not reproduce? I could keep enumerating examples of such couples as a means to resist queerness as a stable nonreproductive category, but I think the above suffices to highlight the differing levels of procreative performance. Procreation does not have to be heteronormative. Edelman may be using the child as a *figure* of heteronormative concerns, but wouldn't it be queerer to procreate in nonhetero ways, to queer the figure, rather than reify reproduction as something "naturally heterosexual?"

c. Access to reproductive technology

Of course, I am aware of the setbacks in discussing the importance of reproduction, given a medical past that has refused to perform surgery on transgender persons that have requested it because of the fear of destroying a productive reproductive citizen. Dan Irving (2013) in "Normalized Transgressions: Legitimizing the Transsexual Body as Productive" discusses a prominent physician, Dr. Cauldwell, who believed that to operate on a "transsexual body" was to destroy the heterosexual life by thwarting the individual's reproductive potential.¹⁰ Suzanne

Kessler and Wendy McKenna (2006) echo this concern in “Toward a Theory of Gender”:

Scientific studies of gender are ultimately grounded in the biological imperative of reproduction... One extreme form of the argument is that if there are not clear roles, functions, and appearances, people will not develop “healthy” gender identities, no one will know how to, or want to, reproduce and the species will become extinct. (180)

It is the emphasis on “healthy gender identities” that I would like to highlight here, as it sheds light on why a discussion of sex and gender recognition is an integral part of feminist approaches to bioethics. A person’s sex or gender identity, or presumed “unhealthy” identification, may be enough to exclude them from participation as productive reproductive citizens. Yet, such exclusion cannot logically be upheld based on fears of species extinction, for as reproductive technology is increasingly demonstrating, we are creative procreative people, developing new ways to procreate, beyond corresponding sex/gender systems. For example, transgender men may freeze their eggs, and transgender women may freeze their sperm in anticipation of hormonal or surgical treatments they fear may later render them infertile. Current research in *in vitro gametogenesis* (IVG) seeks to bypass the need for two distinct human gametes in reproduction, creating egg-like and sperm-like cells from undifferentiated ones.

Some may say that such technologies further propagate the biological imperative to reproduce and may argue that adoption is a perfectly good choice for forming an “alternative” family. Yet, this may discredit the procreative desires of individuals and feed into a problematic narrative of false consciousness. Charis Thompson (2005) in *Making Parents: The Ontological Choreography of Reproductive Technology* offers a critique to those saying, “Why don’t you just adopt? There are so many children needing a home ... the world is overpopulated anyway,”

explaining that if this is true, it “must apply to everyone and not just the infertile” (240). Yet, this is not the case. As Thompson notes, when couples are having trouble conceiving, the majority will first turn to reproductive technology in hopes of having a biological child, rather than first try adoption. Does reproductive technology further a narrative where familial ties are bound to the biological? Or, is reproductive technology simply a means to carry out our preexisting desire for genetically related children?

Surely, the biological imperative existed long before we had the tools to reproduce more “efficiently,” as the inspiration for this technology did not arise from nowhere. For example, reproductive technology reifies an existing white heteronormative narrative, using new instruments of racialized storytelling. In choosing gamete donors, those producing the white blue-eyed baby, or the fetishized ethnic other are of popular demand, and so imperialism reproduces. This is problematic and something that should rightly be questioned. Dorothy Roberts (1995) in “The Genetic Tie” talks about the racism of the biological imperative and how black communities may place less emphasis on blood ties:

Of course, both Black and white individuals desire to produce and raise their own genetically related children. In both groups, this biological bond often forms the basis of a cherished relationship. Nevertheless, shared genetic material seems to be less significant to Black people’s identity.... By the turn of the twentieth century, Black Americans had developed a race consciousness rooted in a sense of peoplehood that laid the foundation for later civil rights struggles. Blacks use terms that connote genetic relationships- “brother”, “sister”, and “blood”- to refer to people related to them by links of racial solidarity. (231-32)

We can add the continuing lack of reproductive freedom afforded black women's bodies to such a list of struggles. While white feminists have historically protested for the right not to have children (abortion rights, access to contraception), women of color have often found themselves fighting for the right to keep their children or be viewed as subjects worthy of having them. In *Killing the Black Body*, Roberts (1997) states,

Considering this history—from slave masters' economic stake in bonded women's fertility to the racist strains of early birth control policy to sterilization abuse of Black women during the 1960s and 1970s to the current campaign to inject Norplant and Depo-Provera in the arms of Black teenagers and welfare mothers—paints a powerful picture of the link between race and reproductive freedom in America. (4)

The State's investment in population control and the reproduction of the productive white citizen is further highlighted by the occurrence of forced sterilizations, of mostly women of color, in prisons. Cárdenas (2016) cites an interview that appeared in *Captive Genders: Trans Embodiment and the Prison Industrial Complex* where Reina Gossett notes that “trans women in prison can only have the safety of being housed with people of their own gender if they submit to surgical procedures that are a form of sterilization” (55). Again, contra Edelman, wouldn't it be queerer to reproduce in nonhetero antiracist ways than to succumb to the self-destruction of the death drive? Why reinforce the procreating narrative of the status quo? Couldn't queer bodies of color reproduce to affirm life often denied them? Shouldn't they *live long enough* to create new life?

If necessary for reproduction, I don't believe using assisted technology will create additional problematic narratives that are not already there. If anything, contesting procreation as

purely carnal, reproductive technology allows those couples not in a heterosexual union the opportunity to have genetically related children, if desired. Yes, reproductive technology may further reiterate the importance of genetic ties, but for trans couples, it may not be the blood liaison itself that is important, but the precarious situation of adoption and the fear that they may have less of a claim on a child who is not biologically theirs. Perhaps reproductive technology is not solely used to fulfil a desire for genetically related children but may be used as an effective tool to legally guarantee (or at least help) one's chances of having *and keeping* children.

4. Conclusion

Using Ursula K. Le Guin's *The Left Hand of Darkness* as an inspirational backdrop, a novel whose story unfolds on a genderless planet (Winter) that nevertheless relies on reproductive sex for the sake of generativity, I have tried to unravel how the sex/gender debate and its ensnarement with procreation has consequences for how we think about transgender pregnancy. In responding to questions regarding sex and gender, we make moral judgments concerning who should be classified as productive reproductive citizens. Insensitivity to in-between spaces of sex and gender lead the state and medical communities to perpetuate false narratives of sex/gender congruency, and such conformity limits the reproductive choices that transgender bodies are able to make. Through a brief discussion of nonreproductive futurism, I have tried to highlight the importance of procreation, both as an ontological and ethical project. However, by accenting the reproductive act, I do not advocate for homonormative narratives that project heteronormative biological imperatives onto queer persons. I do not believe that bloodlines are the only means to forming kinships. Yet, individuals who desire biological offspring should not be denied access to resources such as reproductive technology, solely based on false assumptions of gender and sex.

I have attempted to lay some groundwork for rethinking a more inclusive reproductive ethics, one that does not solve the sex/gender debate but perhaps suggests a better environment in which such discussions could be held. To emphasize the weightiness that gender assumptions have on such conversations, I conclude with the following quote from Le Guin, “Consider: A child has no psycho-sexual relationship to his mother and father. There is no myth of Oedipus on Winter” (94).

NOTES

1. Kemmering is the process whereby the otherwise androgynous inhabitants of Winter assume male or female reproductive organs to engage in a sexual act. Kemmering occurs once a month and the sexual desire it incites is so strong that engaging in sex is a necessity (mate or die). Kemmering occurs in three stages, with each stage inducing higher levels of chemical activity (heightened hormonal states). Someone who is in kemmering must have sex with another person (or persons) who is (are) also in kemmering. Unless an individual “tricks” their body with certain chemical supplements, one cannot choose which sex they will undertake during kemmering.
2. I make reference here to Donna Haraway’s (1991) “Cyborg Manifesto” where dualisms, including sexual binaries, collapse and make way for the cyborg. Haraway states, “I’d rather be a cyborg than a goddess.” Yet, as Mary Ann Doane (1989) notes, such an erasure of dualistic thinking is ahistorical. Doane asks whether it is possible for cyborgs, seemingly created by humans, to be void of all human subjectivity.
3. Elizabeth Spelman (1988) critiques this sex/gender system for failing to take into account the way other intersections of identity, such as race, ethnicity, sexuality, nationality, etc., work to socially construct gender terms.

4. Popular news and media continue to portray sex and gender in this light, associating sex with nature and gender with culture. Whenever I teach issues related to sex and gender in my ethics courses, students will often define sex based on reproductive organs or chromosomal make-up, positioning sex as something one is naturally born with and gender as something one may choose. This is not a popular viewpoint among many feminist scholars, but it remains a widely held assumption among the population at large.

5. In a dialogue published in *Aeon*, Sophie-Grace Chappell (2018), a trans woman scholar, and Holly Lawford-Smith, a gender critical feminist, discuss what it means to be transgender and whether trans women are to be considered women. Lawford-Smith notes that gender critical feminists work towards the abolition of gender and that in order to attain such a goal, we must recognize “females” as a class of people who are “involuntarily subject to these oppressive and subordinating [gender] norms.”

6. In 1997, Jacob Hale wrote “Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality, Transsexualism, or Trans_,” which was last updated on November 18, 2009. Talia Mae Bettcher (2018) notes these rules are still “horribly relevant.”

7. This paper does not treat every issue that needs to be addressed in order for transgender individuals to be respected as procreative individuals. I highlight three issues that need rethinking in order to see transgender individuals as capable of reproduction, but I do not address problems related to the care of transgender persons before, during, and after childbirth within a medical setting (e.g., misgendering/deadnaming of patients by doctors, sensitivity to breastfeeding/chestfeeding).

8. I presented an initial draft of this paper at the 2019 philoSOPHIA conference. I’d like to thank Andrea Pitts for their helpful comments and for suggesting that I look into Oudshoorn’s work.

9. The National Center for Transgender Equality has created a list “How Trans-friendly is the Driver’s License Gender Change Policy in Your State?” Ten states received an “F” due to its “proof of surgery, court order, or amended birth certificate” and four states and four territories received a “D” due to unknown or unclear policies. This information was last accessed in 2019. As of May 2020, the state of Georgia still requires medical certification to request a change of gender marker on one’s ID.

10. I use the term “transsexual” here because this is the terminology used in the literature. I recognize that transsexual is an outdated term and may be considered offensive.

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