



The Construction of Womanhood and the Commodification of Identity

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Abstract: This paper argues that the role of the female body in the experience of womanhood, is key to the worldwide epidemic of violence against women and central to the ongoing transgender debate. We argue that within current ideological discussion of gender fluidity, the female biology has been deemed inconsequential, secondary to womanhood whilst also remaining the primary cause of violence towards natal females. We further argue that womanhood is socially constructed, based largely on men's perceptions of women's biological bodies, which has historically framed the experiences of women, shaping their perceived inferiority. The physical body informed the performance of womanhood, and its physical presentation was at the centre of the battle for equality. Whilst supporting rights of those who want to transition to live free from discrimination, we argue for the need to look at current transgender debates in the context of increased commodification of women's bodies, women's bodies as sites of make violence, and be cognisant of the role that the female body has played in the experience of womanhood, collective fear of the male form and the need to seek safety from it.

Keywords: Womanhood, body, gender, sex, transgender

Gender refers to the socially constructed norms based on what is considered “womanly” or “manly” in a given society (Lorber, 2018). It encompasses visual and behavioural codes, communicated through lifelong gender messaging. Gender expectations are key aspects of children's socialisation that can exert a powerful influence on an individual's developing sense of self. Gender roles, learned from infancy, continue to evolve in a lifelong process of construction; they are performative, flexible, responsive to social feedback and historically linked to a person's value in society. As Bonvillain (2020) put it, “Gender is what a person does, not what a person is.” Thus, ‘womanhood’ for the purposes of this paper, is understood as a socially gendered category, signified by social expectations of appearance, dress, behaviour and speech to which women, as a sex-class, are expected to conform. Gender is a useful category of analysis for examining trends in the relational, social, and economic power differentials between men and women as individuals and in groups, and to identify continuity and change in socio-economic structures and in the wider structures of culture across time (Scott, 1986).

Where gender presupposes an element of fluidity, sex is biologically binary. Human beings are dimorphous mammals, so sex has evolved in a binary fashion through chromosomal action, to ensure reproduction of the species. Definitions of what constitutes a woman, or a man offered on this basis are uncontroversial and part of our shared knowledge, based on long-established scientific research. This biological dichotomy has

historically been at the centre of philosophical, social, medical, and economic debates about women's physical and mental capacities vis-à-vis men, (Bergman, 2002). In this paper, we argue that the current debate on transgender rights conflates sex and gender. In doing so, the focus has been diverted from what it means to be a biological woman in the context of the high global incidence of men's physical and sexual violence against them. The female body is not incidental to the adverse experiences that women share worldwide, but core to those experiences.

Women's sexual and reproductive capacities have, historically, been central to their social identities as women and their unequal status in the family and in patriarchal societies more widely (Dobash and Dobash 1979; Rowbotham 1977). In the face of inequality, women in many societies have often found it difficult to establish their independence and to set up firm foundations upon which to build their lives and flourish as individuals. In the context of longstanding structural inequality and the persistent and pervasive threat and experiences of male interpersonal violence in patriarchal societies, women's lives have been and continue to be challenging. Their struggles to assert their equality, rights and identity in society are longstanding and continue to the present day. Walby (1990) argued that patriarchy is a system of power relations grounded in social constructions of gender and identified six domains, namely housework, paid work, sexuality, violence, culture, and the State. These represent key sites of women's sex-based oppression within the system of gender power relations across public and private life, where their social inequality was established, maintained, and contested.

The idealised concept of womanhood has historically encompassed performative scripts that ensured that the status of women as a sex-class remained subservient to men. Until the mid 20th century, the explicit expectation of womanhood was to be "pleasant", "obedient", "nurturing", "subservient", "accepting", "supportive", "quiet", "motherly", and "a good wife" (Roberts 2002; Welter 1966). Failing to conform to society's expectation of the feminine ideal was not merely unacceptable but often dangerous. The inability or unwillingness to perform the script, was blamed on either the feebleness and instability brought about by the workings of the female body (the womb, the "erratic" hormone activity and periods, the smaller brain), or by the assumed malevolence present within the female body, and its uncanny power to bewitch the unsuspecting male at will, or by accident. Evil and inadequacy, lure and fragility were all wrapped up in the same, female body. The Madonna/whore dichotomy which places women, in the minds of men, in two mutually exclusive categories as either chaste or promiscuous is an enduring collective perception. It is sustained by patriarchal norms, customs and religion in its many manifestations and is centred around the female body.

The womb has long been depicted in literature, the arts and in medicine, not only as the source of life but also as the source of instability, its effects too powerful to control, reducing the woman to an irrational mess. Women were literally described as "hysterical," a term originating from the Greek word *hystera*, meaning womb, and used to describe the havoc caused by the wandering womb, particularly for the unmarried woman. When hormones were identified by the male medical community in the late 19th century, the concept of the "hysterical" woman was substituted by that of the "hormonal" woman. The underlying narrative was similar. Hormones, poorly understood, simply replaced the womb as the source of a woman's instability and irrationality (King, 2020).

At times regarded as a powerful, bewitching thing, the female body was at the same time considered fragile and incapable of strenuous physical work. Household management, sewing, etiquette; these were the labours of women. The physical labour contributed by women in industry, agriculture and wartime was not valued as highly as men's labour and indeed, the extremely physical act of giving birth was all but invisible as a show of strength. It was believed that the female brain was capable of seduction, witchcraft even, but incapable of heavy intellectual labour and reasoning despite considerable evidence to the contrary. Women's contributions in art, science and literature have historically been claimed by male counterparts (Nochlin 2017; Dominus 2019), while many successful women writers often adopted male pseudonyms to increase their chances of being published. "Woman has been judged and measured against the norm of man" (King, 2004) and has been deemed, by default inferior.

Institutional colonisation processes during the European conquests of the Americas, Africa and Australasia relied heavily on patriarchal ideologies, which were exported to colonised lands and deprived women of autonomy, prioritising motherhood for the purposes of ethnogenesis (Spencer-Wood, 2016). Nineteenth century patriarchal discourses were infused with class-based and racist ideologies in the age of global capitalist expansion, Great Power colonisation and international competition. In the nineteenth century in Britain, working-class women, their bodies and their 'dangerous sexualities,' were regarded as inherently flawed, carriers of disease, who were to be controlled. In nineteenth century Britain, women were subjected to the cruelties of the Contagious Diseases Act and incarcerated in Lock Hospitals and Magdalene Homes, for the protection of men from venereal disease, the prevention of prostitution, and to protect the sensibilities of middle-class and other 'respectable' women; an extraordinary double standard (Walkowitz 1982; Mahood 2013; Settle 2016). Working-class women were to be retrained to become obedient wives and mothers, and compliant servants and workers. They were to be managed and maintained as virtuous and clean, in the service of men and industrial society. Until the late nineteenth century, married women of all classes in Britain were the legal property of their husbands and expected to provide domestic and sexual services. These patriarchal practices and narratives reinforced by law and custom, successfully entrenched women's sexual and reproductive capacities as instrumental in their structural inequality.

Women's ability to reproduce became central to succession, property rights and inheritance in patriarchal societies. Within the traditional patriarchal family structure, women and their children became their husbands' property and those rights, although abolished in Britain by the late nineteenth century, determine the mindset of men's ownership of women, a notion which permeates the culture to this day. In Scotland, rape within marriage was only finally outlawed in 1989, ending the longstanding marital exception in rape cases and the concept of conjugal rights. However, rape within intimate relationships continues to be a significant reality of domestic abuse for women across the globe.

Currently, there are examples of international legal developments aimed at controlling and policing women's bodies and behaviour. These include a renewed attack on reproductive rights in the US: in 2022 the US Supreme Court reversed the 1973 *Roe v Wade* ruling guaranteeing US women the right to an abortion; and the highly gendered laws implemented by the Taliban in Afghanistan which confine women to the private sphere, remove their right to appear uncovered, or to speak or sing in public, to work, attend school

or university or enjoy the outdoors. These examples of laws aimed directly at women's bodies, closely reinforce patriarchal social gender norms which underscore women's sex-based oppression.

Women's biology and their bodies are thus inextricably linked to women's social position over the decades and have provided the basis for the evolution and imposition of gender roles, norms, and expectations within patriarchal societies. These have been effective in limiting women's autonomy, increasing their marginalisation and exclusion from representation and participation in society and public life. Separating women's sex from their gendered status in society is therefore untenable. Womanhood is inseparable from female biology. Women are still expected to police, cover, hide, offer, exhibit, embellish or mutilate their body. The female body is both a reflection of a woman's value and the reason that she is preyed upon, and "... is frequently treated as a target for extreme reactions, either positive or negative" (Balsam, 2022). Ruth Akinradewo reminds us that the commodification of the female body, with commercial sexual exploitation and trafficking as its most extreme forms, reduces it to merely an object of trade, which dehumanises women and increases the likelihood and risk of violence (Akinradewo, 2024). It is not surprising that the move for global trade in women is one of the top three profitable organised crime modes alongside illicit drugs and arms. Trade in women is profitable because they can be bought and sold many times over, diversifying products and increasing market control.

Women's experience of their own womanhood is influenced by the relationship they have with their body, developed through the lens of the male gaze, and the value placed upon it. Regardless of circumstances, the experience of being a girl or a woman includes, in varying degrees, shame, powerlessness and fear. The emancipation of women therefore has been inextricably linked to the emancipation of their bodies, from deep-seated patriarchal cultural legacies. For generations, male violence against women has been and remains both a cause and a consequence of women's social and structural inequality across the globe. Regardless of circumstances, simply being a girl or a woman was recognised in 1992 by the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) as a key risk factor for male physical violence, sexual violence, and exploitation, and remains so today. In 1993 the UN declared violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN, 1993). It has been, and still is perpetrated upon them on biological grounds and this shared history is passed on from one generation to another, defining at least in part, the reality of womanhood in contemporary society.

So how do women reclaim their bodies and personal autonomy and how do they express their womanhood? Contemporary feminine performance is a cumulative outcome of female biology within a patriarchal structure and the means by which to ensure safety within it. Arguably some of the so-called feminine traits and behaviours are behavioural adaptations to patriarchal constraints and demands and operate as survival strategies. Women learn to please and placate men early in life and learn, often from older women, how to show deference or feign weakness. These adaptations are mostly internalised through a long, subtle process of subjugation. These so-called feminine traits are, to an extent, historically adaptive byproducts of women's interactions with men within

patriarchal societies and cultures. It can be argued that the normative understanding of femininity is a collection of reactive, juxtaposing traits in response to masculinity, which may have evolved in conjunction with specific neurobiological substrates. Similarly, the transgender woman's perception and performance of womanhood may be informed by the interplay of circumstances arising from biological factors, internal conflict, gender socialisation, patriarchal expectations, and hegemonic masculinity.

The efforts of contemporary society towards inclusivity and equal rights for marginalised groups, began in the nineteenth century, with the feminist, abolitionist, civil rights, suffrage, and anti-colonial movements. The late twentieth century feminist and other social movements benefited from a recognition of the different intersecting forms of oppression affecting oppressed social groups. Intersectionality offered a valuable new dimension to activism and the struggle for equality (Crenshaw 1991). However, current representations of sex and sex-based oppression, as well as gender and gender-based oppression are misrepresented in contemporary discourse. Fuelled by social media, misinformation, and prejudice, where science, activism, human rights, feminism, and conservatism are clashing in a war of words, a single misstep can cause a person their reputation and livelihood.

Women have found themselves once again in the unenviable position of having to assert their right to safety from the male gaze and from male violence. There has emerged a new form of collective and institutional gaslighting, where women, who have been victims of male violence, are coerced to “unsee,” deny, not viscerally react, to male physical characteristics, however apparent. For women victims-survivors of men's violence, the male form is intrinsically associated with violence. Moreover, these visible, physical characteristics of biologically male humans are collectively what generations of young girls are taught to be afraid of. In the context of the historically high prevalence and incidence of male violence, particularly against women, it has become a psychologically and physically embedded reaction for girls and women to engage in some form of risk assessment ahead of any encounters with men and to experience fear of men, particularly in situations where they feel vulnerable. It is a learned, automatic reaction, subconsciously generated and tied to the nervous system. Moreover, fear is processed differently in the female brain compared to the male brain, due to biological differences in gonadal hormone signalling and functions of the neural circuitry related to fear. The female brain is less likely to “unlearn” fear once it is conditioned (Day, 2020), which arguably is a positive survival mechanism for women today, albeit one which poses a long-term potential mental health impact.

Women's shared fears have been cultivated by living in historically patriarchal societies over generations and have been historically and socially constructed by the realities and challenges of their environment. The multiple layers of symbolic meaning that have been juxtaposed onto human bodies cannot be erased by social action because a social movement decided that they do not matter. For example, where male self-identification allows male-bodied people to access traditionally women-only spaces, the risk of fear and alarm among users is especially high, given their vulnerability. The reaction of women to a male body is visceral, embedded within the female psyche, part of the female experience. The UK Equality Act of 2010 recognises the right to privacy, dignity and respect for biological women and allows for sex-based exclusions in women-only spaces. The Act also protects gender reassignment rights. Individuals have the right not to be discriminated against during their period of transition. Transgender women thus have a right to transition in peace and

dignity, and society has the responsibility to protect these rights without impinging on the rights of natal women.

Transgender women pay a heavy price to transition, socially and sometimes medically, and are likely to face violence from men because of their gender status. Transition typically follows a period of gender dysphoria (GD), which is defined by the Diagnostic and Statistical Manual (DSM-5 TR) as a marked incongruence between individuals' experience or expressed gender and the sex identified at their birth (American Psychiatric Association, 2013). GD is a complex condition, with significant consequences for mental health, involving intricate social and biological factors. For example, the literature so far has identified various biological links, such as neurobiological changes among individuals with GD in neuronal connections involving key areas related to emotion and identity (Khorashad et al, 2021), differences in grey matter volume between individuals with GD and controls, and a higher prevalence in populations with schizophrenia and autism spectrum disorder (Rajkumar, 2014; van der Miesen, Hurley & de Vries, 2018; Pasterski, Gilligan and Curtis, 2014). Furthermore, GD may be linked to congenital adrenal hyperplasia (androgen insensitivity syndrome) (Saleem and Rizvi, 2017). The neurological basis for GD and brain differences between transgender individuals and the general population have been evidenced in psychobiological literature (Hahn et al, 2014, Rametti et al, 2011, Savic et al, 2011, Hoekzema et al, 2015) and have given rise to the concept of brain gender (Altinay and Anand, 2020). Social dynamics play a role in the experience of GD, particularly during puberty, where social feedback produces significant cognitive dissonance between brain gender and social feedback, producing further changes in brain activity. Thus, GD in the current literature is conceptualised as a product of the interaction between neurobiological activity and social interaction (Altinay and Anand, 2020).

It is important to recognise that in the UK there has been a significant increase in requests for gender re-assignment services with the NHS (50 in 2011-12, compared to 2,700 in 2019). The Scottish Sandyford Young Peoples Gender Service alone has seen an increase of 705% since 2013. Affirmation of transgender status and reassignment in health settings, although well-meaning, bypasses the necessary scrutiny required to understand the cause of gender dysphoria. It appears likely that a social movement has led to an unprecedented set of circumstances, whereby the medical community affirms transgenderism in lieu of investigating the cause of gender dysphoria and co-morbid factors. The recent independent review of gender identity services for young people in England emphasises the need for individualised, holistic plans for each person presenting with gender-related distress, while addressing wider mental health including neurodevelopmental conditions and psychosocial factors (Cass, 2024).

Typically, a patient presenting with a symptomatology that affects mental status or enjoyment of life, can expect service providers to explore the underlying causes, not to simply affirm the patient's point of view. For example, Bell (2020) makes the comparison between a young person with gender dysphoria and one with anorexia, during a presentation to the Scottish Parliament. If clinicians were to simply affirm an anorexic patient's distorted image of their body ("I am fat"), this would encourage further food restriction, pose significant danger to them, and may even be fatal. Similarly, if a patient suffering from clinical depression asserts the belief that their life is pointless, affirmation of this belief would be detrimental to the patient's wellbeing. Given the life-changing, invasive, potentially harmful, often irreversible effects of pharmaceutical and surgical transitioning,

it is important to be reflective of the ongoing debate around gender transitioning and to be open to the possibility that gender dysphoria may signify complex issues that may not necessarily be remedied by gender reassignment. Bell (2020) offers a thoughtful analysis into the possible sociocultural forces that drive the extraordinary increase in the number of young people wishing to change gender, the relative increase in girls who want to transition into boys, and the emergence of “rapid onset dysphoria.” These include among others, the commodification of identity, the impact of technology on the body, misogyny, overburdened mental health services and politics of race and identity manifesting as “tyrannical” and as a “recasting of critical engagement as the enemy to be silenced” (Bell, 2020, p.1034).

Transgender women may modify their bodies to find peace and adopt what they perceive as externally presenting womanhood through dress and behaviour. Dawson, a transgender woman, writes “I was painfully aware of the body I had, but I learned - eventually - that I didn’t have to accept it” (Dawson, 2022). According to Dawson transitioning not only brought self-ownership, but also represented an attack on patriarchal structures. This viewpoint represents a challenge to the rigidity of patriarchy. It is important to be cognisant however, that historically for women, altering their bodies was not so much about self-ownership, or an attack of patriarchy, but as a means of serving or even surviving patriarchy.

Women’s bodies are often modified to either avert or satisfy the male gaze. Through time and across cultures, female bodies have been re-shaped through dieting, surgery and restrictive clothing, breasts have been flattened or augmented, feet broken and bound, waists pinched, bodies starved, genitals mutilated, lips plumped, hair removed, women banished as their bodies are considered dirty or “unholy” during their monthly periods, and, following the end of their reproductive life, undesirable. It is through the female body and the impositions and expectations forced upon it that much of women’s sense of a shared and embodied womanhood is experienced. The powerful drivers of gender compliance are not new. From physical confinement to ensure the progeny of children, to the use of women as an economic resource for paid and unpaid work and the commodifying of women’s bodies for sex or pornography for men’s pleasure, women’s lives are often shaped by violence, or the threat of violence, and the need to survive in the shadow of men.

Throughout women’s history, the female body, both as a physical entity and as a symbolic representation, has been a means by which women have been oppressed. Their bodies have shaped our history. They have been battered and bruised, celebrated, and worshipped, denigrated, and defiled, and through the turbulence of the story of womanhood, the presence of the female body has also often been a safe space for other women and for children, providing comfort and solace for families and communities. The company of women alone, can be healing for women. The value of protected single-sex spaces in health and care settings, workplaces, prisons, and violence-against-women support services has long been recognised as essential in our public realm (Donaldson 2022; Ingala-Smith, 2022).

Blogger Aly E (Alyson Escalante) argues that women’s biological experiences are not shared universally among them. For example, some biological women do not menstruate or become pregnant, and that pointing to “biological realities” to define womanhood is inherently flawed. She states that “If there is not a discrete and biologically unified group of people called females, who then share an experience of womanhood on the basis of being oppressed for their anatomy, it becomes untenable to argue that femaleness and biology

are at the root of patriarchal oppression” (Escalante, 2018). Aly E further argues that patriarchy can be overcome by abolishing the very idea of gender in its entirety, and rejecting the notion of distinct biological groups altogether, which are merely “paper tigers made to make patriarchy look inevitable” (Escalante, 2018). This argument posits a critical perspective of gender, but the reality it proposes is implausible, given the undisputed biological parameters of mammalian evolution. Instead, one can hope that equality might be better served by dismantling the idea that female biology is something that should be weaponised, diminished, or indeed denied. Moreover, the idea that atypical sex development may be presented as evidence that sex is not a biological reality, is as Hilton and Wright (2023) explain, detrimental to scientific trust and integrity and represent an ideological argument with no factual basis.

Where they are not silenced altogether, through violence, abuse or “cancel culture,” current discussions around sex and gender are nuanced, with the focus and parameters of conversations constantly changing, as individuals strive to be heard, supported, and accepted. We argue that the conversations should be informed not only by the principle of inclusivity and respect for individual expression and autonomy, but also by the need to acknowledge the fear that women share of the male form, stemming from a history of structural inequality, powerlessness, and violence. Women’s battles for equality were essentially based on resistance to the limitations that patriarchal societies historically placed on women simply due to biological differences, which were used systemically over time to maintain their structural inequality. Among the greatest social challenges facing societies across the globe, is overcoming the enduring problem of women’s inequality and male violence against women. If the link between women’s biology and the violence inflicted upon them is ignored, whether wilfully, by ignorance, or through social coercion, then women’s safety and autonomy will continue to be jeopardised. A clear understanding of the historical evolution of womanhood, as we have outlined it, in all its complexity is instrumental in grappling with these issues, while recognising the importance of telling and re-telling the history of the female body.

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