Here are four terms that most people in our society confuse with each other, but that are sociologically distinct: Biological sex (the body); gender identity; sexual identity; gender performance.

Biological sex (male or female) is usually thought of as straightforward, referring to hormones, chromosomes, and/or genitalia. Gender refers to cultural expectations for how males and females should behave (for example, in U.S. society, males are supposed to be inexpressive and females expressive; males are supposed to be active and females passive; females are supposed to be more empathic than males, and so on).

Yet even the determination of biological sex is more complicated than common sense suggests. We think we “know” if a person is male or female, but we draw our conclusion about “sex” on the basis of what is usually hidden by clothing. One way to think of “biological sex,” sociologically, is that a person has markers/signs that we learn to associate with male or female bodies. At birth the genitals are noted by health professionals as well as by parents: often the first question asked after birth is, “Is it a girl or a boy?” It’s interesting that no one asks, “What are the genitalia?” That the words “girl” and “boy” are invoked instead show that people are already thinking in terms of gender (what to expect of an infant with male or female genitalia) more than sex (the body). That this is the first question usually asked (“Is it a boy or a girl?”) itself indicates that GENDER — expectations that go along with being ascribed to the female or male sex category—is a central organizing feature of social life. Implicitly one is asking, “How will I expect this infant—and later, the child, and then the adult—to think, feel, and act, now and into the future?” If we did not, in our society, believe that one’s sex (female or male) determines how one thinks, acts, and even dresses, then the question wouldn’t be asked. If parents know the sex of the fetus, they will often use that information to decide what color to paint the walls of the infant’s bedroom, which toys to buy the infant, and what the “appropriate” clothes will be. So, parents (and others) begin to create gender differences even before the baby is born. Yet, we are taught, in our society, that gender is “natural,” a given rather than something socially constructed.

For our purposes, “sex” refers to body markers/signs that we label “female” or “male.” In our society, only two options are possible: male or female. Yet, “sex” is not a given. According to the Intersex Society of North America (the italics, below, are quotations from their website):

Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.

Though we speak of intersex as an inborn condition, intersex anatomy doesn’t always show up at birth. Sometimes a person isn’t found to have intersex anatomy until she or he reaches the age of
puberty, or finds himself an infertile adult, or dies of old age and is autopsied. Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.

Which variations of sexual anatomy count as intersex? In practice, different people have different answers to that question. That’s not surprising, because intersex isn’t a discrete or natural category.

What does this mean? Intersex is a socially constructed category that reflects real biological variation....Nature presents us with sex anatomy spectrums. Breasts, penises, clitorises, scrotums, labia, gonads—all of these vary in size and shape and morphology. So-called “sex” chromosomes can vary quite a bit, too. But in human cultures, sex categories get simplified into male, female, and sometimes intersex, in order to simplify social interactions, express what we know and feel, and maintain order.

So nature doesn’t decide where the category of “male” ends and the category of “intersex” begins, or where the category of “intersex” ends and the category of “female” begins. Humans decide. Humans (today, typically doctors) decide how small a penis has to be, or how unusual a combination of parts has to be, before it counts as intersex. Humans decide whether a person with XXY chromosomes or XY chromosomes and androgen insensitivity will count as intersex.
http://www.isna.org/faq/what_is_intersex

Biologist Anne Fausto-Sterling (2000) estimates that 1.7% of human births are inter-sex. She adds: “While male and female stand on the extreme ends of a biological continuum, there are many bodies [...] that evidently mix together anatomical components conventionally attributed to both males and females. The implications of my argument for a sexual continuum are profound. If nature really offers us more than two sexes, then it follows that our current notions of masculinity and femininity are culturally [produced]...Modern surgical techniques help maintain the two-sex system. Today children who are born ‘either/or-neither/both’ — a fairly common phenomenon — usually disappear from view because doctors ‘correct’ them right away with surgery.”

Gender identity refers to whether one identifies as a woman or as a man—or as neither or as both. One can identify as a man while lacking the body markers we learn to associate with being male, or identify as a woman and lack the body markers we learn to associate with being female. Transgender people often identify with the sex category (woman or man) that doesn’t fit with their assigned sex category (male or female). Their gender performance can also vary; a transgendered person who identifies as a woman may act in ways conventionally associated with femininity, or not. Similarly, a transgendered man may perform masculinity in a conventional way, or not. Some transgendered people have surgery of one kind or another to have their bodies “match” societal ideas about women and men, others do not.

People often confuse gender identity (identifying as a woman or man) and sexual identity. In our society, people often assume that a gay man (for example) will “act like a woman” (act according to conventional gender norms for women). Some people even think “Ah, he thinks he is a woman or would like to be one.” These statements make this error: they equate “gay man”
(sexual identity) with “being a woman” (gender identity) and gender performance (acting “like a woman”). But a gay man may or may not behave in ways that we construe as “feminine” in our culture. It is a cultural idea (that is, specific to our culture) that “gay man” means “being like a woman.” A gay man can be masculine (in the way we define it in our society) or feminine (in how we define it in our society); or he may act neither very masculine nor very feminine. He may, like most people, act differently in different situations. All of these are possibilities.

Similarly, a transgender person (for example) can be a biological male who identifies as a woman (gender identity) who is sexually attracted to other women (sexual identity). When this happens, he (biological male) identifies as a woman (gender identity) and may consider herself a lesbian (sexual orientation). In other words, wanting to have a different gender identity than the one assigned at birth (e.g., a biological female identifying as a man, a biological man identifying as a woman) says nothing about who one is attracted to sexually (sexual identity). A biological woman can think “I identify as a man...and I am sexually attracted to women” or “I identify as a man...and I am sexually attracted to men.” A biological male can think, “I identify as a woman...and I am sexually attracted to women” or “I identify as a woman...and I am sexually attracted to men.” The point is to keep biological sex, gender identity, sexual orientation, and gender performance separate—just as they are separate in real life.

What is the point of all this? That bodies are assigned biological sex, and humans construct different kinds of meanings from that assignment (including that if you’re born with certain body parts you are better-suited for being a CEO or teaching children.) That is what is meant by gender being socially constructed—humans, in groups and societies, build expectations based on assumptions about (assumed) biological sex. That these ideas are social and not biological is also shown by differences in what “masculine” and “feminine” mean over time in the same society, or across societies. As Kimmel and Messner point out in their introduction to Men’s Lives, 17th Century white upper-class French men wore wigs and lace, powdered their faces, donned high heels, etc. In our society right now, this would be considered feminine, not masculine. Instead of seeing “maleness” and “femaleness” as social constructions, we tend to think these are biologically determined.

A bit more on gender performance. One can, for example, be a biological female who identifies as a heterosexual (sexual identity) woman (gender identity). Yet, a heterosexual woman may challenge some of the expectations (gender) attached to her sex category. A heterosexual woman may have short hair, act assertively, wear pants, not shave her body hair, etc. In our culture at this time, the woman just described might be assumed to be a lesbian (sexual identity), because in our society we learn to associate “assertive-woman-with-short-hair-unshaved-body” as “lesbian.” But this assumption confuses gender performance (how one lives out gendered expectations) with sexual orientation (heterosexual, lesbian, gay, bisexual).

One’s gender performance does not determine one’s sexual orientation: one may, for example, be a feminine (as defined in our culture) lesbian, or a masculine (as defined in our culture) lesbian. One may be a feminine heterosexual woman or bisexual woman, or a masculine heterosexual woman or bisexual.

What’s interesting is that few of us (perhaps none of us) ever fits exactly into one side or
the other of the traits/expectations associated in our culture with “masculine” or “feminine.” Or at least not all of the time. If you identify as a woman, are you always nurturant, emotional, passive, weak, etc.? If you identify as a man, are you always aggressive, rational, strong, etc.? The fact that people are capable of and do move across the board challenges the idea that gender is biological.

Given that (a) a female or male can identify as the “other sex,” (b) that most of us do not consistently act in ways dictated by societal gender expectations, and (c) that gender changes historically, cross-culturally (e.g., in parts of Europe women are not expected to shave their body hair), and even in groups in a particular society, imply that (d) gender is socially constructed and often transgressed in daily life. If gender is social/cultural and not biological, then we can change it.

According to Judith Lorber, gender—expectations for females and males—exist in our society in order to reinforce male privilege and female disadvantage. How so? The list of expectations for males in our culture—rational, independent, strong, assertive—leads people to believe that only men are well-suited for highly paid, responsible, powerful positions. The list of expectations for females—irrational/emotional, dependent, weak, passive—leads people to believe that women are unfit for highly paid, responsible, powerful positions. Thus the social construction of “masculinity” and “femininity” in our culture exists in order to maintain gender inequality—the valuing of men over women. Gender expectations justify the maintenance of the wires of the birdcage.

To complicate things further, does the list of expectations for males and females in our society fit black women, black men, Asian women, Asian men, Latinoas/os and other ethnic/racial groups? For example, in our society, black women are often expected to be (and are thought of) as strong and assertive. Does this mean that black women predominate in highly paid, powerful positions? No. Rather, black women’s strength is used to justify hiring black women as domestic workers in rich (largely white) people’s homes or as housekeepers in office buildings (90%+ of UNC housekeepers are black women). So, the expectations for women (and men) differ, depending on the race or ethnicity of the person. These, again, are social, not biological notions. After all, if gender were biological, why not have the same expectations for all women and all men?

So, why do we, as a society, learn to think of gender expectations as biological rather than social? If we think of something as biological, we accept it as a fact that cannot be changed. We then justify the birdcage (whether regarding sexism or racism). It’s as if we’re supposed to say, “If you have this biological makeup, you are deserving of more status, money, and power. If you have this other biological makeup, you are deserving of less. There’s nothing to do about this; it’s biological.” If we accept that gender is a social construction, then we start to recognize that so-differences in expectations for people assumed to be female and people assumed to be male are socially produced and function to keep one group privileged to the disadvantage of the other group. Anything that is socially constructed to produce or justify inequality can be changed to lessen inequality.