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LEARNING MASCULINITIES AND FEMININITIES: POWER/KNOWLEDGE AND LEGITIMATE PERIPHERAL PARTICIPATION

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Synopsis — This paper takes up my previous work [Women's Stud. Int. Forum 26 (2003b) 69] considering how masculinities and femininities can be regarded as local communities of practice. In particular, I focus on how the legitimate participation of children in adult communities of masculinity and femininity takes place within gendered power/knowledge relations. My main concern in this paper is the process of legitimation of participation in communities of masculinity and femininity practice. I examine this through a number of examples, including the medical appropriation of the process of gender assignment of intersex babies. Masculinity and femininity are intimately connected with power/knowledge. One aspect of the hegemonic processes that establish sex differences as important is the naturalization of the development and awareness of differences between males and females as part of early child development. To sustain gendered power/knowledge relations, we require our boys and girls to behave differently from birth and consciously or unconsciously reward them for this. In this paper, I tease out the relationship between power/knowledge, legitimation, and the learning of masculine and feminine roles within communities of practice. © 2003 Elsevier Ltd. All rights reserved.

INTRODUCTION: MASCULINITIES AND FEMININITIES AS COMMUNITIES OF PRACTICE

This paper is concerned with how individuals are recognized as legitimate members of the groups “male” and “female,” and how this legitimated recognition is related to the development of performances of masculinity and femininity. While focusing mainly on the nature of legitimacy and the legitimation process in this context, this paper forms part of a wider project, in which I hope to gain insights into not only how children and adults understand and relate to issues of masculinity and femininity (Reay, 2001; Skelton, 2001), but also what it means for us to develop and inhabit embodied masculinities and femininities, and what this in turn implies for the wider theorizing of gender.

In order to gain a purchase on how we might conceptualize our ability to move between a variety of masculinity and femininity performances and identities, I have been exploring the idea that we can treat masculinities and femininities as localized communities of practice (Lave & Wenger, 1991; Wenger, 1998). This has been discussed in detail

elsewhere (Paechter, 2003b) so I will only outline the issues here.

My use of the concept of communities of practice to develop understandings of masculinities and femininities stems from my concern to unpick the relationship between the performative nature of gender¹ (Butler, 1990, 1993) and the actuality and multiplicity of such performances within their social contexts. I wanted to explain how we come to perform particular masculinities and femininities at particular times and places. The literature on communities of practice (Lave & Wenger, 1991; Wenger, 1998), while being itself largely gender-blind, seemed a fruitful place to start, as it allows for individuals to take on a variety of roles within sometimes overlapping localized² communities and to forge their identities through and within these. It allows us explicitly to acknowledge that being a man or woman, boy or girl (or an intersex individual of one sort or another) is something that has different meanings at different times and places and is not a once-and-for-all, unitary phenomenon; how we enact masculinities and femininities changes as we move between groups, between places and spaces, and through time. Furthermore, central to this literature

is a focus on how the community itself is constantly constructed and reconstructed as individuals learn to participate in, and become full members of, the community. This resonates with my interest in how children learn and construct gendered performances and how this is related to the learning required of adults who wish to change their gender. The dual focus on how individuals learn to participate in a community of practice (developed initially through a consideration of the learning of apprentices (Lave & Wenger, 1991)), and on acceptable, socially embedded, performance as a major factor in full participation in the community, is central to the potential usefulness of this body of theory for understanding gender.

A community of practice is, put simply, a community engaging in a shared practice. Novices to that community are seen as developing their expertise in these practices through “legitimate peripheral participation” (Lave & Wenger, 1991) in the practice. Legitimate peripheral participation allows a novice to take part in peripheral aspects of the practice of the community and to be recognized as legitimately so doing, while gradually being inducted into more central, often more complex, aspects of the practice. Thus, the novice practitioner gradually takes on more and more expert and important tasks, until eventually she or he becomes an “old timer,” a central participant with a role in inducting new members. In this process, learners develop not just their expertise in the practice, but also their understanding of and embeddedness in the culture that surrounds it. Through the acknowledged legitimacy of their participation, they learn how to be full participants in the community of practice, with all the many and varied social behaviors and relations that this implies:

From a broadly peripheral perspective, apprentices gradually assemble a general idea of what constitutes the practice. This uneven sketch of the enterprise (available if there is legitimate access) might include who is involved; what they do; what everyday life is like; how masters talk, walk, work and generally conduct their lives; how people who are not part of the community of practice interact with it; what other learners are doing; and what learners need to do to become full practitioners. (Lave & Wenger, 1991, p. 95)

Thus, boys can be seen (broadly) as apprentice men, learning, through observation of the men they encounter and peripheral participation in their activities, what it means to be a man in the local communities of practice in which they live. They

might be taken to the pub or club, allowed to taste beer or wine, treated as an increasingly serious participant in football or card games, and expected to carry out particular masculine-labeled chores. As they gradually demonstrate, through this participation, an increasing understanding of the “right” ways of doing these things, they move closer to full membership of this community. Girls, similarly, can be seen as apprentice women, taking part with adult women in activities pertaining to womanhood in those communities, whether these be “traditionally” feminine (helping with cooking, cleaning, or childcare) or resistant to the status quo (“take your daughter to work” days). At the same time, children will also be full members of child or adolescent communities of masculinity or femininity practice, which will have their own dominant and subordinate ways of being.

A serious weakness within this body of literature, however, and one which is of particular importance when we are considering communities of masculinity and femininity practice and the relationships between them, is that power relations, either within or between communities, have been relatively little explored. Clearly, in the context of the learning and construction of gender, this will not do. In this paper, I am going to consider what is involved in being a legitimate participant in a localized community of masculinity and femininity, focusing in particular on power/knowledge (Foucault, 1977, 1978, 1980) issues. Through this, I hope to illuminate some of the ways in which power/knowledge relations position individuals as being men and women, boys and girls, and to consider whether and how they may be resisted. I am going, in this paper, to focus primarily on issues of belonging to and coming to belong to a community of practice of masculinity and femininity, and in particular on what it means to participate legitimately. Clearly, there are other power/knowledge issues involved, both within and between communities of gendered practice, such as who gets to be dominant within a community, how that domination is perpetuated and resisted, and what allows some communities of masculinity or femininity practice to be more powerful than others at different times and in different places. However, for reasons of space, these will largely be ignored here and discussed in a future paper. I am also going to focus on aspects of legitimation that are specifically concerned with sex; while race, class, (dis)ability, and sexuality clearly play important roles, they are not my primary concern here, partly because I want to focus specifically on the body.³

LEARNING SEX: LEGITIMATELY PARTICIPATING

In discussing the processes involved in joining a community of masculinity or femininity practice, I am going to concentrate on what happens to children when they are born and as they mature, leaving aside, for the most part, the issues around the transitions of adult transsexuals, although, clearly, power/knowledge and legitimacy are important factors here too. I should also say at this point that my conceptualization of “communities of masculinity and femininity practice” is relatively loose and should not be seen as associating particular behaviors with particular forms of bodies. In particular, I wish to draw a distinction between communities of practice of masculinity and femininity and behavior that is labeled as itself “masculine” or “feminine.” This is for a number of reasons. First, it seems clear to me that what counts as masculine or feminine behavior is not only culturally constructed, but varies (often quite dramatically) according to the social setting in which this construction takes place; what counts as masculine behavior in one localized community may be seen as feminine, or neutral, in another (Paechter, 2003b,c). Second, I do not want to imply that members of a community of practice of femininity cannot or do not engage in masculine behavior, or vice versa; I do not want to essentialize masculine and feminine behaviors as existing constantly in conjunction with male and female bodies (Paechter, 1998; Skelton & Francis, 2002). Nevertheless, as will become clear, having a male or female body makes it almost certain that an individual will be regarded (even if they do not regard themselves; Halberstam, 1998) as a legitimate peripheral participant in a practice of masculinity or femininity, respectively, and expected to conform, at least in part, to the behavioral norms of that community.

While we might want, for feminist and equity reasons, to separate bodies from behaviors, they remain inextricably intertwined. It is not just that having a female body leads to the expectation, on the part of others, that I will behave in ways that fit into a broad constellation of feminine physical and social practices. More specifically, the particular body I have limits and configures which of these practices I can convincingly have access to. As a white woman in her 40s, I cannot perform Black, nor can I any more perform nubile. If I try to perform not-able-bodied, I can be exposed as a fraud, and in a few years I will no longer convincingly be able to perform pregnant, no matter how many cushions I put up my jumper. We are our bodies, our bodies are us, and we

cannot totally separate from them, how ever much we would sometimes like to—and these bodies are, physically and socially, sexed.

Learning one’s sex, and the behaviors that are expected to accompany it, places one immediately within a power/knowledge nexus. Part of learning one’s sex, and therefore beginning to understand the practices of the community of which one is a part, involves understanding how one is positioned within this nexus, and what the implications of this are for one’s behavior, in terms both of what is permitted and what can be achieved by one’s actions. It involves both understanding that one’s participation is legitimate and gradually grasping what it is that confers this legitimacy. Such positionings, and how they are constructed and understood by individuals, are, of course, cut across by race, class, and age. A young boy, for example, may gradually learn that, although full members of the local community of practice of adult masculinity can get their way with other adults by shouting or threatening violence, or simply by asserting their preference [as part of what Connell (1995, p. 79) refers to as “the patriarchal dividend, the advantage men in general gain from the overall subordination of women”], in relation to adults, these strategies do not work for him; his age is a greater factor in his positioning in the power/knowledge relations in his family than is his gender (though it should be stressed that this does not apply to all families). The failure of the boy’s attempts to get his way through strategies open to adult males demonstrates the illegitimacy of what can be regarded as his claim to be recognized as a full member of the local community of adult masculinity practice; even if his membership is recognized as legitimate, his participation is only peripheral. He can see, however, that one day, he will be so recognized; he can gradually understand that such recognition and the position in local power/knowledge relations to which he aspires go with being a man, and not with being a woman, in this particular location. At the moment he and his sister may be similarly positioned within the family context, but his observation of the power/knowledge dynamic between his parents, and between other men and women he meets, may tell him that this will not always be so. Furthermore, he can use this recognition, and that of his peers, to get his way as a member of a local child community of masculinity practice; among his age-mates, his sex becomes once again more salient (Francis, 1997).

Someone else learning one’s sex also has this immediate effect of establishing one’s position in a power/knowledge nexus, though in a different way and possibly with different consequences. This is

partly because learning and constructing one's own masculinity or femininity is largely a long-term matter, whereas learning someone else's sex and therefore assuming and confirming their legitimate participation, whether centrally or peripherally, in local communities of practice of masculinity or femininity, is something that is more of a single one-off occurrence. These recognitions and placings are not simple and, in particular, are not solely about gender relations; again, they also involve class, race, and age factors. Recognizing someone as a young working-class white man, a middle-aged black woman, or an Asian teenage girl, for example, leads recognizers to make assumptions, justified or otherwise, about that person's behavior, values, and relationship to themselves.

Someone else learning one's sex also has different power/knowledge connotations depending on whether this learning was preceded by a period of ambiguity or uncertainty. For those people whose sex is not always immediately recognized, there are moments of disempowerment, when their sex is unclear to others, leaving them open to challenge or embarrassment, at the very least. In these circumstances, the legitimacy of their participation in the community or constellation of communities of masculinity or femininity may be explicitly or implicitly called into question. In circumstances where legitimacy is particularly salient, this can lead to highly problematic and sometimes dangerous encounters. Halberstam (1998) discusses this in the context of what she terms "the bathroom problem":

In public bathrooms for women, various bathroom users tend to fail to measure up to expectations of femininity, and those of us who present in some ambiguous way are routinely questioned and challenged about our presence in the "wrong" bathroom. (Halberstam, 1998, p. 20)

She goes on to note that

Obviously, in these bathroom confrontations, the gender-ambiguous person first appears as not-woman ('You are in the wrong bathroom!') but then the person appears as something actually even more scary, not-man ('No, I am not,' spoken in a voice recognised as not-male). Not-man and not-woman, the gender-ambiguous bathroom user is also not androgynous or in-between; this person is gender-deviant. (Halberstam, 1998, p. 21)

How these moments affect an individual's power/knowledge positioning is of course itself gendered, both in terms of one's own sense of

being a legitimate participant in a gendered community of practice and in terms of one's personal freedom and safety. To be a woman unintentionally mistaken for a man has different connotations for one's feelings about one's own legitimate participation in the community of women to those associated with being a man similarly mistaken for a woman. It also has different implications for how one can behave and how one is treated in public spaces. Halberstam (1998, p. 22) points out that, while for a woman who is frequently mistaken for a man, "the bathroom represents a limit to her ability to move around in the public sphere," for a man mistaken for a woman, the consequences may be much more serious than embarrassment and verbal harassment:

On the one hand, the FTM [female-to-male transsexual] in the men's room is likely to be less scrutinized because men are not quite as vigilant about intruders as women for obvious reasons. On the other hand, if caught, the FTM may face some version of gender panic from the man who discovers him, and it is quite reasonable to expect and fear violence in the wake of such a discovery. (Halberstam, 1998, p. 25)

JOINING A COMMUNITY OF MASCULINITY OR FEMININITY PRACTICE: PERFORMATIVE ACTS OF LEGITIMATION

When a baby is born, it is assigned a sex on the basis of its bodily form. This is usually understood as the parents discovering its sex and then announcing it: "It's a girl!" Generally, this is a straightforward process, as a result of a cursory inspection of the external genitals, which in most newborns are enlarged by hormones and so pretty distinctive. Where a newborn's sex is not obvious, the baby is immediately subject to a normalizing medical gaze (Foucault, 1963, 1977), which compares it, chromosomally and genitally, to other "normal" babies according to criteria. There are a variety of procedures that may be gone through, depending, at least in part, on where the birth took place—far more complex and "scientific" procedures are available, and utilized, in richer than in poorer nations. This will be discussed in more detail below. However, in the usual case, the baby is given a label, "male" or "female," denoting its sex.

Ball (2003, p. 10) has spoken of "the performative power of naming." This idea stems from Bourdieu (1991), where it is discussed in terms of class.

Bourdieu is particularly concerned with the struggle over the power to name, and thus to impose, particular social categories, an issue I address below. Here, I want to focus on the effect of the naming, of the placing of the individual within a particular social category. In this case, naming the baby's sex places her or him into a local community of practice of masculinity or femininity and into the constellation of localized communities of masculinity and femininity practice that are associated with maleness and femaleness. It is an act of claiming and legitimation, demonstrating the baby's legitimate peripheral (at this stage, very peripheral) participation in this particular community. This performative naming is not a one-only affair; it happens over and over again after a baby has been born. Friends and relatives ask, "Is it a boy or a girl?" and each response is a further, and public, placing of the baby within a particular community of practice. This process is very significant. The baby may be celebrated, named, addressed, and dressed differently, according to which community she or he is considered to be joining (Burman, 1995). Even in the West, where we often claim to value male and female children equally, babies that have been named as male or female are treated differently, establishing and reinforcing assumed behavioral differences (Ruble & Martin, 1998).

The importance of the performative power of naming is demonstrated by studies concerned with the differences in ways babies are treated by strangers, according to whether they have been introduced as male or female. Smith and Lloyd (1978) found that adults who were given a 6-month-old baby to look after for a short while, when the baby had been named to them in accordance with the clothes it was wearing rather than its actual sex, played with the child in significantly different ways, depending on whether it was perceived as a boy or a girl. In particular, those children believed to be boys were given more verbal encouragement to physical action and more often given whole-body stimulation in response to gross motor behavior, than was the case with those babies believed to be girls. This study is relatively dated, but the findings are borne out by subsequent research into parental behavior with their own children and with those of others (Ruble & Martin, 1998). The bedrooms of boy and girl children are decorated differently, and the clothes they are dressed in are of different colors, well before the age at which they develop gender-differentiated play. Girls have been found to be more likely to be encouraged to take part in nurturance play, and boys in motor activity, and children learn gender labels earlier if their fathers, in particular, encourage gender-

stereotyped play. Fathers are also more likely than mothers to treat girls and boys differently, so where fathers are involved in the care of their children, these effects are strengthened (Ruble & Martin, 1998). Parental expectations about what their children can do are also influenced by their beliefs about gender differences, which may have a long-term effect on what activities the children are encouraged to try. For example, Mondschein, Adolph, and Tamis-LeMonda (2000) found that mothers of 11-month-old crawling babies consistently showed gender-biased inaccuracies in their estimation both of their babies' abilities to crawl down a steep slope and of their willingness to attempt progressively steeper (and consequently less safe) slopes. At this age, there are, on average, no differences in motor skills, and this was reflected in the experimental sample, so mothers' expectations were unlikely to have been based on experience of their own children. Furthermore, because of the features of the ramp used in the experiment,

the probability of crawling successfully down slopes drops precipitously from 100% success to 0% success within a span of about 8°. . . This means that, on average, mothers expect their girls to fail when the probability of success is 100%, and expect their boys to succeed when the probability of success is 0%. (Mondschein et al., 2000, p. 313)

Thus, it would appear that the naming of a baby as a boy or a girl leads to differences in how the child is treated, what its clothing and surroundings look like, how she or he is encouraged to play, and what with, and expectations of both children's motor ability and their ability to make decisions about their own physical safety and capabilities.

The naming of a baby as a boy or a girl thus places them in the position of legitimate peripheral participant in local communities of practice of masculinity and femininity, with all the expectations that go along with this. Specifically, it explicitly legitimizes their participation in these communities. In response to this naming and positioning, other members of these communities, or of other related communities, expect and encourage particular forms of behavior from that child. Often, they do this in ways that are very similar to those described by Lave and Wenger (1991) in the context of legitimate peripheral participation in Alcoholics Anonymous groups, by ignoring certain forms of behavior and praising or emphasizing others (Paechter, 1999; Ruble & Martin, 1998; Stern, 1991).

When a baby is intersex, the procedure is somewhat different. An intersex person is someone whose genitals and, in some cases, whose internal organs and chromosomal configuration are not such that they can be fitted immediately and obviously into one of the binary categories of male and female (Intersex Society of North America, 1995–2003a). Such babies are usually sooner or later designated as male or female [most societies, with a few notable exceptions (Fausto-Sterling, 1993; Paechter, 1998) finding it hard to countenance the possibility that anyone might be classified outside this binary]. However, this can take some time and is likely to require different mechanisms for attributing sex to those that are used in the usual course of events. For example, the baby's chromosomes might be examined, or the configuration of its internal organs considered, before a decision is reached. This decision is only partly concerned with the actualities of biology, however; much of it relates to the more social issues of whether the parents and surgeons consider the child able to be accepted and to have a role as a legitimate peripheral participant in a community of masculinity or femininity (Kessler, 1998, 1990), i.e., whether the legitimacy of their participation is likely to come under challenge or scrutiny.

I would like to add a couple of caveats here. First, I am not usually in favor of basing arguments on anomalous cases. While they can be helpful in some circumstances, in others, they can lead us seriously astray (for example, I consider that much of the discussion of the relationship between mind and body in the context of gender lays too much emphasis on transsexual experience). Nevertheless, the reactions of parents, doctors, and others to the birth of an obviously intersex baby do illuminate the importance given by most, if not all, societies to the categorization of individuals as male or female. Second, I am aware of the ethical issues arising from writing, as a non-intersex person, about those people who are intersex. I would not wish to silence their voices nor would I wish to use their experiences “merely to illustrate the social construction of binary sexes” (Koya, 1995–2003). In discussing what happens to intersex babies and their parents, I hope to remain mindful of these issues.

What happens when an intersex baby is named as male or female, sometimes after extensive investigation, is that an “expert” gives the baby a label which explicitly legitimates that child's participation in the constellation either of masculinity or of femininity practices. It seems to be agreed by these

“experts,” by most parents, and by the intersex community (Intersex Society of North America, 1995–2003b) that this process is very important. For example, Dreger (2001), writing on behalf of the Intersex Society of North America, suggests that:

We certainly would like to see people become less gender-phobic, but we don't think dumping intersex kids into a gender-phobic world with no gender or with a 'third gender' is the way to go. . . [W]e are trying to make the world a *safe place* for intersex kids, and we don't think labeling them with a gender category that in essence doesn't exist would help them. (Dreger, 2001, p. 8)

The importance of this performative naming seems to be at least in part about starting the process of developing a shared history with other members of local communities of masculinity and femininity practice, from the moment of birth or as soon as possible afterwards.

Personal history and continuity seem to be important factors in identity. Hacking (1995) notes that in psychiatric understandings of multiple personality syndrome, each “individual” within the “shared” body is identified as such by their memory of their own history and lack of memory of those of the other individuals with whom they are “sharing.” It does seem that our sense of ourselves as particular individuals is related to a sense of personal history, of continuity of personality and experience. Many of those working with intersex children in the past, including some that have since been heavily criticized for their unnecessary surgical interference with these children, also believed that, while gender identity was malleable, this was only the case in the very young, and that a child would need to be given the label of one sex or another by 18 months to 2 years at the latest (Money & Ehrhardt, 1972). Again, there is an emphasis on continuity of identification by others, even before one can self-label as male or female.

Wenger (1998) argues that shared histories are fundamental to learning and identity formation within a community of practice:

We are connected to our histories. . . through our experience of participation as our identities are formed, inherited, rejected, interlocked, and transformed through mutual engagement in practice from generation to generation (Wenger, 1998, p. 89)

The labeling of a child as male or female, as soon after birth as possible, begins this process, placing the child in a particular community of masculinity or femininity practice, treating them according to the ways in which legitimate members of that community are usually treated, and starting off the process of mutual engagement in shared practice, which in turn will develop into a personal trajectory of relationship with the community and the practice.

So the labeling of an individual as male or female, as early as possible in their life, is considered essential to their participation in the relevant community of masculinity and femininity practice. Traditional treatment for intersex babies has also involved surgery that attempts to bring the child's body into as close conformity as possible with the accepted "norm" for a child of that sex (Kessler, 1990; Money & Ehrhardt, 1972). It is important to state here that such treatment is increasingly being challenged by intersex groups and others, not least because the definitions of "normal," particularly in America, are very narrow, the surgery is invasive, risky, mutilating, may include removal or impairment of orgasmic potential, may not even be as cosmetically convincing as the surgeons claim (Kessler, 1990, 1998), and is irreversible (if the child decides to change their designated sex later, she or he "may want the flesh later to construct genitals different than the ones the doctors would have chosen" (Dreger, 1995–2003). However, my interest here is in why such invasive and risky surgery is thought, by doctors working in the field, and some parents, to be necessary for these very young babies who have nothing surgically wrong with them.⁴

Three things seem to be involved here. The first seems to be a sense that part of establishing a shared history within the local community of practice of masculinity or femininity is physical conformity to some kind of norm. There seems to be a belief that unless the baby conforms closely to these supposed norms in terms of their genital appearance and configuration, then the legitimacy of their participation in the community will be at risk. In this sense, the genitals are acting as reified markers of community membership (Wenger, 1998); the surgery is carried out in order to provide one set of markers and to remove any evidence of markers of belonging to the alternative community. Second, and in the context of these reified markers being seen as all important, is the issue of shared history and continuity of memory. The argument seems to be that if the surgery is carried out sufficiently early in life, the child will not remember that her or his body was once different. This seems to associate identification of oneself as

male or female closely or totally with one's genital configuration. Third, community boundaries are being reinforced through a constructed illusion of clear anatomical differences between men and women; the considerable variations in genital appearance and chromosomal configuration are masked through surgery that makes as many people as possible conform to a standard model.

All three of these issues are fundamentally connected with power/knowledge and with the relationship between the outward appearance of the body and the inner understanding of one's gender. It would appear that, from the point of view of medical professionals working with the parents of intersex children, one's sense of belonging to the constellation of communities of practice of masculinity or femininity is, in part at least, dependent on one's body's conformity to a particular, and somewhat arbitrary (Kessler, 1998), norm. This is a claim that is clearly open to dispute. Although, as I have argued, our bodies are important aspects of ourselves, it is clear from other contexts that, once established, our sense of our sex, of our continued legitimate participation in a constellation of communities of masculinity and femininity practice, does not change as our bodies do. Women who have had their breasts or uteruses removed may feel in some ways less feminine, but they do not see themselves as nonfemale. Men whose testes are removed, for example because of testicular cancer, do not decide that they are now women. Although transsexuals do seek operations to give their bodies greater conformity to their sex of preference, they consider themselves to be of that sex long before such operations take place and even if they never do (for example, phalloplasty is still so problematic and the results so unconvincing that most female-to-male transsexuals do not have this performed). It would appear that, despite evidence of a more complex relationship between bodies and gender identity than is assumed by medical professionals, their positioning as "experts," in a situation in which the parents of an intersex newborn may be shocked and confused, allows them to position themselves as arbiters of legitimacy in relation to participation in communities of masculinity or femininity practice. In the struggle for the "monopoly of legitimate naming as the official—i.e. explicit and public—imposition of the legitimate vision of the social world" (Bourdieu, 1991, p. 239), they use the symbolic capital of their qualifications and status to "impose their vision of the divisions of the social world" (Bourdieu, 1991, p. 239) and to decide into which divisions particular children fall. They perform the naming.

Furthermore, the decisions taken about and operations proposed and usually carried out on intersex babies are grounded in beliefs about bodies that are fundamentally connected with gendered power/knowledge relations. In particular, the greater salience of the penis than the vagina in assigning a sex to a naked body (Kessler & McKenna, 1978) demonstrates the dominance of markers of maleness over those of femaleness. Kessler (1990) reports that the guidelines for gender assignment of intersex infants focus almost exclusively on the viability, or otherwise, of the penis, in terms of its visual appearance and related socially symbolic role rather than its physical function. Put simply, the question is asked: is this penis long enough to be convincing throughout childhood and into adult life? If it is considered too small, the child is likely to be reassigned as female, the testes removed and a vagina and related outer genitals constructed (and the child given hormones to feminize her body at puberty). This differential clearly reflects gendered power/knowledge relations in wider society.

The formulation ‘good penis equals male; absence of good penis equals female’ is treated in the literature and by the physicians interviewed as an objective criterion, operative in all cases. There is a striking lack of attention to the size and shape requirements of the female genitals, other than that the vagina be able to receive a penis. (Kessler, 1990, p. 20)

Quite apart from the fact that even the viability of the vagina is only considered in terms of its potential for penetration by a male, the gendered power/knowledge relations involved here are clear. This bias in the assignment of sex suggests that only those individuals who can clearly be seen to fit firmly into a set of physical criteria for maleness will be allowed to join communities of practice of masculinity. All others will be treated as females and assigned to the constellation of communities of practice of femininity, which is treated as a sort of dumping ground for those of us who are deemed to be not-male. Kessler (1990) notes that there are key differences in procedures for assigning a sex to intersex infants with XX and XY chromosomes, respectively:

In any intersexed condition, if the infant is determined to be a genetic female (having an XX chromosome makeup), then the treatment—genital surgery to reduce the phallus size—can proceed relatively quickly, satisfying what the doctors believe are psychological and cultural

demands... If, on the other hand, the infant is determined to have at least one Y chromosome, then surgery must be considerably delayed. A decision must be made whether to test the ability of the phallic tissue to respond to (HCG) androgen treatment, which is intended to enlarge the microphallus enough to be a penis... If the Y-chromosome infant cannot make testosterone, or cannot respond to the testosterone it makes, the phallus will not develop, and the Y-chromosome infant is not considered to be a male after all. (Kessler, 1990, p. 11)

This reflects both Kessler and McKenna’s (1978) findings about the ways in which adults responded to pictures of people with varying mixtures of primary and secondary sexual characteristics and Fausto-Sterling’s (1989) assessment of the approach of biologists to the understanding of sex differences in embryological development. In both cases, femaleness is treated as some sort of default situation. Kessler and McKenna (1978, p. 158) argue that we assign sex to strangers using the schema: “See someone as female only when you cannot see them as male,” while Fausto-Sterling (1989, p. 327) notes that “the generally accepted theory of sex determination claims that female differentiation is determined by the *absence* of something, that a female develops when something is lacking.” The key issue in terms of legitimacy is thus the positive ascription of maleness.

That this should be the case is not really surprising. Communities of practice of masculinity remain relatively powerful compared to those of femininity. It is generally the case that powerful communities tend to police their boundaries strongly in order to retain the “purity” of the community. To allow someone with a “dubious” claim to masculinity, in a situation in which this is associated with penis size, to be accepted as a legitimate participant is to blur the boundaries of the practice community and lay it open to “pollution” by outsiders. This means that masculinity has to be earned. Femininity is what is left to those of us who, for one reason or another, are not, usually because of the visual appearance of our bodies at birth, able to make a legitimate claim to membership of a community of masculinity practice. While there are some contexts in which femininity also has to be earned, they are qualitatively different. In the “bathroom problem” (Halberstam, 1998), for example, feminine status becomes particularly salient because of the perceived danger to women in a vulnerable situation. Similarly, as discussed below, contexts such as women-only groups also require explicit earning of femininity. I would argue, how-

ever, that these situations are specific and limited and that in daily life, femininity is ascribed in the absence of demonstrated masculinity (Kessler & McKenna, 1978).

IMPLICATIONS FOR LEGITIMATE PARTICIPATION IN COMMUNITIES OF MASCULINITY AND FEMININITY PRACTICE

What all this implies is that even once participation in a community of masculinity practice has been legitimated, this legitimation is likely to be much more contingent than legitimate participation in a community of practice of femininity. Because masculinity has to be earned, it has to be repeatedly demonstrated. Buchbinder (1994) points out that while masculinity is confirmed by women, it is conferred by men; community boundaries are policed from the inside. In most societies, there are far greater penalties for men who do not conform to local dominant configurations of masculinity, and these configurations are more closely specified and policed than is the case for their counterparts in femininity. Thus, those groups of men who define and dominate hegemonic masculinities (Carrigan, Connell, & Lee, 1985; Connell, 1995) position those who do not conform to these models as not just subordinate but as marginally masculine (Connell, 1987); their legitimate membership of communities of hegemonic masculinity practice is called into question. This is particularly the case among adolescents (Walker, 1988), whose claims to legitimate participation in adult communities of masculinity practice are somewhat precarious, and who consequently need to draw clear boundaries between their own and feminine practices (Kenway, 1996). In young children, these distinctions are also very strongly drawn; Lloyd and Duveen (1992) note that some of the most stereotyped views about “appropriate” behavior for boys and girls occurs in 4 to 5 year olds, a time when children are consolidating their understanding of sex differences and the implications of these for behavior and power relations, within their own child communities of masculinity and femininity practice. Boys of this age are more likely to associate in single-sex or boy-dominated groups, providing a powerful mechanism for peer socialization (Ruble & Martin, 1998). They are also less willing than girls to abandon social organizations and gender-marking of activities and objects based on a bipolar opposition between males and females. Jordan (1995) points out that primary school boys’ conceptions of masculinity involve continued comparisons with and disparagement of girls, as they

distance themselves from girlishness. Nespor (1997) further notes the use of sports by older boys as a distinguishing and excluding marker of dominant masculinity which renders incomprehensible even the possibility of a girl having either expertise in or ability at such activities.

Legitimate participation in communities of masculinity in most societies confers, often through the patriarchal dividend (Connell, 1995), significant benefits, such as higher earnings, higher levels of education, greater access to political power in public life, and personal power in the private realm (Connell, 2002). These benefits generally outweigh the disadvantages of belonging to many communities of practice of masculinity, such as being more likely to engage in violent confrontation, stressful competition, and less than healthful practices such as heavy smoking and drinking (Connell, 2002; Parker, 1996). Consequently, entry into the constellation of communities of masculinity practice, particularly to those that are associated with hegemonic masculinity, is worth defending. This is something that is known and understood both by young boys and by adult men and underlies both the ways in which intersex babies are assigned to one sex or another, and the sexually exclusive behavior of male groups, who reserve particular forms of knowledge, powerful arenas, and social sites to themselves alone. The boundaries of dominant masculine groups are thus drawn through the derogatory feminization of subordinates; they are declared to be outside even the constellation of communities of masculinity practice. Consequently, young boys stigmatize their more feminine peers by referring to them as “girls” or “sissies” (Thorne, 1993); in doing this, they explicitly challenge the latter’s claims to legitimate participation in local practices of masculinity.

For those of us in the default communities, however, this does not mean that the boundaries of these communities are always drawn by others. We are not merely the passive “outside” to the “insider” groups that collectively form dominant masculinities. Power/knowledge relations are never that simple, partly because they are constituted of multiple micropowers, spread throughout social life, and partly because they always involve corresponding microresistances (Foucault, 1977). For example, adult communities of femininity practice can, and do, choose to include or exclude those whose status changes for one reason or another.

In these cases, shared history seems to play an important part. For example, from time to time, a female athlete undergoing a “sex test” as demanded by the International Olympic Committee has been

found not to have the usual complement of two X chromosomes. In some cases (for example, if a woman has Androgen-Insensitivity Syndrome), her chromosomal makeup may be entirely XY, as is usual for males, or it may be some other form, such as XXY or a combination of XX and XY chromosomes. Whatever the particular configuration, such a person is considered not to be female for the purposes of competing in the Olympic Games and is banned from the women's competition (Burton-Nelson, 1994–1995). The implication of this formal ejection (by a male-dominated sporting body) from women's athletics on the grounds of chromosomal makeup is that such women would also lose their legitimacy as members of communities of practice of femininity; those who have the power to “impose their vision of the dimensions of the social world” (Bourdieu, 1991, p. 239) have indeed done so. Generally, however, this loss of legitimate membership does not take place. Whether such a woman is rejected from the communities of femininity practice to which she has hitherto belonged will depend on these communities themselves: on whether the other women who constitute them see her as an impostor (always having claimed membership illegitimately) or as continuing to hold previously well-founded legitimate membership. This is likely to depend not on chromosomal configuration, but on such things as shared history (particularly a shared history of knowing oneself to be female and being treated as such) and a bodily form that is more or less in keeping with those of other community members, including, maybe, that it has always been more or less that way, and has not had genital markers of masculinity (such as a penis) removed or female markers constructed (Burton-Nelson, 1994–1995).

In a case such as this, communities of femininity practice assert their right to continue to include individuals as members when an outside authority has called such membership into question. Communities of femininity practice may also exclude from local legitimation those who have been given formal female classification by the state. In some parts of the world, transsexual individuals are given the legal status of membership of the constellation of communities to which they were not assigned at birth, through having the right to change their birth certificates to show their new sex, and thus to marry as heterosexual partners. Such individual rights are conferred by the state, but whether they legitimize that person's participation in particular communities of practice will depend on the members of that community, and no one else. Again, personal and shared histories can be very salient here. *Moi (1999)* argues that if she were to wake up tomorrow and find

herself with a completely male body, that would not eradicate her memories and life experiences of being female. She points out that whether she was still accepted as a woman would depend on the situation in which such legitimacy was being requested; while she would have to use the male bathroom, she might still be welcome, in the short term at any rate, as a speaker at women-only conferences.

Should all my female experiences and work on feminist theory count for nothing just because I had woken up to find myself equipped with a penis? (*Moi, 1999, p. 94*)

While her history as a legitimate participant in communities of femininity practice would, she argues, for a while at least, allow her to continue to be accepted in such communities, male-to-female transsexuals who claim membership of women-only or lesbian organizations may, for similar reasons of previous community membership and life experiences, be rejected by such groups (*Moi, 1999*). Again, this suggests that legitimate participation in a community of femininity practice depends on circumstances:

The meaning of the words man and woman is produced in concrete human situations. That is, feminists and transsexuals have overlooked the fact that what counts as being a woman for the purpose of marriage is not necessarily the same thing as what counts as being a woman for the purposes of participating in a lesbian activist group. (*Moi, 1999, p. 97*)

Legitimate participation in communities of masculinity and femininity practice is dependent on many things. For communities of practice of femininity, it is likely that a shared history of being treated as a member of such a group, and thus of subordination within a masculine-dominated society, will be an important factor in establishing the legitimacy of adult members.

CONCLUSION

Why does all of these matter? It seems to me that it is important for two reasons. First, it is a step towards a greater theoretical understanding of how masculinities and femininities are constructed and engaged with, by adults and, especially, children. Second, if we want to change the ways in which masculinities and femininities are constructed, enacted, and identified with within specific local

communities of practice, we need to understand in detail how these constructions, enactions, and identifications are regarded as legitimate or otherwise. We need, in other words, to understand what it is that legitimates legitimate peripheral participation in communities of masculinity and femininity practice. This is especially important when we consider how children seek to establish their own legitimacy as simultaneous members of child and adult communities of masculinity and femininity practices. Partly because of the limits of their conceptual ability, which makes them more liable to binary thinking (Lloyd & Duveen, 1992), binary gender claims and the exclusions that accompany them are particularly salient in groups of young children. They are also important for adolescents at the point in which they are attempting to make good their claims for legitimate participation in adult communities of practice; young men in particular need at this point to reinforce their rights to the patriarchal dividend. In order to understand how and why children and adolescents make such rigid divisions and exclusions between communities of masculinity and femininity and the practices with which they engage, and to intervene in this process to improve wider social relations, it is helpful to understand how gendered power/knowledge and legitimacy operate and interrelate in social processes. This has been the purpose of my paper.

ENDNOTES

1. I have reservations about the continued use of "gender" (Paechter, 2003b), and its role in distinguishing matters of the social from those of the biological, largely because it perpetuates a Cartesian mind-body dualism which I find increasingly problematic. Furthermore, the more recent use of "gender" by some biologists to refer to matters of biology (Birke, 2000) seems to make even more problematic the continued use of this term, despite its remaining positive aspects. At the same time, I follow Fausto-Sterling (1989, 2000) in arguing that biological distinctions between male and female are themselves socially constructed. I will endeavor to avoid using "gender" in this paper, discussing the issues in terms of masculinity and femininity practices, as far as possible, though I am aware that this also perpetuates a problematic dichotomy and leaves unclear the relationship between masculinity and maleness, femininity and femaleness.
2. My understanding of "local" here is only partially spatial. Such local communities are often to be found within relatively small geographical areas, such as a school, a classroom, or even a family. However, they are not necessarily geographically local; a local community of practice may be mainly metaphorically local, with individuals geographically distributed but connected through, for example, electronic means (Nespor, 1994).
3. This is not to say that bodies are not raced, classed, (dis)abled, etc. However, not only are they always sexed, but this sexedness is often ignored or repressed, especially with regard to children (Paechter, 2003a)
4. Some intersex conditions, such as congenital adrenal hyperplasia, can be associated with medical problems which do need to be treated for the sake of the baby's health, but these do not involve the genitals and do not require surgery (Kessler, 1998).

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