People have different-sized ears. Imagine that society was organized around a distinction between people with big ears and those with small ears. Whenever we filled out a form, instead of ticking either the ‘female’ or the ‘male’ boxes we would have to tick the ‘big ears’ or the ‘small ears’ box. Toilets would have different pictures on them; rather than ♂️ and ♀️ they might be something like this:

There might be jobs that are thought more suitable for people with big ears. People might say that big ears make good counsellors, they are so good at listening. There might be different clothing associated with each group. Perhaps big ears never wear hats, whereas small ears sometimes do. And perhaps small ears in some countries are not entitled to vote, because it is thought that
they cannot hear political arguments properly and therefore cannot make reasonable decisions. But surely this is a ridiculous example? What about people with medium-sized ears, what would happen to them? Well, much the same as happens to those people who are neither female nor male.

Not all bodies can be categorized as either female or male. There are more than two variations of sex that naturally occur. Genetically women and men are overwhelmingly similar. Each person has around three billion base pairs of genes, which form 46 chromosomes (23 pairs), of which only one pair determines sex. If this is XX the person will be female; if it is XY, they will be male. However, other combinations regularly occur. There are people who are XXY, some who are XXYY, and many others. These combinations sometimes produce individuals who are intersex, in so far as they do not comfortably fit the categories ‘male’ or ‘female’. For example, Turner’s syndrome is where a child is born with one X chromosome on the pair determining sex, and the other missing. Although Turner’s syndrome children have female genitalia, their ovaries do not function and they may need hormones to help them develop secondary female sex characteristics, such as breasts, at puberty. Similarly, another syndrome, called Klinefelter, arises when, as well as an XY pair, a child has an extra 47th chromosome, which is an X. This leads typically to small testes and at puberty these individuals may have little body hair, some breast development and do not produce sperm (Fausto-Sterling 2000, 2002). Broadly speaking those with Turner’s syndrome might still be ‘women’ and those with Klinefelter might be ‘men’ (Sax 2002), but they nevertheless disturb our usual definitions of what makes someone female or male. Even more challenging to those categories are the babies occasionally born with what could be either a small penis or a large clitoris. Their chromosomal sex may not clearly fit the pattern of XX = woman and XY = man. It is difficult to determine the sex of these and the other children sometimes born with sexual characteristics that are some combination of male and female (e.g. with some form of penis as well as a vagina).
These people have usually been called hermaphrodites. If you use broad definitions of ‘intersex’, including, for example, persons with Turner’s and Klinefelter syndromes, it is estimated that around 17 people in every 1,000 fall into a category somewhere between male and female (Fausto-Sterling 2002; Hird 2004). Although most people are either female or male, the mere existence of people who cannot easily be classified as one or the other raises all sorts of questions about how our everyday lives are organized around making a clear distinction between ‘men’ and ‘women’. Intersex people present a problem in terms of how society operates (Kessler and McKenna 1985/1978). How will they know whether to tick the F or the M box on forms, which public toilets to use, whether or not to wear a skirt, to what welfare benefits they are entitled, which sports events to enter? How will other people know whether to call them ‘Ms’ or ‘Mr’, or how to interact with them? So problematic is being intersex considered that babies with the condition are almost always submitted to medically unnecessary surgery to make them fit either the female or the male category (Hird 2004; see also Intersex Society of North America 2006). They are then expected to develop an identity to match. But even people who are born as definitely female or definitely male do not always develop an identity to match. Some women are described as ‘masculine’, some men act in ‘feminine’ ways. However, it is usually implied that what is ‘normal’ and ‘natural’ is for females to act in feminine ways and males to act in masculine ways.

People often talk about women as being naturally smaller, weaker, more emotional, rather irrational, more caring, and so on. Men are thought to be larger, more prone to aggression, less emotional, rational and perhaps more selfish. When they say this, people seem to mean that the way men’s and women’s bodies differ makes them behave differently. But do we overemphasize differences and underemphasize similarities?

In everyday life the differences between women’s bodies and men’s bodies are constantly reinforced. Once a baby is born and
its sex made clear (usually by a quick look at its genitals), it is declared that ‘it’s a girl’ or ‘it’s a boy’. Sex is the bodily based classification of people into female or male. Once the child’s sex is established (by surgical means if necessary) then all sorts of social expectations begin to operate about what the child will be like, how he/she will act and how other people should treat him or her. Sociologists do not think that sex determines people’s behaviour. For instance, they challenge common-sense interpretations of science which assume that testosterone causes men to be aggressive. As we will see this does not mean that sociologists think bodies are unimportant. Rather they think that how we use and understand bodies depends on the particular society and time in which we live. To help think about the way in which our social environment creates particular ways of thinking about and being feminine and masculine, sociologists use the term gender. It can be helpful to define sex as referring to the physical and chromosomal features that (usually) produce a female or a male human being. Gender describes the social expectations, rules and norms attached to femininity and masculinity. Sex corresponds to male and female; gender to feminine and masculine.

The sociology of gender is about the way in which social factors shape how women and men act. The term gender was not introduced until the 1970s. Prior to that sociologists talked about ‘sex roles’ (Parsons and Bales 1956) and ‘the management of sex’ (Garfinkel 1967). As a concept, gender was helpful in challenging common-sense ideas about sex as a ‘natural’ and unchangeable fact arising from anatomy. Gender could help make arguments about men and women as socially constructed, and inequalities as therefore ‘man-made’ and open to change. However, it is now thought that too sharp a distinction between sex as biological and gender as social has limitations, and that bodies need to be part of understanding gender. The way in which we understand and organize everyday life around differences between women and men both draws on particular understandings about sexed (male and female) bodies and produces gendered (masculine and feminine) bodies.
As I explained in the Introduction, I want to use an adapted version of the sociological imagination to explain how sex/gender works in people’s everyday lives. To understand how bodies are shaped by ideas and by what ‘women’ and ‘men’ do, we can look at how understandings of sex have changed across history. The ‘facts’ are not always clear, and present interpretations of what constitutes femaleness and maleness might change. Also we can compare the varying ways different cultures have of understanding sexed bodies and their relationship to gendered ways of acting. The final and crucial part of using the sociological imagination to understand sexed bodies in relation to everyday life, is thinking critically. This means thinking about the strengths and limitations of current ideas and practices around bodies in relation to sex and gender.

A HISTORY OF SEX

One way of appreciating that sexed bodies do not entirely determine how women and men act in everyday life is to look at past scientific ‘facts’ about the body. We can see that our understanding of how bodies work has changed. For example, in the nineteenth century many scientists thought that higher education would make women exhausted and infertile. Their reproductive systems, it was argued, required considerable energy, which should not be ‘wasted’ on book learning, and they should therefore not be admitted to universities (Delamont 1978). These ideas were related to theories at the time which thought that women’s reproductive capacities made them irrational. The notion of hysteria as a female ‘disease’ had long existed, the name being taken from the Greek for womb (hystera), but interest in the ‘disease’ peaked during the Victorian era – just as women were demanding a role beyond home and family. The condition was thought to arise from a ‘wandering womb’. It was argued that this shifting of the womb happened in women who delayed childbearing. The symptoms of the disease were many, so that virtually anything
could be labelled as hysterical. In particular, any behaviour thought wild or irrational, any anger, screaming, crying or fainting, could be thought abnormal and women thought in need of curing. Treatment varied from psychoanalysis to radical surgical intervention (Turner 1984; Bordo 1989; Foucault 1990). The case of ‘Annemarie’, in Victorian New Zealand, is an extreme example of the treatment that could be given to nineteenth-century Western women labelled ‘hysterical’:

On boxing day in 1886, when Annemarie was aged seventeen, she went on to a picnic and then to a ball in Invercargill. Around midnight she apparently began raving about love and religion and had to be brought home. Her mother reported that these events happened at her menstrual period. Cold baths followed by friction were tried to calm Annemarie from her bouts of singing, praying, laughing and crying. After a few months she ‘lapsed into profound melancholy’ and was eventually sent to Ashburn hall, a private asylum in Dunedin. Annemarie’s family consulted their local doctor about her condition; he suggested that some improvement might follow if she were completely unsexed by the removal of her ovaries and clitoris. . . . On 20 July [1890], Dr Ferdinand Batchelor, one of Dunedin’s leading medical luminaries, assisted by three other doctors including Truby King, removed Annemarie’s fallopian tubes, ovaries and clitoris. . . . Nearly a month after the operation Annemarie exhibited no mental change.

(Brookes 1991: 15–16)

It is easy to laugh and/or be outraged at these outdated ideas and their consequences, but the point of discussing them is to recognize that science is always a ‘best guess’ based on the evidence available. It is interesting to speculate which of the ideas presently accepted as scientific ‘fact’ will be laughable or thought ‘barbaric’ in the future. The point is that scientific theories change, and that those changes can be looked at from a sociological point of view. From this point of view we can see that scientists live and work within particular times and cultures, and what they are interested
in and how they interpret what they find are influenced by their social surroundings and the ideas of the time (cf. Laqueur 1990). This applies to the scientific investigation of sex.

Prior to the eighteenth century, Western scientists tended to think about male and female as different expressions of the one human body. As the historian Thomas Laqueur (1990) argues, in this ‘one-sex’ model female genitalia were described as a less-developed version of fully unfolded and ‘perfected’ male genitals. The ovaries were thought equivalent to the testes, the shaft of the vagina and the clitoris were seen as a (mostly) interior version of the penis. This representation of sexual difference corresponded to widespread ideas about femininity and masculinity as attributes of all individuals. It is likely that Judeo-Christian myths were influential because in the pre-modern world most people got their information about the world from the Church. The idea of sex as a variation, rather than an absolute distinction, fits well with the familiar story of Eve as created from Adam’s rib. In medieval times both women and men were thought to have ‘feminine’ aspects to their character; and masculinity was frequently associated with things women sometimes did, without them being thought man- nish. Feminine and masculine described types of behaviour not types of people (Laqueur 1990). Indeed this idea has not completely disappeared, but ways of seeing sex started to gradually shift in the 1700s, and from 1800 a two-sex model began to gain dominance.

The two-sex model of sex emphasizes male and female bodies as utterly different and indeed opposite. Differences in male and female genitalia start to be seen as crucial (Laqueur 1990). In addition, everything from body shape (Jordanova 1989) to hormones (Oudshoorn 1994) began to be seen in terms of a ‘normal’ male form to which a ‘deviant’ female form was opposed. One interesting example of this shift is how skeletons were represented. Before the mid-eighteenth century scientific drawings of skeletons tended just to be labelled ‘human’. However, from late that century separate drawings began to be made of female skeletons,
which emphasized differences rather than the underlying similarities. One of the most widely adopted eighteenth-century drawings of the ‘female’ skeleton was by a woman anatomist. She drew the skull as quite small in proportion to the body. This was despite the fact that prevailing science had found women’s skulls to be larger in proportion to their bodies than men’s. However, this inaccurate drawing was adopted rather than others available, probably because it helped confirm ideas at the time that saw a large skull as a sign of intelligence. Even in more accurate portrayals the skeletons drawn were carefully selected to fit the ideal of a man or woman at the time, and sometimes skulls or other bones from a different body were used when the main skeleton did not quite live up to the ideal for its sex. The main difference portrayed in drawing female skeletons was the pelvis bones, which were drawn larger than male’s. This emphasis came from new desires to show that women were best suited to having babies. All this happened around the time that concerns were emerging about population growth. Racist fears prompted much debate about the need for white women of the higher classes to concentrate on having and raising children in order to ensure the survival and continued dominance of ‘the white race’ (Schiebinger 1989). A woman’s reproductive role began to be promoted as her proper duty, and early arguments (e.g. Wollstonecraft 1985/1792) about women’s rights to entry to the public world of work and politics were partly a response to these efforts to restrict women’s lives to the family sphere. ‘Scientific’ views about women’s biology as essentially different (and inferior) to men’s gained prominence from the 1750s, and had to be challenged by those wanting to argue against the exclusion of women from higher education, the professions and political decision making. Such understandings of the differences between women and men as founded in their supposedly different ‘natural’ bodies have continued to be prominent throughout the nineteenth and twentieth centuries and into the twenty-first.

The belief that bodies are clearly sexed, and that this explains
behaviour, is still common, but it is important to remember that the emphasis on bodily difference is of fairly recent historical origin. This indicates that sex is not a matter of simple scientific fact, but a category that requires interpretation. What sex means and how bodies are understood to be ‘sexed’ changes over time. It also varies in different cultures, further illustrating that sex and gender are socially, not just biologically, constructed.

COMPARING DIFFERENT IDEAS ABOUT SEXED/GENDERED BODIES

Different cultures think about and go about being women and men in different ways in their everyday lives. Not all cultures think about sex or do gender in terms of male versus female and masculine versus feminine. How they think sex is related to gender and to sexuality is often also different. Here I will outline some of the alternative ways of thinking about bodies as sexed, gendered and sexual. These include sex/gender systems that have a ‘third sex’ and/or ‘third gender’ (Herdt 1994). Even where a culture shares the ‘two-sex’ model, it does not necessarily have the same expectations as Anglo-American peoples about what is ‘womanly’ and what is ‘manly’. Everyday tasks assigned to women and men, and expectations about how they will act vary from one culture to another.

Third sex/gender

Within the First Nation peoples of North America, everyday life was traditionally organized to allow for a category of people who are not simply men/masculine or women/feminine. The generic name for these people is ‘berdaches’, but within particular tribes they will have particular names, such as nádleheé in the Navajo, or Ihamana among the Zuni. It seems that, most commonly, berdaches were biological males who in everyday life did many of the things usually associated with women. They might dress like
women, undertake the crafts and other work usually done by women and usually engaged in sex with men once matured. However, there were female berdaches and, whether male or female, many wore clothing somewhere between the usual ‘masculine’ and ‘feminine’ forms of dress. Some berdaches performed both ‘feminine’ and ‘masculine’ tasks – for example, carrying out weaving (usually women’s work) at the same time as being a medicine man (usually men’s work), or being a squaw (performing a conventional women’s role) but also gaining renown for hunting skills (hunting usually being done only by men). It is argued that male berdaches therefore constitute a third, and female berdaches a fourth, gender. They were usually revered as special individuals and, rather than being seen as somewhere between ‘masculine’ and ‘feminine’, there were separate sets of expectations among Native American peoples about how berdaches would act, and what kinds of tasks they would carry out in their society (Roscoe 1994).

The tasks people do in their everyday lives are important in identifying their gender, because not all cultures require the same kind of match with sexed bodies as in the West (cf. Kessler and McKenna 1985/1978). In India, there is a category of people who might be understood as ‘feminine’, although Western definitions might struggle to put them in a sex category. Hijras follow a goddess known as Bahuchara Mata. The belief is that if men are sexually impotent with women they are called upon to be castrated and to follow the goddess by dressing and acting like women. Through Western eyes hijras might be characterized as men without penises who follow feminine gender roles; but this might misunderstand how they are seen within Indian culture. Cultural beliefs about women and men are that they are essentially different and born to fulfil complementary roles. The feminine role is viewed as potentially destructive because it is believed women are sexually insatiable, but femininity is also recognized as a creative power. Hijras therefore have a religious and social role serving the goddess, and performing at weddings and at the birth of male children. Some engage in prostitution with men, although this
is frowned upon. Although there are depictions of alternative genders within Hindu mythology, hijras are not revered in the way berdaches were. Indian people are usually uncertain about whether to see hijras positively or negatively. However, there appears to be tolerance of their existence as an illustration of the variety present within the universe (Nanda 1994). This challenges Western ways of insisting that sex and gender must entail males being masculine and females being feminine.

Samoan and other Polynesian cultures have also traditionally had a ‘third gender’, which shows alternative ways of thinking about the relationship between sexed bodies, gender and sexuality (Besnier 1994; Schmidt 2003). Samoan culture understands identity, including gender identity, not as an individual attribute but in terms of a person’s position in society and their relation to others in the community. This applies to the third gender, fa’afafine, who have a recognized position within everyday Samoan life, they work at ordinary jobs, no one really notices them in the supermarket – yet they are men who adopt some feminine ways of being. In the past they took on ‘feminine’ tasks, usually from an early age, because their family and/or community were short of female labour. As Western ideas have started to have more influence, individual appearance and an emphasis on sexuality have become more important, which is seen by many Samoans as an undesirable shift away from traditional ways (Schmidt 2003). However, as they did traditionally, most fa’afafine continue to have a penis; some dress as women and some do not. In any case, both Samoan women and men typically wear lavalavas (sarongs) and T-shirts. While fa’afafine usually have sex with men, not all do, and there appear to have been cases of fa’afafine marrying women and fathering children while continuing to be fa’afafine. And the men who have sex with fa’afafine continue to be identified as straight men. It is how you have sex, not what type of body you have that is seen as more important. So fa’afafine tend to adopt passive, or ‘feminine’, roles within sex. This further illustrates that what you do, both in terms of labour and the sex act,
and not sexed bodies, is key for many cultures in identifying your gender.

Gender variations within cultures

Even where cultures do have a two-sex model, this does not mean that they all share the same expectations about what women and men can and should do. One example is the expectations about women’s strength. In Britain, much of Europe, and the rest of ‘the West’, it is believed that women are physically weak, although this has applied more to middle-class than working-class women. As the sociologist Ann Oakley (1972) suggested back in the 1970s, this is not a belief that other cultures seem to share and indeed in many cultures throughout Africa and Asia, and in some traditional European peasant cultures, women have done most of the carrying of heavy burdens. At the end of the twentieth century, for example, women in Albania were still doing a considerable amount of heavy physical work, even when pregnant. Western researchers have continued to be concerned about this (Senturia 1997), but as Oakley (1972) pointed out more than 30 years ago, the notion that women are frail and delicate does not seem to be borne out by looking at the hard work they routinely perform every day in many parts of the world.

Within Western societies the expectations about women’s strength can also vary considerably, according to the context in which that strength is being used. There tends to be considerable public concern about women engaging in ‘manly’ pursuits such as soldiering, construction work, boxing or body building (Butler 1992; Hargreaves 1997; Pringle and Winning 1998; Brace-Govan 2004). However, female nurses and nurses’ aides routinely lift heavy patients (Eriksen et al. 2004). This is perhaps seen as acceptable because they are using physical strength within a job that fulfils gender expectations about women as good at caring for others. There are also variations on other deeply held beliefs about gender and sexuality.
Western cultures, at least since the eighteenth century, have believed that women are sexually passive, while men are always struggling to control their sexual appetites. In contrast, in Muslim cultures, there are a variety of ideas and practices around sexuality, but the dominant ideas taken from Islam present women as highly sexual:

Both women’s and men’s sexuality are seen as naturally active, and while men’s arousal pattern is faster, ‘foreplay’ is enjoined as a religious duty on men as women also have a desire for and right to sexual pleasure and satisfaction. Women are thought to have a greater potential for sexual desire and pleasure, nine times that of men. However, it is women’s passive exudation [giving off] of sexuality to which men are vulnerable, which provokes men who then deliberately arouse and fulfil desire in women. Thus women’s sexuality is seen as naturally both greater and more passive than that of men.

(Imam 2000: 122)

Compare this to the widely held opinion, often expressed by the medical profession in Victorian Britain, that women had no sexual desire. As one doctor put it:

Love of home, children and domestic duties, are the only passions they [women] feel. As a general rule, a modest woman seldom desires any sexual gratification for herself. She submits to her husband, but only to please him . . .

(Acton, cited in Lewis 1984: 126)

Ideas about women’s sexuality have clearly changed since the nineteenth century, but there are those who still argue that in the West there remains a double standard that means people tolerate men who are free with their sexual favours, while condemning women (see Duggan and Hunter 2006). Some studies, however, suggest that young people are trying to resist these ways of being sexual and that many girls are now perhaps more able to say they are
interested in sex, while boys can say they want love (Allen 2003). Even if women are now more comfortable about being sexually active, this is a very recent thing in the West and we should not assume that Western women are necessarily more ‘liberated’ in every way than women in non-Western cultures.

People are inclined to be ethnocentric, which means that they tend to think that the way things are done in their culture is the ‘natural’, the best, or the only way to do things. It is all too easy to look at the lives and practices of people in other countries and see them as exotic or even weird, but part of thinking sociologically is to try to see what might be ‘weird’ about your own culture. It is important to attempt to get some distance in order to see clearly how things, like sex/gender, are done and how they might be done differently. Seeing the strange in the familiar (Berger 1966/1963) is a crucial part of critical sociological thinking. Being critical does not mean simply being negative, but engaging with ideas and practices and thinking about their strengths and limitations.

**BEING CRITICAL OF SEXING**

There is still considerable scientific debate about to what extent women’s and men’s bodies (including their brains) are different and how this might relate to their behaviour. The most influential theory of recent years seems to be that of neuroscientist Simon Le Vay (1991). Le Vay is concerned with part of the brain called the hypothalamus, which controls basic operations of the body like breathing, circulation, metabolism and sexual behaviour. He argues that a portion of the hypothalamus, known as part three of the nuclei of the anterior hypothalamus (INAH3), is smaller in women and gay men than in straight men, and others have also found the INAH3 to be bigger in heterosexual males than in heterosexual females (Byne et al. 2001). Potentially this difference is thought to account for differences in how women and homosexual men’s brains develop after birth, and in sexual orientation and behaviour. However, other studies suggest that these proposed
differences in the hypothalamus are far from clear (Swaab et al. 1995). Le Vay’s ideas remain controversial and his early work has been criticized for being based on a small sample (41) of cadavers who died of AIDS. The assumptions he made about their sexuality were guesses, as they were in other key studies (e.g. Byne et al. 2001). Le Vay assumed that the drug users were heterosexual and the non-users were homosexual. Also, others who have looked at his data say that the differences between the hypothalamus of women and gay men and the hypothalamus of straight men were not as clear as he presented them to be. His work is thought not to be based closely enough on the evidence. He is said to speculate a great deal, relying on fairly common-sense stereotypes which imply that homosexual men will behave in ‘feminine’ ways and lesbians will be ‘masculine’. He reinforces rather than questions everyday ideas about the relationship between sex/gender/sexuality and ways of behaving (Hird 2004: 30–32). Sometimes such problems are the result of trying to translate intricate technical findings into terms that non-scientists can understand. Scientists are usually very careful about the claims they make, but everyday interpretations of science constantly suggest that women’s and men’s different biologies make them suited to different tasks.

You can argue that separating out women and men, and saying that they are ‘naturally’ good at different things, is useful. Even if you think that men and women have learned their capabilities, it can be seen as useful for society if they fulfil different purposes. Functionalists such as Talcott Parsons (see Parsons and Bales 1956) have certainly suggested that the different ‘jobs’ women and men usually do help keep society running smoothly. He argues that while the men fulfil the instrumental role of going out and being goal orientated and competitive, women can stay at home and focus on the expressive role of caring for their families. The problem with Parsons’ view is that it is based on a view of the housewife/breadwinner nuclear family (mum, dad and the children) as the usual and the best way to organize the tasks that need doing in order to survive and to reproduce the next
generation. In fact, this is a family form that is very culturally and historically specific to middle-class mid-twentieth-century America. In other times and cultures both mothers and fathers have usually had to work outside the home in order for the family to survive. Also, Parsons does not adequately explain – if both roles are important – why it is the tasks that men do that usually have the most rewards attached in terms of money and prestige. In other words, he has not considered the inequalities that can result from the way society is organized, and how this social environment shapes our bodies as well as what we do.

When people talk about how testosterone makes men aggressive, or the hormones associated with menstruation make women irrational, they are forgetting that the way we live has effects on our bodies. It is not simply a matter of our sexed bodies determining who we are, nearly all the things that we do ‘make’ our bodies, and in gendered ways.

The social construction of bodies

The different jobs women and men do shape their bodies in different ways. For example, men are much more likely to work in jobs requiring heavy lifting and use of muscle strength, such as construction or road works (Charles and Grusky 2004). Men doing this work will maintain and/or increase a muscular build. Women are usually not thought capable of heavy manual work, but those who do it will also develop muscular builds. That women are capable of developing big muscles can be seen by looking at women bodybuilders. Such women are usually found troubling because they upset our ideas about ‘natural’ differences between men and women (Mansfield and McGinn 1993), but they show that many sex/gender differences might be a result of how we use our bodies in everyday life.

If it is the case that there are differences in women’s and men’s brains, it is possible that these are also reinforced, or even developed, because of the different kinds of tasks women and men
do in their lives. For example, a relatively recent study of London cab drivers, who are predominantly male, found that they had bigger than average hippocampi. The hippocampus is a part of the brain used for memory and for spatial navigation, and humans have two each. Cab drivers in London have to remember a great deal of information about the roads around London and navigate the shortest route from one place to another. They have to pass a rigorous test on this, called ‘the knowledge’. Now it could be that those who already have big hippocampi are more likely to pass the test, but it is also possible that their job might mean that they develop their hippocampi because they use that area of the brain so much (Maguire et al. 2000). So the different jobs women and men still tend to do may account for apparent differences in the structure of women’s and men’s brains.

Also, even if women and men might use their brains differently, this does not mean that one way is better. For example, there is some evidence that men and women use different areas of their brain in working through intellectual problems. However, this does not seem to significantly affect the outcome. Women and men of the same abilities appear to achieve the same standard of intelligence even if they seem to be using different methods (Haier et al. 2005). And it is not just manual and mental work that alters our bodies, but a whole range of practices related to bodies, from how we eat to how we dress.

Take wearing high-heeled shoes, which can have considerable impact on women’s bodies. They help draw sexual attention to women by forcing them to walk with their breasts and their bottoms pushed out in order to balance. The posture is one that men may find erotic as it emphasizes a woman’s ‘womanly’ features. However, it can cause problems. High heels might restrict women’s ability to move, not only when wearing them but resulting in long-term injuries that impair mobility. Walking in high-heeled shoes puts twice as much force on women’s joints as walking barefoot (McBride et al. 1991). High heels contribute to shin splints and deform the pelvis. They make it hard for women
to run away if in danger (Stanley 1995: 133, 172). Although many movies might show us active, powerful women performing amazing feats in stilettos, one has to wonder how realistic that is and, if it is, what kind of damage they might be doing to their feet and back! High heels are but one example of a wide range of practices that reinforce ideals about gender in ways that actually alter bodies. It may seem a fairly frivolous example, but this is a book about everyday life and it is good to think about how even the most everyday decision about what kind of shoes we wear can contribute to the forming of gendered bodies.

SUMMARY

Two sexes are not enough to describe the variety found among human beings. And what exactly makes someone ‘male’ or ‘female’? Is it having a penis or vagina, having particular chromosomes or genes? Is it thinking differently, or having different strength or amounts of bodily hair? Do any of these things matter in how we live our everyday lives? In this chapter, such questions were answered by looking at how understandings of sex (female/male) have changed, and at other cultures’ ways of thinking about sex/gender divisions. A rigid division of bodies into ‘female’ or ‘male’ tends to be used to justify inequalities that result from the way society is organized. Our everyday lives are not simply determined by whether we have a male or female body, but ideas about what kinds of abilities men and women have can limit the kind of things we do. And the kinds of tasks we do and the practices, such as dressing and eating, that we engage in shape our bodies. If women and men are usually doing different kinds of things then they are liable to end up with different kinds of bodies. In this sense, sexed bodies are used as the basis for deciding what kinds of things a person ‘should’ be able to do. If women pursue what are considered ‘feminine’ pursuits and men go about being ‘masculine’, then this will reinforce the idea that gendered ways of acting are caused by sexed bodies. However, it may often be the case that
doing ‘feminine’ things makes a body appear ‘womanly’ and that ‘masculine’ deeds produce ‘manly’ bodies. It is clear from looking at historical change, cultural variations and thinking critically, that the everyday social world plays a big part in how we inhabit our gendered bodies.