

# A critique of the conventional usage of the adjective nonbinary in medical contexts

V1.0, comments are appreciated

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## Abstract

In texts from a medical background the adjective nonbinary is often used without any explanation of its precise meaning and without reference to a version of gender theory which governs its usage. Various forms of confusion are mentioned which may come about from such poorly explained usage of the adjective nonbinary.

## 1 Nonbinary persons as clients of the medical profession

In [?] we have argued why we prefer the use of neutral over nonbinary in the context of gender theory. Nevertheless the wide-spread use of ‘nonbinary’ is a matter of fact that requires ample attention.

**Claim 1.1.** *Literature related to the medical sciences more often than not, when making use of nonbinary as an adjective of actual or potential clients, takes the meaning of that adjective for granted.*

**Claim 1.2.** *When reading literature related to the medical sciences where use is of nonbinary as an adjective of actual or potential clients, without an explanation of the meaning of that adjective, it is by default plausible to read nonbinary as ‘self-identifying as nonbinary’.*

**Claim 1.3.** *It is advisable that always instead of the adjective ‘nonbinary’ the attribution ‘with nonbinary gender identity’ is used if that is what is meant, or otherwise it needs to be made clear in a text using ‘nonbinary’ that the adjective merely serves as an abbreviation of ‘having nonbinary gender identity’.*

## **2 Questions and problems arising from a casual use of ‘nonbinary’**

Suppose that a nonbinary person  $P$  who is in contact with a medical professional  $Q$ , and who is speaking to said professional  $Q$  within a hospital  $H$ , suddenly experiences an acute medical condition which requires urgent help. Instantly  $P$  has become an ‘ordinary patient’ of  $H$ . Now  $Q$  calls the emergency service  $E_H$  of  $H$  and the question is asked to  $Q$ : is the patient male or female. What will  $Q$  say? The patient is nonbinary, so please don’t ask such questions? Or is can it be the case that say  $Q$  “knows” that the b-sex of  $P$  is male so that  $Q$  responds to  $E_H$  with ‘male’ in order not to delay up the urgent process of initiating medical interventions towards  $Q$ .

**Question 2.1.** *When using the adjective nonbinary for  $P$ , does that exclude the possibility that  $P$  is a man or that  $P$  is a woman?*

The answer to the above question becomes clear if it is given that nonbinary means ‘with nonbinary gender identity’. We assume, following Barnes 2022 [1] that (by definition) gender identity is fully determined by self-identification. Working under this assumption we will denote with default abbreviating usage of nonbinary, any usage where actually ‘with nonbinary gender identity’ is meant (without that convention having been made explicit).

**Claim 2.1.** *The usage of the adjective nonbinary in medical contexts is abbreviating by default (where non binary abbreviates ‘having non-binary gender identity’).*

The following non-trivial consequence can be drawn, which applies to many instances of the use of ‘nonbinary’ in a medical setting.

**Claim 2.2.** (Overlapping feature of abbreviating usage of nonbinary by default.) *A non-binary person may as well be a man or a woman. (Where a man is an adult person with male gender and a woman is an adult person with female gender.)*

### **3 Distinguishing gender identity from gender categorization**

When no distinction is made between gender identity and gender categorization confusion may arise: then gender identity determines gender categorization and the response of  $Q$  to  $E_H$  must be: ‘neither male nor female’. Moreover  $Q$  and their colleagues need to take action that  $E_H$  routinely accepts ‘non-binary’ as a response. The moral problems that may come with answering questions about the gender of  $P$  won’t be solved, however, because,  $Q$  knows that it is the b-sex of  $P$  which matters to  $E_H$  rather than the gender of  $P$  (which may deviate from their b-sex). Now the b-sex of  $P$  may be neutral (i.e. known to be neutral to  $Q$ ) or unknown (to  $Q$ ), but it may also be the case that  $Q$  perceives  $P$  as having a signed b-sex (i.e. male or female). If so, that may matter to  $E_H$ . If gender identity determines gender categorization it will become essential to know whether a question about gender is meant about b-sex or not for the simple reason that b-sex (when assigned at all) is not plausibly determined by self-identification (see also [3]).

### **4 Working in a $3G_{\perp}$ formal gender theory model**

We advocate working with (qua)ternary  $3G_{\perp}$  gender theory. Details of that model were set out in [2] and have been summarized in [5]. In formal gender gender categorization and gender identity are distinguished by default, while making an identification of both is possible thus leading to one the versions of (formal) gender theory. Formal gender theory is general and generic and allows a range of different versions, quite independently of our own preferences on matters of gender.

A  $3G_{\perp}$  formal gender theory model may serve as a precise background for the use of the term ‘nonbinary’ in medical contexts (although as stated above, we have a strong preference for the use of neutral instead of nonbinary).

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