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THE HERMAPHRODITIC IDENTITY OF HERMAPHRODITES

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It is rarely questioned that there are only two biologic sexes, male and female, with two resultant genders, masculine and feminine. The evidence for biologic or psychologic bisexuality does not contradict this division but only demonstrates that within the two sexes there are degrees of maleness and femaleness (sex) and of masculinity and femininity (gender). Thus there is ascribed to any person at birth an absolute position as a member of one sex or the other, with the result that one develops a sense of belonging only to one gender. It is obvious that proper ascription of sex is extremely important; in those infants in whom ambiguous-appearing genitalia at birth make sex assignment uncertain, the proper sex must be diagnosed as soon as possible. Only by careful and rapid diagnosis can future emotional problems be avoided.

Almost everyone starts to develop from birth on a fundamental sense of belonging to one sex. The child's awareness, "I am a male" or "I am a female," is visible to an observer in the first year or so of life. This aspect of one's overall sense of identity can be conceptualized as a *core gender identity*, produced by the infant-parents relationship, the child's perception of its external genitalia, and a biologic force which results from the biologic variables of sex.[2] The first two factors are almost always crucial in determining the ultimate gender identity[3] (*e.g.*, 1, 2, 4, 6, 8).

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[2] Chromosomes, gonads, hormones, internal accessory reproductive structures and external genitalia.

[3] Although there seem to be exceptions in which the biological force overpowers the effects of rearing (10).

While the process of developing gender identity goes on intensively at least until the end of adolescence, the *core* gender identity is fully established before the fully developed phallic stage. This is not to say that castration anxiety or penis envy are not essential parts of the development of gender identity but rather that these latter conflicts occur after core gender identity is well established.

To take an example: Transvestic men try to be very effeminate when dressed in women's clothes. Yet they do not truly feel that they *are* females. They *wish* they were (at least to the extent of being phallic women), and their transvestism is an acting-out of this wish, but *they know they are not.* Their core gender identity is male; that is, they know their bodies are male, that they have been assigned since birth to the male sex, that they were reared as males, and that all the world unequivocally considers them to be and always to have been males. Only later, as the personality develops, will this male core gender identity be overlaid by the gender identity of a much more feminine cast.

Even when an individual has been reared in the gender opposite to the biologic sex a clear-cut core gender identity develops wherein the person unquestioningly feels that he or she is a member of the assigned sex, if no one raising the person questions it either. Money and the Hampsons reported a large series in which this was so and demonstrated the validity of such a concept as that of a core gender identity by their finding that beyond the age of about two and a half it becomes increasingly difficult or impossible for most people unequivocally raised to change gender (*cf.* 8).

Following the clinical data, however, one comes upon a curious fact. There are certain rare people who, late in childhood, in adolescence or in maturity, are able to change their gender successfully and without great internal shock. The following material from a representative case shows how this can happen.

This person is an example of a "woman" who did not have the opportunity to develop a clear-cut core gender identity. The patient, a skilled technican in his mid-forties, reported this dream, while struggling to change from a woman to a man. "I am working, designing something. I woke up and thought 'Wow, why hasn't that ever been made!' A measuring mechanism with several screw adjustments on it. There was one on the market; I'd never seen one or heard of it. It was pertinent to the work I was doing." The following summary of his life presents associations for the above dream, and it was in fact while reminiscing about his life and treatment many months after the end of the latter that he recalled having had this dream several years before.

He had from birth, and was always aware of having had, an "enlarged clitoris" (in fact, a bound-down, short penis with hypospadias and no vagina). The enlarged phallus was apparent to his parents from birth, but the doctor who delivered the baby categorically declared him to be female, and it is so stated on the birth certificate with no qualifications. The parents were troubled by and influenced in their behavior to their "daughter" by the abnormal external genitalia. An example of the way they responded to this is clearly described by the patient. "I am getting chewed out about not being lady-like or something. I stood up at the dinner table, choked with tears and practically shouted at my father and mother, 'Well, what am I anyway, a boy or a girl?' My father rises from the other end of the table very red in the face, from the neck up just flaming, and sort of raised his hands and shouted back to me, 'That is something we do not talk about—now shut up and sit down and eat your dinner.' That was the end of it right there." Memories go back to the age of two of following father around the farm, playing at helping with the chores, of dressing in father's clothes, and of active, intrusive games. This behavior was approved by the parents. As the years passed, she became aware of being different from others. A few childhood sexual experiences, consisting of looking at and touching genitalia with a boy, convinced her of this. By the time she was in high school, gym classes became unbearably humiliating. Despite her athletic excellence, she was not fully accepted by the other homosexual girls on the teams; although having no body or facial hair, she was very tall, had no breasts, and had the visible "enlarged clitoris."

At 18, the patient arranged on her own to have a plastic operation to make the genitalia appear more feminine. At that time, the penis ("clitoris") was removed, leaving only a stump of tissue about ¾ of an inch long when erect. The hypospadiac urethra was left intact so that the patient's need to sit down while urinating was unchanged. Cryptorchid testes were removed, and the bifid scrotum touched up to clarify its appearance as labia. Although the patient now profoundly regrets this operation, at the time she felt very relieved. She said that she knew this operation would help quiet other people's questions about her ambiguous appearance. Even if she still felt separated from men and women, she was at least free to live in an area of female society. And so, until her mid-40's she lived an exclusively "homosexual" life as a "butch" except for one brief episode of falling in love with a man.

After these many years in the homosexual community she came to us. She presented herself as a masculine female. It became apparent that she had distorted by repression her perspective of her earlier life so that instead of seeing herself as a person who was both a male and a female, she had been able more or less to conceive herself that she was a very masculine "butch." Only after much treatment did the "hermaphroditic" identity of childhood reappear. At this point, the patient for the first time permitted a referral for complete physical workup, which produced the clear-cut confirmation of biological maleness. Related to this new awareness, he fell in love with a woman two years older than himself, a forceful person who has mothered, advised, and bullied him through five years of a monogamous relationship, the first either had ever experienced for more than a few weeks.[4] Gradually, the patient dropped away the makeup, the bleached longish-short hairdo, the falsies, the sandals, the hand-wrought, massive silver jewelry, the high-husky voice, the effeminate mannerisms. His birth certificate and automobile license were changed. He left the homosexual community and changed jobs. He now lives an unexciting, undangerous life with his wife

[4] It is worth noting that on her birth certificate his wife was given the surname of the person who for several years had been living with his wife's mother; the patient's wife has never known if this "father" was a male "female" impersonator, a hermaphrodite, or a clearly biological female with masculine qualities.

in an unexceptional middle-class neighborhood. Sexual activity is not intense—he has been castrated for many years and takes no testosterone—and has not changed (oral and manual for both partners) since his "homosexual" days.

On the maternal side, he knows of six other relatives of his generation with the same hermaphroditic abnormality. One is a cousin, who, correctly diagnosed at birth, has grown up to be an unequivocal and fertile man. The patient's "sister," ten years younger, is a heavily bearded (though shaven) muscular, "woman" (not castrated) who lives an isolated life hunting, fishing, farming, and hiding from life, clinging desperately to fragments of a feminine identity.

This patient exemplifies what is seen in others who have been raised in an atmosphere of parental doubts caused by ambiguous genitalia. In these unfortunate patients the doubts are not put to rest, because proper diagnosis and treatment of the genital abnormality have not been carried out. And so a most unusual gender identity is produced. Such a person feels he belongs to neither of the sexes to which everyone else belongs; while he develops aspects of both genders, he exists outside of both in a new category.

This patient as a young child, although assigned to the female sex, had no chance of developing either a male or a female core gender identity. She was born with ambiguous-appearing genitalia which also produced erectile, intrusion-searching sensations. In the face of this, she was told she was a girl. Her parents' uncertainty, the weightiest factor in confusing her core gender identity, failed to confirm the concepts produced by the genital sensations. Thus, in childhood, erectile, outward-hanging, and at times thrusting erotic tissue and a masculine neuromuscular system were being asked by the ascriptions of her parents and of society to be female.

The patient lived for years in a homosexual culture and was accepted there. However, her fantasy life and concept of herself clearly differentiated her from her butch colleagues: She felt that she was some sort of hermaphrodite; she knew herself as *both clearly a female and clearly a male.* On the other hand, the butches know they are *clearly only females but wish they were males.* This patient's core gender identity was not that of the butches she knew. Until resolving the ambiguity in treatment, she envied these butch friends their sense of belonging, even though she well knew of their unhappy lives.

DISCUSSION

The clinical data illustrate that there are people who almost from the beginning of awareness of their own existence do not feel themselves to be members of either one of only two possible sexes. Because of their parents' uncertainty as to their "true" sex, the patients are also uncertain. A sense of body configuration that is in fact different from others will produce a different body ego, and the child's observation that he looks different from other children can only reinforce the uncertainty that his parents produced. He is in that peculiar position of agreeing with all the world that there are, as it says, only two sexes, although he belongs to neither. Such a person, then, belongs to an entity which has not previously been distinguished from other identity problems. He is a member of a third gender (a hermaphroditic gender), and the resulting character structure and the special ways he has of managing his life, in our society at least, produce a different core gender identity and therefore a different life perspective. Depending on how disturbed his parents are about his ambiguity, he can wait with relative equanimity for the day he will be fixed so that he can belong, or he does not wait but bows to his fate of not really belonging to the human race, or he makes the best of both worlds, as seems to occur in those rare hermaphrodites who appear to live comfortably in alternating genders (3). In any case, such a person has the conviction, as solid as a man who feels he

is a male or a woman a female, that he is not male or female but both (or neither).

From the numerous reports in the literature which mention a successful change of gender after infancy, the present writer has chosen a recent one to show how these reports confirm the existence of a third gender without the authors being aware of it. Norris and Keettel (9) describe a child with congenitally anomalous external genitalia, who was considered to be a female at birth. The diagnosis was changed at two months to a male. At 13, the child was revealed to be an almost completely normal female, and so, given the choice, she changed back again to being a female. When seen in psychiatric evaluation some years later, "She was an attractive, very feminine woman of 20. Her voice was feminine as were her actions and dress. She was cooperative and tried her best to be as frank as possible. She described herself as being quite outgoing. She enjoyed parties and people. She did little drinking. She was happily married and stated that she had a full and complete sexual adjustment [she had a normal vagina and clitoris] and enjoyed being a wife. She looked forward to becoming pregnant and having a child.

"There were no apparent neurotic modes of adjustment, no distortion of personality; she related spontaneously and with warmth . . .

"We have presented the case of a person who successfully changed sexual roles at a time when it is believed that sexual identification is complete and irreversible. How was this possible?"

The authors go on to say that "Her early development was relatively neutral rather than oriented to either sex" and later that she had "a sound personality structure" as an adult. They suggest that ". . . One must look further than the gender role when a sex change is being considered. If a person is laden with neurotic conflict, has difficulty in relationship with the environment, and shows evidence of ego defect, then such a change would indeed be inadvisable. But, if the patient does have a well-rounded personality with a strongly developed ego, it is quite possible that he (or she) will be able to adjust to the stress of change adequately, just as he is able to handle other forms of stress. The fact that a gender role has been well established should not deter consideration of a sex change when other factors would indicate it, in the presence of a normal personality."

This paper has been quoted rather fully here, because it expresses clearly what is typical in the literature. To their question, "How was this [change] possible?" Norris and Keettel answered that it was due to the patient's "sound personality structure." I would not argue that they saw a sound personality, for the absence of psychotic or neurotic symptomatology is also frequently observed by those who study such patients extensively (7, 8). The suggestion is put forth here, however, that this is not the essential feature that made the change possible, but rather that the thesis of the present paper more adequately explains the data: A person who does not have a clear-cut gender identity as either male or female and who does have a hermaphroditic gender identity is able, with the relative ease this patient showed, to shift from one side to the other.[5] If the parents and other key people in the child's life are not disturbed by the gender confusion, the child remains calm, as did Norris and Keettel's case. If the parents are shocked and so must deny and be secretive and in this way show they know "something is wrong," then a secretive, denying and unhappy person results, as is

[5] As Money clearly puts it, "In general, however, it is very difficult for hermaphrodites with uncorrected, ambiguous-looking genitals to establish a firm gender role and identity. It is from the ranks of this group that are drawn those hermaphrodites who request a reassignment of sex or have an ambisexual role and identity" (5).

seen in the case presented above. But at either extreme, whether the person has been in a calm or secretive situation, the change of sex later in life can occur without being sensed as a catastrophe, and therefore treatment is likely to be successful. For these patients, to change sex is not to threaten the sense of one's existence, the core identity. On the other hand, if a person with a well fixed, unquestioned gender identity is told—and he knows that the person telling him is correct—that he is really a member of the opposite sex, the effect is devastating. This writer does not believe that any amount of psychiatric treatment will successfully return such a patient to his previous emotional equilibrium, much less aid him in changing his sex and gender.

Thus it is possible to account for the otherwise puzzling phenomenon that some intersexed patients do well when they try to change sex and others do not. It may be said that the ones who do well do so because their gender identity was not well fixed in either the male or female gender; the ones who do poorly do so because to change their sex is to give up their gender, and for them no longer to belong to their ascribed gender is no longer to belong anywhere, *i.e.*, their sense of identity has been shattered.

A practical conclusion follows from the above. In order properly to treat such people after early childhood, one must accurately determine the patient's core gender identity. If it has become firmly established, as it is beyond two to three years of life, then it should not be changed. If the patient belongs to the third gender, then treatment cannot help but be successful unless grossly mismanaged. Correct diagnosis is essential for successful treatment.

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