

Clinical Notes

Gender-Role Change in Intersexed Patients

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MONEY AND THE HAMPSONS¹ have held that a child's gender identity is fixed very early in life and that attempts to change this beyond two to three years of age carry great risk. However, several recent papers,²⁻⁸ in refutation of Money et al's stand, cite cases in which intersexed patients (child or adult) are shifted from one gender to the other with relative ease and success.

Even ignoring that follow-up studies were not conducted in depth, it must be granted that adjustment in many of these cases seemed at least adequate, if not excellent, and it would appear that fundamental shifts in personality are easily attainable. The increasing number of such reports cannot be ignored. If the observations are correct, how are they to be explained?

1. It may be that the findings of psychoanalysts in the last 60 years are wrong and that the earliest years of life are not so crucial for psychological development.

2. It may be that the conclusion (that these patients can successfully change their gender roles) is correct but that this is no refutation of the importance of earliest childhood experiences.

That the second is the case is easy to demonstrate. It can be shown that there is a special factor involved, reported by these authors but of unknown significance to them. Let us point to this factor by quoting from a few of these recent papers.

Dewhurst and Gordon² describe a supposed male of about 4 years of age, whose change to female was "entirely successful." They note: "We first sounded out the opinion of the parents, however, and they told us that they had noticed distinct tendencies for the child to behave like a girl and they were clearly disposed to accept the advice we then offered."

Berg and associates³ report the case of a boy with perineal hypospadias reared as a girl, who changed from Mary to George at the age of 14. "There was a history of abnormal external genitalia from birth. *Despite some indecision*, because of the midwife's doubt, the child was brought up as a girl [italics added]."

Norris and Keettel's case⁴ is that of a female who, raised as a boy, successfully changed to a

woman at the age of 13. At birth, the infant was considered a female, but after two months a change in sex was made and the child was considered a boy till the second change at 13. It is apparent that there was a question in the family's mind from the start. As the authors say, "One might say her early development was relatively neutral rather than oriented to either sex." One can scarcely say that about the usual development of children.

Burns and associates⁵ report on three patients who underwent sex reassignment. The first, a 33-year-old male pseudohermaphrodite, was assigned at birth to the female sex but had always been masculine and was "homosexual" (ie, was attracted to woman); he was successfully changed to a male. Of the second patient, a 4-year-old child, the authors say, "In spite of the fact that this child had been reared as a male for four years a male gender had never actually developed." No information regarding gender is reported on the third case.

Kraft⁶ in a study of a 5-year-old child who was changed from a boy to a girl says, "From her birth on there was unresolved doubt about her genital sex in the thinking of her parents and other significant persons. Her mother handled this by secrecy, furtiveness and denial. Her father asserted loudly that his child was a boy, but was greatly relieved when the medical authorities decided on her being a girl. The strong women in the family . . . never accepted the father's declaration that the child was to be a boy and even used the feminine pronouns in referring to her."

Two papers by Brown and Fryer^{7,8} describe a successfully changed father who started life as a "girl." The total data given in the first of the two papers regarding gender aspects in this case are provided in the following sentences: "A patient was seen at the age of 13 years who appeared to be a girl insofar as social status and outward sex status were concerned. Enough questions had arisen, however, [these are not described] concerning the patient's normal feelings and reactions to warrant medical consultation." The description of gender role contained in the second paper is completed in the title alone: "Plastic Surgical Correction of Hypospadias With Mistaken Sex Identity and Transvestism Resulting in Normal Marriage and Parenthood." It would appear that as a girl this child already had considerable disturbance in gender identity because (one presumes) the "girl" was dressing as a boy.

There is no need to continue citing the literature. It is obvious from these reports that *in every case* in which even the most meager data about gender is given, *uncertainty about the patient's gender* was part of the growing child's milieu and became part of its identity. No wonder these people could change. And no wonder the authors report happy results.

But, what about patients whose gender identity is *fixed* and *not uncertain*?⁹ These persons represent

a sizable proportion of cases which come to the physician's attention, and it is for them that a cautious approach is crucial. If the physician, guided by enthusiastic reports which seem to refute the concepts of Money et al, tends to regard all cases as easily changeable, the results could well be disastrous. It would not be significantly different than trying to do the same thing in normals.

Therefore, it is essential not to establish a general rule that in any case of intersexuality one can proceed with impunity to impose a change of sex and gender on the patient. Instead, one must first evaluate properly the patient's gender identity, *and only when the gender identity is clearly uncertain can one expect a happy outcome.* It does not always follow that confusion in anatomy produces confusion in gender.

In addition to the caution expressed, this note is written to dispute the implication that this fundamental aspect of character structure—gender identity—can shift easily. The evidence is quite the reverse. When a male has no question from birth onward that he is a male, he will always think he is a male; when a female has no question from birth onward that she is a female, she will always think she is a female.⁹ When a person has no question from birth onward that he is either both male and female or is neither male nor female, he will always think he belongs to a different sort of gender from anyone else in the world. He will then be able to shift rather well from an uncertain role to the role of either of the two usual genders, if assisted in such a shift. This capacity to shift gender role is as much an unalterable part of the patient's identity as is the inability to shift in normals.

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