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Intersex and Transsex: Atypical Gender Development and Social Construction

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People around the world have generally followed culturally associated genders tied to the sex of birth. It is also true, however, that in almost every culture there have been persons that lived with gender expressions seen as different or unexpected. This article discusses two categories of individuals to whom these differences most often apply and a theory sometimes proposed to understand general human development. The categories of persons considered are those who are intersexed and those that are transgendered. Intersexuality refers to biological characteristics typically associated with gonads or chromosomes. Transgender refers to modifications of expected social life roles that individuals express. The realities of their lives militate against basic theoretical ideas of social constructionism and basic sociology.

Neither intersexuality nor transgender is new. Scientists for years have known of many species of animals and plants that combine male and female characteristics. But, until the last decade or so, intersexuality has been relatively unknown among the general public. So too is transgender expression relatively new. Transgender is also a comparatively new term and applied to an increasing number of people choosing to live a role variant life; some going as far as taking steps to change their sex. Over the last ten years, however, these topics, along with the individuals to which they relate, have increasingly come “out of the closet.” In the context of this discussion it must be clear that *sex* and *gender* are distinct entities. Sex is related to anatomy and medically recognized differences while gender is more related to society and culture (Diamond 2000; Diamond 2002). With this approach it is

thus obvious that a biologic male can live as a girl or woman and that a biologic female can live as a boy or man.¹

The general public had often been familiar with the common term *hermaphrodite*. Those so designated were often associated in the public mind with circus sideshow exhibits of persons so-called half-man and half-woman. In truth there are extremely few such people but there are, indeed, many individuals who are born naturally with characteristics of both typical male and female anatomy. And the conditions are, while not common, by no means rare. According to Blackless et al. the intersex condition is prevalent in more than 1 percent of the population (Blackless, Charuvastra et al. 2000). Most of these individuals are, themselves, unaware of their own situation. Stigma and shame has kept most of these individuals, and even knowledge of the conditions from public awareness. The prevalence of transgendered individuals is unknown since a clear definition of the condition's scope is not available and any number offered is controversial (see Olyslager & Conway, 2007).

For humans the term *hermaphrodite* is no longer considered polite or politically correct. Those with these male-female combinations of characteristics prefer to be known as *intersexed or persons with intersex conditions*. Basically this refers to the fact that their bodies contain biological features that are usually seen separately in both males and

¹ U.S. Supreme Court Justice Antony Scalia, in an attempt to clarify usage of the terms has written (J.E.B., 1994) "The word gender has acquired the new and useful connotation of cultural or attitudinal characteristics (as opposed to physical characteristics) distinctive to the sexes. That is to say, gender is to sex as feminine is to female and masculine is to male." U.S. Supreme Court Justice Ruth Bader Ginsburg, however, in contrast, considers the words are interchangeable. She relates that she used them in composing her legal briefs about sex/gender related matters so the word sex would not appear on every page. Supposedly her secretary encouraged this saying: "Don't you know those nine men [on the Supreme Court, when] they hear that word and their first association is not the way you want them to be thinking." (Case, 1995).

females. These persons might, for instance have gonads consisting of one ovary and one testis or gonads that are combined ovotestis. Or they might have chromosome combinations that are atypical. Humans commonly have twenty-three pairs of chromosomes (46 chromosomes). Twenty-two pairs (44) of chromosomes are called *autosomes*. The other two chromosomes are known as *sex chromosomes*; *X* and *Y*. Males usually have one *X* sex chromosome and one *Y* sex chromosome. Typically, females have two sex chromosomes that are both *Xs*. Occasionally, however, individuals are born with sex chromosomes that are of different combinations. The most common different intersex combination of sex chromosomes is *XXY* and is called a *typical Klinefelter syndrome*. Other combinations, such as *XXXY* and *XYY* also exist. These are called *Klinefelter variants*. On the other hand, an individual might also be born with a sex chromosome missing and thus have 22 sets of autosomes and only a single *X* sex chromosome. In this case the sex chromosomes are considered *XO* where the *O* indicates a sex chromosome (originally either an *X* or *Y*) has been lost. These persons are said to have a *Turner syndrome* intersex condition. Infants with only a *Y* sex chromosome are not viable.

Difficulties with intersexuality might arise in general society when an infant is born. With birth, one of the first questions asked is: "Is it a boy or a girl." And the determination is made quickly and simply by looking at the genitals. If there is a phallus that looks like a penis, the baby is considered a male and raised as a boy. A baby born without a penis is considered a female to be raised as a girl. But nature is not that simple. Babies are born that do not have a penis and yet are males based on other characteristics. Babies are also born with genitals that look like a penis but are, in reality, females based on other factors. Sometimes the genitals look neither male nor female, but are considered ambiguous. Children born with ambiguous genitals occur about once in

every two thousand or so births (ISNA 2008).

If this birth occurred just two decades ago the physician's response would have been routine. Doctors had been taught to make their decisions based on the length of the penis. The child would be considered a male if the phallus was an inch or longer. If shorter, the doctor typically recommended that the genitals be operated on to appear as a female's and the infant have his sex reassigned. After designating the child a girl, doctors would tell the parents to raise the child as such.

An analogous course was followed with children who were biologically female but born with a masculine-looking clitoris. In these cases doctors typically recommended clitoral reduction surgery to provide the "correct" female look. Then the parents were again told, "Everything will be all right. Just raise her as assigned." Most doctors saw these procedures as simple, well meaning and appropriate solutions. They might not even have told the parents of the sex reassignment if the parents seemed unable to understand the biological issues involved. The reasons for this seemingly casual attitude toward sex and gender assignment were based on the mistaken ideas that infants were born psychosexually neutral (*undifferentiated*) and their eventual gender acceptance would be based on how they were raised (Money, Hampson et al. 1955; Money 1963). During the time from the late 1950s to the late 1990s, not only did physicians accept this thesis of sex and gender flexibility, but so did others such as some feminists. Feminists, in particular, saw this hypothesized flexibility as evidence that it was rearing and other social forces that fostered the sex and gender differences seen in society. Sexual development as a man or woman was to be seen as a function of rearing and societal forces. Crucial cultural differences between males and females were attributed to social construction.

The medical community now, years later, along with others that are scientifically aware, realizes that the biological characteristics with which a child is born has a significant influence on how it will develop and react to the world. And, it is currently recognized that thinking a child would be born psychosexually neutral was naïve. Humans are now believed to be born with a biased disposition in regard to their gender expression (Diamond 2006; Diamond 2009). Unfortunately, there remain many who still maintain that manifestations of gender and sexuality in general are mainly the result of social construction and societal formulation (Stein and Plummer 1994; Butler 2004). This belief is, however, undergoing reanalysis by sociologists themselves (Ellis 1996; Sanderson 2003).

What are some of the accepted tenants of *social construction* and why does it matter? In it's simplest form social construction might be said to be a framework that sees social phenomena as developing from forces that are variable and inconsistent and incapable of objective measure. Social constructs are generally understood to be the by-products of countless human choices and practices rather than natural or physical laws. Social constructionism is usually opposed to *essentialism* which instead defines specific phenomena in terms of inherent and *transhistoric* features independent of conscious beings that determine the categorical structure of reality (Burr 1995). Sometimes the simplest arguments of social construction can be posited as an argument of *nature* versus nurture.

One example of social construction theory is the belief regarding sexual orientation; whether one is homosexual or not. Jeffrey Weeks (Weeks 1986), for example, holds that sexuality is not biologically given but is produced by society through webs of social interaction and definition. Weeks considers sexual orientation and behavior are social rather than biological products. He believes that heterosexuality,

homosexuality, and bisexuality are socially rather than biologically determined. Adrienne Rich (Rich 1980) is more explicit. For her, heterosexuality is essentially a political institution, a matter of what she calls compulsory heterosexuality. Rich believes that heterosexuality is imposed by the powerful on the less powerful or powerless. "For women," Rich (1980:648) says, "heterosexuality may not be a 'preference' at all but something that has had to be imposed, managed, organized, propagandized, and maintained by force." This belief is maintained despite the readily available evidence that sexual orientation is most usually an immutable constituent of one's sexual profile (LeVay 1996; Pitman 2011) [also see below]. Research has shown that sexual orientation has significant transhistory, is despite vast differences in societies, similar transculturally, and found in environments where it is socially prohibited and punishable by death (e.g. Saudi Arabia, Nigeria) or easily accepted (e.g. Norway, the Netherlands) and in prevalence's that are reasonably comparable where ever studied (Whitam and Mathy 1986; Diamond 1993; Whitam, Daskalos et al. 1995).

In contrast to sociology theory that is anti-Darwinian, a wide range of evidence from research in human and animal endocrinology and genetics, as well as findings from case reports and studies of intersexuality and transgenderism have fostered understanding of the strong and significant influence of biology on gender development and expression. And these findings are consistent with evolutionary theory.

Many of the more significant studies documenting evolutionary consistent influences of biology on psychosocial development have been reviewed by myself (Diamond 1999; Diamond and Watson 2004; Diamond 2006; Diamond 2009) and others such as Sheri Berenbaum (Berenbaum 2003; Berenbaum and Bailey 2003; Berenbaum 2006; Berenbaum 2010), Melissa Hines (Hines 2002; Hines, Golombok et al. 2002; Hines, Ahmed et al. 2003; Hines, Brook et al. 2004; Hines 2010), Juliana Imperato-McGinley

(Imperato-McGinley 2002; Imperato-McGinley and Zhu 2002; Imperato-McGinley 2004) William Reiner (Reiner 2002; Reiner and Gearhart 2004; Reiner 2005) and others, such as (GIRES 2006). Also note the work of Swaab and others who demonstrated neural differences related to sex, gender and sexual orientation in the brain (Swaab and Fliers 1985; Swaab and Hofman 1988; Swaab, Gooren et al. 1992; Swaab, Gooren et al. 1995; Swaab and Garcia-Falgueras 2009). All of these studies provide evidence against social construction and the supposed over-riding power of rearing. The evidence from the examples presented demonstrate that without any evidence of human intercession, or involvement, individuals reacted behaviorally counter to social expectations but in accordance with biological theory.

These articles, just mentioned, should be appreciated for the many pieces of evidence supporting the significant biological input to psychological and social development. It is to be recognized that all of the aforementioned references depend, more or less, on the presence of, or a deficiency of *androgens*. It is this category of substances that have been demonstrated, along with genetics, to have a strong ability to organize/bias the way an individual will interact with his or her environment (Diamond 2006; Diamond 2009). Females influenced by the masculinizing influence of CAH (congenital adrenal hyperplasia), as discussed above in the reports of Berenbaum and Hines, for instance, show male-like play behaviors even against the desires and instructions of their parents and others. And in the contrasting mode, due to a deficiency of androgens, many persons with Klinefelter's condition, although raised as typical males live as females or display female tendencies despite negative social criticisms and actions.

All persons are born with certain backgrounds based upon evolutionary heritage, family genetics, uterine environment, and health. The strongest gestational influences are from genetic and endocrinal

organizing forces. *Organizing factors* are those genetic and hormonal influences laid down prenatally that influence postnatal behaviors set in motion by environmental *activation processes* or events. It is these various organizing factors that are at the heart of the biased-interaction theory of sexual development. *Organizing factors* bias subsequent responses of the individual to environmental/social forces; they predispose the person to manifest behaviors and attitudes (biases) that have come to be recognized as appropriate sexual behaviors.

Along with the evidence that biology is a major factor in determining ones sexual development, however, it is simultaneously recognized that the social, political and cultural environment in which and individual lives also does have its effect. These postnatal influences are superimposed upon and dependent on the individual's biological heritage. Human sexual development is thus not solely a function of nature nor of nurture. It is the result of interacting nature and nurture (Diamond 1965; Diamond 2006).

Consider this scenario as an example of how a *biased-interaction* process might manifest as it did in the case of John/Joan (Diamond and Sigmundson 1997; Colapinto 2000). Starting very early in life the developing child, consciously or not, begins to compare himself or herself with others; peers and adults seen, met, or heard of. All children do this and have the practice in common (Goldman and Goldman 1982). In so doing the child analyzes inner feelings and behavior preferences (inherent biases dependent upon the genetic-endocrine heritage) in comparison with those of environmental peers and adults. In this analysis the child crucially considers "Who am I like and who am I unlike?" Role models are of particularly strong influence but there is no way to predict if a model will be chosen, who will be chosen, nor on what basis chosen. In this comparison there is no internal template of male or female into which the child attempts to fit. Instead he or she

sees if he/she is same or *different* in comparisons with societal peers, important persons, groups or categories of others (Diamond 2002). And according to Roiphe and Galenson (1981), by the age of two, the child knows the difference between males and females and by five knows to which sex it belongs and in which gender he or she prefers to live.

The typical male, even if he is effeminate, sees himself as fitting the category “boy” and “male” and eventually growing to be a man with all the accouterments of masculinity that go with it. Similarly the typical female, even if quite masculine, grows to aspire being a woman and probably being a mother. It is the “goodness of fit” that is crucial. And most boys and girls fit in successfully. The comparisons of *same* versus *different* allow for great flexibility in cultural variation in regard to gendered behaviors. It is the adaptive value of this inherent nature of development that trumps a concept of a male–female brain template to organize gender development. An atypical male or female, however, such as an intersexed or transgender-prone individual, or one sexually mis-assigned, may not see self as *same* or similar to others. He or she might see self as *different* in likes and dislikes, preferences and attitudes and basically in terms of sexual and gender identity.

There might be a period of confusion during which the child thinks something like *Mommy and Daddy call me boy, and yet I am not at all like any of the others that I know who are called “boy.”* While the only other category the child knows is girl, he develops the thought that he might be or should be one of those. Initially that thought is too great a concept leap to be easily accepted and the child struggles in an attempt to reconcile these awkward feelings. The boy might actually imagine he is, if not really a boy than possibly an *it*, an alien of some sort or a freak of nature. Eventually he might come to believe, since he knows of no other options, that he is a girl or should be one. And with a child’s way of believing in Santa Claus or the Tooth Fairy he can come to expect

he will or should grow up to be a woman. With experience and the realization that this won't happen of its own accord, the maturing child may begin to seek ways to effect the desired change. A female can have an opposite experience.

If the child finds him or herself in a strict restrictive social society he or she will restrain behavior either by choice or social pressure. If the child finds him or herself in a liberal and open culture, where a greater range of gender roles and behaviors are accepted, atypical behavior will be more easily manifest. The transgendered child will express cross gender behavior and aspirations and the sex assigned intersex child will assert desired sex-typical behaviors. Either might exhibit a wide range of male, female, or both gender styles of behaviors simultaneously. The sexual behaviors manifest will be the result of inborn biases interacting with environmental social forces; an admixture of nature and nurture. While this demonstration is understandable from the perspective of biased-interaction, it is not comprehensible from a perspective of social input. The experiences of transgendered and intersexed persons are often evidence against social construction theory and even general sociology theory. No society or parent set has been demonstrated to have the power, or even inclination, to impose transsexual or intersex sex-reassignment sorts of behaviors. There has never been shown a case where society has imposed a contented transsexual life on a typical healthy individual. And social constructionists have never demonstrated any socially induced sex reassignment in a non-intersexed individual.

Many sociologists themselves now recognize the influence of biology and downplay ideas of social constructionism. Consider the work of Sociologist Stephen Sanderson. He states "Although sexual behavior is undoubtedly socially influenced . . . there is such a regularity and consistency in some patterns of sexual behavior across space and time that it must be strongly rooted in our biological nature. Social

constructionism greatly exaggerates the flexibility of human sexuality and suffers from an enormous under-appreciation of the real facts of actual sexual behavior in human social life. Social constructionism's postmodernist version is also ideologically rather than scientifically driven and sees the search for truth as a political rather than an empirical process (Sanderson 2003).” Sociologist Lee Ellis has written that the future of sociology itself, as a discipline is in peril unless it cures its biophobia (Ellis 1996).

Sociologist Randall Collins, has written that one of the worst features of social constructionism is that it is strongly political instead of being neutral and objectively seeking evidence for its foundations (Collins 1975) . Our understanding of human sexuality, says Collins, needs to be driven by the search for truth, not the desire to be sexually transgressive.

Unfortunately there are some social constructionists who do not search for truth nor want to accept demonstrated evidence. Two examples have been reported; Japanese traditionalists exemplified by the writings of a Japanese journalist Akira Yamamoto (Yamamoto, 2006) and the American feminist Judith Butler (Diamond 2006). Evidence of Butler's blatantly poor scholarship and obvious disregard for evidence has been documented (Diamond 2006). The criticisms of these individuals seems to stem from their political and personal, rather than, scientific, goals.

In summary, the behaviors of intersexed and transgendered persons provide a wide range of evidence against many aspects of social science and social construction theory. Intersexed and transgendered persons, as well as typical persons, are each born with a certain background based upon evolutionary heritage, family genetics, uterine environment, and health factors that they will evidence in a socially permissive culture and limit in a restrictive one. The strongest

gestational influences are from genetic and endocrinal organizing forces. *Organizing factors* are those genetic and hormonal influences established prenatally that influence postnatal behaviors set in motion by social or other environmental *activation processes* (such as puberty) or events (such as serious threats). *Organizing factors* influence or bias subsequent responses of the individual to environmental/social forces; they predispose the person to manifest behaviors and attitudes (biases) that have come to be recognized as appropriate. Sex related activation effects occur postnatally; most noticeably at or after puberty. The lives of intersex and transgendered persons provide strong evidence for a realistic theory of sexual development: biased-interaction theory.

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