

Monday, 23 April 2007

Human Development

There must be some mistake!

**A brief reflective essay concerning gender identity development
within the context of
intersexuality and NOVA's "*Sex: Unknown*"**

Margaret Fuller, in her wildly transcendental book *“Woman in the Nineteenth Century,”* asserted that “male and female represent two sides of a great radical dualism. But in fact they are perpetually passing into one another...there is no wholly masculine man, no purely feminine woman” (1999). By understanding Fuller's bold extrapolation of the synthesis paradigm, one can more readily appreciate the controversy surrounding the Reimer case study, congenital adrenal hyperplasia, intersexuality, and the commonly ensuing “normalization” surgery (Cohen, Sweigart, & Ritsko, 2001).

Bruce Reimer—born a biological male—was the unfortunate victim of a mishap during an atypically used method of circumcision; his penis was completely destroyed. After speaking with a Johns Hopkins psychologist, John Money, Mrs. Reimer decided to have Bruce's maimed penis surgically transformed into a vagina. Also at Dr. Money's suggestion, she chose to raise Bruce as a girl and change his name to Brenda (Cohen, Sweigart, & Ritsko, 2001). While Dr. Money continuously claimed that the surgery and the forced assumption of a feminine gender identity was a success, 'Brenda' repeatedly encountered many problems with his femininity. One of the biggest problems was stature. Considering (s)he wasn't given any hormone therapy during the peripubertal time period, (s)he started to assume a more masculine body type. This physicality gave Brenda's peers something to jeer and jest about; they called him/her “Cave woman” (Cohen, Sweigart, & Ritsko, 2001). Another problem, according to Mrs. Reimer, was that Bruce/Brenda never wanted to participate in any stereotypically feminine activities. These two things—the masculine build and lack of interest in pursuing a so-called feminine lifestyle—were seemingly the most prominent hardships for Bruce/Brenda.

Given that I personally believe sex—the biological and anatomical manifestations of maleness and femaleness—and gender—the socially constructed roles assigned to each of the respective sexes—are neither necessarily complementary nor should they be for one to be considered “normal” within society, I don't believe surgical intervention is appropriate during infancy. I believe that the infant should be allowed to develop along his or her biologically predisposed path. The child should be raised according to whichever gender identity he or she assumes, regardless of sex, (and that goes for children with non-normative gender development, not just intersexuals). If, later in life, the child, adolescent, or adult feels strongly enough about the clash between his or

her sex and gender, then he or she can make the decision to undergo genitoplasty (sex reassignment surgery). I don't believe that it is the doctor's, parent's, or anyone else's decision to change a baby's sex; it is that individual's own choice to make once he or she understands the possible ramifications therein. Some of those plausible negative outcomes include sexual hyposensitivity, anatomical deformities which may require subsequent surgeries, hormonal imbalances, social stigma, and a myriad of other physical, psychological, and social consequences (Alizi, Thomas, Lilford, and Johnson, 1996).

REFERENCES:

- Alizi, N.K., Thomas, D.F.M., Lilford, R.J., & Johnson, N. (1996). Feminizing genitoplasty for CAH: What happens at puberty? *Pediatrics*, *98* (3), 610-612.
- Cohen, A. (Producer), Sweigart, S. (Producer), & Ritsko, A. (Director) (30 October 2001). *Sex: Unknown* [Motion picture]. United States: NOVA and the Public Broadcasting Service.
- Fuller, M. (1999). *Woman in the nineteenth century* (Dover Thrift Ed.). New York: Dover Publications. (Original work published 1845).