TV CONNECTION™

IN THIS ISSUE

PAGE NO.

On our cover this month is our very sexy she-male from Ontario (ad #ONT 3640, pg. 22). Doesn't she look purrrfect?

Published four times per year by DM INTERNATIONAL, P.O. Box 16188 Seattle, WA 98116-0188 USA. Canadian office: P.O. Box 93519 Nelson Park PO Vancouver, BC V6E 4L7. Six issue subscription in US-$48 Canadian-$72, first class mail. All questions, orders, changes of address, etc., should be sent to DM INTERNATIONAL, P.O. Box 16188 Seattle, WA 98116-0188 USA. For changes of address please specify which magazine you are writing about and include your complete name and new and old addresses along with your ad number or subscription info. Print clearly and allow eight weeks for changes.

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A PRIMER OF SEX AND GENDER

Article by Dallas Denny, M.A.

The following is excerpted from the booklet Sorting out Your Feelings About Your Gender: A Guide to Self-Assessment, which is available for $6.00 postpaid from The American Educational Gender Information Service, Inc., P.O. Box 33724, Decatur, GA 30033.

The separation of sex and gender and the use of multiple determinants of sex by the research team at The Johns Hopkins University marked an important paradigm change in the field of human sexuality, and has had lasting implications for transsexual people.

Historically in Western society, sex and gender have been considered to be one and the same. It seemed only common sense that males were boys, and then men, and females were girls, and then women. A quick visual inspection of the infant at birth resulted in a lifelong assignment— and sometimes a lifelong misassignment— of sex based on the superficial aspects of the external genitalia. Children with ambiguous genitalia were often assigned by whim.

It was not until the 1950's that a distinction was made between sex and gender. John Money, a psychologist at The Johns Hopkins University, and his colleagues, in studying those with intersexual abnormalities (hermaphroditism), came to understand that sex does not have a single determinant, but many (see Money, 1985a, 1985b).

In studying the psychological characteristics of intersexed people, Money realized that gender— the individual's sense of being a man or a woman, a boy or a girl— was in most instances independent of sexual characteristics and sex of assignment. Regardless of physical attributes and genetic makeup, the intersexed people studied at Johns Hopkins strongly identified with the sex to which they had been assigned at birth. In their publications, the Hopkins group began to stress the difference between sex and gender.

Most Americans still do not understand that sex and gender are not synonymous, and furthermore tend to confuse gender with sexual preference. But the distinction has for some years been taught in textbooks on human sexuality, and has been repeatedly made on talk shows on daytime television. The idea of gender as a phenomenon separate from sex has become established in science and is being incorporated into our culture.

> *In 1955, it ... proved ... difficult for me to transplant the term, gender, from language science to sexual science and have its new usage accepted. Very rapidly, however, it became assimilated into both scientific and literary usage as a necessary supplement to the term, sex.*
>
> — Money, 1985a, p. 71.

Scientists, following Money's lead, now utilize a variety of criteria to determine sex. Those most commonly used are chromosomal sex, gonadal sex, internal genitalia, external genitalia, endocrine (hormonal) sex, and secondary sex characteristics. Sometimes social and psychological factors are included. Michael Ross' listing, below, is one of the most complete:

Components of Sexual Identity

Psychological

Gender identity (sense of being male or female)

Social sex role (masculinity or femininity)

Public sex role (living or dressing as male or female)

Sexual orientation (homosexual, heterosexual, asexual)

Sex of rearing (brought up as male or female)

Biological

Genetic (presence or absence of Y chromosome)

Gonadal (histological structure of ovary or testis)

Hormonal function (circulating hormones, end-organ sensitivity)

Internal genital morphology (presence or absence of male or female internal structures)

External genital morphology (presence or absence of male or female external structures)

Secondary sexual characteristics (body hair, breasts, fat distribution)

— Ross, 1986. p. 2.

Normally, all of the indicators of sex are in concordance— either male or female. It is only when one or more are at variance that the individual is considered to be physically or psychosocially intersexed.

Biological Components of Sexual Identity

In every cell of their bodies, human beings have 23 pairs of chromosomes. Twenty-two pairs are called autosomes, and the 23rd pair is called the sex chromosomes. Individuals may have either two X chromosomes (XX, the female pattern) or an X and a Y (XY, the male pattern). The sex of the individual is determined at the moment of conception, according to whether the sperm which fertilizes the egg carries an X or Y chromosome. The egg always carries an X chromosome.

Chromosomal sex can be determined either by microscopic study (karyotype) or by checking for presence of markers such as sex chromatin or X-Y antigen.

The gonads are the hormone-producing organs, testes (in males) and ovaries (in females). The location, morphology, and histological structures of ovaries and testes are different, as are the hormones which they produce. The gonads differentiate early in fetal life, before the genitalia.

The prenatal hormonal environment determines the development of both internal and external genitalia. The internal genitalia in females consists of the vagina, uterus and fallopian tubes. In males, the internal genitalia consist of the seminal vesicles, vas deferens, and ejaculatory ducts. The external genitalia of females consists of the clitoris and two sets of labia, or vaginal lips; males have a penis and scrotum.

At puberty, the gonadotrophins, or sex hormones, cause the development of the secondary sex characteristics.

Psychological and Social Components of Sexual Identity

Different theorists espouse different names and definitions for the psychological and social components of sexual identity.

Gender Identity

Gender Identity is one's sense of being a boy or a girl, a man or a woman. Kessler & McKenna (1978) have noted that as gender identity is a self-attribution, it is not measurable with psychological tests. The verbal statement of the individual is the best indicator of gender identity ("I am a man"; "I am a woman").

Gender identity usually coincides with the biological determinants of sex. Exceptions occur in people with intersexual conditions which result in ambiguous external genitalia, and in persons with cross-gender disorders such as transsexualism.

Gender identity develops within the first eighteen months to two years of life, and has been considered to be immutable thereafter. There is evidence, however, that gender identity may not be as fixed as was once thought. For example, there is an endemic population of pseudohermaphroditic males in several small villages in the Dominican Republic. These males are born with ambiguous (but basically female) external genitalia which becomes virilized at puberty (Imperato-McGinley, et al., 1974, 1979; Peterson, et al., 1979). Before they became aware of the characteristics of those with the syndrome, the villagers had no way of knowing which "girls" would become "boys" at puberty and which would not, so these males were assigned as females and reared accordingly. Imperato-McGinley and co-workers reported that all but two of their 24 postpubertal subjects were readily reassigned as males. This differs from reports from the United States, where involuntary reassignment, even in early childhood, has been considered likely to lead to significant psychopathology. Cross-cultural factors probably play a role in this difference.

Gender Role

Gender identity is the private experience of gender role, and gender role is the public manifestation of gender identity.

—Money & Ehrhardt, 1972, p. 146.

Gender role is the set of social expectations for gender-appropriate behavior. It includes a variety of components of masculinity and femininity such as physical appearance, speech and gestures, pattern of dress, interests, and emotionality. Gender role is called Sex Role by some writers.

Other Terms

Sex Assignment occurs but once in an individual's life— at birth, when there is a public announcement that the baby is a boy or a girl. Assignment is generally based upon a superficial inspection of the external genitalia.

Money (1969) defined **Sex Reannouncement** as the decision to change the public announcement of the sex of assignment of intersexed persons some time after birth. It is a reinterpretation of the biological sex characteristics of the individual.

Sex Reassignment occurs when an individual who has been functioning as a member of one sex begins to function as a member of the opposite sex.

Person (1986) defined **Core Gender Identity** as one's sense of being a biological male or female (as distinct from gender identity, which is one's sense of being a boy or a girl, a man or a woman).

CONTINUED ON PAGE 34

A PRIMER OF SEX & GENDER

Continued from page 21

Intersexuality

Those who possess physical abnormalities of the chromosomes or genitalia are said to be hermaphroditic, or intersexed. The biological determinants of sex are discordant. For example, an individual with XY (male) chromosomal makeup may be born with female external genitalia. The psychosocial components of gender identity can be similarly discordant. That is, gender identity may be feminine, while the gender role is masculine. Sexual preference may be for males or females, regardless of the sexual and gender characteristics of the individual.

Physical Intersexuality

There are a variety of known causes and known syndromes of physical intersexuality (cf Money, 1969; and Money & Ehrhardt, 1972). Chromosomal and other studies of the neonate can provide information useful in diagnosis, which sometimes allows prediction of important future events such as masculinization or feminization at puberty. An understanding of the causes of the anomaly and the probable future course of development can thereby aid in determining the sex to which the infant is assigned.

Intersexuality may occur because of gross chromosomal abnormalities. There may be one or more extra X or Y chromosomes, or genetic mosaicism may develop, with chromosome count varying from cell to cell. Fetal insensitivity to androgen or low levels of androgens during critical developmental periods can lead to feminization of the chromosomal male, and presence of fetal androgens can lead to masculinization of the chromosomal female. Insensitivity to androgens is a genetic defect. Abnormal levels of fetal hormones may be caused by defective genes or by introduction by exogenous substances such as progesterone. Mechanical trauma during the perinatal period (for instance, traumatic amputation of the penis during circumcision) although rare, can lead to damaged or ambiguous genitalia in the male, with the same functional result as intersexuality— the necessity of carefully considering which sex to assign to the child (cf Money, 1975).

As intersexuality results in ambiguous genitalia, it is usually readily detectable at birth. When this occurs, careful consideration can be made as to the assignment of sex. Assignment is based on the structure of the external genitalia and prediction of future development, and not necessarily on the individual's genetic makeup. In cases where assignment as a male will result in inability to perform sexually, Money (1969) and others urge that the infant be assigned as a female. Sex assignment based solely on chromosomal makeup or on hormonal status can lead to anomalous appearance of genitalia and body morphology, with resulting difficulties for the individual throughout life. Money (1985b) cautions against such hormonal and chromosomal reductionism.

Whenever possible, surgical correction in the direction of assignment is done during early childhood, so that the individual will grow up with external genitalia which are not at variance with the gender identity, which is almost always in agreement with the assigned sex. Undesired organs such as ovaries or testes are removed. Additional surgeries are sometimes done later in life. At puberty, hormonal therapy may be initiated to ensure the development of appropriate secondary sex characteristics. Parents are urged to treat the child as a normal boy or girl, for development of a hermaphroditic identity can result in gender role confusion.

Some intersexual conditions are not apparent at birth, but may only be noticed at puberty, or later, long after gender identity, gender role, and sexual orientation are fixed. In such cases, surgical and hormonal corrections are made in the direction of the assigned sex, regardless of physical characteristics.

Most intersexed people strongly identify with the sex of assignment. Occasionally, however, an intersexed person requests reassignment. This usually occurs when external genitalia and body type are in marked contrast to their assignment, or in cases where gender identity is ambiguous because of delayed assignment or ambivalence in rearing practices.

In general, the rigorous guidelines used for reassignment of transsexual people are not applied to those who are intersexed. Surgical and hormonal reassignment is often granted upon request, especially when the request is to be reassigned as a male.

Individuals with undiagnosed intersexual conditions, believing themselves to be transsexual, have occasionally presented for sex reassignment. Whether or not there is confusion of gender identity, those with abnormal genitalia or body characteristics in complete contrast to that expected, or who have slow or late pubertal development or who develop the secondary sex characteristics of the opposite sex should consider the possibility of intersexuality or hypogonadism. Males with incompletely fused scrotum, vaginal or other openings in the perineum, hypospadias (urinary opening in an abnormal place), empty scrotal sac (undescended or absent testicles), who bleed through the penis at puberty, or who have gynecomastia (breast development), and females who begin to masculinize at puberty or remain amenorrheic (do not have menses) should be thoroughly examined by a physician to rule out intersexuality.

CONTINUED ON PAGE 40

A PRIMER OF SEX & GENDER

Continued from page 34

Psychosocial Intersexuality

Gender dysphoria, or unhappiness with one's sex of assignment, can be considered a form of intersexuality. It occurs when one or more of the psychological or social components of sexual identity are at variance with the other psychosocial components or with the physical determinants of sex. Psychosocial intersexuality is much more common than physical intersexuality. It may take a variety of forms and may occur at any intensity.

Some individuals develop a gender identity opposite that of the sex of assignment. This may manifest itself early in life, appearing as early as two years of age, or it may appear in adulthood, arising from a background of crossdressing or effeminate homosexuality. As gender identity is independent of body type or appearance, the most masculine-looking man can have a feminine gender identity, and vice-versa.

Individuals are assigned to one of the sexes, and expected to exist accordingly; deviation from the norm can cause significant problems, for society dictates that men and dress and behave in certain ways, and women and girls in others. Family, schools, the church, the government, employers, friends, and lovers have definite notions of appropriate behavior. Males are expected to conform to societal expectations of masculinity, and females to behave in the expected feminine manner. Variance may lead to social sanctions, ostracism, and punishment. Assumptions, perhaps erroneous, may be made about the individual's sexual orientation. Males who exhibit even a moderate amount of femininity may have to endure a great deal of psychological and physical abuse. Females have more latitude in dress and appearance, but that freedom is far from complete. Nevertheless, individuals with discordant gender roles sometimes exhibit behavior which is significantly different from that which is expected, even when their physical appearance is strongly sex-typed. Others may successfully hide their gender dysphoria by behaving in unremarkably masculine or feminine ways.

Abandonment of the assigned sex role in favor of the other, while not commonplace, does occur (this is what transsexual people do), but such a transition is extremely difficult, and almost impossible without physically modifying the body. In many other cultures, there are institutionalized social roles for persons who live the live the gender role of the opposite sex without significant physical modification of their bodies, but these types of social customs are lacking in Western societies.

Sexual Orientation

Sexual orientation may be to males, or females, or to both, or to neither. Some individuals, especially primary transsexual people, lead asexual lives. Most people are heterosexual, or primarily so. Bisexual people are attracted to both men and women.

Homosexual people are attracted to those of the same sex. Most gay men are happy to be men, and few gay women would want to become men. Only the choice of sexual object need be discordant. Some gay men are noticeably feminine, but most are not. Conversely, gay women may or may not be masculine in appearance or dress.

Many men and women with gender dysphoria fantasize themselves in sexual relationships with others of the same biological sex. Those who engage in homosexual practices usually insist upon taking the role more commonly associated with the opposite sex. They do not consider these fantasies and behaviors homosexual, but heterosexual, for they believe themselves to be members of the opposite sex.

For spirits when they please
Can either sex assume, or both, so soft
And uncompounded is their essence pure.

—John Milton: Paradise Lost

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