

Gender identity: What happens if you're trapped in the wrong sex?

By Alice Chenault
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I just finished a fascinating book, "As Nature Made Him." It's about David Reimer, an identical twin, who lost his penis in infancy from a botched circumcision.

This was 1967, when gender identity - people's concept of themselves as male or female - was thought to derive from nurture more than nature. On expert advice, David's parents reared their injured son as a girl, painstakingly concealing the truth.

They insisted that "Brenda," as he was renamed, dress and act like a "little lady" from toddlerhood. Brian, the intact twin, was raised as a male.

It was a disaster from the start. Brenda chose masculine games, hated dresses, stood up to urinate.

As adolescence approached, Brenda refused the estrogen prescribed to feminize her body, stopped washing her hair, and wore men's grimy work clothes to school. Strangers stared; her peers shunned and ridiculed her.

She deteriorated into a tormented and suicidal teenager. At 16, Brenda learned the truth, chose reconstructive surgery, and became David, now a happily married man with three stepchildren.

Major implications are in this. Early feminist doctrine held that most gender differences were cultural, not biological. Raise little girls to drive tanks and they'll grow up to be generals. Raise boys to be passive and pretty, they'll become cheerleaders.

The opposing idea that there are such things as masculine brains or feminine brains, biologically determined, was used by some to argue that "women should get back to the mattress and the kitchen."

Politics aside, David's story makes scientific sense. We know that fetuses with Y chromosomes manufacture testosterone, which affects brain development. Since conception David's little brain had been marinating in testosterone broth. At birth, the biochemical stamp of masculinity was already engraved on his neurons.

But go to the next level. In essentially the same purgatorial trap as David are some 50,000 Americans with "Gender Identity Disorder (GID)." Despite normal sex organs, GIDs have a lifelong conviction that they are, in every nonanatomic way, members of the opposite sex.

Two types of GID exist: males wanting to be females (MTF) and females wanting to be males (FTM). MTFs outnumber FTMs about 3 to 1. Like David before he learned the truth, young FTMs do not say "I'd rather be a boy;" they say "I AM a boy."

Earlier, we believed GID resulted from improper child-rearing. Today, we consider it a hard-wired biological condition.

In the fetal life of a GID, testosterone's influence on the brain may somehow become "uncoupled" from its action on the sex organs. This matches the way GIDs describe themselves: "I have the brain of one gender and the body of the other."

Understand, I'm not talking about homosexuals or transvestites. An MTF is erotically attracted to men, but having the mind of a woman, she (the pronouns get tricky here) is not homosexual. She desires heterosexual men, not gays. Unlike transvestites, GIDs aren't aroused by dressing as the opposite sex.

GIDs endure teasing as children, rejection as teenagers, and ostracism as adults. If you possess an unbreakable heart, go rent the Oscar-winning *Boys Don't Cry*, a true story of the life and death of a young FTM.

GID is a bona fide medical condition, as distressing and genuine as any we treat. Although incurable, hormonal and surgical treatments can change the GIDs body to resemble the opposite sex as closely as possible.

The goal is to unify their physical and mental genders. About 70 percent of patients are happy with the results; FTMs have better outcomes than MTFs for unknown reasons.

Male and female created He them. Which are you? If you're lucky enough to have known the answer all your life, have a kind thought for the crossovers and the in-betweens. In a binary world, they are analogs.

Huntsville psychiatrist Alice Chenault is one of The Times community columnists for 2000.

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