Sexing the Body

On a recent flight from Calgary to Montreal, I met an elegant 64 year old woman named Roberta. She was wearing a green printed dress and looked a bit like Angela Lansbury, only taller. I had noticed her earlier when she had to rise as I squeezed my way past her in order to get to my seat by the window. I always make sure to get a window seat. I like to rubber-neck, looking out into the world, usually through the safety barrier of a window, scanning the room, checking out the action. My antenna are nearly always up. It comes to me honestly as a former New Yorker, but it is also part of my job as a sociologist.

I was returning from a four day academic conference, having been a discussant on a cultural studies panel where a number of papers were read on body modification and the contemporary tattooing scene, female cyborgs and the significance of Borg Queen in Star Trek, and the governance of the body and sadomasochism. Inveterate CBC commentator Rex Murphy recently complained, I think unjustly, about the bizarre interpretations academics make about literature and the world. Sure, there is a lot of vacuity in academia and certainly the panel that I was involved with could easily be satirized by the media as a symptom that academics have too much time on their hands. I mean, who really cares about the body as a contested site? I was now heading home to Saint John, New Brunswick. Not the cultural cutting edge, but a comfortable place where a professional rubber-necker like myself can watch the world pass by at warp speed and where body modification, as a New Brunswicker colleague slyly remarked, is “loosing a few fingers at the saw mill.”

The plane took off. As the middle seat was unoccupied we each lifted the arm rest separating our seats. We glanced at each other and flashed polite smiles. “I’m glad that no-one will be sitting besides us, it will give us more room to stretch,” she remarked. It was an ordinary conversational gambit, the type that anyone would make under the circumstances: an empty middle chair in an otherwise crowded plane!

I began to scrutinize Roberta with some interest when she said, “I’m glad that I can stretch now because I’m going into the hospital in Montreal and when they will finish with me I’ll be in a wheel chair and won’t be doing much in the way of stretching or walking for a few days.” I watched her with concern. “Why are you going to the hospital?” I asked, dreading her answer since I noticed she was wearing a silver wig. My aunt who has recently undergone chemotherapy, wears a similar wig and was in the forefront of my mind. Leaning over and putting her hand up to cover her mouth she whispered, “I’m going for a sex change operation!”

“Good for you! I have read that Montreal is becoming a center for sex reassignment. People from all across North America go there,” I said without skipping a beat, and a bit overloud,
trying to show what little knowledge I had about the topic.

“Keep it down,” said Roberta, “you never know how some of these blokes are going to react,” pointing to the other passengers.

In hushed tones I introduced myself. Roberta had given a number of lectures as a guest speaker in sociology at the University in Calgary so we had a few mutual acquaintances. We settled in our seats and started a fascinating three hour conversation that meandered through various areas of sex and gender. Roberta sipped her tea and nibbled on a few biscuits during the whole discussion. At 156 pounds she was anxious that she was 6 pounds over her ideal weight for her height.

Sociologists with a cultural bent like myself pay scant attention to the organizing power of biology. In a person like Roberta we are confronted with fundamental questions about biological sex and gender identity. We assume that biological sex, the male and female physical attributes, is unambiguous: we are born with either penises or vaginas. We assume that gender, the social and psychological meanings we assign to sexual identity, is overwhelmingly shaped by the social definitions of ourselves as either male or female. The whole thing, however, can be far more complicated.

Take Roberta’s case. She was born in Glasgow, Scotland, into a working class family of two girls and two boys. She was known as Robert then. When Robert was in his teens he joined the navy and entered the area of mechanics and electronics, a field he was “rather fond” of. Engines and radios were his two chief interests and he developed for them a passion which continues to this day. He was promoted through the ranks but left the navy at the age of 22.

During his stint in the navy he married his 17 year old ballroom partner after she got pregnant. Having been raised to believe in taking responsibility for his actions, he felt duty-bound to marry, and so left the sea-faring life of the navy and entered the more stable civil service. For the next 20 years he lived life in an heterosexual relationship and raised two kids. After the children had grown up and his divorce from his wife, Robert immigrated to Canada where he began a new life and identity. He moved to Alberta in the late 70s, worked in the oil fields, and later settled in Calgary where he started dressing and passing as a women.

Robert/Roberta belongs to a small percentage of the population know as “intersex.” He was born with the full male anatomical apparatus, a functioning penis. Many years later he was to learn he also had one female ovary. Robert was thus cast as part of an unusual minority with ambiguous sexual organs and reproductive systems, people still known as hermaphrodites, though this later label carries condescending connotations and the term intersex is preferred.

When he was growing up in war-torn Britain Robert knew nothing of his condition. All he knew was that by the age of six he wanted to dress in girls’ clothing and do the usual things girls do. Since he was born in an household with two sisters he was able to pursue quite a few
conventional female roles, much to the chagrin of his parents. He played with his sisters’ toys, helped them in the kitchen and in making clothes and became overly interested in women’s fashions. He did not have an androgynous look; in fact, he looked “all boy” and enjoyed many traditional male activities. He loved sports, especially swimming and soccer, was mechanically inclined and liked solving logical puzzles. Though very good in performing conventional male behaviours, however, he resented being channelled into only those areas.

He appreciated exploring both genders yet felt more comfortable within the “traditional” female one. He never liked to swear when in the company of his working class mates where profanities and the bravado of one-upmanship was common. He was more interested in word-play, extended conversations, and language generally. As he began to grow older Robert grew rebellious of the received male gender roles, not because he wanted to be contrary and rail against conventions, but because he simply never believed that male behaviour exclusively represented his true self.

During his teenage years, what a psychiatrist might term his “gender confusion” led him to one suicide attempt, though Roberta claimed that she was never confused. She was happy with both gender roles and could not quite understand why she couldn’t pursue them equally. Sex was never a strong motivator in her life, but identifying with both female and male was. “To be double and think double is a difficult thing for many people to get their head around,” explained Roberta. That rare ground which encompasses both and neither baffles us. It baffled the doctors as well, since his intersex (or hermaphroditism) was not fully diagnosed until decades later.

Predictably, one of the main reasons why he took on so many traditionally male roles in his life—the military, the civil service, working in the oil fields in Alberta, and his last job as a car salesman—was largely economic. Men’s jobs paid well and there were more of them. Circumstances forced him to live as a man in a man’s world for most of his life. When he finally moved to Alberta and was able to live a reasonably comfortable retired life, Robert decided to fully explore what he always felt was the female within. He legally changed his name from Robert to Roberta (at a time when you could still do that in Alberta) and started living as a women. She has lived as women for the past 10 years, and now at 64, Roberta wants to explore her life fully as a women. She is in reasonably good health, but given her age, this is the last chance she may have at sex reassignment.

Roberta certainly argues that aspects of gender are socially constructed. Being a gendered female did not come naturally to her. How we play the role of a female involves considerable learning and careful public performance. It takes a lot of work to pass as a female and Roberta learned much of it from her sisters and later her girlfriends. Biologically, however, she was double and being double is not something that the medical profession or society is comfortable accepting; they prefer to steer you in one direction or the other.

One prevalent belief in the medical profession is to assume that biological sex can be fundamentally altered by medical intervention. You can change a son into a daughter if you
reassign the sex and reinforce the gender. You can change a John into a Joan because a person’s sexual identity is assumed, at least in some medical circles, to be made, not born. The John/Joan scenario is based on an actual case study which has been cited in the medical literature as a textbook case of how environmental forces and medical manipulation can change sexual identity. But underneath the case is a story which has been told in riveting terms by John Colapinto in his recently published book, As Nature made him: the boy who was raised as a girl.

In this achingly sad tale, a Canadian family had to endure absurd pain because of medical incompetence and the arrogance of John Money (an aptly named New Zealand born American doctor). The story begins in April 1966 when two eight month old twins, Brian and Bruce Reimer, were taken to a hospital in Winnipeg for a routine surgical circumcision to correct a condition known as phemosis, when the foreskin of the penis seals or is constricted at the tip. The general practitioner in charge fumbled the procedure and instead of cutting the foreskin he burned-off a good piece of Bruce Reimer’s penis with a blast of electric current from the electrocautery machinery he was using. Faced with the prospect of Bruce going through life without a full penis, the family sought the advise of medical doctors and sexual researchers. Enter Dr. John Money, a world-renowned psychologist and sex researcher at Johns Hopkins University who convinced them to submit Bruce to sexual reassignment, proceeded to turn Bruce into Brenda, and along the way used Brenda as a fitting example for his theory that children are born psychosexually neutral and that gender identity is primarily a factor of learning and environment, not biology.

Bruce Reimer was surgically castrated and given a cosmetic vagina, submitted to hormonal therapy, and socialized as a girl. But Bruce did not accept his female label. He never felt the desire to be a girl nor did he feel that he looked or acted like a girl. Relentlessly ridiculed by his peers, he felt unfinished and an oddity. He discovered the truth about his past at fourteen years of age when, after a suicide attempt, his father broke down and told him the truth about his past. It was at this point that he courageously proceeded to reaffirm his original sexual identity. He changed his name from Brenda to David, the biblical figure who defied the odds and killed the seemingly unbeatable giant Goliath. He went through the very painful and lengthy procedure of having his phallus reconstructed, married a women and adopted her three children, and now works at a very masculine job in a slaughterhouse. In some medical circles David Reimer is now used as an example, not of the plasticity of sexual identity, but for the biological imperative.

Yet the biological imperative is not unambiguous either, and gendering can exist in a wide continuum. As in the1999 film Boys Don’t Cry, whose tragic transgendered character was one of the reasons the movie won an academy award, there is a good deal of grey area in-between. Unusual genital sexual identity is evident in an intersex like Roberta. An estimated 1 in 2,000 babies are born with atypical genitals such as an enlarged clitoris, a tiny penis, or a scrotum fused into a labia. The prevailing attitude and the common medical practice is to “fix” the genitals of these babies by cosmetic surgery in the belief that a child’s physical sexuality must conform unambiguously to one gender or the other. It is estimated that in the US alone there are about 100 of such operations a year. Members of advocacy groups like the Intersex Society of North
America claim that their early surgery left them feeling scarred, deficient and often sexually dysfunctional, and they want to change the standard medical practice so that doctors stop chopping and sewing and leave babies with atypical genitals alone until they reach maturity and can make a decision on their own. There is increasing evidence, as biologist Anne Fausto-Sterling argues in her recent book, Sexing the Body, that being either/or, neither /both is not only more common than expected, but a condition that many people in that situation prefer.

Roberta has made a different choice. She has taken a journey both away from manhood and the uncomfortable margins of both worlds. It is her choice. Though her sense of doubleness will perhaps always be with her, after a life-time as a man she decidedly wants to cross over the boundary into womanhood. She believes that most people have the male and female within them, and while she has been able to explore both aspects of herself she always felt an unexplained pull towards the female.

The body is indeed a contested terrain and sexual identity is far more complex than many first assumed. It is informed by anatomy, including an ambiguous and atypical biology, but other social and psychological forces come into play. Sexual identity is fought over by the medical profession, and by the expectations of society which claims that a penis makes a man and the lack of penis a women. Caught in the middle are the experiences of people who are born different, or in the case of David Riemer, made different. For these people the “quick fix” that society tries to offer them often falls short of the mark. If anything, these quick “fixes” are done to relieve the tensions and anxiety that the larger society feels about conventional sexual and gender categories, rather then for individuals concerned. We hold on to the classifications of “male” and “female” and prefer to live in the black and white realm of the two distinct sexes because it make us feel secure, safe, and keeps social anarchy at bay. Without these categories we worry that the whole familiar world will come tumbling down. But the rigid grid implied by these categories often prevents us from exploring new possibilities and developing a language to deal with the complexity of the issues. As Roberta said, “its amazing how many people, even bright scientific people who should know better, react when confronted with these unusual conditions. Why don’t they learn from us instead of ridiculing us”? We like to parade people like Roberta on the Jerry Springer Show because this is one way that modern society has chosen to deal with people who don’t fit within our familiar boundaries: as side-show oddities. But when we don’t allow ourself to stretch those boundaries we become trapped in our limited knowledge and vocabulary, and our social expectations and arrogance.

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A Brief Guide to Gender Terminology

Sex: The anatomical sex of the body, or the biological characteristics of males and females.

Gender: The social meanings associated with being a man or woman. The behavioral, cultural or psychological traits associated with one sex.

Gender Identity: A person’s inner sense of himself or herself as either male or female. The sense of belonging to a particular sex, biologically, psychologically and socially. This now familiar term was coined by Dr. John Money.

Transgendered: A broad term used for anyone who alters or wishes to alter her or his sex of birth.

Transsexual: A person who believes that they were born into the wrong biological body. Usually transexuals have undergone some or all of the steps (surgery, hormone therapy) to change their sex. In North America one in 30,000 men and one in 100,000 women will initiate a treatment for gender reallocation. Even more say that they are just as happy to be neither male or female.

Intersex: A person who has ambiguous sexual organs and reproductive systems. Usually caused by a variety of hormonal or genetic irregularities. Also known as an hermaphrodite-- the term is a combination of the names of the Greek god of love, Hermes and Aphrodites. Many believe that the word “hermaphrodite” is stigmatizing and misleading and would prefer to use the term intersex in its place. The prevalence of some forms of intersex in the general population can be remarkably high. Statistics from Fausto-Sterling book, Sexing the Body, suggest that a mild form of intersex is present in roughly one out of every 2,000 babies.

Androgyne: Those who feel that they are neither male nor female, or that they are both. Also called Third Sex or Epicene.

Crossdresser: Formally known as a “transvestite,” a cross-dresser is someone who wears the clothing of the other sex. Some people crossdress for sexual stimulation; others just for fun.

Drag Queen and Kings: Those who dress as the other gender, often when performing.

Other readings or web sites

Intersex Society of North America: http://www.isna.org/

John Colapinto, As Nature Made Him: The Boy who was Raised as a Girl (Toronto: Harper Collins Publisher, 2000)
