

Can Surgery For Intersex Babies Be Justified?

Latesha Switzer

Abstract

This research explores the amount of time needed before assigning a gender to an intersexual infant. It focuses on the physical and psychological effects of early gender assignment for individuals born with ambiguous genitalia. This research also focuses on the importance of biology versus the environment in regard to identity determination. Early gender assignment has a negative psychological effect on individuals, especially if they identify more with the opposite sex. The genital-altering surgery has a negative physical effect by decreasing sexual function and causing loss of sensation in the genitals. This research concludes that early gender assignment is not the best solution to intersexuality, and that it should be delayed until the child is old enough to make the decision for him or herself.

“Is it a boy or a girl?” It is the first question most new parents ask the doctor about their newborn baby. However, for approximately one out of 2,000 infants, the answer is not immediately obvious. The sexual distinction of boy or girl cannot be clearly made because the baby is born with ambiguous genitalia, abnormally developed genitals that do not clearly identify the child as male or female. This condition is known as *hermaphroditism* and these babies are referred to as *intersexes*. As a solution to this dilemma, the common practice has been to assign a gender to these babies, perform reconstructive surgery on their genitals, and then raise them within the social standards of the assigned gender. However, even though doctors and parents strive to make the optimal gender decision, some might argue that too much uncertainty exists in infancy to make permanent gender assignment decisions. The question that has surfaced among the medical profession is: Should intersex children have a gender assigned to them in early childhood, or should it be done upon receiving some form of input from the children themselves? This paper will analyze data from various sources representing opposing sides of this controversial issue. Nevertheless, this

paper will conclude that irreversible gender assignment should be delayed until doctors and family members know more about the child’s identity.

Biology versus Environment

Biology, not environmental rearing, is what determines a person’s gender identity. The nature vs. nurture controversy is one that has divided doctors and psychologists for many years. It was believed that biology, with the exception of the genitals, played no part in gender identity - that all children formed a sense of their gender identity according to whether they were given cars or dolls to play with. Dr. John Money, a controversial sex researcher and the medical psychologist who was the architect of the most famous gender reassignment case in history, stated, “It is no longer possible to attribute psychological maleness or femaleness to chromosomal, gonadal or hormonal origins... psychologically, sexuality is undifferentiated at birth, and it becomes differentiated as masculine or feminine in the course of the various experiences growing up” (as cited in Colapinto, 2000, p. 7). Although Dr. Money was on the right track in stating that psychologically, sexuality is undifferentiated at birth, he took a wrong turn in believing that it becomes differentiated as masculine or feminine strictly through the course of experience. When we are born, our brains have already constructed a blueprint of our gender identity. It develops slowly as we mature but is not fully developed until after puberty, when hormones begin to take effect. Psychologist Milton Diamond, who studies the role of hormones in the womb and their role in defining gender, is convinced that neither intersexes nor normal children are born psychosexually undifferentiated. Changing the gender of a newborn through surgery, hormonal therapy, and upbringing does not reliably alter the gender with which the person ultimately identifies, or what I refer to as the blueprint. Gender-assigned intersexuals and children with genital anomalies have demonstrated that male gender identity can indeed develop after castration at birth, removal of the testicles, and unequivocal rearing as a female. Instead of the environment forming their identity, their male gender roles have developed despite the environment telling them they were female. The discovery of this information seriously questions the current practice of sex-reassigning infants. If biology plays such a huge part in gender identity and the role of the environment is so minimal, many intersexuals will find themselves trapped in a body in which they feel they do not belong. Therefore, gender assignment should not take place in infancy.

The Deciding Factors

Choosing a child's gender as an infant is not the best solution to intersexuality because, although doctors attempt to make the optimal gender decision, early gender assignments do not always have the best results. According to Zucker (2002), there is a standard guideline for these decisions that aimed to result in the best possible prognosis in regard to six factors: 1) reproductive potential, 2) good sexual function, 3) minimal medical procedures, 4) overall gender-appropriate appearance, 5) psychosocial well-being, and 6) stable gender identity. Pediatric surgeons, pediatric endocrinologists, and pediatric urologists come together to determine the best route to take, and then present their recommendations to the family members, who ultimately make the decision. Although doctors consider many different factors before recommending one gender over the other, intersexuals feel that no amount of testing or consideration of factors can undoubtedly pinpoint the gender with which the infant will grow to identify. The blueprint of gender identity is a secret that only time and further development can reveal. The doctor's "attempt" at figuring out the appropriate gender is simply not enough. The fact that the doctor's decision could potentially destroy a person's life with a surgical procedure that is unnecessary is convincing evidence that the risk should not be taken. The efforts of the doctors become worthless if the child grows up identifying with a gender other than the one that was assigned. Regardless of how many precautions are taken in determining the correct sex, the only sure decision is the one made by the child.

The Parental Dilemma

Many intersexual babies have been unfairly subjected to early gender-assigning surgery simply to put the parents at ease psychologically. It is difficult to imagine the extreme trauma experienced by parents who give birth to children whose genitals have characteristics of both sexes. They may worry about what they will tell their family and friends about their new baby boy/girl, and may worry about explaining to the child at a later age why he or she looks different from everybody else "down there." Parents of intersexuals most commonly feel uncomfortable even about changing their baby's diapers and having to deal with the abnormality. Due to feelings of shame, or as an attempt to hide the situation, these parents will often refuse to hire babysitters or to leave the baby with friends, and as a result their social life is sharply decreased. Some parents cannot find it within themselves to accept their child's difference and are unable to bond to or form an attachment with their child. Parents of intersexuals want more than anything for their children to look "normal," which is why they give their consent for doctors to perform

reconstructive surgery on their infants. The chilling realization of the matter is that the actual goal of early surgeries may be the parents' emotional comfort, rather than the child's ultimate well-being (Zucker, 2002). It is completely understandable for parents to want their children to conform to the societal norms and to fit in with other children; however, although the short-term results may seem satisfying to the parents, it is the child that will unfortunately have to deal with the long term results. Parents should wait for the input of their child, and, in the meanwhile, allow their child free expression of interests such as toy selection, clothing selection, friend association, and future aspirations. They must learn to accept their child as his or her personality develops naturally, instead of attempting to force the child into one gender or another. Intersexuals should not be subjected to life-altering surgery without anyone being aware of which gender they most identify with. Therefore, the surgery should be delayed until parents have more knowledge of their children's interests.

Psychological Effects of Early Gender Assignment

Early surgical intervention is performed on intersexual infants in an attempt to help them lead a normal life. However, early gender assignments can potentially scar a child psychologically. Researchers at the Johns Hopkins Hospital tracked the development of 27 male children born with genital anomalies, 25 of whom had undergone sex reassignment at birth. Surgeons find it easier to assign the child as a girl, construct an opening, and remove enlarged clitoral tissue, than to try to enlarge, reshape, or even create a functional penis. The 25 children who were raised as girls all exhibited male characteristics, which caused an identity crisis and, ultimately, psychological distress. However, the two children who were raised as boys were better adjusted psychologically than the reassigned children were. These baby boys should not have undergone a sex reassignment because of their abnormal genitalia. Instead of allowing the individuals to have the option of surgery, the doctors chose the easiest reconstructive surgery, which was to create a vagina. What was an easy process for doctors, became a long and difficult process for the child. Children who do not identify with their assigned sex can have profound psychosexual developmental delays and deficits, and eventually the kinds of normal encounters with the opposite sex, including dating, are delayed or absent among them (Scheck, 2001). Dr. John Money, on the other hand, in a study of 105 intersex children and adults, claimed to have found that more than 95 percent of them fared equally well psychologically, whether they had been raised as boys or girls. Many psychologists feel that it is psychologically better to operate when the child is younger, and that the individual who is not operated on will have problems in society. However,

there has never been any reliable empirical evidence linking genital surgery to better outcomes. If anything, patient forums have documented severe psychological distress amongst some of their members (Zucker, 2002). Many doctors feel that the ambiguous or malformed genitalia of babies should be altered in order for them to adjust psychologically into one gender or another, but a sex reassignment performed too early can damage a child developmentally. Urological surgeons have been heavily criticized for early intervention in these children. For a child to grow up identifying with one gender, yet being forced into another, will without a doubt be psychologically damaging to that child, which is why irreversible gender assignment should be delayed until doctors and parents know more about the child's interests.

Most Famous Gender Assignment Case

Early gender assignments should never have become the standard procedure for infants with injured or abnormal genitals because the case that set the precedent for sex reassignment turned out to be a failure from the outset. The case began in 1965 with the birth of two identical twin boys, Bruce and Brian (Colapinto, 1997). Because of a condition known as *phimosis*, the twins' foreskins began to close, making it difficult for them to urinate. However, their pediatrician explained to the parents that the situation could easily be remedied by circumcision. What should have been a simple procedure turned out to be a life-altering experience for one of the babies. During the circumcision, little Bruce suffered a burn that spread from the tip of his penis to the base. His penis was blackened like charcoal and over the next few days, the burnt tissue dried and broke away in pieces until there was nothing remaining. Because phallic reconstruction was in its infancy in the 1960s, doctors would never have been able to reconstruct a functioning penis, only a conduit for urine. Therefore, Dr. John Money assured them that gender transformation was indeed the best option for little Bruce. The baby boy underwent surgical castration, which included the removal of the testes, reformation of the scrotal tissue to resemble labia, and the lowering of the urethra. The decision had been made to raise the little boy as a girl and her parents changed her name from Bruce to Brenda. However, Brenda struggled against her girlhood from the start. Her mother Linda recalls putting Brenda in her first dress shortly before her second birthday. "She was ripping at it, trying to tear it off. I remember thinking, 'Oh my God, she knows she's a boy and she doesn't want girls' clothing. She doesn't want to be a girl'" (Colapinto, 2000, p. 9). Nothing could have been closer to the truth. Brenda never acted like a girl, never played with girl toys, was never interested in "girlie" things, and as she grew older, there was nothing feminine about the way she moved, spoke, walked or

gestured. As a result of the nature vs. nurture clash and the constant teasing she was subjected to from her peers, Brenda knew she was different and instead of feeling like a girl or a boy, she felt like an "it," and the situation began to affect her psychologically.

What made this case so famous was the fact that this was the first infant gender assignment that had been done on a male who was born with normal genitalia. For Dr. John Money, this case was supposed to serve as the ultimate proof that babies are psychosexually neutral at birth, and that it is environmental rearing that forces us to identify with one gender or another, but instead it proved the opposite. This was the case that Dr. Money had been waiting for his entire career, so it comes as no surprise that in his books, reports, articles, and even pediatric textbooks, the experiment was portrayed as a huge success. Although he made note of a few "tomboyish characteristics," he overshadowed it by stating all of her "non-existent" feminine qualities. In the 25 – 30 years since this case was first published, over 15,000 similar sex reassignments have been performed on babies with abnormal genitalia based on these false results. Instead of proving what John Money wanted it to prove, this case further proved that biology holds much greater weight than environmental rearing, which is why genital-altering surgery should not be performed on infants.

Unhappy Adults

Not all those who were born with ambiguous genitalia are happy about the early surgery that altered their gender. Affected adults have been increasingly vocal about their dissatisfaction with clinical decisions made on their behalf during childhood or adolescence. Many adult intersexuals have had to discover their history and status independently, without having any emotional support. As a result, more than a few have become estranged from their families. An organization was formed and is known as the Intersex Society of North America (ISNA). These intersex individuals are challenging the current practice of irreversible sex reassignment surgery for infants. The group contends that this genital-altering surgery can damage a person's sexual function for life due to loss of feeling, painful sex because of scar tissue, or complete lack of sexual response. The damage done from this process, which some intersexes refer to as "mutilation," can result in the inability to have normal sexual relations. The ISNA recommendation is to wait until the child is old enough to make his or her own decision as to whether or not to have the surgery. "We've heard more and more people, coming forward saying, this hurt me, either physically, psychologically or both," says Dr. Bruce Wilson, a pediatric endocrinologist at Michigan State University. One of the people to come forward was Cheryl Chase, who at age of 18 months underwent a

clitorectomy to remove her enlarged, almost penis-sized clitoris. 'I can't have an orgasm,' says Chase, who believes her inability is due to the surgery" (Colapinto, 2000, p. 24). On the other hand, one woman, who chooses to remain anonymous, wishes she were given the opportunity to have clitoral surgery when she was a child. "She recalls how embarrassed she felt about her enlarged clitoris, how it showed through her bathers and was uncomfortable for her when she was wearing jeans" (Zucker, 2002, p. 272). Many physicians agree with this woman in believing that it would be more harmful to wait for this surgery than to do it during childhood. However, after careful analysis of various data, I find that it is indeed more suitable and appropriate for surgery to be delayed until the child is old enough to give consent. Everyone should be given the right to control what happens to their body, especially with respect to a part as intimate and personal as the genitalia.

Most of us are agreed that one of the basic requirements for a happy life is a sense of harmony between gender identity, functional sexual ability and reproduction. Unless experienced firsthand, one can only imagine being subjected to this traumatic, life-altering surgery with an outcome that is in most cases uncertain. Worst of all, this gender decision is made and executed without consent, or any form of input being given by the person it will affect the most. It almost seems like a violation of human rights, and I'm sure that many angry intersexuals would agree. Everyone should be given the opportunity to choose how he or she should live, and should not be forced into a life of psychological turmoil because of some clinical decision that was made on his or her behalf when they were too young to speak for themselves. Gender-assigning surgery should involve much more input from the children themselves, whether through voiced opinions or observation of actions. Too much uncertainty lies in performing early surgery on intersexual infants - not even people of the medical profession should have that much control over a young patient's life.

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