25

Genitalia And Identity Crisis

The state of being neither male nor female may be understood in relation to the individual's biological sex, gender role, gender identity or sexual orientation. In sociology, gender identity describes the gender with which a person identifies him/herself, i.e. whether one perceives oneself to be a man, a woman or describes oneself on the basis of other parameters, e.g. clothing, hair style etc.

To different cultures or individuals, a third sex or gender may represent an intermediate state between men and women, a state of being both (such as 'the spirit of a man in the body of a woman' or vice-versa), the state of being neither (neuter), the ability to cross or swap genders or another category altogether independent of male and female. This last definition is favoured by those who argue for a strict interpretation of the 'third gender' concept.

Gender identity – Below the surface

In most cases, determining sex and gender is easy. We are either men or women on the basis of our biological sex. Till a century ago, a person's sex would be determined entirely by the appearance of the genitalia

but as chromosomes and genes came to be understood, these were the terms used to help determine sex.

Most often, men have male genitalia, one X and one Y chromosome; while women have female genitalia and have two X chromosomes. Less than two in every thousand persons do not have this combination of chromosomes – XY for males and XX for females, i.e. they may have XXY for instance – and genitalia and hence fall outside the typical definition of 'men' or 'women'.

Nonetheless, for the sake of conceptual clarity, it is important to elaborate upon some other, associated though not clearly distinct terms, like transsexual, transvestite and eunuch. Transexuality, also known as gender dysphoria, is a condition where a person claims to be trapped in the body of the wrong sex. On the other hand, transvestitism is a situation in which a male tends to be attired in the garb of the opposite sex and vice versa. This is symbolic of their yearning for gender crossing.

In cases of gender dysphoria, a man's sex surgery ensues in his being castrated. Besides, transvestitic people, especially those with the proclivity to dress as women are similar to many intersexed people who identify themselves as female. However, from the perspective of heterosexuals, all these terms have primarily notional differences and are therefore redundant to the sexually different. They have instead coined an umbrella term 'transgender' to include all these diverse categories.

Transsexuals are the most intensely afflicted of transgender people. They strongly feel that they are or ought to be, the physical gender opposite to that in which they were born and raised. The body they were born with does not at all match their own inner gender feelings and image of who they are or want to be, nor are they comfortable with the gender role that society expects them to play, based on that body. Most are painfully aware of their gender incongruity from very early childhood.

The behaviour of experiencing female sensuality while hiding their genitals is common in young transsexual girls. As they grow older and begin to be masculinised by testosterone, the time may come when they can no longer conceal from themselves and others, the effects of the awful transformation being forced upon their bodies. From this point onwards, they may experience intense emotional distress, anxiety and grief (see box). They long to live out their lives in the correct gender - not just socially but also in their private, intimate lives - in the right body for their inner gender feelings.

Transsexual people sometimes wish to undergo physical surgery to refashion their primary or secondary sexual characteristics or both. This may involve the removal of penis, testicles, breasts or the fashioning of a vagina or breasts. Historically, such surgery has been performed on infants who have ambiguous genitalia. However, current medical opinion is broadly against such genital reassignment, shaped to a significant extent by the mature feedback of adults who regret these decisions being made on their behalf at a young

Five Stages of Grief

Transsexuals progress through five stages of grief upon learning of their condition:

1. denial,
2. anger,
3. bargaining,
4. depression and finally,
5. acceptance.

The patient may also harbour many latent feelings that have an impact upon his/her self esteem and interaction with society at large, like:

- confusion,
- anger at secrecy and paternalism (withholding of diagnostic information),
- shame,
- an existential type of identity crisis,
- low self-esteem,
- difficulty in trying to comprehend how this biological phenomenon can come about,
- grief at being denied fertility and rites of passage (e.g. lack of menstruation),
- feeling of freakishness and isolation compared to their peers,
- fear of others seeing them as the wrong sex,
- a concern regarding their ability to function in a relationship (e.g. vaginal hypoplasia),
- the burden of keeping a secret or uncertainty over who to tell and how,
- retreat from medical care, leading to failure to take Hormone Replacement Therapy (HRT), resulting in the risk of osteoporosis.

age. Hence, it is vital that parents understand the ramifications of what is often a traumatic experience for the child as well as themselves. It should be borne in mind that:

- Intersexuality is primarily a problem of stigma and trauma, not gender.
- Parents' distress must not be treated by surgery on the child.
- Professional mental health care is very essential.
- All children should be assigned as boy or girl, without early surgery.

Gender Reassignment Surgery elected by adults is also subject to several kinds of debate like whether such surgery is ethically sound. Is it a right people should be free to exercise or is it a responsibility which surgeons should accept only in cases of genuine need?

The most easily understood case in which it becomes necessary to distinguish between sex and gender is that in which the external genitalia are removed - when such a thing happens through accident or deliberate intent, the libido and the ability to express oneself during sexual activity are changed but the individual's gender identity may or may not change. A person's gender identity may contrast sharply with that assigned to him/her according to his/her genitalia and/or a person's gendered appearance as a man or woman in public may not coincide with their physical sex. So the term 'gender identity' is broader than the sex of the individual as determined by examination of the external genitalia.

Formation of Gender Identity

The formation of a gender identity is a complex process that starts with conception but which involves critical growth processes during gestation and even learning experiences after birth. There are some points of differentiation all along the way but language and tradition in many societies insist that every individual be categorised as either a man or a woman.

Society assigns some classes of social roles to 'male' individuals and some classes of social roles to 'female' individuals (as their sexes are perceived). Sometimes, the connection between gender identity and gender role is unclear. The original oversimplification was that there are unambiguously male and female human beings, that they are clearly men and clearly women and that they should behave in all important ways as men and women 'naturally' behave.

The implication has been that people with masculine gender identities will exhibit external representation of their gender identities by adopting gender roles that are considered appropriate to men in their society and, similarly, people with feminine gender identities will adopt gender roles that are considered to be appropriate for women.

Ambiguous Genitalia - Genetic Causes

Every foetus, whether genetically male (XY) or female (XX), starts life with the capacity to develop either a male or female reproductive system. All foetuses have non-specific genitals for the first 8 weeks or so after conception. After a few weeks, in an XY foetus without

Androgen Insensitivity Syndrome (AIS), the non-specific genitals develop into male genitals under the influence of male hormones (androgens) and female genitals in its absence.

In AIS, the child is conceived with male (XY) sex chromosomes. Embryonic testes develop inside the body and start to produce androgens, which cannot complete the male genital development due to a rare inability to use the androgens that the testes produce. So the development of the external genitals continues along female lines.

However, another hormone (Anti-Mullerian Hormone or AMH) produced by the foetal testes suppresses the development of female internal organs. Thus, a person with AIS has external genitals that in Complete AIS (CAIS) are completely female or in Partial AIS (PAIS) are partially female. Internally, however, there are testes instead of a uterus and ovaries.

In about two-thirds of all cases, AIS is inherited from the mother. In the other third, there is a spontaneous mutation in the egg. The mother of the foetus, who does not have AIS but has the genetic error for AIS on one of her X chromosomes, is called a carrier.

Human Reproductive System - Homologues

Foetuses are indistinguishable in terms of gender for the first six weeks after conception. It is only subsequently in the 8th week that gender differentiation begins to take place, under the influence of hormones.

Homologues form the basis of organisation of comparative biology. The list of homologues of the human reproductive system shows how indifferent embryonic organs differentiate into the respective sex organs in males and females.

Indifferent	Male	Female
Gonad	Testis	Ovary
Mullerian duct	Appendix testis	Fallopian tubes
Mullerian duct	Prostatic utricle	Uterus, upper vagina
Mesonephric tubules	Efferent ducts, Paradidymis	Epoophoron, Paroöphoron
Wolffian duct	Rete testis	Rete ovarii
Wolffian duct	Epididymis	Gartner's duct
Wolffian duct	Vas deferens	
Wolffian duct	Seminal vesicle	
Urogenital sinus	Prostate	Skene's glands
Urogenital sinus	Bladder, urethra	Bladder, urethra, lower vagina
Urogenital sinus	Cowper's or Bulbourethral gland	Bartholin's gland
Labioscrotal folds	Scrotum	Labia majora
Urogenital folds	Spongy urethra	Labia minora
Genital tubercle	Penis	Clitoris
Genital tubercle	Bulb of penis	Vestibular bulbs
Genital tubercle	Glans penis	Clitoral glans
Genital tubercle	Crus of penis	Clitoral crura
Prepuce	Foreskin	Clitoral hood
Peritoneum	Processus vaginalis	Canal of Nuck
Gubernaculum	Gubernaculum testis	Round ligament of uterus

Note: Mullerian ducts are also referred to as *paramesonephric ducts* and Wolffian ducts as *mesonephric duct*.

AIS - Cause and Treatment

Why are there so many fixations on 'causes'? The answer is simple: Transsexualism has been such a socially unpopular condition in the past that the issue of 'what causes it' is always raised in discussions about what to do about it. In the past, many behavioural psychologists and psychiatrists have inherently blamed transsexuals for causing their own 'sexually deviant mental illness', making those psychiatrists responsible for the 'treatment and cure of transsexuals' and giving society a rationale for discrimination, marginalisation and exclusion of transsexuals.

However, as we have seen, transsexualism is most likely a neurological condition of as yet unknown origin and not a 'mental illness'. There are many other intense neurological conditions such as pain, depression and bipolar disorders for which we do not know the underlying causes but suspect biological causes. We know that these other conditions are real because we see people in distress and we treat those people medically and with compassion to relieve their suffering. However, the same compassion and understanding is not extended to transsexuals.

We know how to relieve the suffering of transsexual people, having many options for practical counselling, social transition and hormonal/surgical gender reassignment. Why not accept those treatments as valid, since they truly relieve suffering and enhance the quality of life, even if we are not sure about what causes the underlying condition?

In most cases, it appears that the wish to be a female already was there in early childhood, whether innate (without an obvious causing factor) or engendered by environment and education. Several patients say that this desire (subconsciously in the beginning) was provoked by their position in the family, having been the youngest son in a family with only male children. As the youngest, the boy had to help with household chores, which were normally considered to be 'female' duties. Hence, without his knowledge at first, he identified himself more and more with the role reserved for women in traditional society, so much so, that later on he found it too difficult to turn back to his 'normal' male role. Other individuals stated that they chose to live a 'female' life, since they considered the male world as too brutal for them.

These are the issues that are of major concern to most PAIS members and none of these issues necessarily means that their inner sense of gender identity is compromised.