



Gender and Genitals: Constructs of Sex and Gender

Author(s): Ruth Hubbard

Source: *Social Text*, Spring - Summer, 1996, No. 46/47, Science Wars (Spring - Summer, 1996), pp. 157-165

Published by: Duke University Press

Stable URL: <https://www.jstor.org/stable/466851>

REFERENCES

Linked references are available on JSTOR for this article:

https://www.jstor.org/stable/466851?seq=1&cid=pdf-reference#references_tab_contents

You may need to log in to JSTOR to access the linked references.

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



Duke University Press is collaborating with JSTOR to digitize, preserve and extend access to *Social Text*

JSTOR

Ruth Hubbard

Of late, conservatives in science have been railing against social constructionism because it runs counter to the credo that, by its rigorous objectivity, science reveals the Truth about Nature. Fortunately, at the same time, other, more progressive natural and social scientists are deepening the analysis of biases that enter into the ways scientists conceptualize nature and that therefore shape the questions we ask about it and the answers we accept as plausible or true. Built-in biases are usually most blatant (though unfortunately not most obvious) in relation to questions that involve the interplay of biology and society, hence in relation to most questions having to do with human biology and medicine. They are especially prevalent, but also especially well concealed, when it comes to our understandings of sex and gender, since in Western societies sex and sex differences are linchpins of the way we conceptualize ourselves and our culture.

Rather than bewail the conservative backlash against modern science studies, I would like to take the opportunity offered by this issue of *Social Text* to discuss some recent insights into the way the social and biological sciences have constructed sex and gender. In so doing, I accept the usual distinction between these concepts by which sex—whether we are male or female, men or women—is defined in terms of chromosomes (XX or XY), gonads (ovaries or testes), and genitals (the presence of a vagina or a penis—or, more usually, merely the presence or absence of a penis). Gender, specified as masculine or feminine, denotes the psychosocial attributes and behaviors people develop as a result of what society expects of them, depending on whether they were born female or male. However, as Kessler and McKenna and Barbara Fried have pointed out, the concepts of sex and gender are often overlapping and blurred, not only in ordinary speech but also in the scientific literature.¹ Thus, note that Money and Ehrhardt's classic, *Man and Woman, Boy and Girl*, which popularized the distinction between the terms *sex* and *gender*, confuses them in the subtitle—*Differentiation and Dimorphism of Gender Identity from Conception to Maturity*—since, surely, conception is too early to speak of “gender identity.”²

Not all languages have two different words comparable to *sex* and *gender*. The fact that both terms are in common use in English may have encouraged American scientists to try to disentangle the biological aspects

Social Text 46/47, Vol. 14, Nos. 1 and 2, Spring/Summer 1996. Copyright © 1996 by Duke University Press.

from the psychosocial manifestations of sex difference. But, as with all attempts to sort nature from nurture, the confusion is more than linguistic. The point is that many manifestations we decide to designate as natural are shaped, or at least affected, by cultural factors, while biology—genes, hormones, and such—affects manifestations we choose to attribute to nurture. In general, what we attribute to nature is no more immune from change than what we attribute to socialization.³ In fact, in our technological and medicalized era, supposed biological factors often are easier to manipulate than are the forces thought to reflect cultural institutions and traditions or deeply held beliefs. With these caveats, I shall, in what follows, accept the usual blurry distinction between sex and gender.

Sex is usually assigned when an infant is born by looking to see whether it has a penis. If it does, it's a boy; if it doesn't, it's a girl. Gender develops over time and the lore generally accepted in the social science literature is that, in order to develop a coherent gender identity and psychic health, children should know that they are a girl or a boy by the time their language abilities are at the appropriate stage, about age two or two and a half.

Embedded and unquestioned in this developmental formulation from sex to gender is the binary paradigm that, biologically speaking, there are only two kinds of people—women and men—so, two sexes, and that people who belong to one or the other, through socialization and experience, come to emphasize the characteristics appropriate to the corresponding gender. Let us now look at this situation in greater detail.

When it comes to sex, the Western assumption that there are only two sexes probably derives from our culture's close coupling between sex and procreation. That coupling, if it does not grow out of the teachings of Western religions, is surely reinforced by them. Yet, this binary concept does not reflect biological reality. Biologist Anne Fausto-Sterling estimates that approximately 1 or 2 percent of children are born with mixed or ambiguous sex characteristics, though, for obvious reasons, it is difficult to be sure of the numbers. Such ambiguities can involve frank hermaphroditism—an infant born either with one ovary and one testis or with so-called ovotestes, organs that contain a mix of both kinds of tissues. The ambiguities can also involve inconsistencies between chromosomal and gonadal or genital sex.

For example, the tissues of some children born with XY chromosomes, who as embryos develop testes, do not differentiate in the usual way in response to the hormones their testes produce. Though “male” according to their chromosomes and gonads, these children develop a (sometimes foreshortened) vagina. In medical parlance, they are said to have “androgen insensitivity,” and since they are born looking like girls, they are usually assigned and reared as females. Depending on the kind of

medical care they encounter, no one may notice that they have testes or anything else unusual until puberty, when they do not begin to menstruate at the expected time. They may, however, develop breasts, since their testes secrete sufficient amounts of the necessary hormones.

In an analogous variation, some XX (“female”) embryos have what is called adrenogenital syndrome, which means that their adrenals secrete excessive amounts of substances that are transformed into so-called male hormones, or androgens.⁴ Though as embryos they develop ovaries, their uterus, vagina, and labia may or may not develop as usual, and their clitoris may be enlarged to the point that it looks like a penis. At birth, such children may be “mistaken” for boys or considered ambiguous in regard to their sex. The existence of various intermediate forms has led Anne Fausto-Sterling to refer to “the five sexes,” though there are likely to be more.⁵

Other types of intermediate forms exist. For example, in several villages in the Dominican Republic a certain number of children who are chromosomally XY and who develop embryonic testes (so, “male”) manifest a genetic variation in which the transformation of their testosterone into dihydrotestosterone (DHT) is impeded. Since DHT is the form of testosterone that ordinarily serves to masculinize the external genitalia in XY embryos, these children are born looking like girls and are therefore said to be socialized like girls. However, at puberty their testosterone shows its effects: their testes descend into what have hitherto been thought to be labia, their voice deepens and their clitoris is transformed into a penis. The U.S. biomedical scientists who first described this situation reported that, though these children have been raised as females, most of them accept their transformation and have it accepted by their society. They were said to change not only their sex but their gender identity—in other words, to become biological and social males.⁶

In fact, there is a good deal of debate about this situation. The original team of U.S. scientists seems to have been entirely unaware of their own enculturation in the binary paradigms of sex and gender and apparently did not ask any questions about how the people among whom this phenomenon occurs thought about sex differences, the immutability of sex, or the relationship between sex and gender.

The fact is that the villagers have special terms for these individuals. They call them *guevedoche* (balls at twelve) or *machiembra* (male female). This suggests that they do not regard such persons as either female or male, but as a third category, a third sex. The attempt to describe the Dominican Republic system in terms of our own binary sex/gender systems has been criticized by the anthropologist Gilbert Herdt.⁷ He notes that unfortunately the lack of self-awareness of the biomedical researchers may have distorted the Dominican villagers’ viewpoint sufficiently to

make it impossible to reconstruct the way they conceptualized this situation before the American researchers arrived on the scene and how they coded it in terms of either sex or gender, if this distinction is at all valid in their setting.

A hermaphroditism of the same biological origin has also been described among several peoples in New Guinea who clearly make room for a third sex. However, Gilbert Herdt points out that the Sambia, the group he has observed most closely, make every effort to detect the condition, which they call *kwolu-aatmwol* or *turnimman* (turns into a man), at birth. If they do, though the infant may look “female” and be coded as a *kwolu-aatmwol* or third-sex person, he is reared as male from the start. An occasional especially talented *kwolu-aatmwol* is honored as a shaman or war leader, but most are looked upon as “a sad and mysterious quirk of nature.”⁸ However, Herdt emphasizes that where there are options beyond that of male or female, there are ways of incorporating differences into identities which are obscured by our own medicalized system.

Other examples of the acceptance of more than two sexes have long been described among Native Americans, especially the Navajos and Zunis, where a person can be *nadle*, or *berdache* (as it was called by the French colonizers), in which case they have a special status and function as neither male nor female. It is not clear to what extent *berdache* have been biological hermaphrodites or transvestites and cross-dressers. The point is that either way they are accepted as a third sex. This is true also of the *hijras* in India, who are considered neither men nor women in their sex or gender identity and are able to function as a third group.

In our own culture, before sex was medicalized, people who were obviously intermediate in their anatomy or physiological functions had closeted lives whenever possible. If their indeterminate status became known, they lived more or less miserable lives because intermediate forms are not accepted in the West. In the last few decades, in conformity with the binary paradigm, medical interventions have been developed to try to “correct” the genitals of infants who manifest any form of sex ambiguity. (I do not want to pass judgment about whether and to what extent such medical “solutions” benefit the individuals in question. Given the intense social pressure that sex be binary, only very unusual parents would choose not to “repair” their child’s genital or other sex ambiguities if physicians tell them it can be done safely.)

A rule that appears to operate in such medical sex reconstructions—or rather constructions—is to concentrate on the appearance of the external genitalia and to make them look as unequivocally male or female as possible. Since chromosomal and gonadal sex are thus pushed into the background, and it is more difficult to construct a credible looking penis than vagina (which is fashioned as a blunt pouch or tube), this means that

the majority of children born with ambiguous genitals are turned into girls. Some effort is made to accommodate parents' wishes for a boy, but given the choice of a "real girl" or an "ambiguous boy," most parents will opt for the former.

Another rule is for the physicians to emphasize that, from the start, the infant has been of the sex they have decided to assign it to. The ambiguity is made to appear as a minor mistake of nature that modern medical methods can readily right. Therefore, the physicians try to determine as quickly as possible which sex assignment is technically most feasible and to stick with that decision. If they must revise their assessment, every effort is made to say that the baby all along was the sex to which it is being definitively assigned and that the physicians initially made a mistake. The goal is to make the parents feel sure of their child's intrinsic male- or femaleness as soon as possible so that they can act on this conviction in the way they raise her or him from earliest infancy, and not jeopardize the growing child's gender identity.⁹

In this way, as Suzanne Kessler points out, "the belief that gender consists of two exclusive types is maintained and perpetuated by the medical community in the face of incontrovertible physical evidence that this is not mandated by biology."¹⁰ In other words, our gender dichotomy does not flow "naturally" from the biological dichotomy of the two sexes. The absolute dichotomy of the sexes into males and females, women and men, is itself socially constructed, and the fact that we insist on sex being binary and permanent for life feeds into the notion that, for people to be "normal," their gender must also be binary and must match their genital sex. Where ambiguities exist, whatever their nature, the external genitalia are taken to be what counts for gender socialization and development.

Kessler and McKenna summarize the situation this way:

Scientists construct dimorphism where there is continuity. Hormones, behavior, physical characteristics, developmental processes, chromosomes, psychological qualities have all been fitted into [sex or] gender dichotomous categories. Scientific knowledge does not inform the answer to "what makes a person either a man or a woman?" Rather it justifies (and appears to give grounds for) the already existing knowledge that a person is either a woman or a man and that there is no problem in differentiating between the two. Biological, psychological, and social differences do not lead to our seeing two genders. Our seeing two genders leads to the "discovery" of biological, psychological, and social differences.¹¹

If, as we have seen, sex differences are not all that clear-cut, the situation is even more confused when it comes to gender. We admit in our everyday language that both males and females can be more or less feminine or masculine. And we know from experience that most of us play

with gender, or “play gender.” The degree of our masculinity and femininity is not fixed for life, but changes over time and in different social situations. As we construct our persona and revise it at different times, we allow ourselves more or less leeway in the way we express gender. Our culture not only accepts, but admires and enjoys, the ambiguities embodied in a Mae West, Marlene Dietrich, or Greta Garbo as well as the deliberate “gender bending” of Grace Jones, David Bowie, k. d. lang, the Rolling Stones, or Madonna, to name but a few examples. Movies and the theater have celebrated cross-dressing and many people, without ever identifying as transvestites, enjoy cross-dressing and do it with verve, even if only at parties and “for fun.” Unisex used to appall people when it appeared in the 1960s, but now it is an accepted part of our culture, and it and cross-dressing provide so-called legitimate outlets for our desire, or need, to allow our imagination to roam in the realm of sex and gender.

Lately, however, a more radical change has occurred. Some transgender theorists and activists have begun to insist that the binary model is hopelessly flawed and needs to be abandoned. They argue not only for an increased fluidity, but want to have gender unhooked from genitals and speak of a “rainbow” of gender. There is no good reason, they say, why the accident of being born with a penis or a vagina should prevent one from fully experiencing what life is as a woman or man.¹²

Not surprisingly, transgender activists and theorists want to have their decisions about gender demedicalized and hence want to abolish psychiatric categories such as “gender identity disorders” or “gender dysphoria.” On the other hand, many of them would like to ease access to hormones and surgery so as to make it less difficult for people to transform their anatomies in ways that blur their sex/gender or change it.

Some, but not all, of the present-day transgender theorists are what used to be called *transsexuals*, though they prefer the term *transgendered* or *transperson*. However, there is a substantial difference between modern transpersons and classical transsexuals, who by and large repudiated the genitals with which they were born and spoke of themselves as men “imprisoned in the body of a woman” or the other way around. Until recently, except for a few public transsexuals, such as Jan Morris or Renée Richards, most transsexuals hid the fact that they were living a different sex from the one into which they were born and invented personal histories to go with their transformed bodies. (“When I was a little girl, my mother used to . . .,” or “In high school, my girlfriends and I . . .”) But as transpersons have come out of the closet, they have acknowledged their life stories and are exploring the personal, political, and theoretical implications of their transformations. As a result, both the theory and the situations are changing.

Accounts by or about some of the newer transgenderists place less emphasis on actual surgical transformations of the genitals than used to be

Ruth Hubbard

true and concentrate more on other satisfactions associated with becoming a transperson. Martine Rothblatt and Kate Bornstein say they never rejected the (male) genitals with which they were born and are not especially focused on the genital aspects of their transformation. Rothblatt writes: "I learned how one's genitals are not the same as one's sex. And I experienced sex as a vast continuum of personality possibilities, a frontier still scarcely explored after thousands of years of human development."¹³ She looks forward to the use of computer technology for "cybersex," where people can "try on genders and . . . pave the way . . . [to] being liberated from single birth-determined sex."¹⁴

Janice Raymond's erstwhile claim that male-to-female transsexuals merely reinforce gender stereotypes and represent the furthest reach in men's appropriation of women's bodies no longer fits the bill, if it ever did.¹⁵ Sandy Stone, a 1970s transsexual whom Janice Raymond chose to attack by name, wrote in 1991: "Besides the obvious complicity of [earlier autobiographical accounts by male to female transsexuals] in a Western white male definition of performative gender, the authors also reinforce a binary, oppositional mode of gender identification. They go from being unambiguous men, albeit unhappy men, to unambiguous women. There is no territory between."¹⁶ Her article is an attempt to move beyond.

As a result of greater openness, the demographics have begun to look different. The fact that most of the earlier public transsexuals had been born male gave the appearance that many fewer born women than men wanted to change their sex. Now, however, about the same number of women and men approach medical providers about a sex change.¹⁷ And among the female-to-male transpersons, for whom the techniques of genital reconstruction are fairly inadequate, genitals are assigned even lower priority. In her *New Yorker* profile of female-to-male transpersons, Amy Bloom quotes some of them as suggesting that sometimes the surgeons are keener on the surgery than the clients are. They joke about preferring to save their money for travel, a condominium, and other ways to enjoy life. Neither do they insist on a rigid gender identity. Here is one of the transpersons who spoke with Bloom: "The gender issue isn't at the center of my life. Male, female—I don't even understand that anymore. And I find . . . it doesn't matter much."¹⁸

How different this is from "Agnes," one of the earliest transsexuals, whom Harold Garfinkel interviewed for several years during her sex change, beginning in 1958. Agnes was disgusted by her penis and her existence revolved around getting rid of the hated object and acquiring a surgically constructed and heterosexually serviceable vagina.¹⁹

To the extent that transgenderism is becoming just another way in which people construct a gender identity and gender transformations become more acceptable and easier to achieve, the changes need no longer involve the agonies experienced by people who had to overcome society's

The question for
social and natural
scientists to
ponder is how to
reconcile these
newer ways of
looking at sex and
gender with the
barrage of
sex differences
research that
claims to “prove”
that there are
clear-cut
differences
between women’s
and men’s learn-
ing styles, mathe-
matical abilities,
brain structures
and functions,
and so on.

and their own sense that they were disgusting freaks. At the same time, surgical transformations, though still important, are becoming more optional and less central to the transgender experience. As people can come out of the closet, they find it easier to think about what they really need or want, and sometimes that is a public persona (or range of personae) rather than a more private, genital transformation.

The question for social and natural scientists to ponder is how to reconcile these newer ways of looking at sex and gender with the barrage of sex differences research that claims to “prove” that there are clear-cut differences between women’s and men’s learning styles, mathematical abilities, brain structures and functions, and so on.

As I suggested earlier, to understand both the motivation and the results of this research, we have to bear in mind that most Western scientists come to sex differences research imbued with the binary male/female model. If this binary model is their theoretical starting point, the scientists must begin their investigations by identifying the significant attributes that distinguish the two groups. When they find (as they must) that women and men overlap so widely as to be virtually indistinguishable on a specific criterion, they must go on to look for other criteria and to concentrate on whatever differences they unearth. Small wonder they come to highlight characteristics that fit in with their difference-paradigm while ignoring the overlaps that contradict it. And so, the dichotomization into two and only two sexes or genders gets superimposed on a heterogeneous mix of bodies, feelings, and minds.

As far as medical sex-change interventions are concerned, just as pediatricians, confronted with a sex-ambiguous newborn, frame the situation in terms of whether they will be more successful in producing a girl or a boy, so psychiatrists and surgeons look at their adult clients through the binary spectacles of whether they can bring the psyche into conformity with the genitals this person was born with or whether they should alter the genitals. Neither situation leaves room for a middle ground. Faced with genital or gender ambiguities, the professionals see only males or females. By contrast and largely under the influence of feminist theorizing about sex and gender, transgenderists have begun to see the distortions introduced by the insistence on such a polarity and to color in the rainbow between male and female.

The time is ripe for physicians and scientists also to remove their binary spectacles and, rather than explore what it means to be “male” or “female,” look into what it means to be neither or both, which is what most of us are. All of us, female or male, are very much alike and also very different from each other. Major scientific distortions have resulted from ignoring similarities and overlaps in the effort to group differences by sex or gender. A paradigm that stresses fluidity will generate quite different questions and hence come up with different descriptions and analyses

than those derived from the binary view. Social and natural scientists need to move on and explore the implications of the emerging paradigm of a continuum, or rainbow, for the study of sex and gender.

Notes

1. Suzanne J. Kessler and Wendy McKenna, *Gender: An Ethnomethodological Approach* (Chicago: University of Chicago Press, 1978); Barbara Fried, "Boys Will Be Boys Will Be Boys: The Language of Sex and Gender," in *Biological Woman: The Convenient Myth*, ed. Ruth Hubbard, Mary Sue Henifin, and Barbara Fried (Cambridge, Mass.: Schenkman Publishing Company, 1982).

2. John Money and Anke A. Ehrhardt, *Man and Woman, Boy and Girl: Differentiation and Dimorphism of Gender Identity from Conception to Maturity* (Baltimore, Md.: Johns Hopkins University Press, 1972).

3. For a more detailed discussion see especially the introduction and chapter 9 in Ruth Hubbard, *The Politics of Women's Biology* (New Brunswick, N.J.: Rutgers University Press, 1990).

4. For a discussion of the history of the concept of sex-specific (so "male" and "female") hormones from its origin around the turn of the century to its demise by the 1940s, see Nelly Oudshoorn, "Endocrinologists and the Conceptualization of Sex, 1920–1940," *Journal of the History of Biology* 23 (1990): 163–86.

5. Anne Fausto-Sterling, "The Five Sexes: Why Male and Female Are Not Enough," *The Sciences*, March/April 1993, 20–24.

6. Julliane Imperato-McGinley et al., "Androgens and the Evolution of Male Gender Identity among Male Pseudohermaphrodites with 5-alpha Reductase Deficiency," *New England Journal of Medicine* 300 (1979): 1235–36.

7. Gilbert Herdt, "Mistaken Sex: Culture, Biology, and the Third Sex in New Guinea," in *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History*, ed. Gilbert Herdt (New York: Zone Books, 1994).

8. *Ibid.*, 436.

9. Suzanne J. Kessler, "The Medical Construction of Gender: Case Management of Intersexed Infants," *Signs* 16 (1990): 3–26.

10. *Ibid.*, 25.

11. Kessler and McKenna, *Gender*, 163.

12. Kate Bornstein, *Gender Outlaw: On Men, Women, and the Rest of Us* (New York: Routledge, 1994); Martine Rothblatt, *The Apartheid of Sex: A Manifesto on the Freedom of Gender* (New York: Crown, 1995).

13. Rothblatt, *Apartheid*, 164.

14. *Ibid.*, 153.

15. Janice Raymond, *The Transsexual Empire: The Making of the She-Male*, (Boston: Beacon, 1979).

16. Sandy Stone, "The *Empire* Strikes Back: A Posttranssexual Manifesto," in *Body Guards: Cultural Politics of Gender Ambiguity*, ed. Julia Epstein and Christina Straub (New York: Routledge, 1991), 286.

17. Amy Bloom, "The Body Lies," *New Yorker*, 18 July 1994, 38–49.

18. *Ibid.*, 40.

19. Harold Garfinkel, *Studies in Ethnomethodology* (Englewood Cliffs, N.J.: Prentice-Hall, 1967), chap. 5.