Psychological Abnormalities of Sexual Identification*

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The normal process of development of sexual identification slides almost unnoticed through well-defined, but overlapping stages to a definite end point. That end point is an individual who senses that his core gender, male or female, is consistent with the body morphology, the external genitalia, the chromosomal configuration, and the hormonal balance. Also, there must be the development of personality traits, masculine or feminine, consistent with the sense of core gender. Finally, although somewhat outside the scope of our present discussion, there must be the establishment of a role or life style in adulthood in accordance with the first two steps. The end point normally is sexual behavior acceptable to both the individual and to society, that is, heterosexual behavior in an individual who is comfortable with himself.

There are, then, three steps to mature sexual identification. The first and the most basic is the establishment of core gender, a sense of maleness or femaleness. The second is the establishment of personality traits, masculinity or femininity, which are layered upon the core gender but, as we shall see, are not necessarily consistent with it. The final step is the establishment of a life style or role which produces that obscure thing we call adult maturity. Let us take a closer look at the steps with emphasis upon the female.

The Core Gender. Core gender is the inner sense of being male or female and is not synonymous with masculinity or femininity (Stoller, 1965). Maleness/femaleness and masculinity/femininity are entirely different concepts, and in abnormal situations they may be in conflict with each other. Core gender is a basic concept universally recognized in all cultures. The sense of masculinity and femininity largely determines the use the individual makes of the core gender and is far from being universal (Mead, 1955). It varies markedly from culture to culture and may even determine specific subcultures in a given segment of society. This is not true of core gender wherein the sense of maleness or femaleness does not change.

The most important and the most accurate somatic sign of core gender to an individual and to his social milieu is the configuration of the external genitalia. One of the first things noted about the newly delivered baby is its genitalia. This quick and automatic examination is the first step, and in the vast majority of cases the only necessary step, toward determining the direction of that infant's development of a sense of core gender. When the parents are told the sex of a newborn infant, a complicated series of attitudes, feelings, and activities are set in motion in the parents, and later in the total social group. These factors are of primary importance in deciding whether or not that given individual will sense itself as male or female in adulthood.

Somatic gender and psychological gender do not always coincide in a small percentage of cases. Nature's errors have shown us that there are several variables which may enter the picture. These errors which produce congenital abnormalities have furnished us a natural laboratory in which to study the process of sexual identification (Money, Hampson, and Hampson, 1955). The variables which go into the picture are: chromosomal sex, gonadal sex, hormonal sex, internal reproductive organs, external genitalia, and finally, the emotional set of the parents.

The identity of core gender for practical purposes appears derived from three major sources: (1) the anatomy and physiology of the external genitalia; (2) the attitudes of parents, siblings, and peers toward the child's gender role; (3) a biological force that may modify or counter the effects of the first two in rare cases. These factors cannot

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be totally dissected from each other. The third factor, the biological force, is theorized by Robert Stoller from those rare cases which develop a core gender identity at variance with both the anatomy of the genitalia and the apparent attitudes of the parents toward the child (Stoller, 1964).

By far the most significant factor in the development of gender identity is the attitude which the parents associate with the gender assigned to the child at birth. This original assignment is made upon the appearance of the genitalia. The complicated maze of cues and signals which come from this include name, personal pronouns, type of dress, haircut, toys, amount of time the baby is handled, and more subtle attitudes. However, there are many cases in which a definite gender assignment has not been made at birth, and the child has been reared in an ambiguous situation. This allows for three possible gender assignments at birth: male, female, and no definite assignment. A child who has been reared to be unequivocally male or female appears firmly fixed in this gender role by the age of two and one-half years, but the child reared by parents who are uncertain of its gender role may see itself as neither male nor female at any year of life (Money, Hampson, and Hampson, 1957; Money, Hampson, and Hampson, 1955). This means that except for those rare, confused cases, core gender identity is fully established before two and one-half years of age, and that the sense of maleness or femaleness then becomes increasingly difficult if not impossible to change. Stoller has found that almost every successful report of changing sexual assignment after this age has involved an individual whose parents have not been able to see it as definitely male or female (Stoller, 1964).

Money and his co-workers verified this in their study of intersexed patients (Money, Hampson, and Hampson, 1955). In their first series of 76 cases raised with a gender assignment contrary to the variables of somatic sex, only four had not accepted the assigned sex. They found that an intersexed individual may establish a gender role opposite to the appearance of the external genitalia even though this is the most important sign to the parents and to the patient in determining gender identity.

There are many other studies which support the conclusion that a clearcut assignment to a core gender in early infancy leads to a psychological gender identity which remains fixed, even when that gender is incompatible with the somatic measures of sex. The practical implication is that a baby born with sexual anomalies of any sort should be diagnosed as rapidly as possible so that the proper sexual assignment can be made. Much attention and importance should be placed upon the external genitalia and upon the ease with which the abnormalities can be surgically reconstructed to be consistent with the diagnosed sex. Reassignments of sexual role after the third year should be undertaken only when it can be determined that the child has not accepted the role of either male or female. If surgical revision is feasible, these patients may make the switch without undue emotional turmoil. These will be the children whose parents have raised them in no particular gender assignment and communicated this ambiguity to the child.

These observations of nature's errors—intersexed patients—have received support from the imprinting studies of Konrad Lorenz and from H. Harlow's experiences with monkeys (Lorenz, 1952; Harlow, 1962). These studies on animals have shown that the early experiences of the animals determine how they will function sexually when they become adults. There is no evidence that imprinting in this manner occurs as specifically in the human being as in its primate relatives, but the phenomenon of this permanent identification supports the concept that certain sensory experiences may influence the development of reaction patterns in the central nervous system.

Such confused sense of core gender can occur when there are no abnormalities of a morphological or physiological nature, and when it does, the condition is called transsexualism which simply means the mind or psyche of one sex trapped in the body of another. Christine Jorgenson made this a respectable medical study in this country some 20 odd years ago when she became a woman after many years of maleness. Transsexualism probably represents a form of imprinting in which the individual is programmed to the core gender opposite to the morphological and genetic sex (Benjamin, 1966).

An example of this condition is a young lady who a few years ago requested that she be given a male voice and a beard. She stated that she had difficulty holding down her job as a carpenter once they found out she was not a man. Dressed in male clothing and with a short haircut, she looked much like a boy in his late teens although she was 30 years of age. Her story was as follows:

On the same day in a rural town two sisters

delivered babies. One sister was married, and one was single. The married sister delivered a male child who died immediately at birth. The unmarried sister delivered a normal girl child who was given to the married sister to replace her dead infant and raised as a male child. This girl baby was named William and called Bill. As an only child, she became Daddy's helper around the small ranch and had her first dress on at the age of 13 when this was enforced at the high school level. At the age of 30, Bill could describe the acute embarrassment of being forced to wear female clothing.

Bill sensed herself to be a male although she had a normal menstrual cycle, and complete endocrinological and chromosomal work-ups revealed a perfectly normal XX individual. She had even forced herself to have sexual intercourse in her early 20's in an attempt to become "different" but had found it disgusting.

Bill wanted simply to function as best as possible in accordance with how she sensed herself—as a man. She was a transsexual in the fullest sense of the word, but whereas it is possible to replace the penis and the scrotum with a vagina, the opposite is surgically a bit difficult.

Thus for the first phase of sexual development (core gender), transsexualism is the psychological abnormality sometimes seen, and it appears to be relatively unchangeable after two and one-half years of age.

The second aspect of sexual identification which may go awry is the sense of masculinity or femininity. This is layered upon but not necessarily identical with the unalterable core gender. The concepts of masculinity and femininity are complicated developmental processes that are culturally and socially determined and which modify and cover over the core gender but do not change it (Mead, 1949). Thus, a male homosexual may have serious doubts about his masculinity, but he does not doubt his maleness at any time. He may not like being a male, but he definitely knows that he is one. Similarly, the female homosexual may abhor her core gender to the extent of removing every external vestige of it, but this does not alter her knowledge of her femaleness.

Masculine and feminine identities may change throughout life, but the most significant aspects may be well established by the age of 6 to 7. Social, cultural, and parental factors play determining roles in differentiating and establishing the individual's psychological concepts of sexuality. At about three years of age, there is the beginning of increased attention to the genital area as a mark of progressing physiological and biological maturation. The child perceives new sensations which lead to a marked increase in curiosity about its body and the bodies of others. Children are apt to notice that there are sexual differences, that the outline of one body is not the same as another. This is a momentous discovery for a child and may lead it to ruminate about these differences and to concoct various explanations for them. The little girl must deal with her discovery of having no external genitalia comparable to that of the male. Whether or not she perceives herself as being defective will depend upon, in most cases, how her mother views the role of female and whether or not the mother shows a preference for that which is masculine.

The little girl's perception of what it takes to be feminine is controlled largely by whether or not she senses femininity as desirable. The father figure plays a major role here. The little girl must conceptualize whether or not the father figure approves of femininity and all that it entails. If not, she is apt to find it difficult to accept a role which, more or less, excludes father's approval. Normal psychological development of sexuality in this period requires that the mother be a desirable figure after whom to model oneself, and that simultaneously the father figure approve of this role.

We are talking about what Freud called the Phallic phase and the Oedipal period. The most important requirement of the Oedipal period is that the child experience a sustained relationship to a mother and a father in their sexually differentiated roles. The lack of a parent of the same sex or an undesirable parent of the same sex during this phase makes it extremely difficult to establish a proper identification compatible with the core gender. The lack of a parent figure of the opposite sex, relative or otherwise, is equally discouraging to the development of adequate heterosexual relationships in the future.

The daughter of a harsh, demanding, and rejecting father or in a home situation in which masculinity reigns supreme and all things feminine are depreciated, can hardly see herself obtaining desired approval by developing feminine traits. She is apt to become an adult who sees feminine characteristics not only as without positive value, but also as attributes which produce discomfort and anxiety.

Whereas maleness and femaleness are definite all-or-none phenomena, masculinity and femininity are not. The latter lie upon a continuum which produces at one end a high level of homosexuality, and at the other end, a high level of heterosexuality. Most people fall somewhere in between. If we confine our discussion to the female, we can avoid speaking of the many deviations of sexuality which occur in the male. True deviations, with the exception of homosexuality, are relatively rare in females.

Not so rare in the female are the many aberrations of sexuality due to defective identification as to the feminine aspect. For example, these aberrations almost always will be manifested as aberrations of the personality. Over-aggressivity or over-passivity may mean the same thing. Difficulties in relating to the opposite sex may stem largely from deficient identification as feminine. The various conditions such as frigidity, dyspareunia, promiscuity, and even menstrual abnormalities may be symptomatic of deficiencies in identification. The entire attitude of a woman toward being a wife and a mother depends largely on this facet of the personality.

Psychological problems can be manifested as physiological changes. The hypothalamic areas are in charge of the pituitary, and therefore, of much of endocrine functioning. Just as severe stress or fear can change menstrual function, so can prolonged identification problems produce abnormal physical manifestations directly through the autonomic nervous system and indirectly through the endocrines (Sturgis, 1962).

Let us look briefly at one example of an aberration of the development of femininity. A young lady came for psychiatric consultation at the age of 25, two years after her marriage to a young lawyer. Both of her parents were physicians. Her mother was a very competent, cold, and efficient professional, and the father was a very outgoing, warm, and well-liked individual. Her fantasies of her father included this statement, "I bet he 'made' every woman he met during his younger years." She said this with a look of distinct pleasure and pride.

This lady came into treatment primarily because she was being extremely promiscuous. She enjoyed sexual intercourse with her numerous partners, but she could barely tolerate it with her husband. She had, upon several occasions, become violently ill because of the necessity to have intercourse with him. She followed this by a hot shower to cleanse herself symbolically.

None of this occurred when she slept with other men. She did not have orgasms, but she enjoyed the act immensely and never had any feeling of dirtiness or guilt. She wanted help for the problem, because she recognized that such a life eventually would become greatly complicated, and that it was foreign to how she really felt at some level.

This girl identified strongly with the warm, outgoing father. The cold and aloof professional mother simply was not a model for her. Her core gender was perfectly normal; she knew quite definitely that she was female. However, she was far from being convinced of her femininity. She had seen femininity as a little girl as something not desirable. She had conceptualized being like her father, the outgoing, likeable, masculine image, as being very desirable. The promiscuity was following the example of how she thought her father must have acted when he had been her age, but it also was a way of proving to herself that she really was desirable. She could not tolerate sexual intercourse with her husband because this represented to her intercourse with her own father. This is a kind of reverse of the Madonna-Prostitute Syndrome, sometimes called the Messalina Syndrome (Mathis, 1971). It represents an abnormality of the sexual identification at the second step.

The third and almost final step of sexual identification occurs in the teens with the establishment of a role. Maleness and femaleness are fixed, masculinity and femininity are fairly definite, but just how one is to use these aspects in living can still vary greatly. We will not go into this, since the cultural aberrations are many and are beyond the scope of this talk. It is, however, in the early teens that the psychological abnormalities of sexual development become openly manifest. Always they will have been obvious to the astute observer at the earlier years, but now they are inescapable. The onset of puberty and the blossoming of secondary sex characteristics may come as a great shock to a little girl who does not like to face the fact that she is a woman. She may see menstruation and a budding breast as vulgar signs of something that is undesirable. Not infrequently this leads to great anxiety which is manifested by delinquent behavior—almost always sexual in nature. Her anti-social sexuality may have many meanings, but one is to misuse or to degrade that part of her which she does not like. On the other hand, this

behavior may be used as a constantly recurring attempt to prove that she really is feminine, something that actually is beyond her reach at some level.

Heterosexual maturity requires an unambiguous knowledge of core gender and a mature identification of the masculine and feminine roles in the society in which an individual lives. The process by which this is obtained is complex and fraught with innumerable dangers. Fortunately, by far the greatest majority of people make it to the desired maturity level quite well. A large number, however, make up the patients which you see, primarily because they have deviated at some point in this developmental process.

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