

## **Identity Crisis Caused by Ambiguous Genitalia**

The terms third gender and third sex describe individuals who are considered to be neither women nor men.

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. 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 favored by those who argue for a strict interpretation of the "third gender" concept.

The term 'third gender' has been used to describe eunuchs of India and Pakistan, Fa'afafine of Polynesia and Sworn virgins of the Balkans. It is also used by individuals of such groups to describe themselves.

In addition to term "third" or "other"; some anthropologists and sociologists have used fourth, fifth and even more to distinguish genders.

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 in some less conventional way, e.g. clothing, hair style.

### **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 back, 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, women have female genitalia and have two X chromosomes. About two in every thousand persons do not have this

combination of chromosomes, hormones and genitalia and hence fall outside the typical definition of “men” or “women”.

It is necessary to distinguish between sex and gender e.g. when external genitalia are removed or reassignment surgeries take place from male to female or vice versa.

Eunuchs or hermaphrodites are people with ambiguous genitalia. Also called intersexed; hermaphroditism is primarily a medical condition which results from multifarious biological factors. The term ‘intersexed’ is reserved to refer to a somatic condition in which the hermaphroditic person, i.e. a eunuch is supposed to possess both masculine and feminine traits.

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 into the body of the wrong sex. Pretty often, through surgical operations, such persons metamorphose themselves into the desired gender/sex. On the other hand, transvestitism is a situation in which a male tends to be attired in the garbs of the opposite sex and vice versa. This emblemizes their hunch for gender crossing. Eunuchs are castrated males, according to this concept.

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 feminine. Eunuchs because of their being castrated, experience sexual impotency like many hermaphroditic people. Consequently, there is a considerable amount of overlap among these terms. However, all these jargonistic and notional differences are peppered with reductive and heterosexist nuances and are therefore redundant to the sexually different. They have instead divined an umbrella term “transgender” to subsume 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. While transgender transitioners feel compelled to correct their social gender, transsexual transitioners feel compelled to also correct their physical gender.

The behavior of experiencing female sensuality while hiding their genitals is a very common behavior in young transsexual girls. As they grow older and begin to be masculinized by testosterone, the time may come when they no longer can conceal from themselves and others the effects of the awful transformation being forced upon their overall bodies. From this point onwards they may experience intense emotional distress and anxiety.

Thus many transsexuals feel almost claustrophobically trapped and destined to live out their lives "imprisoned in the wrong body", unless they can correct the situation with sex hormones, sex reassignment surgery (SRS) and complete physical transition. They long to live out their lives in the correct gender not just socially but also in their private, intimate lives too - in the right body for their inner gender feelings.

They feel as one might if s/he suddenly found himself physically changed into the opposite gender and forced into that gender role, while still having all the body feelings and social identifications of his old gender. It is a profoundly disorienting experience to have a body that physically manifests the 'wrong' gender.

Transsexual self-identified people sometimes wish to undergo physical surgery to refashion their primary sexual characteristics, secondary characteristics or both. This may involve removal of penis, testicles or 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 genital assignment,

shaped to a significant extent by the mature feedback of adults who regret these decisions being made on their behalf at their birth. Gender reassignment surgery elected by adults is also subject to several kinds of debate. One discussion involves the legal sex-gender status of transgender people, for marriage, retirement and insurance purpose. Another involves 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 through deliberate intent, the libido and the ability to express oneself in 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 them according to their genitalia and/or a person's gendered appearance as a woman or man (or an androgynous person, etc.) 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 points of differentiation all along the way, but language and tradition in many societies insist every individual be categorized as either a man or a woman.

When the gender identity of a person makes her a woman but her genitals are male, she will experience what is called gender dysphoria, i.e., a deep unhappiness caused by her experience of herself as a woman and her lack of female genitals and breasts.

There are probably as many shades and complexities of sexual identity and gender identity as there are human beings and there are an equal number of ways of working those gender identities out in the intricacies of daily life. Societies, however, tend to

assign some classes of social roles to "male" individuals and some classes of social roles to "female" individuals (as society perceives their sexes). In some societies, there are other classes of social roles for, e.g., surgically neutered physiological male. Sometimes the connection between gender identity and gender role is unclear. The original oversimplification was that there are unambiguously male human beings and unambiguously 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. Investigations in biology and sociology have strongly supported the view that "the sex between the ears is more important than the sex between the legs" and the implication has been that people with masculine gender identities will give external representation of their gender identities by adopting gender roles that are considered appropriate to men in their society and, similarly, that people with feminine gender identities will adopt gender roles that are considered appropriate to women. It may be very difficult to determine, however, whether a specific drag queen is someone who has a female gender identity and is learning a female gender role or whether that person is someone with a male gender identity who enjoys adopting a female gender role. It may be very difficult to determine whether a specific drag king is someone who has a male gender identity and is learning a male gender role or whether that person is someone with a female gender identity who enjoys adopting a male gender role.

Modern surgical techniques help maintain the two-sex system. Today children who are born "either/or-neither/both" - a fairly common phenomenon - usually disappear from view because doctors "correct" them right away with surgery.

### **Relationship to Gender Role**

The stereotype of the effeminate boy who would grow up to live as an adult woman has a very long history. It is a common misconception and stereotype that all transgendered and transsexual women are heterosexual (attracted to males). However, research on the sexual orientation of transsexual women in the past has been dubious at best. Many studies on this issue have suffered from reporting bias, since many transsexuals feel they must give the "correct" answers to such questions and the true picture gets lost.

"None of the gender scientists seem to realize that they, themselves, are responsible for creating a situation where transsexual people must describe a fixed set of symptoms and recite a history that has been edited in clearly prescribed ways in order to get a doctor's approval for what should be their inalienable right."

According to my survey, most people ignore the evidence of self-identification as women and continue to view transsexual women as men, labelling them as 'homosexual'.

### **Five Stages of Grief**

A patient, when told that his/her genitalia is ambiguous, will progress through five stages;

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

### **What does a Eunuch Feel?**

XY females may suffer various problems on finding out their diagnosis. Problems such as:

- confusion
- anger at secrecy and paternalism (withholding of diagnostic information)
- shame
- an existential type of identity crisis
- low self-esteem
- difficulty grasping how this biological phenomenon can come about
- grief at being denied fertility and rites of passage (e.g. lack of menstruation)
- a feeling of freakishness and isolation compared to their peers
- a fear that others might see them as 'male'

- 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
- a retreat from medical care leading to failure to take HRT with a risk of osteoporosis

“We are the third gender,” said Shanno, a eunuch I encountered. “There is no room for homosexuals in this society. None of us can envisage a life where we are forced to marry females and have children by them. So the only way out is to cut off our manhood and become eunuchs. This is the only community which will accept us and let us live our lives the way we want to. By not being heterosexuals, we are already damned. As a eunuch, at least we are not the sole target of the derision and ridicule that society heaps on us. We can endure it as a community.”

The feeling that life has short-changed them often prompts their perverse and obscene behaviour in public. “What more do we have to lose?” says Shanno. “We are anyway treated worse than an untouchable. In my village of Ghatam near Patna, Bihar, our group of 18 eunuchs lived together peacefully. However, the other people of the village did not permit us to even grow vegetables for fear of bringing a curse upon themselves. We were allowed to eat only potatoes, onions, buttermilk and *rotis* made of wheat chaff. This group of 18 people have never tasted the ‘regular’ food that the rest of us take for granted, and have grown up with since childhood.

### **Tips for Parents**

- 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

### **Eunuchs – Genetic Causes of Ambiguous Genitalia**

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 AIS see page \_\_\_\_ ), the non-specific genitals develop into male genitals under the influence of male hormones (androgens).

In AIS, the child is conceived with male (XY) sex chromosomes. Embryonic testes develop inside the body and start to produce androgens. In AIS, these androgens 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 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.

So in a genetically male (XY) foetus the active intervention of androgens is needed to produce a fully male system. A female body type with female external genitalia is the basic underlying human form.

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.

### **Do we really need to know the cause in order to treat the condition?**

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', giving those psychiatrists a claim to

responsibility for the 'treatment and cure of transsexuals' and giving society a rationale for discrimination, marginalization and exclusion of transsexuals.

However, as we've 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.

### **Why should it be any different with transsexualism?**

We now 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 aren't sure what causes the underlying condition? And why stigmatize people just because they have sought medical treatment for this condition?

### **Sex of Rearing in PAIS (Partial Androgen Insensitivity Syndrome)**

The decision regarding the sex of rearing of a baby with PAIS should be made according to the individual's best interests, numerous factors such as sexual functioning, how the individual would feel about themselves need to be considered, preferably with less emphasis on surgery, even perhaps minimalising the need for surgery. Puberty is another issue that should be considered. While many would feel comfortable with a puberty that is concordant with the assigned gender of rearing, some would not; and an understanding of the individual's wishes should take priority. The best approach really is to explain the situation, let the patient decide what is best for them and offer the best choices available. Patients with Grades 3-7 AIS are always sterile, so potential fertility should not be a consideration.

There are forms of PAIS with a male phenotype and minimal (Grade 2) or no (Grade 1) genital 'deformity'. In these cases, gender assignment is nearly always male and the

androgen insensitivity is only detected at puberty when breast development (gynecomastia) occurs. The patient may be infertile.

Patients with Grade 5 and most with Grade 4, PAIS are too unresponsive to androgens to undergo a masculinizing puberty, either spontaneously or under the influence of exogenous hormones and cannot be masculinized surgically so as to function sexually as males. Like patients with CAIS, they will undergo a spontaneous feminizing puberty and should be raised as females.

In PAIS Grade 3 (and some with Grade 4), there may be controversy about whether to raise the baby as a male or as a female.

In most cases known to us, it appears that the wish to be a female already was there in early childhood, whether innate (hence, without an obvious causing factor), or engendered by environment and education. Several individuals told me, 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 first, he identified himself more and more with the role reserved for women in the 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.

For a more detailed description of AIS, please refer to page no. \_\_\_\_\_.