

Plastic Man: Gender, Genitals and Scientific Humanism

This is a summary of the plenary lecture delivered on 25 October 2006 at *Thinking Through Gender and Science*, a workshop at Queen's University Belfast's Gender Research Forum, which will be published in a different and longer form as 'Plastic Man: Intersex, Humanism and the Reimer Case', in Neil Badmington (ed.), *Posthuman Conditions*, a special issue of *Subject Matters* (forthcoming 2007).

I argued in my lecture that intersex genital surgery is for historical reasons a distinctively humanist enterprise. Specifically, I suggested that the idea of human genitals and gender as surgically and socially malleable, or 'plastic', depends on the conceptual emergence during the mid-twentieth century of plasticity as a quintessential human attribute. I focussed on a medical test case for intersex treatment—the story of David Reimer, also known as the 'John/Joan' case.

The locker room

To explain the aim of genital surgery for intersex, I began by examining the 'locker room' in medical discourse. Clinicians have often expressed concern that those who do not have genital surgery will attract derisive comments in the locker room. I argued that the idea of the locker room, in its role as a justification for surgery, amalgamates two assumptions—that it is normal to look at people's genitals, and that intersexed genitalia are visually disturbing. A metaphor for the cultural significance of genital appearance, the locker room is a *looker* room, in which genitals are for looking at.

I suggested that the locker room in medical discourse represents genital surgery's protection of culture from a break in the relationship between looking and knowing. The ability to look at genitals and to know the gender of their owner is secured by surgery: whilst the non-intersexed onlooker is rigidly unremitting in the sovereignty of their gaze, the intersexed person is their necessarily plastic counterpart. Aberrant yet pliable, the intersexed individual's genitalia and gender can be modified in order that the sovereign knowledge of the onlooker, whether surgeon or locker room jock, may remain intact.

Ablatio penis: a humanist challenge

In this part of my lecture, I recounted the circumcision accident that in 1966 left young Bruce Reimer without a penis—anatomically equivalent to intersex infants with a condition called aphallia. I proposed that Bruce's case posed an especially humanist challenge to medical science in the late 1960s, to which plasticity was the solution.

Initial medical commentators regarded the accident as a tragedy that destined Bruce to a life exiled from human society. I argued that their assessments were not simply patriarchal but importantly informed by the history of technology; the prospects of surgically reconstructing a penis for Bruce in 1966 were almost non-existent. These technical limitations set the parameters of the possible for a humane medical response to atypical or traumatised genitalia.

In 1967 Bruce's parents saw psychologist John Money on a current affairs programme discussing sex change surgeries. I argued that Money framed these surgeries as not

only impressive in their techniques but also as humanistic in their ethics and social benefits. Money put forward to the television audience his view that sex reassignment surgery could similarly be performed on intersex children: the plasticity of gender would enable medicine to overcome the limitations of plastic surgery by making possible the repair of an exiled life without the repair of a phallus. The Reimers took Bruce to Money with this goal in mind.

Sex reassignment and human plasticity

In this part of my lecture, I considered contemporaneous scientific efforts to define the human. While Money was researching intersex for his PhD in 1949–1952, the United Nations Educational, Scientific and Cultural Organization issued two important statements on human nature in relation to what the Organisation called ‘the concept of race’. The Organization emphasised the plasticity of humans as a scientific insight that trumped the irrational (and implicitly Nazi) notion of ‘pure race’ (UNESCO 14). The variability of human populations, advanced in opposition to the purity of races, was personalised by UNESCO as individual educability. Shortly afterwards, John Money and his mentors would formulate gender in the same manner by claiming that ‘sexual behavior and orientation as male or female does not have an innate, instinctive basis’—in other words, that humans could be educated into any given gender (Money, Hampson and Hampson 308).

Money used this theory to explain to the Reimers that their son could be raised successfully as a girl, provided that sex reassignment surgery was carried out promptly. Reassignment was urgent because Money believed that the gendered brain became less plastic as a child grew. With the family’s consent, genital surgery was

performed and Bruce was renamed Brenda. By Brenda's tenth birthday, Money was arguing that the sex reassignment successfully revealed the construction by cultural means of gender identity for all. Plasticity, then, was innate to humans—not a construction.

Stories of gender

I began this segment of my lecture by summarising how the Reimer case acquired classic status as demonstrative of human gender in sociology, medicine, psychology and women's studies, as well as in sexology. The case also garnered high profile media interest, for instance from the BBC in 1980.

But I then explained that the story of gender's social construction transpired to be a construction itself. When the 1980 BBC documentary team discovered unexpectedly that Brenda had *not* been happy as a girl, they called in Milton Diamond, a biologist who believed in contrast to Money that hormones imposed innate restrictions upon the extent to which gender could be fashioned by culture. Diamond later managed to contact Brenda's psychiatric team, who revealed that she had wholeheartedly rejected the sex reassignment programme. She had elected to have her breasts surgically removed at age fourteen, a phallus constructed between the ages of fifteen and sixteen (which was by then more feasible), and was taking testosterone. In fact, Reimer was living as a male named David.

Diamond published in 1997 a provocative critique of Money's management of the Reimer case, as well as of the gender plasticity theory that the case had been held to substantiate. In its revised role as demonstrative of gender's biological rather than

environmental origins, the case received media exposure again in prominent venues such as the *New York Times*. In 2000 David's biography was published; a firm rebuttal of plasticity, its title is *As Nature Made Him*.

I argued that most commentators on the Reimer case have narrated the truth of gender as the truth of human plasticity, in either its scope or its limitations. Whilst the plasticity of gender was on test in both original and revised readings of the Reimer case, gender's existence was always assumed. I suggested that Money and Diamond shared the assumption that gender is an effect of human nature, in either its cultural or biological aspects.

Plastic narrativity

In the final part of my lecture I asked: what has made it possible for commentators from so many different perspectives to recognise general truths about human gender in the specificities of the Reimer case? I proposed that the case can function as an example of how gender is constituted only if one assumes that there are no more than two genders. Only when Reimer's conversion from male to female is perceived as a transformation spanning the entirety of gender can such plasticity be read as an example of gender in general. The switch between two genders, plasticity itself, is what makes the case so incessantly narratable. Even narratives of the case in which Reimer is described as *not* having switched between male and female still construe the *attempt* to switch as a lesson in gender. It is as if finding out whether a person could or couldn't switch between male and female would tell you everything you needed to know about gender.

Clinical attitudes to intersex treatment have shifted a little over the last ten years towards family-centred decision-making, but childhood genital surgery remains standard practice in Western medicine, rather than counselling or elective surgery in adolescence or adulthood. However, I suggested that it is a mistake to criticise as unscientific the intersex treatment protocols which the Reimer case inaugurated. Those protocols are consonant with science's history of defining the human—however flawed that definition of the human may now appear. For John Money, the historically specific concept of plasticity permitted humanism's clinical interventions into individual human lives. I concluded that the challenge for critics of intersex medicine is now to decide whether to contest Money's treatment model because it violates patients' human rights—or perversely because it supports them.

Finally, I did not retrospectively discuss Reimer's 2004 suicide, at age 38, during my account of his case, because that would have coloured his story as inevitably tragic. Rather, I proposed in closing that the very possibility of learning from the Reimer case means that the medical treatment of atypical genitalia is itself a plastic story, open to remoulding.

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Works cited

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