

DISCUSSION OF THE ARTICLE BY  
DR. HARRY GERSHMAN  
"THE EVOLUTION OF GENDER  
IDENTITY" \*

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THE scientific endeavor undertakes to bring order out of chaos, to put isolated bits of information together, to rearrange and re-order relations into new and more meaningful patterns. Dr. Gershman's undertaking is of this order. The general concept "self," "identity" or, more loosely, "self-image," was first elaborated by Horney<sup>1</sup> and Sullivan,<sup>2</sup> and then further developed by Erickson<sup>3</sup> as a "chain of identities." Dr. Gershman has singled out one link—gender identity—from this concept for scrutiny. Through the lens of his extensive experience in treating homosexuals, transvestites, and transsexuals, he looks back to the developmental sequence of events leading to these conditions, and speculates also about normal development.

My own thinking is quite harmonious with his view that identity formation continues on beyond the so-called oedipal phase, as I have myself singled out two aspects of the self in woman for study—the feminine identity and the maternal identity:<sup>4</sup> I have pointed out that the latter is necessarily late in forming but is very significant in shaping the total concept of self. I want to underscore a point on which Dr. Gershman touches lightly: human beings are too complex for facets of them to be tied up in nice, neat little parcels, and it may well be that what appears to be a primarily sexual ontogenesis is something quite different. The reverse would also hold. For example: experience with a brutal father, which has nothing to do with gender assignment or anything of a sexual nature, might lead to homosexuality or even transsexualism. The theme would be: "I cannot be a man (that is, permit myself to identify with a man like my father), therefore I *must* be a wo-

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man." However, gender identity has multiple determinants, and no single factor alone can be considered causal.

Mabel Blake Cohen<sup>5</sup> has also speculated on the interrelation between what she calls "personal identity" and "sexual identity"—or, rather, the incompatibility that often exists between the two. She discusses the culturally determined images that prevail as norms. She considers developmental factors, particularly the place of maternal handling of the child, in terms of holding and fondling. She feels that in our society passivity is encouraged in girls, aggressiveness in boys. Perhaps this is changing, but one must be in complete agreement with her statement that creativity and intellectual development suffer where emphasis is placed on stereotyped patterns of so-called masculine or feminine behavior.

Dr. Gershman points out that conviction of gender identity must encompass deep feeling as well as conscious anatomical awareness. But I am not clear about why he has fixed on three years of age as the time by which the core of gender identity has already formed. A three-year-old boy may state without conviction that he is a boy; nor do I believe a boy of that age can be considered a transvestite, as some have suggested. If he tries on an article of clothing belonging to his mother or sister, I should be inclined to attribute this to childish curiosity and play. It is only when the adult response to this is anxiety-ridden or accusatory that a damaging experience occurs that may indeed be an early step in the direction of transvestitism or transsexualism, by eliciting shame or fear; or by creating angry feelings that may arouse oppositional behavior and a compulsive need to cross the boundary of gender by changing dress.

Doorbar<sup>12</sup> reports that in the Goodenough man-woman drawings boys do not seem to draw any sex differentiation until the age of 13, girls until the age of 6. This does not necessarily indicate that concepts of gender are not formed. Perhaps it merely indicates that formation occurs later, and it says something about the capacity for observation and interest in detail. But the first objective criterion of the *inner* experience of gender that I know of occurs in the choice of a preadolescent chum who is one "like me"—a kind of image. That this choice reflects characteristics in addition to gender is often apparent in the extensive criticism of the child's friend voiced by his parents. A study by Green and Money<sup>6</sup> on effeminate impersonation during boyhood included

reports by mothers of 20 such boys on the age at which it was first noted. One observed effeminate mannerisms at the age of 3, one at 6, one at 7, but most around the ages of 11 and 12. These were hardly objective reports, but they do tend to suggest that while a child may indeed have a feeling of gender much earlier, it is hard to select a time when this has consolidated. About the imprintlike nature of early experiences determining gender identity I am in complete agreement, and this helps to explain the difficulties of treatment.

I very much like Dr. Gershman's interpretation of the meaning behind each pathological condition; his statement that the transsexual has the *delusion* he *is* a woman, the transvestite has a strong *yearning* to be a *woman* but knows he is not, and the homosexual "*acts as if*" he were a woman. But since there seem to be two types of homosexual, perhaps this classification needs to be amended. In the first instance, the homosexual *acts as if* he were, that is, has made a more complete feminine identification. In the second, he *longs* to be a man, but does not feel like one, and so relates sexually to a pretend-woman (i.e., to a homosexual of the first type). Dr. Gershman has not commented on the bisexual, who seems to have formed no gender identity of any kind, and who ricochets from one image to another.

To return to the transsexual and his delusion—he appears to be an otherwise normal person with a delusional idea. Correct this and he presumably will be all right. But if one recognizes the incredibly extensive preoccupation with sex, as Money has recently acknowledged, this condition can be seen as comparable to addictions of various sorts: gambling, fanatic devotion to a special sport, the psychopathic charmer, paranoid states—in short, a way of life in which a person has a kind of monomania or uses a single overdeveloped maneuver as a life process or life style—a way of life that fills in all kinds of gaps in a rigid compulsive manner. Another view of transsexuality, as a life style of all-consuming envy of women, is supported by a report by Guze<sup>7</sup> that many insist they have a monthly periodicity, with swelling of breasts, although there was no endocrine evidence of this. I suppose the term "menstruation envy" would be appropriate, and perhaps in keeping with the *couvade* as observed in certain primitive groups, though it may well exist covertly in our society. So, the transsexual is a very disturbed person—a psychotic who fills his gaps and alters his reality with a delusional sexual preoccupation. It is interesting that the transsexual is

rivalled only by the paranoiac, who demands plastic operations on his nose, in persuading physicians to alter reality to conform to delusion. But since there is not much else that can be done at present, and since reports by Benjamin<sup>8</sup> indicate that a somewhat more satisfactory way of life does result at times, I suppose there is some validity in this therapeutic approach. Of course, not enough conversions have been made to evaluate the failures of this approach with possibly more overt psychotic reactions.

Incidentally, Dr. Money<sup>9</sup> has reported on the penchant for play-acting to be found in the triple group under discussion. I have also observed that often homosexuals have a wickedly satirical and pungent sense of humor and a talent for mimicry. It would be interesting to discover at what age this characteristic makes its appearance—it might also shed some light on the timing of the formation of core gender.

Dr. Gershman has delineated some of the factors that coalesce to form gender identity. I think it is worthwhile to bring them together, and perhaps to add a few. These factors are:

- 1) Parental, especially maternal, fantasies in anticipation of the unborn or newborn child. For example: if a woman who cannot accept her femininity and does not desire children accidentally becomes pregnant and is compelled to carry through with the pregnancy, her gender-rejecting attitude may be conveyed by insistence on having a son. Should the child have the misfortune to be a girl, one might expect damage done by the mother to be especially hurtful in the gender area.

- 2) The degree to which the mother permits self-differentiation and release from the original symbiosis.

- 3) How the mother handles the child. Here let me report an experience with a patient who was the mother of a five-month-old baby girl. The patient phoned one day to cancel her appointment because the sitter had not arrived. Welcoming the opportunity, I suggested it would be agreeable to me if she brought the baby along. It was a most valuable and revealing hour. There were numerous picking-ups and putting-downs of the child, and each time she grasped the baby, she somehow managed to get her hand in the crotch. One might suppose this to be an early erotizing experience for the child—the inception of the highly erotic coloration that pervades some family atmospheres.

- 4) Dr. Gershman emphasizes the role of *both* parents. While Horney<sup>1</sup> and Thompson<sup>10</sup> emphasized the role of the mother as genetic

to homosexuality, the Biebers<sup>11</sup> recently have underscored the significance of the dangerous father. But I agree with Dr. Gershman that there is danger of oversimplification, and the contributions of both must be recognized, although in any family the role of one parent may be subtle, the other overt. Subtle incestuous homosexual yearnings on the part of the father may play a part in the production of the transsexual phenomenon; Doorbar reports that after an operation for reassignment of gender, some rejecting fathers became very affectionate.

5) The domestic assignment of roles within the family. It includes name, dress, household chores.

6) Reflected evaluations from peers, at a somewhat later date.

7) In some instances, sibling rivalry. In the case that Dr. Gershman cites, the mother's preference for the sister is conveyed in no uncertain terms. The patient develops a so-called "love" for the sister, his defenses of denial and reaction-formation coming into play. In his attempt to win his mother's love, he attempts to be a girl, like his sister. The thesis is an old one: "If you can't fight 'em, join 'em!"

To these points that Dr. Gershman has made I should like to add the following:

8) Bodily care of the infant by the mother, especially genital care. For many months the baby is dependent upon the mother's ministrations for cleanliness and comfort. If the mother is rough, or angry, or both, this will be experienced by the child as painful. But the child will also experience something further: "There is something about my genitals that makes mother angry or disgusted—it must be disgusting." I have observed a curious bodily attitude in six male patients, all of whom seemed to be suffering from castration fears. They were all afraid to use the couch (and one might speculate that, among other reasons, it left their genitals exposed to danger). All sat with legs crossed at an unnaturally high level, the leg *opposite* me being the crossed one. Each held the foot tensely dorsiflexed, as if ready to kick me away. I called the attention of one of these men to his position. After a moment's silence he said: "I don't know why, but my crib as a baby comes to mind, isn't that strange?" That was all he could remember, but it set me to wondering if the leg was not defensively ready to push away the hurtful hand at diapering time. Here might well be the origin of the vagina dentata fantasy.

Another patient who used a similar position and who fits into what

might colloquially be called the "mad-genius" category recounted a humiliating and painful daily event; he recalled that it started as far back as the age of four and ended with his refusal to submit to it further at age 11. His mother lined up her three sons, of whom my patient was the middle one, every night, had them strip as at an army inspection, and wiped out the orifice of each penis with a cotton Q-tip, all the while indicating her disgust. That he had gender problems will occasion no surprise. To conclude this point in relation to bodily care: obviously the mother's attitudes toward toilet-training and her mode of accomplishing it help play their parts.

9) The mother's responses, the father's also, to self-exploration and masturbatory activity make their contribution.

10) What the child sees of his parents anatomically and senses of their feelings, responses, actions, and interactions, contributes to the sense of gender. Stoller<sup>13</sup> has reported that transvestites had had a high degree of exposure to the mother's nude body as children.

11) Experiences relating to the menarche can be considered a special and important late contribution to the feeling of gender in the girl.<sup>4</sup>

12) Cultural norms and ideals of gender behavior also exert their influence. Brenton, in *The American Male*, says that society sets up rules for what it considers masculinity and femininity, but that human beings have an enormous range of possibilities in terms of traits and in the ability to play roles of all kinds. These possibilities are severely fore-shortened by a too rigid process of sexual differentiation and a too narrow definition of masculinity and femininity. Here, for a moment, I should like to step into the role of social critic.

Perhaps few things have been quite so revealing of certain personality ideals today, including the masculine ideal, as the stereotyped activity that includes the reporting that surrounds our space flight launchings and reentries. The recent tragic deaths of three astronauts in their spacecraft, which burned, makes it difficult to touch on this. Yet the chiaroscuro of scientific brilliance in contrast with emotional and social infantilism has created, for me at any rate, a disturbing picture. Time does not permit me to quote, or trace out in detail, the pattern as I observed it, but there seem to be basically four modes of expression that include concepts of masculinity: 1) infantile horseplay, 2) pseudo-humility and denial of individuality, 3) pseudoresponsiveness, and 4)

extremes of chauvinism. The irony of the jest in which one of the astronauts of a previous flight placed a "No Exit" sign at the top exit from the launching pad to the spacecraft, for his departing buddies on the last Gemini flight, seems almost the work of some malevolent *deus ex machina*. The highly stylized behavior, of which this is not the best example, evoked the thought that I was watching an American version of the Japanese Kabuki theatre. This offers, perhaps, a somewhat more sharply etched picture of the young man R. R. Grinker<sup>14</sup> has defined as "homoclit" — the well-adapted young man in our society. At the same time, there exists another group within our society — the extremist adolescents — the beatniks and the mods. Here one observes the establishment of what I might call a gender-fused contraculture. Here tenacious male-female partnerships exist (calling to mind Harlow's mutually destructive interlocking monkeys) in which it is difficult to distinguish male from female, and there is obvious gleeful hostility directed at "outsiders" and at their puzzlement or annoyance. There have been fads in the past in which one sex has attempted to copy the other, but this has been the result of envy of some privilege. This seems the first time in which there appears denial of sex difference, associated with other indications of infantilism — a kind of return to pregender-identity times. R. Greenston<sup>15</sup> has commented on this tendency.

In considering factors relating to formation of the core gender it must be said that although gender identity encompasses cultural norms and socially determined styles, true certainty of gender is free of narcissistic preoccupation or compulsiveness and rigidity — it implies a sense of mastery and capacity for productiveness, for potency in either sex — the components of the genital character. It implies competence and pleasure in the preordained biologic functions.

I think I never found a meaningful concept of homosexual panic in terms of earlier formulations. Dr. Gershman's perception of it, as fear of dissolution of the self, rings true. He says that identity is necessary in order to experience, and for effective action. In this sense the person asks himself: "Who am I? How do I feel? How should I act?" If he cannot answer these questions, he is no longer a person. Sullivan<sup>2</sup> took note of this necessity for prescience in order to utilize effective processes in interpersonal action.

But on the question of the homosexual act of intercourse as a reparative process, I must take issue. That it can have releasing and pleasurable

components, as in all sexual activity, there is no doubt. But I think that, if anything, it ultimately serves as a reminder of deficit. I think that compulsive heterosexuality—a kind of denial of the problem, as in Don Juanism or nymphomania—would better fit the picture of attempted reparative acts.

Dr. Gershman observes that some individuals show a disproportionate discrepancy between their global and gender identities—that is, they are generally less damaged than one might expect. I have found this to be true where the person possesses a specific talent that he or she has developed successfully, basing much of his self-concept and self-esteem on it, in compensatory fashion.

In regard to the loneliness of the homosexual, particularly in later years, this is not unique in him—it is shared by all those who have not succeeded by full maturity in staking out areas of social, as well as vocational, territory that encompass durable relationships; it is shared also by those who have been disrupted from such security by special circumstances. From a slightly different vantage point, true loneliness exists when the individual is aware that he has no significant affective ties to another human being and little prospect of developing them. But here is a place where one *could* view the homosexual act as a reparative effort—an attempt to bridge the loneliness and the isolation. Surprisingly, here Dr. Gershman sees it as an effort to maintain them both.

In any event, he underscores the poignancy of the threat to identity in the human condition—a threat that animals in the natural state fortunately do not share. I am sure we all feel enriched by Dr. Gershman's contribution to the understanding of some perversions and of the formation of gender identity.

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