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The Biopolitical Birth of Gender: Social Control, Hermaphroditism, and the New Sexual Apparatus

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Abstract

This article argues that gender was invented in the 1950s as a new sexual apparatus of biopower. Through a reading of mid-century sexological studies against the background of structural–functionalist and behaviorist theories of social order, it shows how gender was born in the clinic to discipline the reproduction of life in new ways. The truth of sex was no longer found in the genitals or mind, but in the contingent cognitive processes of a behavioral control system. The gender apparatus produced systematized protocols for sex reassignment surgeries for infants with ambiguous genitalia and rendered the family a panoptic institution, all to ensure that children were socialized into normative gender roles guaranteeing the continued reproduction of the life of the species. The violence of this new life-administering technology was crystallized in the pedagogical techniques employed by physicians designed to persuade their child patients to submit themselves to the normalizing care of surgeons and psychiatrists.

Keywords

sex reassignment surgery, John Money, functionalism, family, children, sexology, biopower, sex

Introduction

In 1955, John Money (1921–2006), professor of medical psychology and pediatrics at Johns Hopkins University, published a series of articles with his colleagues introducing a radical idea that a person's psychological sex was learned and did not necessarily arise from biological factors. This idea was encapsulated in a new concept: gender. In this article, I argue that this moment marked the birth of a new apparatus of sexuality that would not challenge the old monarchy of sex as such, but address its newfound biological complexities that were epitomized in the problematic body and mind of the hermaphrodite.[1] I show how gender was deployed into the sexual order through a highly psychologized and medicalized field of knowledge production centered on the problem of gaining access to human life by controlling the behavioral system that upheld it. It produced individuals who

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possessed not only a sex but also *learned* a gender, expanding and multiplying the access points of power to the body, rendering it more elastic and malleable and hence, more governable.

In *Will to Knowledge*, Michel Foucault argues that sexuality was deployed in the nineteenth century as the hinge between the anatamopolitics of the body and the biopolitics of population. Sexuality was the point of access that connected the biopolitical strategy to manage and regulate the life of the species to the discipline of individual material bodies and their organic functions. Sexuality was introduced as "the index of a society's strength, revealing both its political energy and its biopolitical vigour."[2] Its regulation, Foucault writes, "was motivated by one basic concern: to ensure population, to reproduce labour capacity, to perpetuate the form of social relations."[3] Since Foucault, however, few have continued his biopolitical genealogy of sexuality to uncover how this access to life through sex has been guaranteed after the Victorian period. Feminist applications of Foucault's analysis have produced theories of the historical contingency of gender constructs,[4] but not genealogical analyses of the biopolitics of the gender category itself.

The invention of gender has been examined in the context of the medical history of intersexuality and transsexuality, demonstrating how the idea of gender was introduced to justify sex reassignment surgeries on intersex infants.[5] Gender is often assumed to be a universal concept applicable to any historical time or place, and invented by either sociology, Simone de Beauvoir, or other feminists.[6] The idea of gender actually originates from intersexual case management in the 1950s. It is only from this period onward that we can really conduct a genealogy of gender. As Foucault argues, we cannot do a history of the science of life, or philology or political economy in the Classical period, simply because they did not exist in the order of knowledge.[7] Likewise, in a Foucauldian genealogical analysis, we cannot examine the history of gender before gender itself came into existence. It is not only anachronistic, but it also prevents us from examining how the apparatus itself emerged, through what conditions of knowledge and strategies of power.

Postwar society of the 1950s differed greatly from the Victorian context analyzed by Foucault in *Will to Knowledge*. Victorians had not suffered the economic destitution of the Great Depression, which also had a demographic cost: fertility rates slumped in the 1930s and did not begin to recover until the 1940s. Moreover, as thinkers like Giorgio Agamben[8] and Roberto Esposito[9] have argued, the interwar period and the Second World War were very much strategically thanatopolitical; the eugenic battles to make the life of the species flourish operated on logics defined by racial exclusion. After the wars, however, I believe we can witness a shift from the West's preoccupation with social hygiene to a discourse of social control.

Structural functionalism, a theoretical framework that dominated sociology in the 1940s and 1950s, assumed that social order was maintained through the socialization of individuals into normative behaviors. The schema, adopted by numerous social science disciplines, relied heavily on the family's role in ensuring that children were socialized into healthy, productive, and reproductive citizens. For example, a structural functionalist account of demographic transition theory became widely supported by demographers, sociologists, economists, and policy makers. The theory, "one of the great narratives of modernisation,"[10] charted the fluctuations in fertility and mortality rates, as well as family forms, as societies moved from preindustrial to industrialized economic systems, promising demographic and economic equilibrium at the end of the great transition. This transition only occurred, however, when governments made the initiative to interfere with these numbers. Social control was therefore essential to enact the transition and stabilize fertility, health, and economy.

Indeed, the 1950s were a period where on the other hand, women's opportunities, for example, in education were expanding, but at the same time it saw the institutionalization of the nuclear family as the ideal family form. Fertility was dropping and divorce rates were rising yet, as Betty Friedan[11] observed, there was a widespread belief that marriage, housewifery, and motherhood were the conveyors of happiness for women.

In this article, I argue that in the 1950s, gender emerged as an apparatus of biopower embedded in these logics of social control that reconfigured the sexual order of things. Gender, I argue, emerged as an apparatus that "at a certain historical moment ha[d] the major function of responding to an urgency"[12]—the urgency of upholding social order.

I begin with a general examination of the rationalities of behaviorism and functionalism that emerged in the first half of the twentieth century. I then examine Money's introduction of the notion of gender into sexology through his studies of children with ambiguous genitalia, for whom he drew up protocols of surgical and therapeutic correction. The following part studies the panoptic function of the family in the gender apparatus, in which parents were endowed with the duty of observing and disciplining their children's' sexuality, as well as their own. The article then sheds light on the quotidian life-administering violence of the gender apparatus; specifically, how physicians sought to secure the compliance of children facing psychotherapy and genital "correction" surgery while construing signs of resistance as temporary mental disturbance. The concluding section assesses the place and function of the revolution of the sexual apparatus in the context of the twentieth-century biopolitics of gender.

Managing Life through Social Order: Behaviorism and Functionalism

In this section, I outline two developments in psychological and social sciences that shifted the way in which the relationship between the individual and society became understood under a new framework of social control. Behaviorism provided a set of theories that argued that much of human behavior was learned, while functionalism, especially structural functionalism, theorized the relationship between individual socialization into norms and social order as a question of social control. I argue that these schools of thought should be understood not only for the rationalities of control that they perpetuated but because they were also dominant postwar rationalities for the control of life.

In *Will to Knowledge*, Foucault focuses on confession as a practice deployed to unearth truth and control sexuality in the Victorian period. From the turn of the century onward, cognition-based behaviorist mechanisms and functionalist theories of social order began to emerge and gain prominence in psychology and the newly founded social sciences. Behaviorism, instigated and developed by well-known physiologists and psychologists such as Ivan Pavlov, B. P. Skinner, Edward Thorndike, and John B. Watson, did not rely on the doctor's powers of interpretation of patient testimonies to "see" the truth of subject's mind. Rather, it operated on the premise that behavior was learned through processes of conditioning. The aim was therefore to understand the stages and means by which subjects were conditioned, rather than searching for truth about human instinct and natural selection.

One of the most important ideas to emerge from these studies was the concept of stimulus and response: Individual behavior was an effect on conditioning through the elicitation of responses to neutral stimuli. If human behavior was the result of conditioning, it was assumed, it was also possible to manipulate this behavior by interfering with the stimuli that were held as independent of the subject's behavior. For example, in an experiment that is now legendary, Pavlov showed that while dogs salivated in response to food, he could also induce them to salivate to a ringing bell when he began to pair the presentation of food with the sound of a bell. The dogs' behavior (salivation) could be conditioned through the introduction of new neutral stimuli (the bell).

While behaviorism argued that behavior was learned through conditioning, functionalism examined the behavior of the individual in the context of the new notion of social control. Functionalism was a turn-of-the-century sociological framework that emerged in the midst of the upheavals and social conflicts of an industrializing and urbanizing period. Drawing on early forms of systems theory, functionalists conceived of society as a system supported by structures and institutions like family, education, law, religion, and occupations that developed as a result of human evolution to

maintain social order. From the 1930s, sociologists started to be more interested in the social conditions that gave rise to different forms of social order, and these perspectives leaned substantially on central the lesson of behaviorism that behavior is learned. For example, Edwin Sutherland argued that criminal deviance could not be reduced to factors like class or race.[13] Rather, criminals became criminals through socialization into the norms of unconventional social orders, for instance, by associating with people from nonnormative social orders. Social order and the deviant behavior that disrupted it were therefore the result of social interaction and communication.

In the 1940s, structural functionalism began to dominate US sociology and was at the peak of its popularity in the 1950s—the time when gender was invented. Structural functionalism focused on the acts, relationships, processes, and structures that were believed to maintain social conformity. What emerged was "the assumption that social norms are reasonably clear and thus that norm violations are equally clear: they can be defined, and efforts to control them can be defined independently of the norms themselves."[14] Structural functionalism therefore had a fundamentally normative foundation, assuming that some level of social control was necessary for societies to be able to function. Thus, the study of social control was a project for policing social norms.

For Talcott Parsons,[15] one of the most influential theorists of structural functionalism, processes of socialization and social control were crucial to ensure that individuals conformed to given roles and continued to reproduce the system in question. Parsons coined the term of the *nuclear family* to describe the ideal family model that he felt was essential for successful socialization processes. The family's crucial function was to socialize children into what he termed *sex roles*, ensuring the reproduction of adult sexual personalities in the population. This, Parsons argued, was a prerequisite for normal psychological development and ultimately, the maintenance of social order.

What begins to emerge to the Foucauldian eye are changes to the Victorian rationalities that governed sexuality and life. The family was still at the heart of biopolitical control, but a new kind of attention was being paid to the psychological processes through which individuals conformed or deviated from norms. John O'Neill[16] has argued that structural functionalism worked to medicalize the problem of social control; Parsons, for example, saw the professional sociologist as a physician or psychotherapist who helped maintain the health of the "patient," that is, the system. It encapsulated the social scientific endeavor of developing "control strategies that would overlap the micro and macro orders of behaviour in a single order of administration."[17] The bodies that had become deployed by sexuality in the Victorian era were seen as not keeping pace with accelerating technological progress. Functionalism and behaviorism aimed to discipline the "now efficient, maladaptive, obsolescent"[18] biological bodies of industrialization and urbanization by "updat[ing] our biology through social control."[19] As Nikolas Rose[20] observes, Parsons' work in particular rendered psychiatry, clinical psychology, and other forms of expert guidance significant to the maintenance of social order, extending the reach of government action into the family.

In what follows, my objective is to shed a critical and biopolitical light on perhaps the most significant rupture and reversal in the discourse of sexuality in the twentieth century. I demonstrate how the ideas of behavioral conditioning, socialization, and social order were central to the biomedical invention of gender. I argue that the notion of gender is one of the significant mechanisms through which the redisciplinization of the material, sexually different, and reproductive body is established, and I show how this happened through a renewed focus on the hermaphrodite child.

Gender: A New Sexual Discourse of Biopolitical Control

In 1955, Money published four articles in the *Bulletin of the Johns Hopkins Hospital*, three of which were coauthored with his colleagues Joan Hampson and John Hampson.[21] Reporting on the findings of four years of research, the first article in 1955 by Money and the Hampsons made a novel intervention into the medical practices of sex assignment arguing against using a single criterion of sex in

the assignment of sex to hermaphrodites. Instrumental to their argument was the introduction of a new category of sex that challenged previous theories of psychosexual differentiation: gender role. Money borrowed the idea of "role" directly from Parsons, who was one of his teachers when he was studying for his PhD at Harvard University. Money combined Parsons's role concept with "gender," which came from philology where it was used to denote the masculine, feminine, or neutral status of nouns and pronouns. Money's work distinguished itself quickly in the sexology, psychiatry, pediatrics, and beyond.

The premise of the articles was a scathing critique of existing biological variables of sex. For many doctors in the 1950s, the gonads still held the answer to a person's true sex and in 1954 Canadian doctors had also found a means of easily determining chromosomal sex through skin biopsy. In addition to gonadal and chromosomal sex, other variables of sex included external genital morphology, hormonal sex and secondary sexual characteristics, internal accessory reproductive structures, and assigned sex.

The idea of "psychological sex" emerged not long before Money and the Hampsons made their contribution to the field. As Meyerowitz[22] has shown, the term was brought into use by scientists and medical practitioners interested in transsexualism in the 1940s to distinguish biological sex from the sense of being a man or being a woman. Eminent doctors such as Michael Dillon, Christian Hamburger, and Harry Benjamin still believed that psychological sex emanated from genetic or endocrine factors. The work of Money and the Hampsons challenged this view and in doing so they radically changed the location of the truth of sex from the genitals to being an outcome of *a behavioral control system*. They cross-examined the quantified sex variables of seventy-six hermaphrodites to argue that there was no "convincing evidence of a direct causal relationship"[23] between psychological sex and any of the biological categories of gonadal sex, chromosomal sex, external genital morphology, and internal accessory structures. Gender role, as they called it, was something learned postnatally and was not dependent on biological variables of sex.

Aiming to develop a "psychological theory of sexuality,"[24] Money and the Hampsons showed how all the seven variables of sex, that is, assigned sex, gonadal sex, chromosomal sex, hormonal sex, external genital morphology, internal accessory reproductive structures, and gender role took various combinations among the research subjects. The sex variables of the hermaphrodite subjects were organized into tables to reveal the extent to which these variables corresponded and contradicted each other. Addressing one variable at a time, the doctors showed how none of the biological variables could be used reliably to predict a person's gender role. Only assigned sex was consistently found to be in close conformity with gender role.

The central finding of these studies was that "gender role and orientation may be fully concordant with the sex of assignment and rearing, despite extreme contradiction of the other five variables of sex."[25] This enabled Money and the Hampsons to propose a new theory of sexuality that rejected a biologically deterministic account of the formation of psychological sex. They argued that their studies provided no evidence that any of the biological variables of sex were causal agents in the establishment of gender role. Because a person's gender role could be opposed to all other variables of sex, they concluded that the sexual mental makeup of a person did not "stem from something innate, instinctive" but rather it was the result of "postnatal experience and learning."[26] Money and the Hampsons therefore strongly refuted the idea that a person's sense of sexual self was predetermined by genetic or other biological factors.

Gender was more than just the old idea of psychological sex taken to an extreme: it covered a host of material manifestations such as behavior, mannerisms, speech, unconscious desires, and personal preferences. Money and the Hampsons defined gender role as:

> . . . all those things that a person says or does to disclose himself or herself as having the status of a boy or man, girl or woman, respectively . . . appraised in relation to the following: general mannerism,

> deportment and demeanour; play preferences and recreational interests; spontaneous topics of talk in unprompted conversation and casual comment; content of dreams, daydreams and fantasies; replies to oblique inquiries and projective tests; evidence of erotic pleasures and finally, the person's own replies to direct inquiry.[27]

Gender role therefore compassed a broad range of behavioral signs and subconscious indications through which people make themselves known to belong to a given sex. Money's gender role innovation marked a turn to a more behaviorist understanding of sex where psychosexual differentiation was not an innate biological occurrence, but rather an active postnatal process initiated through "the stimulus of interaction with a behavioural environment" that "can override the influence of the psychological variables of sex."[28] Cognition, stimuli, and the behavioral environment therefore became new tactical fields of gender that did not so much contest as reinforce the apparatus of sex by multiplying the terrains of biopower through the innovations of behaviorism.

Indeed, this new idea of gender role was accompanied by a behaviorist theory of how this active process of psychosexual differentiation occurred. Money suggested that gender role was acquired through a process of imprinting, a phase-sensitive learning process that operates by inciting behavioral responses to perceptual stimuli. Gender imprinting, they argued, began in infancy, reaching a critical period at the age of eighteen months and was well established at two and a half years. Money's use of imprinting was modeled on the work of Konrad Lorenz, an Austrian zoologist who famously brought the concept of imprinting into dominance in the mid-twentieth century through his studies on wild mallard ducklings. Lorenz discovered that right after hatching, ducklings could be induced to regard him as if he were their mother by imitating the sounds and gestures of a mother mallard duck.

Lorenz's work made a strong impression on Money, who believed Lorenz's findings in animal psychology were also pertinent for humans.[29] To him, Lorenz's experiments suggested that gender role imprinting was like learning a native language, which was seen as a human equivalent to imprinting behavior in animals. Gender imprinting, he wrote, takes place during the first two and a half years of a child's life as an "active process of editing and assimilating experiences that are gender-specific," for example, through the use of personal pronouns as well as "clothing style, haircut, and a thousand other gender-specific expectancies and attitudes."[30] Like a native language, once gender role it was established, it could "fall into disuse and be supplanted by another, but never entirely eradicated."[31] For most people, he argued, gender role became "so indelibly engraved that not even flagrant contradictions of body functioning and morphology may displace it."[32] Gender as an imprinted psychological state therefore provided an explanation for how a person's sense of self as male or female could contradict the signs of sex in the physical body. Gender had little to do with the physical body—it was learned after birth.

The belief that gender role was permanent for the rest of a person's life once it was established had major implications for the subjects of Money's research. The invention of gender facilitated new standardized medical, surgical, and psychological sex reassignment protocols for the control of biological sex, sexual traits, and behaviors. Already before Money, doctors in the 1930s up to the 1950s would strive to "correct" ambiguous genitalia. In adults, they were usually altered to correspond to the person's psychological sex. Sex reassignments according to genetic sex were considered risky and unsuccessful, as past attempts strongly indicated that they lead to mental health difficulties. The genitalia of infants, however, were commonly surgically altered to correspond to their genetic sex.[33] It was in this area that Money's work left its mark. If child sexuality was a crucial point of normalization in the Victorian sexual discourse,[34] it only became more so through gender.

According to Money's infant sex reassignment protocols, which are more or less still followed today, any "corrective" surgery must consider the gender role into which the child could be *best socialized* in order to produce a more mentally stable sexed subject. Because he believed that

children were socialized into gender roles through responses to perceptual stimuli (i.e., the perception of their genital sex), he recommended that the appearance of the external genitalia be given primary consideration when contemplating corrective surgery. As Money and the Hampsons wrote, a person:

> . . . becomes acquainted with and deciphers a continuous multiplicity of signs that point in the direction of his being a boy, or her being a girl . . . The most emphatic sign of all is, of course, the appearance of the genital organs. Presumably, it is the very ambiguity of the external genitals that makes hermaphrodites so adaptable to assignment in their sex.[35]

If a hermaphrodite's genitalia remained ambiguous, they reasoned, there was a danger of "misprinting" an ambiguous gender role, a sign of misprinting. In gender misprinting, "a more or less normal response, that of identifying with and impersonating a specific human being, becomes associated with the wrong perceptual stimulus."[36] To prevent misprinting, endocrinologists and surgeons could "correct" errors of body by altering the "wrong perceptual stimulus"—the sexed body and organs—to match the "right" imprinted gender. Changing bodily sex was a "mere" surgical procedure versus the long and psychologically strenuous if not altogether impossible task of changing the permanently gender-imprinted mind.

If the infant's genitals were predominantly male or female, the question was easily settled: the infant should be assigned by the genitals alone and "all further surgical or hormonal endeavour should be directed toward maintaining the person in that sex,"[37] in other words, by removing possibly hidden opposite sex organs, performing plastic surgery to make minor corrections such as repositioning the urethra, constructing vaginas,[38] or administering cortisone or hormones when appropriate. If the external genitalia were ambiguous, however, Money and the Hampsons recommended an examination of gonadal and hormonal sex in combination with the external genitalia. More often than not, however, the morphology of the external genitalia was enough for the doctors to make a decision in either direction, whether the child was to be made to look male or female. To make the decision and implement it, a whole host of specialists had to be recruited into the effort to control sex: not just psychologists and psychiatrists but also endocrinologists, urologists, plastic surgeons, and gynecologists.

The aim of both sex reassignment surgery and localized hormone treatment was to fashion a "normal" appearance to the child's genitalia. The primary recommendation was that infants with ambiguous external morphology be reassigned as female, largely because it was easier for surgeons to construct a vaginal canal adequate for sexual intercourse and even orgasm. If a subject could be provided through vaginoplasty with a "normal" sex and family life (aside from possible infertility, which could be compensated through adoption), this was usually enough for Money to advocate female reassignment.

Much like with the masturbating child, the discourse of the hermaphroditic child functioned to normalize child sexuality and sex, and ultimately, the reproduction of life. As Foucault explains, normalization is not about intelligibility as such, nor is it about exclusion or rejection. Rather, he writes, "it is always linked to a positive technique of intervention and transformation, to a sort of normative project."[39] The principle behind Money's sex reassignment schema was that the more "normal" the genitalia looked, the more likely the subject was to successfully develop the corresponding gender role.[40] The constructed vagina could then be used for penile–vaginal penetration and pleasure, which was assumed to be the only kind of sexual activity that enabled a truly healthy adult sex life. Thus, the hermaphroditic subject was a subject of biopolitical potentiality: a subject who, through the surgical alteration of the genitals, could be psychologically managed into a different-sex desiring subject and hence become a subject useful for the reproduction of social order, and ultimately, life by either reproducing the normative order or procreation, if possible.

The deployment of gender quite literally acted on the child's body as "a machinery of power that explore[d] it, br[oke] it down and rearrange[d] it."[41] It was made possible through behaviorist theories of conditioning that warned sexologists against the dangers of allowing deviant genital stimuli to rest, and by engaging with functionalist theories of social order, whereby incorrectly socialized gender roles threatened to destabilize the biopolitical order of things. As in the past, "the psychiatric hospital literally invented a new medical crisis,"[42] which now functioned to discipline bodies in order to discipline sexual behavior and ultimately life itself.

The Parental Panopticon

As suggested earlier, structural functionalism focused heavily on the family as the point of contact between individual behavioral conformity and social order. This emphasis was omnipresent in Money's schema of sex and gender management. The gender apparatus demanded the disciplinarization and normalization of the family in order to work in brand new ways. Parents became both subjects and objects of discipline aimed at controlling children's gender role imprinting processes. For successful imprinting, Money argued that the child's belief of their sexual status should be reaffirmed not only by the visual stimuli of the genitals but also in the way the child was treated by siblings, peers, neighbors, and especially parents. Both doctors and parents were equipped with a list of behavioral patterns and traits against which to assess and monitor a child's gender role differentiation. It was therefore not only the child whose sex was disciplined but the whole family became the "micro-clinic" for the management of gender.

In his 1965 article, "Psychosexual Differentiation," Money lays out three conditions for the successful differentiation of gender role. First, parents must "resolve their ambiguities and doubts" and "achieve a feeling of complete conviction that they have either a son or daughter." Second, genital surgery must "be delayed as little as possible after birth" because their appearance "dictates not only the expectations of other people but also contributes to the development of the child's own body image."[43] Finally, pubertal development must be controlled hormonally, possibly in conjunction with further surgery in line with assigned sex. The first two conditions were interlinked: parents must make a firm decision about their child's sex, and this decision must be made as soon as possible within the first two and a half years of the infant's life. The third and final clause ensured that the reassigned body would acquire the physical attributes corresponding to the child's gender role, thus completing the treatment and production of an ideally sexed subject.

The centrality of the family for the deployment of sexuality was repeatedly emphasized by Foucault. In *The Birth of the Clinic*, Foucault wrote that "the natural locus of disease is the natural focus of life – the family,"[44] a necessary arena in which to institute care and curing. In his *Psychiatric Power* lectures, Foucault argues that the family acts as the hinge that links the individuals to disciplinary apparatuses.[45] Functionalist rationality specifically and explicitly treated the family as the access point to control both individual behavior and social order.

Money held a clear view of how to assess and treat hermaphroditic children, but doctors needed the compliance of parents not just to proceed but to ensure that gender socialization was consistently and unfailingly enforced at home. It was also the responsibility of the psychologists, endocrinologists, and surgeons, he believed, to guide parents into making "the best decision,"[46] usually their preferred course of action, surgery. Money argued that parents needed to be given medical knowledge by experts, which he wrote "will help [parents] to feel convinced that what is being done is correct and is their own decision as well as that of the doctor."[47] Without this support, parents would be less convinced of the necessity of the reassignment and "might easily feel that they are acquiescing to a program that is trial-and-error—and that could prove all error."[48] But this was, of course, exactly what parents were doing. Parents were induced to concede to the objective opinions of

scientific experts who ostensibly, rather than unequivocally, knew the consequences of surgically intervening in infant genital ambiguity.[49]

The pressure parents were put under was heightened by a discourse of urgency. Integral to successful gender role differentiation was that the reassignment of sex occurred within a two-and-a-half year window during which the child's mind was supposed to be more or less gender neutral. Reassignment any later "was, without a doubt, psychologically injurious."[50] It was therefore imperative to tell parents that the longer they delayed the decision of reassignment, the worse it was for the child. If the parents wanted to put off the reassignment until their child was older, they were told that the child ran the risk of a poorer "life adjustment"[51] and "psychological disturbance."[52] The child's chance of successfully acquiring a gender role that matched the new sex would diminish with every passing day, and "the longer a change is postponed, the more difficult it becomes for parents to relinquish a son in favour of a daughter, or vice versa."[53] Even if a change was made quickly, Money and his colleagues observed that "there is a time lag ... as parents readapt themselves, which is not without effect on the child" for whom the change of sex might be "even more difficult."[54] Doctors possessed knowledge and skills that were said to be vital to the health of intersexed children, and so for parents to refuse medical intervention would have amounted to endangering their children's lives.[55]

To be clear, Money never voiced an explicit concern or warning over the possibility of rearing dangerous deviant subjects should parents not consent to sex reassignment surgeries for their hermaphroditic children. His studies showed that most adult hermaphrodites grew up content with their bodies and selves and did not find surgery necessary.[56] Still, Money believed there was a risk of psychological disturbance and social ostracism, so it was better to operate on a hermaphroditic child *just to be sure* those dangers to the self never materialized. But that psychological threat to the self was precisely that which demanded control in the functionalist schema. There was a small chance that the non-normative, untreated hermaphrodite could pass on their nonconformity to their children, which would threaten the order of the nuclear family and hence, the reproduction of life. It appears that it was a risk that could not be taken. To minimize that risk, parents were recruited as surveyors in the psychiatric panopticon.

The family was therefore also a means of accessing children's gender and maintaining the sexual order things in the broader world in which they lived. Much as in the Victorian era, in Money's schema, the family was made out to be the source of individual sexuality and sex, but was really deployed to reproduce it.[57] Parents were given the job of acting out male and female gender roles in their everyday life in the family home so that the child would come to identify with the parent of the same sex and reject the gender role of the other. It did not matter which parent cooked or drove a tractor. The "culturally and historically defined aspects of sex-different behaviour," he explained, "is inconsequential to the child's own gender differentiation."[58] What mattered was the establishment of "clear boundaries delineating, at a minimum, the reproductive and erotic roles of the sexes."[59] In practice this meant, for example, that parents should not exhibit negative feelings about their vagina or penis, because it would send confused messages to the child, who might also come to code his or her genitals negatively and develop a discordant gender role. It was therefore not just the child's sexuality that was being disciplined, but also that of the parents, whose sexuality and sexual behavior needed to be put into order, because it was their behavior that conditioned the child's mind.

Money shared Parsons' view of the role of the physician, whose unquestioned authority was essential for the maintenance of social order. The relationship between physician and patient (and/or their parents) was "a key point between the personality and social system"[60] that rendered the family into a part of the panoptic system. Money's recommendations engaged the eyes of the parents to replicate the physician's ceaseless inspecting gaze focused on the deviant subject, surveying the subject's behavior, and reporting occurrences both normal and abnormal back to the physician at the center of the panopticon. The mother of a boy with adrenogenital syndrome and XX

chromosomes, for example, gave Money a testimony of the sure signs of his masculinity, which included thoughts and interests that were "completely different"[61] from those of his sister. The mother also assured Money that the boy had a girlfriend, enjoyed hunting and fishing with his father, and later, motorbike racing with his male friend. From his interviews with the patient, Money recorded that he also "experienced erotic arousal, which included the slow secretion of genital moistness, from being with her, and also from girl-watching."[62] Parents were educated to scrutinize and evaluate their child's gender role development, thereby actively participating in inducing the child to unwittingly submit to the invisible apparatus of gender. The parents were a vital architectural part of the clinical panopticon of invisible power over child sex, sexuality, and gender that for Money constituted "a guarantee of order."[63]

Parents were also an access point to further points of surveillance, extending it to the infant's closest social relations. Money claimed that it was crucial for grandparents, friends, neighbors, and the community to accept the new sex of the infant. Anything less, such as questions and ridicule, might jeopardize the chances of successful gender role differentiation.[64] According to Money's instructions, doctors should educate parents to speak scientifically of their children's genitalia. Parents should reproduce this specific language when they explained the reassignment to their family and close friends. They should know "that their child was a boy or a girl, one or the other, whose sex organs did not get completely differentiated or finished."[65]

Indeed, parents were given a specific narrative of their child's condition. By informing parents that their child was sexually "unfinished," parents could be held in a positive state of anticipation about their child's sex so that when a doctor finally announced a child's sex, parents would not be compelled to "relinquish"[66] a child of one sex. Once the doctors made their final decision, Money and the Hampsons felt that "the parents will be firm in the conviction that they have a son, or else a daughter."[67] Such "unequivocal definiteness" on the part of the parents "is to the child's subsequent advantage."[68] This certainty did not need to be shared by the doctors: they made assessments and administered surgeries, and hormonal and psychiatric treatment. They did not rear their patients. Parents did, which is why it was crucial that they *knew* that their child was truly and only the reassigned sex. Any uncertainty might be sensed by the child and threaten gender role differentiation.

This explanation should be accompanied with diagrams showing the different stages of prenatal development to demonstrate that their child was merely "stuck" at a stage of sexual morphological and endocrinal sex differentiation that should have been completed in the womb, but was not. Money also encouraged parents to take a copy of these diagrams along with a rudimentary medical sex vocabulary with which to "scientifically" explain their child's condition to relatives and other close acquaintances. This authoritative language, he argued, would give the parents power to silence gossip and "silly conversation," in other words, views that disagreed with medical practices or endangered the child's gender role differentiation.

The need to control subjects through these specific familial procedures and texts is reflected in Money's reversion to another vocabulary when addressing his academic readership. For example, Money offhandedly referred to an infant's "oddity,"[69] "deformity," or being "abnormally formed."[70] Money's choice of words implies that he viewed ambiguous genitalia not just as an error of nature along a linear plane of sexual differentiation but as a deviation that urgently needed to be corrected. Hermaphroditism was an abnormality, but in familial discourse the infant was merely stuck in a phase of sexual differentiation that all "fully" differentiated infants passed through at the prenatal stage, whereas in medical discourse the abnormality was an exception that could not be located on either bell curve of biological sex difference.

Money was therefore in many senses very much "the master of truth"[71] of deployment of gender. He was acutely aware of the power of technical, scientific language over those who did not possess it. As Money wrote himself in his book *Sex Errors of the Body* (1968), "there is a magic about words and a power in technical terms that silences idle curiosity, for the idly curious hate to have their

ignorance exposed."[72] By empowering parents to employ powerful authoritative concepts, doctors extended biopower beyond the clinic and family effecting control over the hermaphrodite infant through an array of social relations, intensifying the grip of biopower on the child's body and mind.

The Child in the Gender Clinic: Docility, Violence, and Resistance

So far I have focused on the psychiatric discourse and disciplinary power surrounding infant sex and gender development. In this part, I draw attention back to the subject of control, the child, and the violence of the life-administering apparatus of gender. I focus specifically on how child participation was ensured through pedagogical techniques, but also through an interpretation of resistance as mental disturbance or delusion. As I will demonstrate in this section, this carefully crafted art of persuasion actually amounted to a pathologization of children's expressions of distress and resistance of the prospect of (more) surgery.

When sex reassignment surgery was carried out on children unable to communicate with language, this was usually the first in a succession of operations that were performed well into the teenage years. Because this meant that most patients were equipped with language and able to articulate and enact resistance, it was necessary to gain their cooperation for the protracted medical transition from one sex to another. Money recommended that older children already able to communicate with language should be told (as their parents were) that they are sexually unfinished, and be shown the same diagrams of fetal development. Money felt that it was "imperative" that they also be given "an explanation of what to expect of an operation"[73] so as to prevent them from construing themselves as "freaks." But this advice was also designed to induce children to cooperate with doctors seeking to enforce the physiological norms of sexual difference on them both in the psychiatrist's office and in the surgeon's table.

According to Money and the Hampsons, children facing an operation should be informed that it would make them look "normal." For instance, a three-year-old girl scheduled for clitorodectomy should be told that "the doctors will make her look like all the other girls and women."[74] What at first seems like an altruistic overture was really a maneuver designed to ensure the child's compliance and cooperation for the cutting up and reordering of her body. The girl was being informed that she does *not* look like other girls, but she *should*, and that the doctor can make her so. This practice was therefore sought to establish the notion in the child's mind that there is something so wrong with her body, to induce her to pathologize herself, and hence, persuade her to agree that her body required painful surgical intervention from men in white coats in order to fix it.

In addition to being given information about pre- and postoperative procedures, Money believed that children should be educated about the basics of sexual reproductive differences to help convince them that their genitalia should indeed be operated. The reproductive system, Money and the Hampsons write, can be explained "in terms of a baby nest or pouch, a baby tunnel or chute, an egg without a shell, and sperms that swim from the penis and up the baby tunnel in a race to see which one can win."[75] All of this, they assured, can be done "without explaining the facts of reproduction." Children were to be given meticulous details about their internal sexual morphology and what it was for, that is, sexual reproduction.

This instruction is peculiar, given that initially Money did not think that reproduction mattered in boys' early gender role formation. He wrote that for young boys, "the simplest comprehensible explanation is that one day the surgeons will finish the penis so that the boy can stand up to urinate"[76]—an explanation that has little to do with the ensuing narrative of sperm darting down "baby tunnels." In the 1955 articles, Money does not elaborate on why preoperative explanations of the facts of sexual reproduction would matter to young children, but a clue may be found in his book *Man & Woman, Boy & Girl* coauthored with his former student Anke A. Ehrhardt in 1972. For a book that provided a lengthy overview of the multiple biological sex categories only to discount

their influence, and whose psychological focus lent its weight to the postnatal experience in gender role formation, Money nonetheless defended the idea of incontestable sexual difference:

> Nature herself supplies the basic irreducible elements of sex difference which no culture can eradicate, at least not on a large scale: women can menstruate, gestate, and lactate, and men cannot. The secondary sexual characteristics of adulthood are reminders of this dichotomy, but the external sex organs are, of course, the primary visible evidence of the different reproductive role of male and female.[77]

For Money, nature did not determine what gender role a person acquired. It did, however, determine what binary sexually different bodies were for, that is, the function of reproduction. Sex was the functional element that ensured the reproduction of social order and hence, the system of human life. Gender socialization—and the control of it—ensured that the function was operationalized and put to use.

In the same book, Money clarified in more detail why explaining the biological facts of reproduction was important to infant gender differentiation: regular exposure to visual and behavioral sexual stimuli, mainly by identifying with the parent's genitals and sexual behavior, were vital for a child's gender role differentiation. This positive focus on children's sexuality signaled a shift from the moralistic Victorian attitudes as analyzed by Foucault. For example, for Money, sexual activity in children did not pose any immense "physical and moral, individual and collective dangers."[78] Rather, Money felt that infant sex play was a natural form of sex role socialization, citing studies of monkeys deprived of sex play resulting in "severe aberration of mating behaviour in adolescence and adulthood."[79] In humans, Money was convinced that forbidding "erotic rehearsals" "may very well have a deleterious effect on gender-identity differentiation" and may even lead to "errors."[80] Money enforced these principles in his therapy sessions, where, for example, he showed young children photographs of adults engaging in sexual intercourse, and at least once had a pair of siblings rehearse the positions and movements of copulation to reinforce their gender roles.[81] On top of everything else, for Money these activities were in line with "procreative imperatives ... if a culture is to maintain its membership and survive."[82]

In addition to the attempt to train children to positively identify with their genitals, there was another reason for discussing surgery in this way with child patients: to secure their docility. It was necessary as an "insurance against childish theories of surgical mutilation and maiming."[83] The 1955 article by Money and the Hampsons in which this is discussed also features a case report quoted in length of a child of three years and seven months with hyperadrenocortical female pseudohermaphroditism. The child was announced as a boy three days after birth and from the age of one was hospitalized for surgeries at approximately six-month intervals for hypospadiac repair. What stands out throughout the case report is the child's distrust of medical professionals and distress at the prospect of surgery. The child feared women at the hospital because he believed nurses were responsible for inflicting pain on his genitalia: "With women he was slow to get friendly and at ease, which seemed to have some connection with his misconception that nurses, and not doctors, cut his penis as well as managing the postoperative procedures which hurt him."[84]

Money also documents his first impressions of the child: "As soon as he recognised my face as unfamiliar, he approached me saying over and over again: 'Got to call Mommy.' There was a look of stark terror about him, and a note of frantic urgency in his voice. He did not object to a genital examination, but kept perseverating, uneasily: 'The nurse cut my wee-wee'."[85] The case report proceeds to recount the child's behavior and what he said during one particular visit. According to the description, the child wanted to leave the hospital because he feared a repetition of the surgery on his penis performed on his previous visit:

> He came to the hospital, he said, because his mother brought him in the choo-choo train. And he also came to the hospital because: 'The nurse cut on my wee-wee. The nurse hurt me. Cut on my wee-wee.'

> Immediately he went on, reiterating: 'I got to call my Mommy,' as he tried to reach the telephone on the desk. 'Got to call Mommy. Take me in the choo-choo train. Home.' By implication, he wanted to get out of the hospital before there was any more cutting on his wee-wee.[86]

Money went on to describe how the child often misrecognized the sex of others, including his own family members, but that he always correctly identified himself as a boy called Norman. He acted "complete like other little boys,"[87] in other words "boisterously and full of boyish high spirits, without being seclusive, timid or inhibited."

Money concluded that the child had developed a clear male gender role and "was extremely cognizant of his penis."[88] This, Money claimed, made him "alarmed by the history and prospects of its surgical alteration." Money attributed the child's "panicky reaction" to his positive identification with his penis, an observation that persuaded the doctors not to reassign him as a girl. But as for the child's distress, it remained beyond the realm of intelligibility: "In a typically childish way, he had grossly misconstrued his surgical experiences to signify that his penis was being mutilated," Money wrote. The notion that the child could have experienced surgery as mutilating and traumatic did not enter the realm of possibility for Money. Rather, further surgery for hypospadiac repair was postponed "until the child was older and less psychologically menaced by the procedure."[89] In the meantime, Money would continue to try to correct such misconceptions psychotherapeutically to prevent the development of any possible psychopathological disorders.

Gender as a Biopolitical Apparatus

The medical interest in intersexuality that gave birth to the notion of gender occurred at a time when the West was rebuilding and reestablishing social, political, and economic order after the ravages of the Second World War. The postwar scientific control of ambiguous sex coincided with a conservative backlash against the socioeconomic and political gains of equality between women and men. Also, the science of sex itself had become problematic: with five categories of biological sex, establishing a person's sex was increasingly difficult. Politically, socially, and medically the discourse of gender responded to a specific biopolitical urgency, that is, the difficulty of controlling sex and life in the postwar period.

Money's theory of gender instigated a new order of truth about sex that radically reconfigured the sexual apparatus. It leaned on the disciplinary apparatuses of behaviorism and functionalism, providing the sexual apparatus with new rationalities for the governance of life through the control of the socialization processes of individuals. Gender was born from these logics of social control and bound to the sexual apparatus thereafter. The truth of sex was no longer simply revealed by the body and confessed by the subject;[90] it was *learned* through imprinting and *constructed* through surgery. Gender worked by strategically interfering in the contingent cognitive processes of the behavioral control system of the mind, and by cutting up and reordering ambiguous genitals into normative and normalizing stimuli. By providing new explanations for the misalignment of psychological sex and physiological sex, gender provided physicians with a framework with which to diagnose potential cognitive and structural sexual threats to the management of the life of the species.

I thus conclude that gender emerged specifically as a new *apparatus* for the regulation of the life of the species. Indeed, Money's work alone rendered gender as a domain of power knowledge, not just for psychiatrists and surgeons but also for endocrinologists, urologists, obstetricians, and gynecologists. It relied on theories of social order from sociology, psychology, biology, and social philosophy. Parents, friends, schools, and neighbors were incorporated into the disciplinary project of gender socialization. Those who resisted it were delegated to the negative realm of the pathological. Gender came to dominate sexology just as sexuality did before it, and like sexuality it drastically

transformed, multiplied, and intensified the means of producing sexually different subjects, thus regulating social order and ultimately, life.

It is difficult to exaggerate the importance of Money's work. Not only was his theory of gender a radical new idea in the sexological field, but helping to disseminate it were a number of students that rose to prominent positions in the medical community,[91] further establishing gender as the foremost theory of psychosexual development. Such was the authoritative position to which Money rose that his protocols for intersex case management still endure in medical practice today.

The biopolitical development of the gender apparatus did not end with Money and has sociopolitical import beyond the medical field. There is no denying that gender has become a major discourse in the past decades. Universities have gender studies departments, governments are promoting gender equality, and in general gender has become a synonym for sex. The aim of this article has merely been to demonstrate the conditions of emergence of the gender discourse. It therefore sheds light only on the strategies of power that mobilized the apparatus in the first place. The history of its internal rationality, strategic function, and mechanisms of this new apparatus of biopower thereafter are a necessary area of further study to understand what gender means for the government of life in the present.

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Notes

1. I use the term *hermaphroditism*, rather than intersex, to reflect accurately the specific taxonomy used by Money and the Hampsons. Money and the Hampsons defined a hermaphrodite as "a person who congentially possesses an atypical mixture of male and female elements in the reproductive system, so that their somatic status as male or female is ambiguous." Money, "Hermaphroditism, Gender and Precocity in Hyperandrenocorticism: Psychologic Findings," *Bulletin of the Johns Hopkins Hospital* 96, no. 6 (1955): 253.
2. Michel Foucault, *The History of Sexuality 1: The Will to Knowledge* (Harmondsworth, England: Penguin, 1981), 146.
3. Ibid., 37–38.
4. Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1999); Joan W. Scott, *Gender and the Politics of History* (New York: Columbia University Press, 1999).
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6. Germon, *Gender*, 3, 5–6.
7. Foucault, *The Order of Things* (London: Routledge, 2002), 166.
8. Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford: Stanford University Press, 1998).
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17. Ibid., 352.
18. Donna Haraway, *Simians, Cyborgs and Women: The Reinvention of Nature* (New York: Routledge, 1991), 35.
19. Ibid., 35.
20. Nikolas Rose, *Governing the Soul: The Shaping of the Private Self*, 2nd ed. (London: Free Association Books, 1999), 175.
21. Money, Joan G. Hampson, and John L. Hampson, "Hermaphroditism: Recommendations Concerning Assignment of Sex, Change of Sex, and Psychologic Management," *Bulletin of the Johns Hopkins Hospital* 97, no. 4 (1955); Money, Hampson, and Hampson, "An Examination of some Basic Sexual Concepts: The Evidence of Human Hermaphroditism," *Bulletin of the Johns Hopkins Hospital* 97, no. 4 (1955); Money, "Hermaphroditism, Gender and Precocity in Hyperandrenocorticism."; Money, Hampson, and Hampson, "Sexual Incongruities and Psychopathology: The Evidence of Human Hermaphroditism," *Bulletin of the Johns Hopkins Hospital* 98, no. 1 (1956).
22. Meyerowitz, *How Sex Changed*, 112–13.
23. Money, "Hermaphroditism, Gender and Precocity in Hyperandrenocorticism," 257.
24. Money, Hampson, and Hampson, "An Examination of some Basic Sexual Concepts," 301.
25. Ibid., 319.
26. Money, "Psychosexual Differentiation," in *Sex Research: New Developments*, ed. Money (New York: Holt, Rinehart, and Winston, 1965), 12.
27. Money, Hampson, and Hampson, "An Examination of Some Basic Sexual Concepts," 302.
28. Money, "Psychosexual Differentiation," 20.
29. Money, Hampson, and Hampson, "Imprinting and the Establishment of Gender Role," *Archives of Neurology and Psychiatry* 77 (1957): 335; Money and Anke A. Ehrhardt, *Man & Woman, Boy & Girl: Differentiation and Dimorphism of Gender Identity from Conception to Maturity* (Baltimore: The Johns Hopkins University Press, 1972): 177.
30. Money, "Psychosexual Differentiation," 12.
31. Money, Hampson, and Hampson, "An Examination of some Basic Sexual Concepts," 310.
32. Ibid., 310.
33. Meyerowitz, *How Sex Changed*, 112.
34. Foucault, *Abnormal: Lectures at the Collège De France, 1974-1975* (New York: Picador, 2003), 59.
35. Money, Hampson, and Hampson, "Imprinting and the Establishment of Gender Role," 335.
36. Richard A. B. Green and John Money, "Incongruous Gender Role: Nongential Manifestations in Prepubertal Boys," *Journal of Nervous & Mental Disease* 131, no. 2 (1960): 167.
37. Money, Hampson, and Hampson, "Hermaphroditism," 288.
38. It was considered easier to construct vaginas. Phalloplasty done on female-to-male transsexuals showed a high rate of postoperative complications. Consequently, a majority of infants were reassigned as female.
39. Foucault, *Abnormal, 1974-1975*, 50.

40. As Fausto Sterling observes, infant genital surgery actually has a poor success rate, regularly causing scarring, requiring extensive surgeries, and diminishes the possibility of orgasm. Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000), 80–83.
41. Foucault, *Discipline and Punish* (London: Penguin Books, 1991), 138.
42. Foucault, *Psychiatric Power: Lectures at the Collège De France, 1973-1974* (New York: Picador, 2003), 252.
43. Money, "Psychosexual Differentiation," 10–11.
44. Michel Foucault, *Birth of the Clinic* (London and New York: Routledge, 1989), 19.
45. Foucault, *Psychiatric Power, 1973-1974*, 81.
46. Money, Hampson, and Hampson, "Hermaphroditism," 289.
47. Money, *Sex Errors of the Body* (Baltimore: The Johns Hopkins Press, 1968), 62.
48. Ibid., 62.
49. The extent to which Money saw that parents should naturally agree to sex reassignment surgery is reflected in his view that parents who do not are insane. He writes that when "an anatomically normal child [is reared] in contradiction to the correct assignment ... one or both parents can be considered psychotic" Ibid., 61.
50. Money, Hampson, and Hampson, "Hermaphroditism," 336.
51. Ibid., 286.
52. Ibid., 290.
53. Ibid., 289.
54. Ibid.
55. Ellen K. Feder, "Doctor's Orders: Parents and Intersexed Children," in *The Subjects of Care*, ed. Eva Feder Kittay and Ellen K. Feder (Lanham, MD: Rowman & Littlefield, 2002), 298.
56. Reis, *Bodies in Doubt*, 139.
57. Foucault, *The History of Sexuality 1*, 108–11.
58. Money and Ehrhardt, *Man & Woman, Boy & Girl*, 164.
59. Ibid., 164.
60. O'Neill, "The Medicalization of Social Control," 359.
61. Money and Ehrhardt, *Man & Woman, Boy & Girl*, 156.
62. Ibid., 157. The narrative of success was different for female patients. For example, the "proof" of successful treatment of a girl came "upon the establishment of a sexual relationship and marriage" Ibid., 157. While masculine pursuits and opposite sex sexual attraction confirmed the boy's successful male gender role differentiation, the girl's was settled by becoming an object of opposite sex desire, leading to the acquisition of a boyfriend and eventually marriage.
63. Foucault, *Discipline and Punish*, 200.
64. Money, Hampson, and Hampson, "Hermaphroditism," 294.
65. Ibid., 291.
66. Ibid., 289.
67. Ibid., 291.
68. Ibid., 291.
69. Ibid., 293.
70. Ibid., 291.
71. Foucault, *Psychiatric Power, 1973-1974*, 362.
72. Money, *Sex Errors of the Body*, 62.
73. Money, Hampson, and Hampson, "Hermaphroditism," 295.
74. Ibid., 295.
75. Ibid., 294.
76. Ibid.
77. Money and Ehrhardt, *Man & Woman, Boy & Girl*, 13.

78. Foucault, *The History of Sexuality 1*, 104.
79. Money, *Sex Errors of the Body*, 69.
80. Money and Ehrhardt, *Man & Woman, Boy & Girl*, 183.
81. This is a revelation of the biography of David Reimer, the famous John/Joan case. John Colapinto, *As Nature made Him* (New York: HarperCollins, 2000), 86–88.
82. Money and Ehrhardt, *Man & Woman, Boy & Girl*, 145.
83. Money, Hampson, and Hampson, "Hermaphroditism," 295.
84. Ibid., 297.
85. Ibid.
86. Ibid.
87. Ibid., 298.
88. Ibid.
89. Ibid., 289.
90. Foucault, *The History of Sexuality 1*, 146.
91. Money's former students include Dr. Anke Ehrhardt, professor of medical psychiatry at Columbia University; Dr. Richard Green, former director of the Gender Identity Research Clinic at UCLA, who served as research director at London's Gender Identity Clinic; and Dr. June Reinisch, former head of the Kinsey Institute.

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