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FROM BISEXUALITY TO INTERSEXUALITY

RETHINKING GENDER CATEGORIES

Abstract: The study of human sexual identities is changing, and these changes oblige analysts to think about sexualities in ways never envisioned by their psychoanalytic forebears. These changes also require that they be aware of some of the limitations imposed by their own theoretical traditions. Toward that end, this paper first defines the terms related to modern conceptions of sexuality and sexual identities; then reviews the historical assumptions underlying the theory of bisexuality; and next introduces the role of categories and hierarchies in general and the clinical meaning of sexual hierarchies in particular. After a discussion of the meanings and uses of the "natural," the paper concludes with a commentary on intersexuality as an example of both the social and the surgical constructions of gender.

Keywords: bisexuality, gay, gender, homosexuality, intersex, psychoanalysis, queer theory.

IN MEDICAL SCHOOL, During a clinical rotation in the gynecology clinic, I was asked to obtain a history from a 16-year-old girl. Before meeting with her, I read her chart and learned that unknown to her, the patient had a genetic condition called androgen insensitivity syndrome (AIS). In possession of a male's XY chromosomes, the developing cells of the fetus with AIS are unresponsive to the masculinizing effects of the androgens secreted by its own testes. Consequently, the newborn's outer appearance is that of a girl.[1] In the case of this patient, her testes were undescended and were removed shortly after birth.

The chart read that the patient had been reared as a girl; to facilitate the

[1] In conventional male development, the fetus is "first female" and then male. In the 12th week of pregnancy, male hormones (androgens) secreted by the testes initiate masculinization of the fetus.

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success of that process, and as was the medically recommended custom in these cases (Money and Ehrhardt, 1996; Colapinto, 2000), she had never been told any of the true facts surrounding her birth. Her medical chart, both inside and on the cover, contained numerous warnings to whoever might read it that under no circumstances was the patient to be told about her true nature. Yet I, a complete stranger who would never meet with her again, had been given that personal information about the patient.[2]

This being one of my first clinical interviews with a "live" patient, I anxiously asked a basic gynecological history question: "When was your last menstrual period?" She icily responded, "I don't have any." I thought to myself, "Of course, she didn't have periods. She had no uterus. How could I be so stupid to ask her *that* question?" I felt guilty and embarrassed. I later came to understand that, with this "interesting case," I was not the first curious medical student to bumblingly ask about her gynecological history.

The patient understood that she had been born without a uterus but said she could nevertheless be a mother if she chose to marry and adopt children. In fact, she thought of herself as a young woman—as did I. However, the medical profession calls her a male pseudohermaphrodite. Male because she was born with testes, and pseudo-, as opposed to a "true" hermaphrodite, because she was born with testicular but no ovarian tissue. What does all that mean clinically? At the time, the gynecology chief resident to whom I had to report after speaking with the patient joked, "Great looking guy, huh?" Still feeling guilty about my own faux pas, I did not find the remark very funny. Yet our reactions may be typical of the kinds of responses evoked when we meet people who do not conform to our conventional expectations of "male" and "female."

The study of human sexual identities is changing, and these changes are forcing analysts to think about sexualities in ways never envisioned by our psychoanalytic forbears. These changes also require that we be aware of some of the limitations imposed on us by our own theoretical traditions. Toward that end, this paper begins with a definition of terms, which is followed by a review of historical assumptions underlying the theory of bisexuality. The next section introduces the role of categories and hierarchies in general and the clinical meaning of sexual hierarchies in particu-

[2] Additional personal and family history in the record is omitted here to protect confidentiality. However, the chart informed any reader that the patient was unaware of this history.

lar. This is followed by a discussion of the meanings and uses of the concept of "the natural." The final section concludes with a commentary on intersexuality as an example of both the social and the surgical construction of gender.

Definition of Terms

In recent years, the work of lesbian, gay, bisexual, and transgender (LGBT)—and some heterosexual—scholars has increasingly come to be grouped under the umbrella term *queer theory*.[3] Drawing on the earlier work of feminists (de Beauvoir, 1952; Friedan, 1963; Dinnerstein, 1976; Chodorow, 1978) and gay and lesbian studies (Abelove, Barale, and Halperin, 1993), queer theory challenges implicit assumptions that underlie conventional, binary categories like "masculinity–femininity," or "homosexuality–heterosexuality." Those writers usually sought to challenge cultural norms, seen as oppressive, by "deconstructing" the implicit assumptions on which such norms are based (Foucault, 1978; Rubin, 1984; Butler, 1990; Sedgwick, 1990). Usually arguing that identities (including but not limited to sexual identities) do not arise from biological (essentialist) factors, queer theorists' writings draw attention to the ways in which those identities are socially constructed through history, language, and custom. Defining queer theory is in itself a paradoxical act, given that it is a discipline that seeks to destabilize comforting definitions. Nevertheless, one must first have some understanding of the categories being defined before one can understand how they have been constructed. The following glossary of terms is intended to aid the reader's understanding of the social construction of gender and sexuality.

Sexual orientation refers to a person's erotic response tendency or sexual attractions, be they *homosexual, bisexual, or heterosexual* (Kinsey, Pomeroy, and Martin, 1948; Kinsey et al., 1953; also see Drescher, Stein, and Byne, 2005 for further discussion). Sexual orientation can be assessed through such parameters as the proportion of dreams and fantasies directed to one or the other sex, the sex of one's sexual partners, and the extent of physiological response to erotic stimuli associated with one or both sexes.

[3] There is a play on the double meaning of the term queer, historically a disparaging term for gay people. "Queer" is deliberately appropriated as a marker of a unique, outsider's take on cultural conventions.

The terms *gay, gay man, lesbian, and bisexual* are *sexual identities* and refer to men and women who openly recognize, to some degree, their homosexual or bisexual attractions. Being gay or lesbian is not the same as being a *homosexual.* The latter is a medical term—usually with pejorative connotations—that takes one aspect of a person's identity, his or her sexual attractions, and treats it as if it were the sum of the person's entire identity (Magee and Miller, 1997). A *sexual identity* is not the same as a *sexual orientation.* Furthermore, one's sexual orientation and sexual identity can be further distinguished from one's *sexuality or sexual behaviors.* For example, a self-identified "celibate gay priest" has a homosexual orientation, a gay sexual identity, but refrains from sexual behavior. There is also a range of sexual identities in populations at risk for HIV and AIDS (Halkitis, Wilton, and Drescher, 2005). Described behaviorally as *men who have sex with men* (MSM), such men may be gay or they may not necessarily think of themselves as gay, or even as homosexual. For example, a prison inmate with a heterosexual orientation may engage in homosexual behavior and never consider that he has anything but a heterosexual identity. These examples illustrate how categories and classification systems may conflict with subjective experiences of the meaning of homosexuality.

While *sex* usually refers to the biological attributes of being male or female, *gender*—with which "sex" is often conflated—usually refers to the psychological and social attributes of the sexes. *Gender identity* refers to a persistent sense of oneself as being male or female (Money and Ehrhardt, 1996; Stoller, 1968). Historically, psychoanalysts presumed the cause of homosexuality to be confusion about one's own gender identity, which was then thought to cause confusion about the sex to which one was attracted. *Gender role* refers to overtly displayed gender-associated social behavior, which establish one's position—both for oneself and for others—as a member of one sex or the other (Kohlberg, 1966). It represents the perception of a person' s ability to act as a man or a woman should conventionally behave in public. While *gender identity* describes an inner, subjective experience of being male or female, *gender role* is the external markers of masculinity, femininity, or androgyny.

Gender stability refers to a child's understanding that one's sex at birth remains the same throughout life; that is, an understanding that girls are born as girls and grow up to be women and that boys grow up to be men. *Gender constancy* refers to a child's understanding that external changes in appearance or activity do not change one's gender (Kohlberg, 1966).

For example, a boy learns that even if he changes his physical appearance by putting on a dress or growing long hair, he remains a boy.

Gender beliefs (Drescher, 1998) are cultural ideas about the essential qualities of men and women. These beliefs are expressed in everyday language regarding the gendered meanings of what people do.

Transsexualism consists of a strong and persistent cross-gender identification, discomfort with one's biological sex (*gender dysphoria*), and a wish to acquire the characteristics of the other sex, which may lead them to seek *sex-reassignment surgery*. A person born a man who *transitions* to being a woman is called a *male to female (MTF) transsexual.* Someone born a woman who transitions to being a man is a *female to male (FTM) transsexual*.[4] Complicating matters further, cross-gender identifications give little indication of a transsexual person's eventual sexual orientation. For example, depending on the person, a fully transitioned, postoperative MTF transsexual may have sexual feelings for a man (heterosexual MTF) or for a woman (homosexual MTF) (Bornstein, 1994; Lawrence, 2004; Leli and Drescher, 2004).

Not all people with cross-gendered identifications desire, seek or obtain transsexual surgery. Some may undergo a *partial transition,* either by wearing the clothing or accessories of the *nonnatal gender* or by taking hormone supplements to acquire secondary sexual characteristics of the other gender (Blanchard, 1993a, b). *Transgender* is an umbrella term and includes both transsexuals as well as individuals with gender dysphoria who do not fully transition. The term also includes *transvestites*.[5] Cross-dressing is strongly linked in the popular imagination with homosexuality, although fetishistic cross-dressers are frequently married, heterosexual men. While most gay men and women do not cross dress, there are social venues within gay and lesbian communities that allow for public

[4] There is a great deal of popular confusion between transsexualism and homosexuality. However, it is extremely rare for those who stably identify as gay, lesbian or bisexual to have the intense cross-gender identifications associated with transsexualism or to seek sex-reassignment surgery (Drescher, Stein, and Byne, 2005).

[5] Unlike homosexuality, which was removed from the American Psychiatric Association's Diagnostic and Statistical Manual in 1973 (Bayer, 1981), today's manual, the DSM-IV-TR, includes three transgendered diagnoses: gender identity of childhood, gender identity of adulthood, and transvestitic fetishism (American Psychiatric Association, 2000). Paralleling the homosexual protests of the mid-20th century, there are an increasing number of cross-gender-identified persons who challenge the characterization of their feelings as symptoms of a mental disorder (Wilchins, 1997; Drescher, 2002a; also see Karasic and Drescher, 2006, for a discussion of the gender identity diagnoses of the DSM).

cross-dressing. These may include community events (gay pride, Halloween, or Mardi Gras parades) or paid entertainment (drag shows).

Intersex was once referred to as *hermaphroditism*. In the words of one intersex activist group, it is "technically . . . a 'congenital anomaly of the reproductive and sexual system.' Intersex people are born with external genitalia, internal reproductive organs, and possibly endocrine systems that are different from those of most other people. There is no single 'intersex body'; intersex encompasses a wide variety of conditions that do not have anything in common except that they are deemed 'abnormal' by society. What makes intersex people similar is their experiences of medicalization, not biology. Intersex is not an identity. While some intersex people do reclaim it as part of their identity, it is not a freely chosen category of gender. . . . Most intersex people identify as men or women."[6] There is a growing movement to redefine intersex conditions as *disorders of sex development* (DSD).[7]

Bisexuality: Tea for Two?

Molecular biologist Anne Fausto-Sterling (1993) provocatively titles her article, "The Five Senses: Why Male and Female Are not Enough." In her system for categorizing the intersexed, Fausto-Sterling places anatomic males and females at opposite ends of a continuum. Males shade into what she called merms, or male pseudohermaphrodites; true hermaphrodites are in the middle; then come ferms, or female pseudohermaphrodites, and then women.[8]

During most of the 20th century, hermaphrodites were relegated to the shadows. By the late 1990s, however, intersex persons began appearing publicly. They formed support groups like the Intersex Society of North American (ISNA)[9] and provocatively documented their experiences as *Hermaphrodites with Attitude*.[10] Intersex activists and their advocates be-

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[6] Retrieved from multiculturalcenter.osu.edu/Posts/Documents/87_2.PDF, compiled by the Intersex Initiative: http://www.intersexinitiative.org, January 28, 2006.

[7] http://www.dsdguidelines.org/

[8] Had she placed her tongue more firmly in her cheek, she might have designated men as Fausto-Sterling "0's" or women to be F-S "5's."

[9] http://www.isna.org/

[10] http://www.isna.org/library/hwa

gan a process—one that continues to this day—of questioning both the necessity of genital surgeries and the secrecy that traditionally surrounds the medical treatment of intersex conditions (Diamond and Sigmundson, 1997; Dreger, 1998, 1999; Kessler, 1998; Fausto-Sterling, 2000; Rosario, 2006). Like the sexual minority groups that preceded them—gays, lesbians, bisexuals, transsexuals, transgenders—some intersex activists have raised the question, What is an intersex identity?

Amidst this growing profusion of sexual and gender identities, many analysts are left perplexed. All too often, our training does not include discussions about what it might mean to identify as gay, lesbian, bisexual, transsexual, transgender, or intersex. In part, our difficulties may stem from theoretical traditions, going back to Freud, that skew toward questions about etiology (i.e., why is the person gay?) rather than focusing on meanings (i.e., what does it mean for this person to call herself gay?) (See Drescher, 1998, 2002b, and 2002c for more detailed discussions of these questions.)

On the basis of ideas developed in his early years of collaboration with Wilhelm Fliess (Freud, 1887–1902; Jones, 1961), Freud took a 19th-century concept, *bisexuality,* and made it a linchpin of 20th- century psychoanalysis. In the 19th century, physical bisexuality was a popularly held scientific belief. It first referred to the hypothetical ability of an organism to develop as either a male or a female of its species. Scientists had observed the capacity in some species to develop and reproduce as either male or female. When it was discovered that human embryos did not develop into either males or females until the 12th week of gestation, it was believed that human beings carried a bisexual potential in them as well. For, in that era, scientists still believed that ontogeny, the development of an individual in utero, reproduced phylogeny, the evolution of that individual's species. Freud, among others, would take this paradigm one step further to hypothesize that human beings are psychologically bisexual. [11]

Bisexuality, whether biological or psychological, presumes that there are only two sexes: male and female. Girls are made of sugar, spice, and everything nice, and boys of snails and puppy dog tails. In what queer theorists refer to as the *gender binary,* male and female are the only two essential categories: these classifications define all human sexualities, in-

[11] After Freud's death, his theory of bisexuality was repudiated by Sandor Rado (1940). Of historical significance is that Rado's formulations were a major influence on the subsequent psychoanalytic theorists who regarded homosexuality as pathological (see Bayer, 1981).

sofar as the wide diversity of sexual identities and practices are envisioned as reflecting some hybrid of these two basic ingredients. The nursery rhyme equivalents would be spiced snails, perhaps, or sugared puppy dog tails. In psychoanalysis, a long-standing formula has been that gay men identify with their mothers (Freud, 1910) and lesbians are women who act like men (Freud, 1920).

Formulations based on gender binaries are not limited to psychoanalysis and routinely appear in patient narratives:

> A recounted a dream in which he was kissing a woman. He remembered having the feeling, when he awoke, of being in a therapy relationship with her. In his associations, A wondered if there was some connection between the woman in the dream and his male therapist. The feeling in the dream made him worry whether A might really be "gay," even though he was aroused only by—and his sexual activities were exclusively with—women.
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> The therapist suggested that perhaps getting help from a man stirred anxiety in the patient because he did not know how to define his *gendered self* in their relationship. They both acknowledged that A desired nurturance from the male therapist, just as he had desired it in the past from his unavailable father. However, A worried that this desire might mean that he was "gay," by which he meant a man who had the feelings of a woman. In other words, "gay" was the *gendered meaning* that which he applied to his desire for nurturance; his awareness of this feeling left him wondering whether having it defined him as masculine or feminine.

The example of A's gender beliefs about the masculine or feminine meanings of his feelings is one of many illustrations of gender binaries. In many aspects of their clinical work, analysts find bisexuality to be a useful heuristic. They will routinely offer narratives of bisexuality to widen the two gender categories (male and female) in ways that increase patients' acceptable modes of expression; for example, by affirming a man's wish to cry or a woman's desire to assert herself.

Bisexual narratives may also be reassuring to the preoperative male to female (MTF) transsexual, whose subjectivity is captured in the following statement: "I feel myself to be a woman trapped in the body of a man. I want to have surgery so my physical gender matches my psychological gender." Analysts like Robert Stoller (1968, 1985) theorized that such a person has a woman's core gender identity in a man's body. In fact, some transsexuals do define their identities by using such masculine–feminine binary distinctions. Not all transgender persons, however, share that sub-

jectivity. As mentioned, not everyone with gender dysphoria wants sex-reassignment surgery (SRS). Nor does every anatomic man who wants SRS feel like a woman inside.[12] In fact, emerging preoperative and postoperative identities in the transgender community are bending the conventional categories of gender and sexual identity into strange new shapes (Bornstein, 1994; Wilchins, 1997; Denny, 2002; Leli and Drescher, 2004). To paraphrase the subjectivity of another patient, "I feel myself to have a woman's feelings in the body of man. However, I am only attracted to women and not to men at all. So when I make love to my girlfriend, I think of myself as something like a lesbian in the body of a man." It should be noted that the awkward phrasing reflects the difficulties in capturing this subjectivity in conventional language.

Since the 1950s, the transsexual phenomenon and transgender politics have elicited questions about traditional gender beliefs (Garber, 1989). More recently, however, additional challenges to gender categories have been raised as a result of increased attention to the experiences of the intersexed (Dreger, 1998, 1999; Kessler, 1998; Rosario, 2006). One historical account from Fausto-Sterling (2000) reads like a gender-bending tragicomedy:

> In Piedra, Italy, in 1601, a young soldier named Daniel Burghammer shocked his regiment when he gave birth to a healthy baby girl. After his alarmed wife called in his army captain, he confessed to being half male and half female. Christened as a male, he had served as a soldier for seven years while also a practicing blacksmith. The baby's father, Burghammer said, was a Spanish soldier. Uncertain of what to do, the captain called in Church authorities, who decided to go ahead and christen the baby, whom they named Elizabeth. After she was weaned—Burghammer nursed the child with his female breast—several towns competed for the right to adopt her. The Church declared the child's birth a miracle, but granted Burghammer's wife a divorce, suggesting that it found Burghammer's ability to give birth incompatible with the role of husband [p. 35].

Fausto-Sterling notes that prior to the 19th century, "biologists and physicians...did not have the social prestige and authority of today's professionals and were not the only ones in a position to define and regulate

[12] See Lawrence (2004) for a discussion of autogynephilic transsexuals who are described as men who start out fantasizing about being a woman in a paraphilic/fetishistic way, which may eventually lead to gender dysphoria.

the hermaphrodite" (p. 34). Before the ascent of the medical and scientific professions, as in the case of Daniel Burghammer, it was the church that served as the official regulatory agency of gender. Its reference manual was the bible, which officially acknowledges the existence of only two sexes. In their decision to assign Burghammer to a female gender, church officials acted on the belief that *she* having given birth to a child trumped not only *his* being a soldier and a blacksmith, but also a lifetime reared as a man.

In time, many official powers of the church were ceded to what Szasz (1974) called the Therapeutic State. In the process, the study of nature moved from the province of religion to that of science. By the 19th century, the assignment of hermaphrodites to either one sex or the other increasingly became a scientific and medical concern. However, scientific authorities, much like the religious authorities before them, believed that there were only two sexes. They still divided the gender baby in half, although they did so differently.

Science's binary categorization of male and female led to a classification system that distinguished between *true* and *pseudo*-hermaphrodites. Where persons with Burghammer's history were once simply "hermaphrodites,

> scientists decreed the true hermaphroditic condition to be extremely rare. To be true hermaphrodites, individuals had to have some combination of both male and female gonads. Thus, the organs of sexual reproduction, by shared scientific agreement, arbitrarily became the defining factor in determining an individual's "true" biological sex. Consequently, "a body with two ovaries, no matter how many masculine features it might have was [a] female [pseudohermaphrodite]. No matter if a pair of testes were nonfunctional and the person possessing them had a vagina and a breast, testes make the body [a] male [pseudohermaphrodite] [Fausto-Sterling, 2000, p. 38].

One result of employing this classification system was that the categories of male and female expanded while the third category—the hermaphrodite—shrank significantly in size. As Fausto-Sterling puts it, "People of mixed sex all but disappeared, not because they had become rarer, but because scientific methods classified them out of existence" (p. 39).

In the 19th century, this tendency to reinforce male–female binaries informed Freud's theories as well. His belief in two genders would eventually pit psychoanalysis against *third=sex theories,* the earliest proponent of which was Karl Heinrich Ulrichs (1864). Ulrichs, the historical equiva-

lent of what today might be called a gay political activist, argued that some men were born with a woman's spirit trapped in their bodies. He believed this explained their attraction to men. Because the terms homosexuality and homosexual would not be coined until 1869 (Bullough, 1979), Ulrichs designated the condition *Uranism*, and persons who practiced Uranian love were called *Urnings*.[13] He believed that urnings constituted a third sex that was neither male nor female.[14]

Almost half a century after Ulrichs, the most prominent spokesperson for third-sex views was Magnus Hirschfeld. As an openly homosexual psychiatrist, he led the German homophile movement in Freud's time (Lauritsen and Thorstad, 1974). Hirschfeld was an early member of the psychoanalytic movement, but an early dropout as well. After he left, Freud (1911) wrote to Jung: "Magnus Hirschfeld has left our ranks in Berlin. No great loss, he is a flabby, unappetizing fellow, absolutely incapable of learning anything. Of course he takes your remark at the Congress as a pretext; homosexual touchiness. Not worth a tear (pp. 453–54).

Hirschfeld's departure, however, eventually led Freud to criticize third-sex theories, although he did so without explicitly mentioning either Ulrichs or Hirschfeld by name. He wrote in a 1915 footnote added to *The Three Essays* (1905):

> Psychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character...it has found that all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious . . . psycho-analysis considers that a choice of an object independently of its sex—freedom to range equally over male and female objects—as it is found in childhood, in primitive states of society and early periods of history, is the original basis from which, as a result of restriction in one direction or the other, both the normal and the inverted types develop [pp. 145–146].

Ironically, in today's climate of rapprochement between the psychoanalytic and the gay communities, many cite this footnote to illustrate

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[13] Ulrichs defined a woman whom we would today call a *lesbian* as *urningin*.

[14] Ulrichs, like Freud, turned to Greek mythology for his etymological sources. His terminology derived from a speech in Plato's *Symposium* that told of the elder Aphrodite, a daughter of slain Uranus, who was born out of the remains of her father's dismembered body. Because she had no mother and her birth involved no female participation, the Uranian Aphrodite, according to Plato, inspired the love of men for men, and women for women (Kaplan, 1950). Heterosexuals in this nosology were *dioning*—descendants of Zeus and the mortal woman Dione.

Freud's pro-gay sympathies. However, in the original, historical context, what sounds like principled opposition to "any attempt at separating off homosexuals from the rest of mankind as a group of special character" was actually Freud's theoretical rebuff of Hirschfeld and the German homophile movement he led: the belief that homosexuals constitute a biological, third sex. If, as Freud argued, all persons were intrinsically bisexual, there could be no such thing as a third sex. Instead, there could only be two sexes, everyone having some capacity to express, either consciously or unconsciously, both masculine and feminine instincts.[15]

Hierarchies: Who's on First? What's on Second?

The concept of bisexuality is not limited to psychoanalytic theory. One scientist who did groundbreaking theorizing about bisexuality was Alfred Kinsey (Kinsey et al., 1948, 1953). Like Freud's, Kinsey's ideas have had an enormous impact on many contemporary cultural beliefs about human sexuality. Although now embedded in our cultural consciousness as a sex researcher, Kinsey first trained as a taxonomist. He made his first scientific mark by observing gradations of genetic variation among gall wasps. Transferring this scientific approach with insects to studying human sexuality, he placed exclusive heterosexuality, now called a Kinsey 0, at one end of a continuum he created. Exclusive homosexuality, or Kinsey 6, was at the other end. Five types of bisexuality lay in between, with pure bisexuality, Kinsey 3, in the middle. In defense of his continuum, Kinsey and his colleagues (1948) spoke against the dichotomous thinking that characterized much sexual research of his time:

> The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals

[15] Several years later, Freud (1920) would reiterate this view more disdainfully: "The mystery of homosexuality is therefore by no means so simple as it is commonly depicted in popular expositions—'a feminine mind, bound therefore to love a man, but unhappily attached to a masculine body; a masculine mind, irresistibly attracted by women, but, alas! imprisoned in a feminine body.' . . . Tendentious literature has obscured our view of this interrelationship by putting into the foreground, for practical reasons [the kind of object choice], which is the only one that strikes the layman, and in addition by exaggerating the closeness of the association between this and [physical hermaphroditism] . . . two fundamental facts have been revealed by psycho-analytic investigation. The first of these is that homosexual men have experienced a specially strong fixation on their mother; the second, that, in addition to their manifest homosexuality, a very considerable measure of latent or unconscious homosexuality can be detected in all normal people. If these findings are taken into account, then, clearly, the supposition that nature in a freakish mood created a 'third sex' falls to the ground" (pp. 170–171).

> with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex [p. 639].

Although Kinsey opposed dichotomous thinking, he nevertheless succumbed to it by creating a homosexuality–heterosexuality continuum. Similar to the male–female binary preceding it, this was a polarization of human sexual experience that arbitrarily designated the two ends as essentialist categories. While this polarization may be a reasonable way to organize research data scientifically for further testing, one could argue that classification systems are not essential truths. To his credit, Kinsey did the best he could; his bisexuality scale was wider in scope than were previous classification systems. Furthermore, eliminating categories and continua from thought or speech would be akin to expunging metaphor; it would make normal communication almost impossible. However, although categories cannot be eliminated, queer theorists have demonstrated how they can be deconstructed.

Gender theorists and queer theorists offer alternative ways to think about the cultural underpinnings of "natural" categories like "man" and "woman" (Foucault, 1978). How might one go about reframing a traditional gender narrative? Consider the biblical story of Genesis, in which God created man. Man, in the Judeo-Christian tradition, is the first gender category. The subsequent creation of woman from man's rib produced a second gender category. Perhaps because of humanity's competitive nature (I address the subject of nature later), the existence of two categories has frequently led to discussions of which is the "better" category, man or woman. There are those who believe that having been created first means that man is, by birthright, superior. This is, of course, a fundamental tenet of patriarchy. Only recently in the course of human history have feminists countered with the reasonably plausible argument that the later model improved on the first (de Beauvoir, 1952).[16]

The use of gender as a way of ranking is a common way to organize experience. When categories are compared with each other, they almost inevitably lead to hierarchies. It seems unlikely that any amount of "politically correct" policing of the language will change that. Yet attention to

[16] It is no small irony that science has revealed that all fetuses develop first as females.

these hierarchies can serve purposes other than political ones. For deconstructing categories and hierarchies offers clinicians a potential way to understand patients' value systems.[17]

Consider, for example, *sexual hierarchies,* the ordering of some sexual behaviors as either better or worse than others in terms of implicit or explicit values (Drescher, 1998). Anthropologist Gayle Rubin (1984) refers to such hierarchies in her description of sexual behaviors that lie inside and outside the "charmed circle":

> [S]exuality in the charmed circle is "good," "normal," and "natural" and should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male or female. Any sex that violates these rules is part of the outer limits, meaning it is "bad," "abnormal," or "unnatural." Bad sex may be homosexual, unmarried, promiscuous, nonprocreative, or commercial. It may be masturbatory or take place at orgies, may be casual, may cross generational lines, and may take place in "public," or at least in the bushes or in the baths. It may involve the use of pornography, fetish objects, sex toys, or unusual roles [pp. 14-15].

In clinical practice, patients often discuss their sexual hierarchies—and an individual patient may have more than one. For example, B is a 30-something gay man unsuccessfully struggling to meet someone for a long-term relationship. He is shy and thinks of himself as unattractive. He is dating someone but doesn't feel it is going well:

> B: I had a date last night. There was a very powerful attraction to each other. So much so that we went home and made out. Nothing sexual, we wanted to build a relationship, not just jump in the sack the first night. That was the first week in December, now it is March and it's only been three dates. I try to get more dates, he is not forthcoming. But on the date he is very attentive, tells me how wonderful it is to be with me, how nice it is.

Later in the session, B goes on to describe having gone alone to a gay bar where there were half-naked dancing boys. He describes, in critical terms, what he sees as the "sorry spectacle" of a 40-year-old man putting

[17] Analysts trained in the interpersonal tradition will recognize elements of Sullivan's (1954) "detailed inquiry" in the deconstructive methods of queer theorists.

dollar bills in a dancer's G-string. The therapist asks if he has ever paid another man for sex:

> B: No, but I think about it. I think it is degrading. It seems an equal amount of negative reasons not to do it as there are positive. It would be a muscle stud that I could never attract myself. As soon as the hour was up, or my hundred dollars or two hundred dollars is gone, he's not gong to call me for a date. I've never been approached by a hustler. If I had been, it would ease the process. I definitely don't see myself going to a hustler. I also see it as a quick fix. I don't see it as an alternative to finding a relationship and a husband. I have nothing against prostitution. I don't see it as wrong. It shouldn't be outlawed. People do need those services, same thing with pornography. I get angry when people try to ban pornography. People need that outlet, people use those services but it's somebody I don't want to be. I don't want to be so desperate to do it.

B's sexual hierarchy might look something like this: waiting to have sex after many dates >having sex on the first date > having paid sexual relationships. The latter category could be further broken down hierarchically into being approached by a hustler for sex >approaching a hustler for sex. A therapist could accept this hierarchy at face value or might question how this arrangement of categories evolved. If she chooses to ask, she might hear a story about what B values or devalues in himself and in others. When listened to in this way, patient accounts can be heard as moral narratives (Drescher, 1998; 2002b), stories about what patients believe to be good or bad about themselves or others. Usually these narratives are told in terms of what is better or worse, healthier or sicker, more grown-up or less mature. Sometimes patients think about these rankings consciously. In B's case, his difficulties in achieving a long-term relationship made him think of himself as a failure, presumably destined to pay for sex as he got older.[18]

When listening to the ranking orders of patients, it is also extremely helpful for therapists to be consciously aware of their own hierarchy of values. To know what a therapist values and devalues in patients, or in herself, is a vital way to understanding the countertransference. When listening to patients, analysts will inevitably filter the material through their own values in general and their own sexual hierarchies in particular

[18] One might add that the "lonely homosexual" is a cultural stereotype that further fuels the development of this kind of moral narrative.

(Drescher, 1997). What analysts hear through their own filters may inevitably affect the kinds of interventions they do and do not make with patients.

Freud (1905), for example, drew a charmed circle in *Three Essays.* There, he classified homosexuality, along with bestiality and pedophilia, as a "deviation in respect to the object." Freud put genital sexuality, the insertion of a penis into a vagina, in the charmed circle. Surprisingly, given that he was an avowed atheist, he also put genitality on a higher spiritual plane as well:

> [T]he perverse forms of intercourse between the two sexes, in which other parts of the body take over the role of the genitals, have undoubtedly increased in social importance. These activities cannot, however, be regarded as being as harmless as analogous extensions [of the sexual aim] in love relationships. They are ethically objectionable, for they degrade the relationships of love between two human beings from a serious matter to a convenient game, attended by no risk and no spiritual participation [Freud, 1908, p. 200].

In classical psychoanalysis, sexual hierarchies blend imperceptibly into developmental ones. The oral and anal phases, for example, were considered by Freud and Abraham (1924) to be immature stops on the road to mature genitality. Consequently, sexual activities other than inserting a penis in a vagina, which in effect encompasses all homosexual behaviors, are considered either fixations or regressions.[19] Classical analysts, however, are not alone in generating hierarchies. Relational analysts often end reports of "successful" cases with the proud announcement of a patient's marriage or having a child (Trop and Stolorow, 1992).

The Nature of Nature: Doing What Comes Naturally

To understand better how hierarchies evolve, we turn now to human nature. Throughout Western history, discussions regarding what is natural, and what is not, are embedded in moral discussions. The moral implica-

[19] I call this Freud's *theory of immaturity* (Drescher, 1998; 2002b); it does not pathologize, but instead juvenilizes diverse sexualities. In a broader context, this is what Mitchell (1988) called *infantilism,* a countertransferential use of psychoanalytic developmental theory in which the patient is regarded as a metaphorical baby while the therapist's perspective is assumed to be the adult one.

tions of discussions on nature are epitomized by the teachings of Saint Thomas Aquinas:

> In sins according to nature (*peccata secundum naturam*), the sin is determined as being "contrary to right reason": e.g., fornication, rape, incest, adultery, sacrilege. The lack of conformity to right reason is common to all sexual sins.
>
> In sins against nature (*peccata contra naturam*), the sin contains an *additional* aspect; it is not only against reason but it is also inconsistent with the end of the venereal act, i.e., the begetting of children: e.g., masturbation, bestiality, homosexual activity, contraception [Coleman, 1995, p. 76].

In our culture, a belief in the goodness of nature is a very old one that permeates almost all levels of discourse. That which is natural is given greater hierarchical value than that which is "unnatural." For example, in contemporary culture, *natural* is a highly prized category used to market commodities. To call something natural is another way of saying that it is good, or at least that it is better than something that is not natural. This doctrine operates not only in the marketing of yogurt or cotton, but also in science and politics as well. Saying people are "born gay" is another way of saying it is a natural occurrence, rather than a moral failing.

In Western culture's shift from religious to modern scientific thought, the language of science appropriated and perpetuated traditional religion's naturalizing arguments (Szasz, 1974). Aquinas's concept of "sins against nature," for example, provides a blueprint for the moral disapproval that flourishes, in thinly disguised forms, in scientific and medical theories. Consider the work of 19th-century degeneracy theorist Richard von Krafft-Ebing (1886), whose vision of an intentional evolutionary force is not much different from historical religious beliefs in God's wishes for mankind:

> The propagation of the human race is not left to mere accident or the caprices of the individuals, but is guaranteed by the hidden laws of nature which are enforced by a mighty, irresistible impulse. Sensual enjoyment and physical fitness are not the only conditions for the enforcement of these laws, but higher motives and aims, such as the desire to continue the species or the individuality of mental and physical qualities beyond time and space, exert a considerable influence. Man puts himself at once on a level with the beast if he seeks to gratify lust alone, but he elevates his su-

> perior position when by curbing the animal desire he combines with the sexual functions ideas of morality, of the sublime, and the beautiful [p. 23].

It is often true in religion, and unfortunately it is sometimes true in science and psychoanalysis as well, that one can be admonished for behaving in ways that nature presumably never intended. Freud, for example, took such a moral stance when he chastised an analysand who asked why people should not freely express their natural, homosexual instincts:

> Normal people have a certain homosexual component and a very strong heterosexual component. The homosexual component should be sublimated as it now is in society; it is one of the most valuable human assets, and should be put to social uses. One cannot give one's impulses free rein. Your attitude reminds me of a child who just discovered everybody defecates and who then demands that everybody ought to defecate in public; that cannot be [Wortis, 1954, pp. 99–100]. [

These moralizing preoccupations with the will of nature persist into modern times as well:

> Psychoanalysis reveals that sexual behavior is not an arbitrary set or rules set down by no-one-knows-who for purposes which no one understands. Our sexual patterns are a product of our biological past, a result of man's collective experience in his long biological and social evolutionary march. They make possible the cooperative coexistence of human beings with one another. At the individual level, they create a balance between the demands of sexual instinct and the external realities surrounding each of us. Not all cultures survive—the majority have not—and anthropologists tell us that serious flaws in sexual codes and institutions have undoubtedly played a significant role in many a culture's demise [Socarides, 1994].

Whoever defines nature, whether in religion, science, or psychoanalysis, has an opportunity to claim some moral high ground. However among Darwin's most revolutionary ideas was the notion that nature is neither good nor bad. Perhaps even more unsettling to thousands of years of Western tradition and philosophy, Darwin suggested that nature cannot be anthropomorphized and thus may be completely indifferent to the moral concerns and intentions of mankind. That insight may have been the 19th century's most disturbing paradigm shift. But if that was not dis-

turbing enough, in the early study of hermaphrodites, scientists of that time were realizing that the two sexes were not as neatly segregated as conventional beliefs had previously maintained. Just as substituting evolution's will for God's will shows how difficult it is to change a culture's organizing principles, science, medicine, and psychoanalysis seemed likewise unable to relinquish the long-standing cultural idea that "male" and "female" are the standards against which all human expression should be compared. Under the guise of Darwinism, and with heterosexual procreativity (reproduction of the species) as the scientific standard, nonprocreative and unconventional sexualities were redefined as aberrations of nature's evolutionary male–female design.

Thus bisexuality became the compromise made by 19th-century scientists unable to rethink the male–female binary. Science, instead, sought a unifying concept that would explain the dizzying array of human sexualities they were discovering. Common sense and tradition decreed that there were only two sexes, whereas science seemed to be pointing to the potential of human beings—at least to some degree—to become members of either sex. After all, if man's primitive ancestral species could be bisexual, so the theory went, perhaps the bisexual capacity resided within man as well. As previously stated, Freud took this idea to its psychological limit in his claim that all individuals are unconsciously bisexual. One significant problem with psychoanalysis' bisexual narratives, but not the only one, however, stems from the gender stereotypes that inform them. Freud's sexual theories abound with quaint notions of masculinity and femininity. Here is one example: "Women, especially if they grow up with good looks, develop a certain self-contentment which compensates them for the social restrictions that are imposed upon them in their choice of object. . . . Nor does their need lie in the direction of loving, but of being loved; and the man who fulfills this condition is the one who finds favor with them" (Freud, 1914, pp. 88–89).

Freud, by defining activity as masculine and passivity as feminine, illustrated how cultural gender categories become commentaries about male and female nature. Freud, of course, could no more avoid stereotypes of his culture than we can avoid those of our own. Yet, in his bisexual nosology, women *qua* women are objects and men are subjects. Therefore, it is possible for women to experience themselves as subjects only through male identifications. In a 1920 case report, Freud said his lesbian patient was a woman who loved like a man. He called her "a feminist," which in Freud's time was another way of describing a woman who was too much

like a man (Bem, 1993). Similarly, given the economic parsimony of Freud's bisexual world, a man's love for men could be regarded only as a feminine trait. Claiming that the artist's homosexuality resulted from a feminine identification, Freud (1910) said Leonardo da Vinci was a man who loved like a woman, in his case, his mother. Ironically, Freud's rejection of Ulrichs notwithstanding, the two of them told similar kinds of stories. From a narrative perspective, a man's identification with his mother is not altogether unlike a woman's spirit trapped in a man's body. Both stories imply that there are only two genders and that some quality of one gender has found its way into the other.

Conclusions

It is the "essence" of human nature to create categories. Thus, it is natural for cultures to create categories like "bisexuality." Bisexuality, however, is more a social construction than an essential given of human nature. Bisexuality, as I have tried to illustrate, is an artifact of cultural assumptions about masculinity and femininity. In cultures other than ours, gender stories can be told in other ways. Plato, thousands of years ago, in his *Symposium*, told a creation myth with three original sexes—"man," "woman," and androgyne—each split in two for defying the gods: "Each [of the original three sexes] when separated, having one side only . . . is always looking for his other half. Men who are a section of that double nature which was once called Androgynous are lovers of women . . the women who are a section of the woman do not care for men, but have female attachments...they who are a section of the male, follow the male" (Kaplan, 1950, pp. 189–191}.

Plato's narrative starts with three protosexes that go on to spawn four new kinds of gendered beings: (1) men who love men (from the protomale), (2) women who love women (from the protofemale), (3) men who love women, and (4) women who love men (both from the Androgyne) (see Table 1).

In the *Symposium's* nosology, as women who love women have an origin different from that of women who love women–they have a different "essence." In this system, trisexuality and tetrasexuality are the gender beliefs that naturalize another culture's sexual behaviors, just as bisexuality has been used to naturalize some of our own.

I have elsewhere (Drescher, 1998) noted that *gender beliefs* are not confined to the realm of sexuality and that they concern themselves with al-

Table 1

Trisexuality (Three Proto-Gender Types)	*Tetrasexuality* (Four Gender Types)
(1) Male →	(1) Men who love Men
(2) Female →	(2) Women who love Women
(3) Androgyne →	(3) Men who love Women
	(4) Women who love Men

most every aspect of daily life. These beliefs are expressed in everyday language regarding the gendered meanings of what people do. When language is insufficient to the task, however, belief in the gender binary is also maintained by cultural forces, which insist (1) that every person be assigned to the category of either man or woman at birth and (2) that everyone conform thereafter to the category assigned category. This cultural need to maintain gender binaries may explain why, in the last half of the 20th century, intersex infants were routinely surgerized for the purpose of assigning them to either male or female genders (Diamond and Sigmundson, 1997; Dreger, 1998, 1999; Kessler, 1998; Colapinto, 2000; Fausto-Sterling, 2000).

One explanation for performing these procedures, which usually are not medically necessary, is the social necessity of helping the child fit into a culture that recognizes only two genders. It has even been argued in defense of these surgeries that to make them and those around them more comfortable, intersex children must sacrifice the genitals with which they were born. Thus, boys with micropenises must be castrated to become girls. Or girls with congenital adrenal hyperplasia (CAH) must have their clitorises surgically reduced so they will "look normal." And as with the AIS patient mentioned in the beginning of this paper, the truth of who they are and what was done to them must also be kept from them. Resorting to surgery, secrecy, and misleading patients, however, serves as a dramatic example of the lengths to which a culture will go to reinforce illusory binary gender beliefs about the "true" nature of men and women.

Yet what of the majority of people, those born with unambiguous anatomical gender? They too must cope with binary gender beliefs. So-called real men and women are powerful cultural myths with which everyone must contend. One compelling aspect of this myth is that "man" and "woman" are mutually exclusive categories. This gender binary is based not only on body parts, for all feelings, thoughts, and behaviors

must fall into either one category or the other. Starting in early childhood, everyone must learn a psychological construct of gender that is based not solely on anatomy, but on many social clues (Fast, 1984; de Marneffe, 1997; Coates, 1997). For example, the meanings of aggressivity in girls, or a lack of athletic interests in boys, must be internalized along a family or cultural model that codes these attributes as gender specific. I have already mentioned one common gender belief, that an attraction to men is a female trait. Others include the kind of clothes men should wear and the kind of career a woman should pursue.

Judith Butler (1990) calls gender a performance, which I take to mean that one's sense of gender is an ongoing activity occurring in a relational matrix. Thus, if one's gender falls into a conventional mode of expression—"He's a real boy" or "She's a real girl"—it is usually meant as a compliment. But, if you are not quite a man and not really a woman, then the question may be raised, What exactly are you? Or sometimes, What should be done about you? Or even, What should be done to you? These are, of course, not always easy questions to answer. Nevertheless, all of us, men, women, and everyone else, should give these questions serious thought.

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