## Interlude: Ycleptance

Yclept is an Elizabethan word, one form of the past participle of to clepe, meaning to name, to call, or to style. […] Ycleptance means the condition or experience of being classified, branded, labeled, or typecast. It has its phyletic basis in likeness and unlikeness between individual and group attributes. Human beings have named and typecast one another since before recorded time. The terms range from the haphazard informality of nicknames that recognize personal idiosyncrasies, to the highly organized formality of scientific classifications or medical diagnoses that prognosticate our futures. The categories of ycleptance are many and diverse: sex, age, family, clan, language, race, region, religion, politics, wealth, occupation, health, physique, looks, temperament, and so on. We all live typecast under the imprimatur of our fellow human beings. We are either stigmatized or idolized by the brand names or lables [sic] under which we are yclept. They shape our destinies.[[1]](#footnote-21)

Near noon, Janet awoke with a throbbing head, a roaring in her ears, and a wet feeling under her nose. She touched it: bright blood. It had stained the pillow. On the bedside table, the torn-open packet of Aspros she’d swallowed the night before, and the empty water glass she’d used to chase all those bitter pills down. Staggering to her feet, she found her face in the mirror, a dusky red. She turned on the tap and vomited, unexpectedly filled with wonder and delight, thankful still to be alive.

By Monday morning, she was feeling better, just a slight headache. She decided she’d have to give up teaching, which had been weighing her down with such crippling anxiety. The problem wasn’t the children, whom she loved, but the adults. Being scrutinized by the headmaster, facing the dreaded afternoon tea with the other teachers.

For her psychology course at the University, she was supposed to write a short autobiography. As she finished, Janet added, “Perhaps I should mention a recent attempt at suicide,” and described what she’d done, although to make the attempt more impressive, using the chemical term for aspirin— acetylsalicylic acid. This got the handsome young lecturer’s attention. He asked her to stay after class.

Janet’s family were working class folk from the country. Though barely three years her elder, John Money exuded all the charm, confidence, and worldliness she as yet lacked. He played the piano beautifully, bantered easily with the students about music and books, and dressed flamboyantly, in tomato-red socks and a rust-colored sports coat. In her head, Janet had nicknamed him Ash, after Ashley, the fair young man in Gone with the Wind, played by Leslie Howard.

“I enjoyed your autobiography,” he said. “All the others were so formal and serious but yours was so natural. You have a talent for writing.”

Janet may have felt a flush rising. “Oh I do write. I had a story in the *Listener*—.” He was impressed. The *Listener* was hard to get into.

That evening, Mrs. T, her landlady, answering a knock on the door, called up to her, “There are three men to see you. From the University.” They were John, another young lecturer, and the head of the psychology department.

The department head spoke first. “Mr. Money tells me you haven’t been feeling very well. We thought you might like to have a little rest.”

“I’m fine, thank you,” answered Janet.

But he insisted, “We thought you might like to come with us down to the hospital— the Dunedin hospital— just for a few days’ rest. John will come to visit you.”

Thus began eight years in and out of New Zealand mental wards, where Janet Frame, who would eventually be shortlisted for the Nobel Prize in literature, was (incorrectly) diagnosed with schizophrenia. She underwent the insulin and electroconvulsive shock therapies popular at the time. After being given the “new electric treatment” at Sunnyside Mental Hospital, as she wrote in her autobiography many years later,[[2]](#footnote-22)

[…] suddenly my life was thrown out of focus. I could not remember. I was terrified. I behaved as others around me behaved. I who had learned the language, spoke and acted that language. I felt utterly alone. There was no one to talk to. As in other mental hospitals, you were locked up, you did as you were told or else, and that was that.

Throughout much of this period, though, she did have one person to talk to. Fascinated by her, both professionally and perhaps in other ways too, John Money visited regularly. When he learned that she was writing stories and poems, he suggested that she bring them to their therapy sessions for him to keep. He had all the instincts of a great collector, both of art and of people. At some point he showed her stories to Denis Glover of the Caxton Press in Christchurch, who expressed interest in publishing them in a book, with the poems perhaps following.

Though painfully shy and socially anxious, her hand always in front of her mouth to conceal her rotten teeth, Janet craved John’s attention and praise. Playing up to his expectations, she tailored her symptoms— and her writing— to the case histories she was reading, keeping the “pure schizophrenia” for the poems, where it was “most at home.” There was a dark glamor in the diagnosis. “When I think of you,” said Money, “I think of Van Gogh, of Hugo Wolf.” Looking up these unfamiliar names, Frame found that “all three were named as schizophrenic, with their artistic ability apparently the pearl of their schizophrenia. Great artists, visionaries… My place was set, then, at the terrible feast.”

One day, while perusing case histories, Janet read about a woman who was also afraid to visit the dentist, though in her own case, the deterrence was partly borne of poverty. However, *fear of the dentist* was apparently common among schizophrenics, which, “in the Freudian manner … [was] interpreted as *guilt over masturbation*, which was said to be one of the causes and a continued symptom of schizophrenia!” Money, “glistening with newly applied Freud,” pounced on Frame’s pretended confession of lifelong guilt, hastening to reassure her that masturbation was “perfectly all right, everyone did it.” Certainly, she was doing it *now*, but she had only learned about masturbation in the course of her reading a few weeks earlier. Better late than never!

At the end of 1946, Janet was once again living in a boarding-house in Dunedin. John let her know that the “little talks” she so treasured would soon be coming to an end, for he had applied to the Psychiatric Institute at the University of Pittsburgh, and planned to emigrate to America. She tried to conceal her sense of betrayal in the wake of his blithe announcement, and her embarrassment over the asymmetry of their relationship. Perhaps grasping for something consoling to offer, he recommended a therapist friend in Christchurch, who, being of an artistic temperament, was interested in Janet’s case. It was an awkward referral, as Christchurch was many hours away by train. But, having no other reason to stay in Dunedin— her abusive family nearby was hardly a draw— Janet resolved to move there. Soon, she stood waiting on the platform with her few possessions, little more than a folded-up reference from Mrs. T in her pocket (“Polite to the guests at all times, industrious, a pleasure…”) and a tiny black kitten, supposedly male but actually female, which she had first named Sigmund, then corrected to Sigmunde, and finally shortened to the gender-ambiguous Siggy.

After a couple of years’ study at the Psychiatric Institute of the University of Pittsburgh, John Money went on to Harvard for a doctorate in Psychology, submitting the dissertation *Hermaphroditism: An Inquiry into the Nature of a Human Paradox*. His career soon took off. Before even being awarded his PhD in 1952, he had already assumed a professorship in pediatrics and medical psychology at Johns Hopkins, a position he would hold until his death in 2006. Although his interests were broad and interdisciplinary— some would say unruly— much of his work focused on sexology, endocrinology, and, especially, intersexuality.

He became a giant in his field. The Psychohormonal Research Unit he founded soon after arriving at Johns Hopkins set the standard for the understanding and treatment of trans and intersex people for decades. Money’s name is on about 2,000 articles, books, chapters, and reviews; he received dozens of prestigious awards and honors in his lifetime. He was a prolific coiner of words and phrases, too. Some, like “foredoomance,” “behavioron,” “significatron,” and “ycleptance,” never caught on. Others, like “sexual orientation,” “gender role,” and “gender identity,” have folded into everyday English so completely that they no longer sound made up. The word “gender” itself, in its modern usage, can be attributed to him. Money was the Shakespeare of sexology.

His views on sex and gender were more sophisticated than what had come before, and attempted to bring together a wealth of new medical and psychological findings into a coherent theory. Money and his colleagues realized that while most of us think of each individual as intrinsically “male” or “female,” in reality there are many variables that work in concert to establish “maleness” or “femaleness,” with complicated causal connections and feedback loops linking them together, as we’ve seen. There are chromosomes, of course. Then, there are gonads (meaning ovaries or testes), which begin as undifferentiated “sex glands” but, once differentiated, are made up of tissue that looks distinctly ovary-like or testis-like under a microscope. Then, there are internal organs like the vagina, uterus, and fallopian tubes. There’s the menstrual cycle. There are external genitals. And breast development. Different patterns of body hair, and, often, of hair loss in middle age. Different patterns of growth, musculature, fat distribution, and bone structure, especially in the face and the pelvis. All of these physical changes are driven by different sex hormone levels during development, both before birth and throughout life; these are secreted not only by the ovaries or testes, but also by the adrenal glands, fat cells, and the pituitary gland in the brain.

Sex hormones also work *on* the brain, both during early development and later on, although given how poorly we understand anything about how the brain works, there are quite a few unknowns about the nature and extent of this influence. One of the reasons this is so hard to pin down is that, as highly social beings, the answer to that first question— “boy or girl?”— determines how the baby is raised, or “socialized,” which in turn profoundly influences that child’s self-concept or identity.

To further complicate things, out of all of these body, brain, mind, and societal variables, the only one that’s arguably binary is chromosomal makeup (and even there, as we’ve seen, chimerism and variant chromosomes can complicate the picture). Every other item in the list is a continuous variable, with plenty of “excluded middle.” While genes usually kick off the cascade of events that ultimately drive all of these other effects, there are many situations in which chromosomal sex may not line up with the other variables, all of which are a lot more socially, psychologically, and even anatomically relevant. Imagine these variables like a bank of switches (or, more accurately, sliders) in a fuse box. How many of us really have all of these set unambiguously, and when there’s ambiguity, how can we talk about any single switch being the definitive one— the one that tells us who we “really” are?

Among the intersex population, and especially the most vexingly ambiguous cases, John Money found individuals with nearly every conceivable configuration of “fuse box settings.”[[3]](#footnote-23) As a practicing psychologist who could team up with pediatricians, endocrinologists, and surgeons at Johns Hopkins, he was also far from a passive observer. He tended to move rapidly from hypotheses to grand theories to firm convictions, and didn’t shy away from putting these into practice with life-altering procedures on patients of all ages.

The whole mid-20th century medical establishment was drunk on its newfound power and overconfident in its burgeoning knowledge. Doctors were less restrained by medical ethics than we are today, less humbled by complexity and unintended consequences, and a lot less schooled in the need for statistical rigor (the “evidence-based medicine” movement dates only to the late 1980s!). A case in point: in 1949, a couple of years after Money emigrated to America, the Nobel Prize in medicine was awarded to António Egas Moniz for his development of the prefrontal lobotomy. That brutal procedure was performed enthusiastically throughout the United States over the following decade, not just on mental patients, but on depressed housewives, sullen teenagers, homosexual or gender nonconforming people (see Chapter 6), and in at least one case, a four year old.

New Zealand, too, was swept up in the craze. In 1952, back once again in the Seacliff Lunatic Asylum near Dunedin, Janet Frame was scheduled for her lobotomy. She had remained in contact with John Money, and wrote to ask his advice; while he advised against the procedure, the real reason it was canceled at the last moment was that the hospital superintendent learned that she had just won one of New Zealand’s most prestigious literary prizes, the Hubert Church Memorial Award, for *The Lagoon and Other Stories*.[[4]](#footnote-24) It had finally been published that year by the Caxton Press in Christchurch.

Over the next five decades, she went on to write thirteen novels, two collections of poetry, and two more collections of short stories, winning many more awards and honors along the way. Even after her death in 2004, a stream of posthumous publications continued, including two short stories set in mental hospitals published in *The New Yorker* in 2008.[^5]

Since Money had first introduced her work to the Caxton Press’s founder, he bore some responsibility for saving the frontal lobes, if not the life, of the writer many today consider New Zealand’s most preeminent— even if his diagnoses, motivations, and understanding of her situation were often muddled by flawed preconceptions. The same could be said of many other patients he treated over the years.

The fifties were also a period of social conservatism and repression, of McCarthyism and J. Edgar Hoover’s FBI. While John Money’s views on sexuality were in many ways radical, they were entirely in line with the era in regarding the idea of a person growing up as anything other than a man or a woman anathema, a recipe for social shunning and mental disorder. Perhaps, in 1950s America, he wasn’t far off the mark. His unexamined assumption, though, was that this strict binary was fundamental to human nature, not just a function of his own repressive milieu. The mounting backlash against such repression, the rise of hippies, and the Summer of Love did nothing to change his mind. In a 1975 article, *Sexual Signatures: On being a man or a woman*, he and his coauthor Patricia Tucker wrote,

The irreducible requirement for the survival of humanity is that men and women cooperate *as* men and women at least well enough to survive, reproduce, and rear a new generation. A man’s ability to impregnate and a woman’s to menstruate, gestate, and lactate, are not, by themselves an adequate basis for cooperation […] Gender stereotypes, with all their many more or less arbitrary distinctions, provide the framework for that cooperation.

This was Money’s rendition of that old classic, THE TRUE MISSION OF SEX. Given his belief in how essential the gender binary is, not only for the survival of the species but for the individual to fit into any kind of society, the problem Money sought to solve was this: how could the whole array of emerging techniques in surgery, hormone therapy, and psychology be mobilized to allow a person with ambiguous “fuse box” settings to become unambiguously a man or a woman?

Surgery and hormones turned out to be more reliable tools than psychology. That is, it was a lot harder to convince someone who already thought of themselves in a gendered way to change their mind than it was to resculpt their body. For older patients, then, resculpting the body it was— and so the hormonal and surgical techniques were developed and refined that came to be known as sex assignment or sex reassignment, and later as gender confirmation. This was pioneering work for treating people we’d now call trans. Most of the original patients, however, were intersex.

Where Money made what many regard as his greatest error was in asserting that gender, as a psychological concept, arose from a purely psychological origin. This meant that while gender might be hard to overwrite later in life, it began as a blank slate, and could be freely molded in the first couple of years of life. In other words, if you looked like a girl and were told from infancy you *were* a girl, then you would *become* a girl, and grow up into a woman; conversely for boys and men. It followed that the best care for intersex people would be to catch them as young as possible, ideally as newborns, decide whether their genitals would be easier to sculpt into a reasonably convincing vulva or penis, quietly do the surgery, and never look back. Money and coauthors spelled out these implications in their 1956 paper *Imprinting and the Establishment of Gender Role*:

[O]ur findings point to the extreme desirability of deciding, with as little diagnostic delay as possible, on the sex of assignment and rearing when a hermaphroditic baby is born. Thereafter, uncompromising adherence to the decision is desirable. The chromosomal sex should not be the ultimate criterion, nor should the gonadal sex. By contrast, a great deal of emphasis should be placed on the morphology of the external genitals and the ease with which these organs can be surgically reconstructed to be consistent with the assigned sex.

So it was all about the visible genitals, as it has been since time immemorial when we’ve answered “boy or girl?” in a snap visual judgment at birth. To be a girl, you just needed to not have anything oversized in your underwear, and to grow breasts after puberty. Being a boy was about being able to stand up to pee, and about not being ridiculed in the locker room. The rest— “gender stereotypes, with all their many more or less arbitrary distinctions”— would simply follow.

By the 1960s, one of the critiques being leveled against Money’s theory was that his evidence for the social flexibility of gender assignment was almost entirely based on accounts of successful gender assignments of intersex people. If the same hormonal processes that shape the body also shape the brain during early development, though, then a lack of strong sexual differentiation in the body might also imply that this population is, on average, unusually gender-flexible psychologically. In fact, those who begin near the center of the gender spectrum may not even *need* so much flexibility to “pass” as either women or men; just a nudge one way or the other, combined with society’s strong bias toward perceiving gender as binary, might be enough.

Money needed stronger evidence that gender was socially constructed, and in 1966, he got his chance. It came in the form of a desperate letter from Janet and Ron Reimer, the young parents of a pair of baby twins in Winnipeg. Their story was harrowing.[[5]](#footnote-25) When the twins, Bruce and Brian, were eight months old, they had developed phimosis, a constriction of the foreskin that made it painful to pee. A standard treatment at the time was circumcision. The babies were admitted to St. Boniface Hospital to undergo this minor procedure; Bruce was up first. Instead of a scalpel, an electrocautery machine was used— a device that uses electric current to simultaneously cut and cauterize tissue, instantly sealing the wound and preventing blood loss.

Something went wrong. Whether due to incompetence, malfunction, or some combination, enough current was sent through baby Bruce’s penis to instantly cook it (“like steak being seared,” according to the attending anesthesiologist). The full extent of the damage was not immediately apparent, but the doctors, likely beginning to panic, left Bruce’s twin brother, Brian, untouched, and phoned the parents.

In Janet’s later account, by the time they were permitted to see Bruce, a couple of days later, his penis was “blackened, […] sort of like a little string. And it was right up to the base, up to his body.” Ron added that it looked “like a piece of charcoal. I knew it wasn’t going to come back to life after that.”

The doctors wrung their hands, unsure how to proceed. With virtually nothing left to work with, surgical reconstruction was deemed impossible. Dr. G. L. Adamson, head of Winnipeg Clinic’s Department of Neurology and Psychiatry, wrote of Bruce, “One can predict that he will be unable to live a normal sexual life from the time of adolescence: that he will be unable to consummate marriage or have normal heterosexual relations, in that he will have to recognize that he is incomplete, physically defective, and that he must live apart.”

Bruce’s injury was of course awful by any measure, but this pronouncement highlights the way it was even worse in 1966 than it would be today. Societal expectations of “normality” in all things sexual were so restrictive and judgmental that a boy or man lacking a penis would have been considered a montruosity who “must live apart.”

Months later, deep in despair, Janet and Ron saw John Money on Canadian TV, expounding his theories on the social construction of gender and its implications for intersex babies. That was when the Reimers wrote their letter. Bruce may not have been born intersex, but had the accident not left him in a similar state? He had no penis left to repair, but might surgical feminization be an easier route? And since he was still a baby, might that mean that he could still be raised as a normal girl, if not a normal boy?

Money wrote back promptly: yes, yes, and yes. He encouraged them to bring their child to Johns Hopkins right away. As he would write later on, “Since planned experiments [with babies] are ethically unthinkable, one can only take advantage of unplanned opportunities, such as when a normal boy baby loses his penis in a circumcision accident.”[[6]](#footnote-26)

Within short order, advantage had been taken. Bruce’s testicles had been removed, a rudimentary vulva had been constructed, and he had a new name: Brenda. Brenda and Brian (whose phimosis cleared up on its own, underscoring the tragic absurdity of the whole episode) were now a sort of mini, semi-controlled experiment, perfect for putting Money’s theory to the test: genetically identical and born male, but being raised as a girl and a boy. The experiment would take years to unspool. Because Money was both highly invested in the outcome and highly charismatic— coercive, even— it’s not clear that the Reimers understood how speculative that theory really was.

If we step back for a moment, we’ll notice that there’s something odd about Money’s line of reasoning. It assumes that socialization and peer pressure, if applied young enough, have unlimited capacity to steer a person’s gender identity in one direction or another; yet it also holds that elaborate and arbitrary gender stereotypes are so fundamental to human nature that they must transcend any specific culture. In other words, we begin life arbitrarily “plastic,” meaning flexible, along the masculine-feminine axis, able to be pushed along it by external social forces during early childhood. Yet this axis itself is a rigid, one-dimensional track, and our psychological health requires that by a few years of age we find ourselves firmly on one end of it or the other. All of these assumptions are questionable, but if taken at face value, they explain why intersex children were almost never told about their condition. As we’ve seen, this is largely still the case.

As a young girl, Brenda Reimer was similarly in the dark. Janet and Ron knew exactly what had happened to their baby, of course, and made as informed a decision as they could at the time— a decision that included maintaining secrecy. Arguably, they were better informed than most of the parents of intersex babies Money and his colleagues worked with. Although Money didn’t advocate keeping parents entirely out of the loop, he was adamant about carefully controlling the messaging. The idea was that if surgical and hormonal treatments could be described in some way that didn’t create any gender uncertainty on the parents’ part, it would both be more humane for them psychologically (given their presumed horror of the excluded middle) and would ensure their unwavering consistency in socializing their child according to the chosen gender:[[7]](#footnote-27)

Ninety-nine times out of a hundred, the public construes an hermaphrodite as being half boy, half girl. The parents of an hermaphrodite should be disabused of this idea immediately. They should be given, instead, the concept that their child is a boy or a girl, one or the other, whose sex organs did not get completely differentiated or finished.

There are many accounts of paternalistic doctors following in Money’s footsteps, and even, when they could, concealing a newborn’s intersexuality from the parents. Especially before the internet and our modern passtime of WebMD doomscrolling, it would have been easy to hide behind technical jargon and the notion of unambiguously male or female genitals that were merely “unfinished” at birth.

Money wrote triumphant accounts of Brenda Reimer’s case many times throughout the 70s, withholding her name under medical anonymity. Everything was, reportedly, going swimmingly. Money’s yearly psychological evaluations of the twins at Johns Hopkins were relentlessly probing and ultimately abusive, including staged simulated sexual intercourse as he directed, ostensibly to reinforce their opposite gender roles. The children were both traumatized. Bizarre inconsistencies began to arise in Money’s accounts of Brenda’s development during this period, sometimes misrepresenting the child’s age by years or offering out of date photographic evidence of supposedly “feminine” body language and presentation.[[8]](#footnote-28) At age 12, Brenda began (under protest) to take estrogen pills to induce female puberty, but it was increasingly clear to her that she was not really a girl, even as Money persisted in writing about the case as final proof that “the gender identity gate is open at birth for a normal child no less than for one born with unfinished sex organs.”[[9]](#footnote-29) In 1978, Money wrote a final positive account of the Reimer case, though he admitted that Brenda was “tomboyish”; after that, he made no substantial comment on the matter for two decades.

During that time, psychology and sociology textbooks continued cite Money’s work, and the Reimer case in particular, as powerful evidence of the socially constructed nature of gender. This fits into a broader humanist narrative about our being different from other animals due to our near-infinite adaptability and capacity to learn during our lifetimes. The idea that race, as a set of distinct categories with objective meaning, was baked into us from conception was being debunked by genomic evidence; and if race was a cultural construct, why not gender too?[[10]](#footnote-30) Some prominent feminist scholars eagerly embraced this position. A certain strain of the intelligentsia was, in other words, highly receptive to evidence in favor of “nurture” and against “nature,” especially in the politically contested realm of gender identity.

Meanwhile, shortly after medically induced puberty, the child at the center of this ethically fraught experiment dug in his heels and refused to continue to live as a girl— even prior to learning about his sex reassignment in infancy. When the truth finally came out, he changed his name to David (he didn’t like the name “Bruce”), and in his mid-teens he elected to undergo a double mastectomy and phalloplasty (the surgical construction of a penis, a procedure he would undergo again with newly developed techniques a few years later). He began taking testosterone. By age 25, he was married to a woman and had adopted her children. In 2000, he relinquished his anonymity and collaborated with journalist John Colapinto on a book telling the whole story, largely from the Reimers’ point of view.

Unfortunately, there was no “happily ever after.” In 2004, at age 38 and struggling financially, two days after his wife told him she wanted to separate, David Reimer committed suicide by gunshot to the head.

It would be an oversimplification to attribute David’s suicide solely to his mutilation and subsequent sex reassignment. (In fact his twin brother, Brian, also struggled, and had died from a toxic overdose of antidepressants and alcohol two years earlier.) Still, David experienced intense emotional difficulties from childhood on, facing bullying and lack of acceptance from peers, an inability to focus at school, and what we’d now recognize as gender dysphoria. On his last yearly visit to Johns Hopkins at age 13, he’d fled John Money’s office, saying he’d rather kill himself than ever go back. David’s relationships with those closest to him— his parents, his brother, and later his wife— were all damaged by the psychological consequences of what had been done to him. His story was deeply unhappy and, once public, struck a profound blow to the idea of gender as a purely social construct.

This also marked a turning point in Money’s career. As late as the 1990s, he was still being lionized by many, seen as a pioneering *wunderkind*, breaking taboos and using daring cross-disciplinary research in the service of gender and sexual liberation.[[11]](#footnote-31) By the end of his life, in 2006, his reputation had soured, with allegations not only of overweening arrogance and questionable decisions, but of ethical monstruosities, scientific fraud, and pedophilia. Of course it’s possible for all of these things to be true at the same time. The world has few perfect heroes— or perfect villains. Money was neither.

1. John Money. From Chapter 3, Section 11, “Concepts of Determinism,” pp. 114-119, in Gay, Straight and In-Between: The Sexology of Erotic Orientation. New York, NY: Oxford University Press. 1988. [↑](#footnote-ref-21)
2. Janet Frame, An Angel at My Table. [↑](#footnote-ref-22)
3. John Money, *Biographies of Gender and Hermaphroditism in Paired Comparisons*, 1991. [↑](#footnote-ref-23)
4. [[REF]] *The Man Who Invented Gender*. [↑](#footnote-ref-24)
5. Colapinto, *As Nature Made Him*. [↑](#footnote-ref-25)
6. John Money, *Man & Woman, Boy & Girl*. [↑](#footnote-ref-26)
7. John Money, *Venuses Penuses*, p. 140. [↑](#footnote-ref-27)
8. *Fuckology*. [↑](#footnote-ref-28)
9. John Money, *Sexual Signatures*. [↑](#footnote-ref-29)
10. Cavalli-Sforza. [↑](#footnote-ref-30)
11. For instance, in 1991, his friends and colleagues threw him a big party and published *John Money: A Tribute, On the Occasion of His 70th Birthday*. These essays and papers are glowing in their assessment of his contributions to sexology. [↑](#footnote-ref-31)