

# “Paradigm Shift in Intersex: Psychiatry’s Role”

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Intersex Society of North America

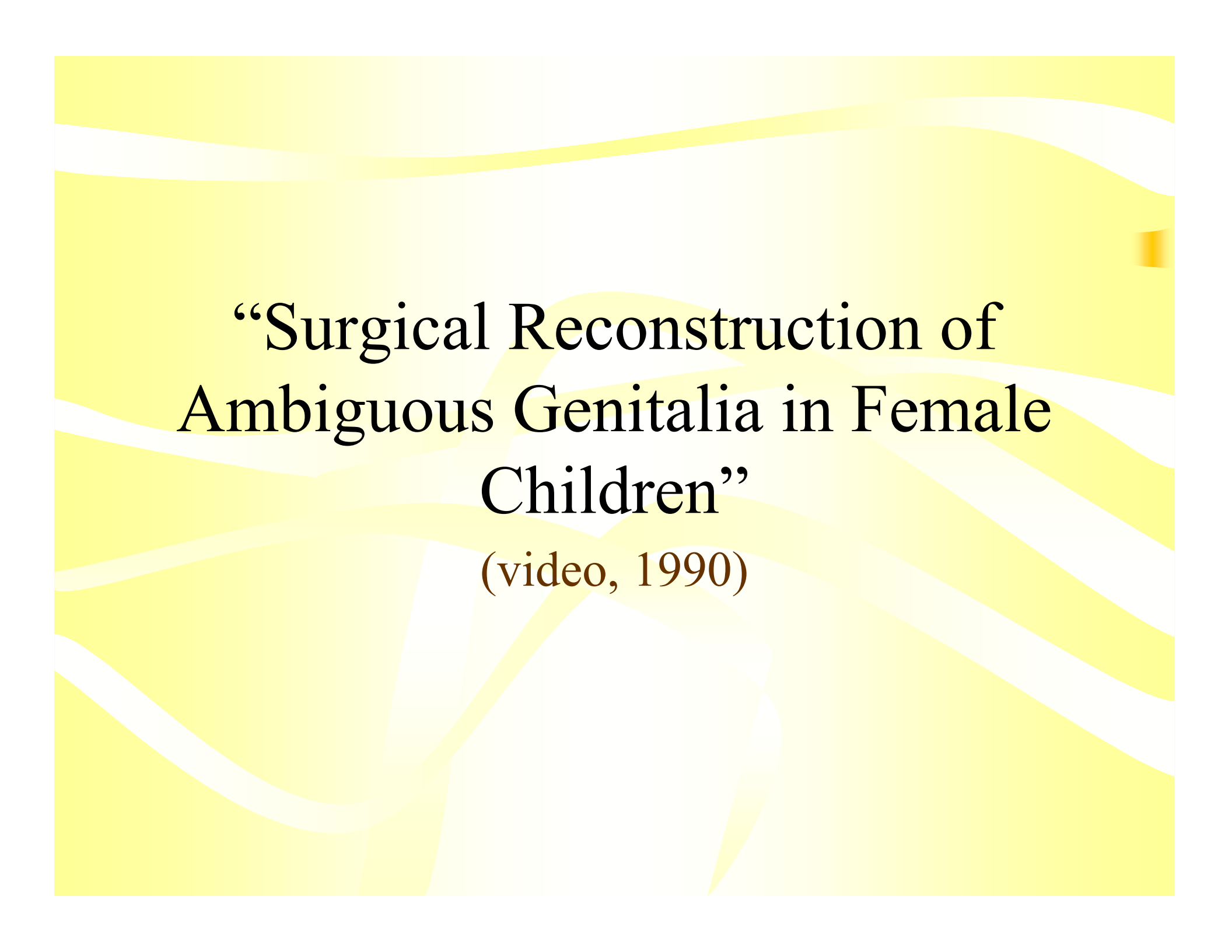
[www.isna.org](http://www.isna.org)

Group for Advancement of  
Psychiatry

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# Traditional Approach: Concealment-Centered

(John Money, Lawson Wilkins,  
Johns Hopkins)



# “Surgical Reconstruction of Ambiguous Genitalia in Female Children”

(video, 1990)

# Goals of Concealment-Centered Approach:

- Happy, healthy patient with stable gender identity (heterosexual)
- Happy, healthy parents with gender-stable child

# Principles of Concealment-Centered Approach

1. Gender identity is formed via nurture, not nature.
2. Genitals must be unambiguous for social nurturing to form a psycho-socially unambiguous gender identity.
3. Intersex is a shameful social problem; avoid discussion whenever possible.

(This is an *anatomically strict, psychosocial theory of gender-identity development*.)

# Concealment-Centered Approach

1. Early cosmetic surgery is used to make genitals appear unambiguous  
(Concealment of physical ambiguity)

So about 90% of intersexed children are made into girls.

“You can poke a hole, but you can’t build a pole.”

-- a prominent Boston surgeon

# Concealment-Centered Approach

2. Parents and child are shielded from discussion of intersex.

(Concealment of knowledge of intersex)

- Shielded from details of diagnosis, anatomy, genetics
- Shielded from medical texts (including, often, patient records)
- Shielded from support groups & patient-advocacy groups

# Concealment-Centered Approach

3. Follow-up surgeries and hormone treatments

(continued concealment of intersex physically)

4. Patient and parents are continually reassured all is fine.

- Reassured about gender assignment
- Not referred to support groups

(continued concealment of intersex socially)



# Why Doesn't Concealment Work?

“Hermaphrodites Speak!”

(video, 1995)

Mani Mitchell

Angela Moreno

# Concealment: Psychosocial Problems

1. Surgeries do not eliminate parents' feelings of confusion, shame, grief, guilt.
2. Surgeries may amplify or cement feelings of confusion, shame, grief, guilt.
3. Concealment is always incomplete. Aura of secrecy signals shame, doubt.
4. Patients come to see doctors as adversaries, avoid medical care.

# Concealment: Biological Problems

5. A significant number of intersexed children wind up transitioning to the gender not assigned. Many have same sex orientation.
6. Outcomes of early surgeries are poor cosmetically and functionally.

# Concealment: Historical Problems

1. Intersex people born before medical management and cosmetic surgeries survived psychologically and socially.
2. As adults, intersexed people sometimes sought surgeries to improve function, appearance.
3. Many intersexed people did not seek “repairs” or “normal” genitals. They sought only explanations.

# Concealment: Ethical Problems

1. Essentially experimental without adequate follow-up
  - Lack of evidence that this works
  - Evidence that it doesn't work
  - Evidence that it isn't necessary
2. Violates principles of informed consent

# Concealment: Ethical Problems

## 3. Violates patient autonomy

- Risks sensation, appearance, fertility w/o medical justification
- Secrecy forecloses patient future choices w.r.t. gender, sexuality, personal presentation:  
Prevents finding peer support and information

# Concealment: Ethical Problems

## 4. Treats boys and girls asymmetrically (sexist)

- For boys, sexual function (penis size) is paramount
- For girls, reproduction is paramount

## 5. Treats intersexed children and parents by a different standard than others. Assumes they need paternalistic care rather than autonomy and informed consent.

# Concealment: Legal Problems

1. Physicians are legally vulnerable
  - Concealment of medical status, risks from parents
  - Interventions w/o informed consent
2. Risk of violent retribution by former patients.



# Intersex eludes simple definitions and simple solutions

1. The concern about determining a single, clear sex, and prohibiting change, is long-standing in Western history.
2. Peer support saves lives and families.
3. Public discussion about intersex leads to greater understanding and acceptance (including self-acceptance).

# Reform: A Patient-Centered Approach

1. Distinguish between medical and social issues.
  - Be honest about social challenges; they can be ameliorated but not eliminated.
2. Put patient's welfare before needs of parents, society, teaching institutions.
3. Assign a legal/social sex as boy or girl, relying on the most likely outcome given etiology/presentation and recognizing the chance of gender transition

# Patient-Centered Approach Doesn't Dismiss Mental Health

4. Team approach, but let each specialist handle his/her specialty:

- Endocrinologist treats endocrine risks/problems.
- Surgeon treats anatomical risks/problems.
- Psychiatrist, psychologist, or social worker treats social risks/problems.

# Patient-Centered Approach

5. Don't treat parents' emotional distress by surgery on child.
  - Provide parents immediate and follow-up support (professional and peer).
  - Distinguish between what parents want and what patient needs.
6. Consistently provide honest, complete, comprehensible information.
7. Provide access to peer support.

# Patient-Centered Approach: Psychiatrists Needed

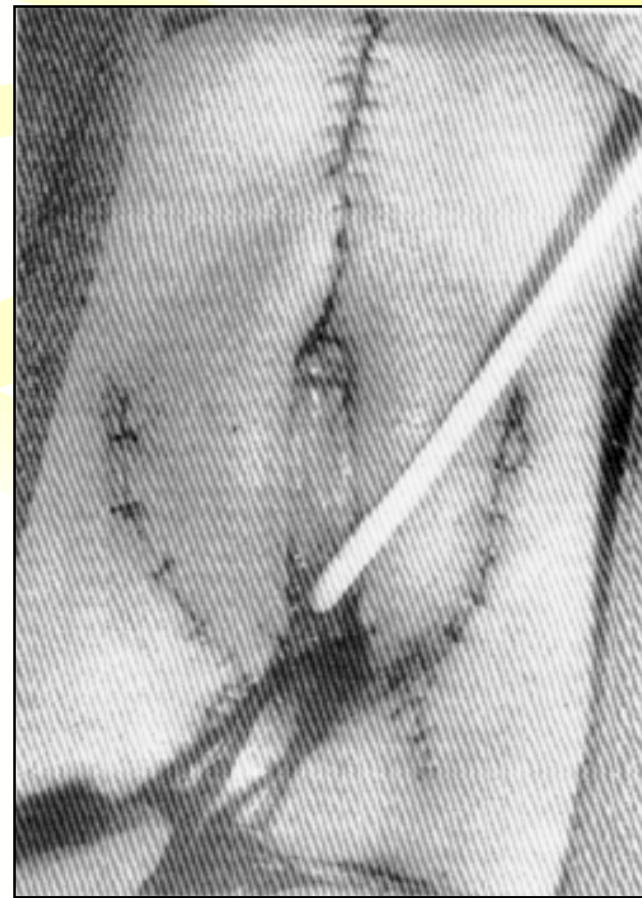
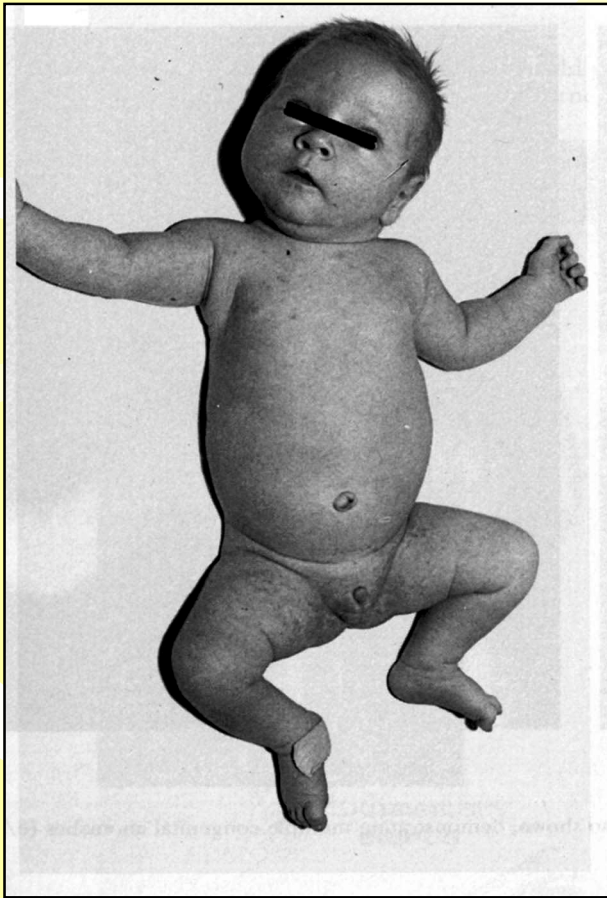
- Some centers already implementing
- Endos, surgeons: “We need psychiatrists!”

# Patient-Centered Approach: Psychiatrists Needed

- New protocols needed
  - Counsel parents, intersex children
  - Counsel families who have been lied to
  - Counsel pts exploring sexuality/gender id/considering transition
  - Counsel pts considering surgery
- Update medical school curricula

# What do Intersex People Look Like?

## Concealment Approach





# What do Intersex People Look Like?

## Patient-Centered Approach



**Debbie Hartman and Kelli**



**Lynnell Stephani Long**



**Angela Moreno**



**Michael Walker**



**Martha Coventry, Max Beck, David Vandertie  
Kristi Bruce, Angela Moreno**