Sex or Gender - Part I

By Sam Vaknin

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Alan Pease, author of a book titled "Why Men Don't Listen and Women Can't Read Maps", believes that women are spatially-challenged compared to men. The British firm, Admiral Insurance, conducted a study of half a million claims. They found that "women were almost twice as likely as men to have a collision in a car park, 23 percent more likely to hit a stationary car, and 15 percent more likely to reverse into another vehicle" (Reuters).

Yet gender "differences" are often the outcomes of bad scholarship. Consider Admiral insurance's data. As Britain's Automobile Association (AA) correctly pointed out - women drivers tend to make more short journeys around towns and shopping centers and these involve frequent parking. Hence their ubiquity in certain kinds of claims. Regarding women's alleged spatial deficiency, in Britain, girls have been outperforming boys in scholastic aptitude tests - including geometry and maths - since 1988.

On the other wing of the divide, Anthony Clare, a British psychiatrist and author of "On Men" wrote:

"At the beginning of the 21st century it is difficult to avoid the conclusion that men are in serious trouble. Throughout the world, developed and developing, antisocial behavior is essentially male. Violence, sexual abuse of children, illicit drug use, alcohol misuse, gambling, all are overwhelmingly male activities. The courts and prisons bulge with men. When it comes to aggression, delinquent behavior, risk taking and social mayhem, men win gold."

Men also mature later, die earlier, are more susceptible to infections and most types of cancer, are more likely to be dyslexic, to suffer from a host of mental health disorders, such as Attention Deficit Hyperactivity Disorder (ADHD), and to commit suicide.

In her book, "Stiffed: The Betrayal of the American Man", Susan Faludi describes a crisis of masculinity following the breakdown of manhood models and work and family structures in the last five decades. In the film "Boys don't Cry", a teenage girl binds her breasts and acts the male in a caricatural relish of stereotypes of virility. Being a man is merely a state of mind, the movie implies.

But what does it really mean to be a "male" or a "female"? Are gender identity and sexual preferences genetically determined? Can they be reduced to one's sex? Or are

they amalgams of biological, social, and psychological factors in constant interaction? Are they immutable lifelong features or dynamically evolving frames of self-reference?

Certain traits attributed to one's sex are surely better accounted for by cultural factors, the process of socialization, gender roles, and what George Devereux called "ethnopsychiatry" in "Basic Problems of Ethnopsychiatry" (University of Chicago Press, 1980). He suggested to divide the unconscious into the id (the part that was always instinctual and unconscious) and the "ethnic unconscious" (repressed material that was once conscious). The latter is mostly molded by prevailing cultural mores and includes all our defense mechanisms and most of the superego.

So, how can we tell whether our sexual role is mostly in our blood or in our brains?

The scrutiny of borderline cases of human sexuality - notably the transgendered or intersexed - can yield clues as to the distribution and relative weights of biological, social, and psychological determinants of gender identity formation.

The results of a study conducted by Uwe Hartmann, Hinnerk Becker, and Claudia Rueffer-Hesse in 1997 and titled "Self and Gender: Narcissistic Pathology and Personality Factors in Gender Dysphoric Patients", published in the "International Journal of Transgenderism", "indicate significant psychopathological aspects and narcissistic dysregulation in a substantial proportion of patients." Are these "psychopathological aspects" merely reactions to underlying physiological realities and changes? Could social ostracism and labeling have induced them in the "patients"?

The authors conclude:

"The cumulative evidence of our study ... is consistent with the view that gender dysphoria is a disorder of the sense of self as has been proposed by Beitel (1985) or Pfäfflin (1993). The central problem in our patients is about identity and the self in general and the transsexual wish seems to be an attempt at reassuring and stabilizing the self-coherence which in turn can lead to a further destabilization if the self is already too fragile. In this view the body is instrumentalized to create a sense of identity and the splitting symbolized in the hiatus between the rejected body-self and other parts of the self is more between good and bad objects than between masculine and feminine."

Freud, Kraft-Ebbing, and Fliess suggested that we are all bisexual to a certain degree. As early as 1910, Dr. Magnus Hirschfeld argued, in Berlin, that absolute genders are "abstractions, invented extremes". The consensus today is that one's sexuality is, mostly, a psychological construct which reflects gender role orientation.

Joanne Meyerowitz, a professor of history at Indiana University and the editor of The Journal of American History observes, in her recently published tome, "How Sex Changed: A History of Transsexuality in the United States", that the very meaning of masculinity and femininity is in constant flux.

Transgender activists, says Meyerowitz, insist that gender and sexuality represent "distinct analytical categories". The New York Times wrote in its review of the book: "Some male-to-female transsexuals have sex with men and call themselves

homosexuals. Some female-to-male transsexuals have sex with women and call themselves lesbians. Some transsexuals call themselves asexual."

So, it is all in the mind, you see.

This would be taking it too far. A large body of scientific evidence points to the genetic and biological underpinnings of sexual behavior and preferences.

The German science magazine, "Geo", reported recently that the males of the fruit fly "drosophila melanogaster" switched from heterosexuality to homosexuality as the temperature in the lab was increased from 19 to 30 degrees Celsius. They reverted to chasing females as it was lowered.

The brain structures of homosexual sheep are different to those of straight sheep, a study conducted recently by the Oregon Health & Science University and the U.S. Department of Agriculture Sheep Experiment Station in Dubois, Idaho, revealed. Similar differences were found between gay men and straight ones in 1995 in Holland and elsewhere. The preoptic area of the hypothalamus was larger in heterosexual men than in both homosexual men and straight women.

According an article, titled "When Sexual Development Goes Awry", by Suzanne Miller, published in the September 2000 issue of the "World and I", various medical conditions give rise to sexual ambiguity. Congenital adrenal hyperplasia (CAH), involving excessive androgen production by the adrenal cortex, results in mixed genitalia. A person with the complete androgen insensitivity syndrome (AIS) has a vagina, external female genitalia and functioning, androgen-producing, testes - but no uterus or fallopian tubes.

People with the rare 5-alpha reductase deficiency syndrome are born with ambiguous genitalia. They appear at first to be girls. At puberty, such a person develops testicles and his clitoris swells and becomes a penis. Hermaphrodites possess both ovaries and testicles (both, in most cases, rather undeveloped). Sometimes the ovaries and testicles are combined into a chimera called ovotestis.

Most of these individuals have the chromosomal composition of a woman together with traces of the Y, male, chromosome. All hermaphrodites have a sizable penis, though rarely generate sperm. Some hermaphrodites develop breasts during puberty and menstruate. Very few even get pregnant and give birth.

Anne Fausto-Sterling, a developmental geneticist, professor of medical science at Brown University, and author of "Sexing the Body", postulated, in 1993, a continuum of 5 sexes to supplant the current dimorphism: males, merms (male pseudohermaphrodites), herms (true hermaphrodites), ferms (female pseudohermaphrodites), and females.

Intersexuality (hermpahroditism) is a natural human state. We are all conceived with the potential to develop into either sex. The embryonic developmental default is female. A series of triggers during the first weeks of pregnancy places the fetus on the path to maleness.

In rare cases, some women have a male's genetic makeup (XY chromosomes) and vice versa. But, in the vast majority of cases, one of the sexes is clearly selected. Relics of the stifled sex remain, though. Women have the clitoris as a kind of symbolic penis. Men have breasts (mammary glands) and nipples.

Sam Vaknin is the author of Malignant Self Love - Narcissism Revisited and After the Rain - How the West Lost the East. He is a columnist for Central Europe Review, PopMatters, and eBookWeb , a United Press International (UPI) Senior Business Correspondent, and the editor of mental health and Central East Europe categories in The Open Directory Bellaonline, and Suite101 . Visit Sam's Web site at http://samvak.tripod.com

Sex & Pregnancy...Do They Mix???

by: **Tara Grant**

As a pregnant woman, you may experience sex drives much like your moods. Up and Down! Some women claim that they have no sex drive at all during pregnancy, and others, say their sex drive is better during pregnancy. With changes to your body happening so quickly, your moods and dives may also change just as quick!

Here are some common questions often asked by pregnant women with helpful answers!

Is it safe to have sex during all trimesters of pregnancy?

If there is no pain during sex and your not a high risk pregnancy, then sex is perfectly safe! If you are experiencing pain, or have a history of miscarriages, or any complications, consult with your medical professional.

I do not have any desire for sex, is this normal?

Every woman's pregnancy is different. While some women experience an increase in their sex drive, others may experience a decrease. Many women that are experiencing morning sickness, have no desire for sex at all. This is fine, and actually perfectly normal. Who wants to make love when they feel sick? As you enter your 2nd trimester, most of the time the morning sickness will start to vanish. Once this happens, you will feel better and your sex drive many appear. If you seem to just have no desire for sex at all, there are other ways to satisfy your needs and your partners needs for intimacy, such as kissing and holding each other.

Are there any positions that are more comfortable during my later months of pregnancy?

Once your belly begins to grow, it may become uncomfortable to have sex in the "man on top" position. The "spoon" position has become pretty popular among pregnant women! In this position, each partner lays on their side, with the man in the back. This way your belly is not in the way and your body is still flat.

Is it true that sex can induce labor?

According to medical professionals, there is a chemical in semen, that will soften the cervix, and aid in the labor process. However, sex will not actually induce labor. The semen can assist the labor process once it has begun, but will not actually cause labor to begin. If you are experiencing contractions, consult with your medical professional.

If you have any other questions that have not been addressed, talk with your medical

professional! He or She would be more than willing to offer answers to your questions!

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