Gender-Transposition Theory and Homosexual Genesis

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The genesis of homosexuality, and therefore of heterosexuality also, has traditionally been argued as either wholly biological or wholly social-environmental. The theory of gender transposition integrates findings regarding both prenatal hormonal programming of the sexual brain, and postnatal social programming.

Definition

Gender transposition is a generic term that characterizes divers degrees of male/female crossover, especially in erotic and sexual practice and/or imagery of the type conventionally classified as either masculine or feminine according to the criterion of procreation in two-sexed species. It includes the simple and sometimes time-limited phenomenon of having a partner of the same genital morphology as the self, with or without being pairbonded. It includes also the more extensive transpositions exemplified in the syndromes of transexualism and transvestism.

Role Inconstancy

In attributing cognitive order and system to their existence in a social environment of selectively withheld sexual learning, some children are more, and some less, versatile than others at dramatic play-acting and theatrical make-believe in gender-inconsistent roles and strategies. Those who are more versatile constitute a population at risk for gender inconstancy and possible gender transposition, if they are born of parents whose reciprocal compatibilities and incompatibilities, in their careers as mother and father, and in their sex lives as husband and

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75

111
wife, remain perpetually unreconcilable. In this formulation, the key concept is that of versatility. If one defines gender transposition as pathology, then the concept is not versatility, but vulnerability to gender inconstancy and transposition.

The development of gender inconstancy and transposition can be observed, and has been documented in children as young as three to four years of age. It is either more exaggerated and frequent in boys than in girls, or else it generates more alarm in those adults who take action toward changing it. In our society today, sissy boys are severely stigmatized. Tomboyish girls are not.

In boys, gender transposition expresses itself in playing with girls’ toys and associating with girls instead of boys, in wearing clothing and accessories of feminine style as often as possible, and in expressly wanting to be a girl. In the early stages of gender transposition, a child is able to walk, talk, and gesture like either a boy or a girl.

Less is known about gender transposition in girls than boys, in part because clinical referrals are far less common. In general, gender transposition is less conspicuously expressed in girls than boys. It is more a matter of repudiating the historical stereotype of the idealized little girl than of impersonating a macho boy, though there are exceptions. In extreme cases, the girl with a gender transposition has a macho alliance with the father, and with the mother a contemptuous, dominating, and abusive relationship.

Father-Son Allegiance

Contrary to established beliefs, the fathers of sissy boys are typically blandly indifferent to the signs of their son’s nonconformity to the standard of masculinity in boyhood development. They write it off as something the boy will grow out of.

For years, I did not know what to make of this indifference. I had no hypothesis until a few years ago when a psychiatrist consulted me about his own son, aged five, the younger of two children, both boys. He and his wife excluded the boy from a family appointment, ostensibly to spare him from stigmatizing himself as abnormal. They distanced themselves from one another, spatially and verbally. Their matrimonial relationship was that of wedded adversaries practicing insidiously clever strategies of mutual sabotage. For example, even though he was a professed agnostic, the husband criticized his wife for being religiously too laissez faire. She reacted by becoming a conservative fundamentalist. Family religious observances became a source of unending dispute.

The rift thus created was additionally widened in disputation regarding acoustic sensitivity. For her, loud music was noxious, so he was obliged to pursue his interest in live rock performances without her. In fantasy, he anticipated that his younger son would become his companion in music. The older son, by contrast, already at age eight coaxed his reluctant father to share his all-boy interest in fishing and the outdoors.

Professionally trained to be self-analytic, this father was also self-revealing. After soliciting my prognosis of his son’s cross-dressing and girlish inclinations, and hearing that it was not necessary to be pessimistic at age five, he asked why he was feeling so angry with me—and angry because of what I had said. My reply was to the effect that perhaps he didn’t wholly want his son to stop cross-dressing, and did not want to be robbed of the one member of the family whom he might consider his special escort.
Subsequently I dictated a note "to put on record a new hypothesis or formula regarding the role of the father in the genesis of feminism in a son's G-I/R (gender-identity/role). This is the formula: the father covertly courts his son's allegiance, in place of what he finds missing in his wife, and casts him in the role of a wife substitute, if not for the present, then for the future." The son, for his part, may solicit his father's allegiance as a formula for keeping him in the household, and for preventing a parental separation. If the father has already gone, or even if he had died, the son's gender transposition may serve to solicit his miraculous return.

Within a family, the allocation or reallocation of roles is not necessarily covert. It is more or less inherent in the idea of naming or nicknaming a baby after an ancestor, parent or other relative, also in the wisdom of the kin regarding whom a particular child takes after. Parents have favorite children — mommy's boy, daddy's girl — just as children may favor one parent over the other, or one relative over another.

The young son who becomes self-allocated to the role of daughter, and thereby becomes a bonding agent who keeps the family intact, is likely to keep the role of bonding agent in perpetuity. The evidence of one longitudinal, outcome study is that such a son reaches adulthood with not a transexual or transvestite gender status, but a nonparaphilic homosexual one.

**Parental Compatibility/Incompatibility**

There is now new preliminary evidence, unpublished, that the transpositional course of events may be changed if the child can be relieved of the self-imposed responsibility of keeping his parents together. In one case, that of a three year old, the gravity of the boy's responsibility for keeping the parents together could be measured against the intensity of the father's response when confronted with the possibility of losing a custody battle, in the event of divorce. That was absolutely out of the question, he said, so far as he was concerned, and he hinted darkly at homicide rather than permit it to happen.

The son's change away from girl-imitative behavior ensued with unexpected rapidity in the immediate aftermath of the family's first visit — a marathon five hours of individual evaluations and joint discussions. The change in the boy was concomitant with a change in the parents, as they achieved more focus on their compatibility, and less on their incompatibility.

They were strongly compatible in their professional and domestic lives, and equally incompatible in their sexual and erotic lives. In four years of follow-up, their sexual and erotic incompatibility has remained stubbornly intractable to change. Nonetheless, there was only one brief occasion when it threatened to bring an end to their compatibilities. It was then that a resurgence of effeminacy threatened in the boy. It was transient. It did not, as had been the case in the original diagnostic toy-play sessions, generate dramas of desperation in which members of a toy family became victims of catastrophe, abusive violence and murder.

This boy's play enactments did not include any dramas of explicit erotic or sexual content. Nor was there a history of overtly initiated erotic or sexual conduct other than age-typical masturbation in private, which the parents did not condemn. If the boy experienced erotosexual imagery in dreams and fantasies, their content remained private and undisclosed. Explicit erotosexual fantasies
with the father as partner have been retrospectively dated to boyhood by some young adult homosexual men, however.\(^4\)

In a young child's development, gender transposition is a rudimentary and inchoate response to diffusely mixed covert and overt signals that seem to indicate that, by being a girl with a penis, or a boy with a vulva, a child will somehow be more satisfactory to each parent. Thus, the two parents can be retained in or restored to an intact family unit and their continued allegiance to one another mutually ensured. This formulation sounds outrageous and absurd only if it is elevated to the status of being sufficient, instead of only a necessary condition in the genesis of developmental gender transposition.

**Prenatal Hormonalization**

*Adam/Eve Principle*

In gender transposition, the phylogenetic basis of the transposition and its attachment to sex and eroticism is epitomized in the Adam/Eve principle, namely, nature's rudimentary principle of sexual differentiation, which is to differentiate a female and to have to add something to differentiate a male. In gender transposition, the successive phases of differentiation, beginning prenatally and continuing postnatally, do not proceed concordantly in the usual orderly fashion. Discordance may begin prenatally under hormonal influence so that, at birth, a baby is at risk postnatally for a transposed gender status, provided convergent social influences and experiences increase the risk.

Historically, gender transposition of the complete type was explained as hereditary. However, the hereditary attribution has proved too simple and is now anachronistic. The contemporary explanation is hormonal. Like its hereditary predecessor, the hormonal explanation applies to development that takes place before birth. This development is governed not by the genetic code directly, but by sex hormones that program the sexual differentiation of the brain.\(^5\)

According to the Adam/Eve principle, simply stated, if the fetal brain is not hormonalized, it will develop from its early, sexually bipotential stage to be, like Eve, feminine. To be like Adam, it must be hormonalized. The hormone is testosterone or one of its derivative metabolites.

*Masculinization/Defeminization*

Brain hormonalization is not inevitably an all-or-none affair. It may be a matter of degree. It is possible to be masculinized without being also completely defeminized or, conversely, to be feminized without also remaining completely demasculinized.\(^6\)\(^-\)\(^9\) Thus, it is possible for a boy to be born with a brain that is both masculinized and feminized (that is, not defeminized) to some degree—and correspondingly for a girl. At birth, and immediately after (see below), the masculine/defeminine ratio in boys, and the feminine/demasculine ratio in girls is potentially widely variable.

The source of variability could be spontaneous. It might be secondary to stress that changes the pregnant mother's own hormone levels, which then affect the fetus. It might also be induced within the intrauterine environment or through the placenta by substances breathed, swallowed or otherwise absorbed by the
mother. For example, it is known that barbiturates may have a demasculinizing effect on a fetus; and that in the last half century literally millions of pregnant women have taken sleeping pills and other medications containing barbiturates.  

In most instances of gender transposition, regardless of degree, it is impossible to reconstruct the prenatal sex-hormonal history in retrospect. Ethically, it is not possible to conduct experiments on pregnant women in order to find out everything that needs to be known about the causes and the timing of prenatal masculinization and defeminization of the sexual brain in boys, and of its prenatal feminization and demasculinization in girls. Therefore, it is necessary to garner whatever evidence one can from spontaneously occurring clinical syndromes or so-called experiments of nature.

**Clinical Syndromes**

The relevant syndromes are those in which the prenatal sex-hormonal history is known to have been atypical because the baby is born with a sex-hormonally generated hermaphroditic (or intersexual) ambiguity of the reproductive organs. There are also syndromes in which the postnatal hormonal history is atypical, for example in adolescent gynecomastia, but in which the prenatal hormonal history has not yet been spelled out, though it too may be presumed to have been atypical.

In order to make an inference regarding the prenatal influence of sex hormones on the sexual differentiation of the brain, it is necessary to follow a patient clinically into teenage and young adulthood when masculine and feminine sexueroetic behavior and imagery may be expected to be fully expressed.  

The evidence from clinical studies supports the hypothesis that there is in human prenatal development a sex-hormonal effect on sexual brain differentiation, but that it does not have a hormonal-robot effect of the type described for sheep and other subprimate mammals. Rather, the effect is one of laying down a threshold so that behavior that is generally defined as masculine or feminine, respectively, is expressed either rapidly or unhindered, or only after surmounting a barrier. The only irreducible sex difference is that men impregnate, and women menstruate, gestate and lactate. Other behavior that is commonly regarded as sex different, including aggression, is actually sex shared. It is the threshold for its elicitation and expression that distinguishes most men from most women.

**POSTNATAL GENDER DIFFERENTIATION**

*Identification/Complementation*

Whereas sex hormones are responsible, prenatally, for programming individual variation in the sex-divergent thresholds of sex-shared behavior, postnatally the sex-hormonal influence goes into a period of dormancy. In girls, sex-hormonal dormancy begins at birth. In boys, by contrast, there is a great surge of testosterone beginning at about two weeks of age. It becomes spent by age three months and remains so until the onset of puberty.  

The effect of this testosterone surge remains to be ascertained. It could be the grand finale of sexual brain differentiation, according to David Abramovich in Aberdeen (personal communication).
When the sex hormones flow again at puberty, they activate male/female erotosexual programs or schemas already differentiated in the brain. Contrary to popular assumption, they do not cause behavior to be masculine instead of feminine, or vice versa. That is why, among other things, it is not possible to change heterosexuality into homosexuality, or the other way round, by giving injections of sex hormones.

During the period between birth and puberty, when male/female erotosexual programming of the brain is no longer affected by sex hormones, the special senses take over. The eyes, the ears and the skin senses, more than the senses of smell and taste, are the brain's gateways to information about the gender status and erotosexual programming of the people among whom the child grows up. Gender related information, like information about native language, is assimilated through usage and experience, and not simply as a product of training and indoctrination.

Listening and being heard together are imperative for the brain to be successful in allowing a native language to take up residence within it. Likewise, copying and practicing gender-divergent behavior together are imperative to the establishment of one's gender status within the brain. Gender copying is conventionally referred to as identification with persons assigned the same gender status as oneself. The converse, gender practicing, only recently has been referred to as complementation or reciprocation. That which is assimilated and learned by way of identification is put into practice with persons not assigned the same gender as oneself. To illustrate, the little girl learns to dance by identifying with her mother or sister and copying them, but she dances with her father or brother, complementing them. The same two principles apply across the entire spectrum of gender divergent status, sexueroetic rehearsal play included. Age mates have exceptional authority in transmitting gender dimorphic standards and stereotypes.

**Sexueroetic Rehearsal Play**

Rehearsal of the positions of presenting and mounting is widespread in the age-mate play of early childhood primates. It has been most intensively investigated in rhesus monkeys (Goldfoot et al., and personal communication). Monkeys deprived of play grow up unable to copulate and breed. Restricting play to as little as a half-hour a day allows one out of three young ones to achieve the correct copulatory position, but a year or more too late. They grow up able to copulate, but their breeding rate is subnormal.

Monkeys allowed unrestricted play time, but only in all male or all female groups, engage in presenting and mounting play with one another when they become adolescent. Although normally reared partners of the opposite sex find them sexually attractive, they cower and are scared. A male does not mount a female, even though he inspects and touches her genitalia with curiosity. A female resists the approach of a male partner, who succeeds in copulating only if he is exceptionally gentle and skilled at not making her more scared. When back with their same-sexed friends with whom they played as juveniles, males continue to mount males, and females to mount females with a frequency unrecorded in males and females that grew up and engaged in sexual rehearsal play together as juveniles (David Goldfoot, personal communication, January 7, 1984).
TABLE 1
Gender Transpositions

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<thead>
<tr>
<th></th>
<th>Total</th>
<th>Partial*</th>
<th>Adventitious</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRONIC</td>
<td>Transexualism</td>
<td>Gynemimesis andromimesis, male androphilia, female gynephilia</td>
<td>Androgeny of gender-coded education, work legal status</td>
</tr>
<tr>
<td>EPISODIC</td>
<td>Transvestism</td>
<td>Androgynophilia (bisexualism)</td>
<td>Androgeny of gender-coded play, body-language, grooming, ornament</td>
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*Gynemimesis and andromimesis mean impersonating a female and a male, respectively, on a full-time basis. Male androphilia means erotosexual attraction between men, and female gynephilia between women. Androgynophilia means erotosexual attraction, to some degree, to men and women.

Among human beings, the hallowed social policy of prohibiting, preventing and punishing erotosexual rehearsal play in late infancy and the juvenile years may interfere with the genital component of identification and complementation to a degree as yet barely suspected. Social failure to endorse healthy masculinity and femininity in erotosexual rehearsal play may very well permit this aspect of development to become permanently and irrevocably stunted—misrepresented or transposed in the brain.

BRAIN SCHEMAS

Identification and complementation each have their representation or schema implanted in the brain. One is the schema of one's own gender status. The other is the schema of the other gender status to which one must complement one's own. On the basis of actuarial statistics, one expects that the identification schema will differentiate to be concordant with the morphology of the genitalia of the self, whereas the complementation schema will be concordant with the morphology of the genitalia of the other sex. It is when this expectation is not realized that one has a gender transposition. The degree of transposition is variable, from total or obligative to trivial or adventitious. A total, but episodic transposition is evident in cases of two names, two wardrobes, and two personalities—one male, and one female, each alternatirng with the other and having a different lifestyle and personality.

Table 1 shows a 2 × 3 classification of gender transposition on the criteria of duration and degree of pervasiveness. By itself alone, a transposition is neither an asset nor a debit. It becomes one or the other on the basis of the value judgments, both informal and official, of other people.

REFERENCES


118