

## JOHN LEO

‘John’ was an 8-month-old infant when his penis was destroyed in botched surgery. On the advice of doctors at Johns Hopkins Hospital, his parents decided to change him into a girl so he might one day have a normal sex life. His testicles were removed, a rough version of a vagina was created, and ‘John’ was raised as ‘Joan.’

This is a famous case in sexual medicine, if medicine is the correct term for what was done. One reporter who covers such matters calls it “the Wolf Man of Sexology,” meaning that the case is as central to sex and gender research as Sigmund Freud’s “Wolf Man” case is to Freudian psychology. It has been cited over and over in psychological, medical and women’s studies textbooks as proof that, apart from obvious genital differences, babies are all born as sexual blank slates — male and female attributes are invented and applied by society.

Now all those texts will have to be rewritten. More than 30 years after “John” became “Joan,” word finally comes that the change was a failure from the start. “No support exists” for the blank-slate theory “that individuals are psychosexually neutral at birth.” This conclusion is reported in the Archives of Pediatric and

# Gender more than skin deep

Adolescent Medicine by Milton Diamond, a sexologist, and Keith Sigmundson, a psychiatrist.

The young “Joan” picked trucks and a machine gun as toys, frequently ripped off her dresses and imitated her father shaving. Despite the lack of a penis, she insisted on urinating standing up. Thrown out of the girl’s bathroom at school, she moved to the boy’s lavatory and used a urinal. At 12, she received hormones to make her breasts grow, but she hated her breasts and refused to wear a bra.

Therapists couldn’t convince “Joan” to accept her role as a girl, as theory said she should. Instead, she “felt like a trapped animal” and threatened suicide. When she was 14, her father tearfully told her she was a boy. “All of a sudden everything clicked,” “Joan” said. “For the first time things made sense and I understood who and what I was.” “Joan” had a mastectomy, got male hormone shots and began living as a boy. At age 16, he bought a van with a bed and a bar and started to pursue girls. At 25, he married a

woman with three children and now, at age 34, he reportedly is self-assured and content, though bitter that his castration means he can never have a child of his own.

Why was this disastrous experiment undertaken? One reason is that it’s easier to construct a vagina than to reconstruct a penis. But another reason is just as obvious: It was a chance to prove a rising academic and feminist theory about gender. The doctor in charge of the case at Johns Hopkins was John Money, a medical psychologist and a well-known figure in sexology who believed that almost all sex differences are culturally determined.

In December 1972, when “Joan” was about to turn 10 (and as we now know, fiercely fighting her life as a female), Dr. Money reported at a scientific convention that “John’s” change was an apparent success. Time magazine noted:

“This dramatic case . . . provides strong support for a major contention of women’s liberationists: that conventional patterns of masculine and feminine behavior can

be altered. It also casts doubt on the theory that major sex differences, psychological as well as anatomical, are immutably set by the genes at conception.”

The John-Joan case is a classic example of how an untested idea, backed up by no evidence at all, can be used by well-meaning people to ruin someone’s life. “It might have been the zeitgeist,” Dr. Diamond said in an interview, referring to the “flower-power, you-can-be-anything-you-wish” ethic of the 1960s and 1970s. Though many attempts have been made to turn infants with damaged or ambiguous genitals into females, Drs. Diamond and Sigmundson say there is no known case where “a 46-chromosome, XY male, unequivocally so at birth, has ever easily and fully accepted an imposed life” as a heterosexual female. Dr. Money has given no interviews, on the grounds that “John” has not given written permission for him to speak.

On the broader issue of sexual differences, the pendulum that began to swing so strongly against disparities in the ‘60s and ‘70s is

now swinging the other way. Since biology and male-female differences were used so long to disparage women, feminists argued strongly that true distinctions didn’t exist. On campus, where the old debate over male and female characteristics mutated into “gender studies,” it was simply assumed that differences were either trivial or socially constructed by males to oppress women.

Daphne Patai, co-author of “Professing Feminism,” writes that some hard-line campus feminists believe that even morning sickness and the pain of childbirth are socially created by the patriarchy. She predicts they will just shrug off the “John-Joan” case. “The whole point of being an ideologue is that new information doesn’t disturb your worldview,” she says. Now, brain studies are showing many innate differences. As Drs. Diamond and Sigmundson write, “The last decade has offered much support for a biological substrate for sexual behavior.” The “John-Joan” case may not be the last of its kind. But it looks like something left over from a different era.

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