

Gender: pathways and dialogues between feminist and biomedical studies from the 1950s to 1970s

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Abstract: Despite the importance of the concept of gender for feminist studies, its use and meaning in biomedical research on intersexuality during the 1950s has been little problematized in the national feminist literature. This essay aims to map the uses of the term/concept of gender in feminist Anglophone productions in the 1970s and in the field of biomedicine throughout the 1950-70s, in order to understand the paths of the term "gender" and the contexts in which its diverse conceptualizations are produced. We concluded that the term was first used in the biomedical field in the 1950s and that there are important interlocutions between the two fields in the 1960s and 1970s.

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Introduction¹

From the 1970s onward, some terms and/or expressions began to appear frequently in the feminist studies literature, used to refer to the reiterated differences associated with femininity and masculinity: “social sex relations”, “social sex”, “male/female”, “women/men”, “sex difference” (LÖWY; ROUCH, 2003). In present times, none of these terms have as significant a presence as “gender relations”, or simply “gender”. In fact, “gender” came to be used in place of these other terms and became a cornerstone of the different feminisms. Its ubiquity and polysemy are notable, something that can be perceived in the disputes surrounding its meanings. Scott’s (1995, p. 86) concept of gender interconnects two propositions: the concept as “a constitutive element of social relationships based on perceived differences between the sexes” and “a primary way of signifying relationships of power”. If we take the first proposition as a reference, gender implies four dimensions: the culturally available symbols, which refer to multiple and contradictory representations; normative concepts, which refer to symbols and attempt to limit their possible meanings; the transversality of gender by social institutions and organizations and its consequent relevance and influence not only in kinship and the private sphere, but also in religion, economy, politics, etc.; and lastly, the element of subjective identity, that is, the importance of gender in subjects’ processes of internal constitution, equally permeated by the three preceding elements.

Scott (1995) presents a conception of power akin to Foucault’s – decentralized and dispersed through unequal social relations – and defends that notions connected to gender establish a set of references that are constantly called upon in order to concretely and symbolically support certain ways of organizing social life. “To the extent that these references establish distributions of power (differential control over or access to material and symbolic resources), gender becomes implicated in the conception and construction of power itself.” (SCOTT, 1995, p. 88).

Use of the term “gender” is relatively recent. Absent from feminist or women studies texts until the end of the 1960s in English-speaking countries, it started to emerge in Brazil in the 1980s, reflecting what appears to be the concept’s growing capacity for dislocation between different countries.

It may come as a surprise to our readers to know that the term had been used since the early 1950s by John Money, a psychologist and sexologist from New

Zealand who settled in the United States. He used the concept of “gender role” to refer to an aspect of individuals’ subjective identity, at first in his work on human intersexuality (MONEY; HAMPSON; HAMPSON, 1955a; 1955b). In the 1960s, Robert Stoller, an American psychiatrist and psychoanalyst who studied homosexuality, transexuality and intersexuality, was inspired by Money’s work and borrowed the term “gender”. He coined the expression “gender identity” in his book *Sex and Gender* (STOLLER, 1984), which first appeared in 1968.

Whether discussing Money or Stoller, the nonintuitive fact we wish to emphasize is that the concept of gender “originates” in the biomedical field, and not in the fields of feminism or social sciences, as one might assume (GERMON, 2009). In fact, Joan Scott states that

The feminist appropriation of the term [gender] (borrowed from sociology and *especially from John Money’s team*, who explored the relationship between sexed bodies and social “roles”) was precisely that – an appropriation. The term is not an invention of second wave feminists: we recovered it. (BUTLER; FASSIN; SCOTT, 2007, p. 287. Emphasis ours).

According to Donna Haraway (2004), we can understand the trajectory of the concept of gender in the feminist literature from the 1960s onward only if we consider the “gender identity paradigm”. This paradigm was produced based on several components: the works by Money and Stoller, which Haraway considers to play a central role, interpretations of Freud’s work, 19th century sexology discourses, the development of endocrinology, the psychobiology of sexual differences, and the myriad hypotheses regarding sexual dimorphism as having a hormonal, neural and chromosomal basis.

English-speaking feminist authors started to adopt the concept of gender, gender identity or gender role in the late 1960s and some of these works explicitly reference Money and/or Stoller and their research into intersexuality, such as Dworkin (1974), Greer (2008), Millett (2000) and Oakley (1972), to whom we will later return.

The question that puzzles us and that drove this essay regards the relationships that were established between the biomedical and feminist fields, in terms of the use of “gender”. How did a term that pre-existed in the grammar – to indicate gender inflections in words – gain such strength within feminism? Based on these questions, this article seeks to map the uses of the term/concept of gender in texts connected to feminism and the biomedical field between 1950 and 1970 in order to reflect upon the interlocutions between the two fields.

It is important to note that, though Money's background was in Psychology, and not Medicine or related fields, we consider that his professional career and textual production are anchored in the biomedical field because of one main reason: Money sought, through the "scientific method" of Biomedicine and the natural sciences, authority and legitimacy in the eyes of both university commissions and the general public (GERMON, 2009). He was anchored in the assumptions of sexology at the time – an attempt to create a science of sex (LLUSIÁ; MOLINA, 1997).

Money, a "pioneer" in constructing the concept of gender?

As we have seen, John Money was responsible for propagating the term "gender" in the scientific literature (LÖWY, 2003; HARAWAY, 2004; DORLIN, 2005; BENTO, 2006; FASSIN, 2008), using it to address intersexuality (GERMON, 2009).

Previously termed hermaphroditism, intersexuality is a condition which, due to certain bodily characteristics, creates doubt regarding an individual's sex and gender, and that usually leads to surgery, medication or psychotherapy-based interventions in order to make the body "adequate". These bodies are those with a penis that is too small or absent, a clitoris that is too big, presence of ovaries and uteri in bodies with penises, presence of testicles in bodies with vaginas, karyotype XY in female bodies, karyotype XX in male bodies, etc.

Although the biomedical field is highly predicated on biology, the intersex condition motivated the development of notions that enabled the affirmation of sex beyond the strictly corporeal. The decision to coin a term to express the idea of a "subjective sex" was a response to needs that arose from Money's conclusions in his doctoral dissertation (1952): the fact that *biological* sex in human beings is not always easily classifiable as female or male and, nonetheless, subjects with "incongruent" bodies were able to develop an "unproblematic" identification, in psychic terms, with the female or male gender (MONEY, 1995; KARKAZIS, 2008).

The "sexual incongruences" connected to intersexuality are related to what John Money, Joan Hampson and John Hampson (1955a) called "variables of sex": assigned sex and sex of rearing, external genitalia, internal reproductive structures, hormonal and secondary sex characteristics, gonadal sex, chromosomal sex. According to the authors, patients who had "sexual incongruences" could be assessed in terms of a seventh sexual variable, the "gender role and orientation as male or female, established while growing up" (Ibidem, p. 302).

Based on the need to discuss a role or behavior as woman or man that is independent from biology, Money used the term gender. “Gender roles” are defined as

[...] all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to, sexuality in the sense of eroticism. Gender role is assessed in relation to general mannerisms, behaviors and attitudes; preference in games and games and recreational interests; spontaneous themes of conversation, content of dreams, ramblings and fantasies; response to oblique surveys and projective tests; evidence of erotic practices and, finally, the person's own responses when asked. (MONEY; HAMPSON; HAMPSON, 1955a, p. 302).

The authors state that “psychological femininity or masculinity” cannot be attributed to any of the first six variables of sex cited above, since there were cases in which intersex patients with the same diagnosis had been “successfully” raised as different genders, with few cases of “gender role ambivalence” (MONEY; HAMPSON; HAMPSON, 1955a). One of the article's conclusions states that:

[f]rom the total evidence [found in the analyzed cases] of hermaphroditism, the conclusion is that sexual behavior and orientation as a man or woman do not have an innate or instinctive basis. In place of a theory of instinctive masculinity or femininity which is innate, the evidence of hermaphroditism lends support to a conception that psychologically, sexuality is undifferentiated at birth and that it becomes differentiated as masculine or feminine in the course of the various experiences of growing up. (MONEY; HAMPSON; HAMPSON, 1955a, p. 308).

Therefore, the authors bring the psychic and social together by stating that femininity or masculinity are behavioral characteristics acquired after birth through socialization.

Despite incongruences between the seven variables of sex, assigned sex and sex of rearing would be the best prognostic element for the gender roles of intersex patients. Sex assignment should be based on the following criteria: functional and aesthetic morphology of the external genitalia; hormonal sex (despite the well-known difficulty in clearly predicting this element before puberty); and the already-established gender role, in the case of older children (MONEY; HAMPSON; HAMPSON, 1955b).

The external genital morphology is a sexual variable that has a central place in Money's proposal for medical treatment of intersexuality, as it played a crucial role in constituting individuals' gender roles. This does not mean that Money considered the external genitalia as the bodily expression of gender roles. On the contrary, gender roles are given a logical priority over sexual appearance. First, the gender role is defined and, then, the genitalia is altered to match it. But the appearance

of the genitals is always highly considered when determining gender roles because Money understands that an adequate psychic development requires congruence between the two. Since gender roles are a behavioral trait acquired through socialization and, consequently, highly malleable in the early stages of individuals' lives, the choice of gender role is influenced by the amount of needed intervention. There is a complex relationship between genital appearance and gender roles, but while the former can be made to match through medical technologies, the latter is constructed by social technologies.

This is one of the reasons why Money advocated the urgency of surgery to “normalize” ambiguous genitalia in newborn infants (MONEY; HAMPSON; HAMPSON, 1955b; MONEY; EHRHARDT, 1996). Money and the Hampsons stated that the shape of the genitalia is, “[a]bove all other evidence, the signal that will give the developing child certainty about their gender.” (MONEY; HAMPSON; HAMPSON, 1955a, p. 306). They emphasize the importance of timing when carrying out surgical procedures of genital “disambiguation”: according to them, there is a “critical period” during which gender roles are permanently “imprinted”, around the 18th month of life (MONEY; HAMPSON; HAMPSON, 1955a). In 1968, a few years after the concept of “gender roles” was created, the term “gender identity” was coined by Robert Stoller, professor of Psychiatry at the School of Medicine and founder of the Gender Identity Clinic of the University of California, Los Angeles. In *Sex and Gender* (STOLLER, 1984), he develops an interdisciplinary analysis of sexuality, bringing together Biology, Learning and Psychoanalysis Theories. The book is profoundly influenced by the work done by Money and his collaborators, especially with regard to intersexuality.

Unlike Money, however, Stoller promotes a conceptual separation between gender roles, gender identity, sex and sexual behavior: the first concerns the social roles individuals play, while the second refers to the “awareness” of belonging to one or the other biological sex (STOLLER, 1984). Gender identity, which develops until at least the end of adolescence, is composed of the “core gender identity”, “fully established before the fully developed phallic stage” (STOLLER, 1984, n.p.) and produced by the relationship between the child and their parents, by the child's perceptions of their external genitalia and “the biological force that springs from the biological variables of sex” (Ibidem). The first two elements would be crucial in determining gender identity.

According to Stoller, sex has a biological connotation – genitalia, gonads, hormones, chromosomes –, while sexual behavior – which includes sexual orientation – is *predominantly* defined by these biological elements, especially hormones. Predominantly, but not exclusively:

One problem that arises to complicate our work is that gender behaviour, which is for the greatest part learned from birth on, plays an essential part in sexual behaviour, which is markedly biological, and at times it is very difficult to separate aspects of gender and sex from a particular piece of behaviour. (STOLLER, 1984, n.p).

Four years after Stoller's book was published, Money incorporated the concept of "gender identity" and created the expression "gender identity/role" in order to refer to the subjective female or male identity and its forms of public expression (MONEY, EHRHARDT, 1996).

Gender role is what you say or do, from what other people make up their own version of your gender identity. Your gender identity is more comprehensive than your gender role: it includes ideation, imagery, and unvoiced thoughts that may be known only to you. The two are linked in the acronym G-I / R (gender /identity role), to be used as a singular noun. G-I /R is classifiable as male, female or androgynous, and as heterosexual, homosexual or bisexual. (MONEY; EHRHARDT, 1996, p. xi).

The junction of the concepts of gender identity and roles into an acronym seeks to highlight the dual nature – introspection and extrospection – of Money's perspective on gender, like the two faces of the same coin (MONEY, 1985). Were this not the case, Money asserts, the gender identity/role could be viewed as "a socially transmitted acquisition, divorced from the biology of sex and the brain" (MONEY, 1985, p. 279). At this point, the author had incorporated theories that affirm the roles of hormones in the construction of gender identity through the imprinting of behavioral biases on the brain, still during the prenatal period (KRAUS, 2011; CORTEZ, 2015).

However, there are two caveats with regard to the "origin" of gender. One refers to the idea of origin and the other to the question of whether the concept of gender used in the biomedical field has similarities to the one used by feminist scholars in the 1970s.

Regarding the term's "origin", Money was responsible for *propagating* the term "gender" in the biomedical literature, which does not mean that he coined it. Though Money himself made a point of affirming his pioneering use of the term outside the field of grammar in the English language (MONEY, 1994; 1995), Goldie (2014) cites

an article published in 1945 in the *American Journal of Psychology* (BENTLEY, 1945) in which the term “gender” appears and is defined as the “socialized observation of sex” (Ibidem, p. 228). The author states that “he [Money] seems to have tapped into an understanding already existent in American psychology, although he no doubt narrowed and refined it” (GOLDIE, 2014, p. cxlviii).

Beyond questions regarding the supposed authorship of the term, preexisting conditions were in place in order for the concept of gender to take shape: the ideas introduced by authors Simone de Beauvoir, Joan Rivière and Margaret Mead, who sought to provoke readers to question the naturalization of the “feminine condition”, were crucially important so that the idea of “gender” could *make sense* (OLIVEIRA, 2012). *The Second Sex* is often cited as a foundational book in the new moment of feminism in the years that followed World War II, and can be read as a sort of “early stage of the concept of gender” (SAFFIOTI, 1999). Thus, our choice to highlight Money’s role in using the term in the 1950s refers less to a static conception of its meaning, or to the supposed originality of the idea, and more to the perspective that certain ideas were in circulation, creating the needed conditions for “gender” to be employed in biomedical studies on sexuality.

In line with Oliveira’s (2012) observations, it is interesting that, after starting his graduate studies at Harvard University in the late 1940s, Money took classes taught by Talcott Parsons and was introduced by the latter’s Social Role Theory, whose influence can be seen in the expression “gender role” itself (BENTO, 2006). Furthermore, Money (MONEY; TUCKER, 1981) uses Margaret Mead’s ethnographies in order to discuss sex stereotypes.

Despite some disagreements, Money and Stoller converged on important assumptions: the “incongruence” between sex, gender and sexual orientation was viewed as an abnormality, since human sexuality had the ultimate *function* of guaranteeing procreation and the reproduction of the species. According to Money, sex stereotypes, such as those described by Mead, made possible the sexual division of productive and reproductive labor and, therefore, made reproduction itself possible, too (MONEY; TUCKER, 1981; CORTEZ, 2015).

Since we are interested in reflecting on the dialogues between biomedical authors and second-wave feminist authors, we will proceed by analyzing feminist texts in which the concept of gender appears and which mention Money and Stoller’s works on gender and sexuality. As a result, the issue of intersexuality will also be addressed.

The texts we will discuss date back to the late 1960s and early 1970s. The books, Kate Millett's *Sexual Politics* (2000[1969]), Germaine Greer's *The Female Eunuch* (2008[1970]) and Andrea Dworkin's *Woman Hating* (1974) were chosen because they are some of the first English-language texts of the second wave of feminism, in the 1960s and 1970s, to gain notoriety. All three are cited by Tong (2014), though Millett's and Dworkin's receive greater attention. Furthermore, Millett's book was published in Portugal in 1974 and Greer's, in Brazil, in 1975, which promoted and facilitated Brazilian readers' access to these works. They were also referenced in recent years in other texts.

We cannot claim that all social sciences authors who study issues related to women and use the gender perspective are feminists, nor that all feminists use "gender". However, during the period we analyze in this article, the 1970s, there was a general coupling between issues of feminism, as a social movement, and the intellectual work carried out in the field of women's studies, later termed gender studies. The imbrication between political practice and scientific work is a distinctive trait of this interdisciplinary field, which emerges with the second wave of feminism (FRANCHETTO; CAVALCANTI; HEILBORN, 1980).

Nor do we claim that use of biomedical research was a recurring strategy among English-speaking feminists of the period we are analyzing, going so far as to constitute a trend. Our goal is not to exhaust all bibliographical references that meet our criteria, but to look at expressive feminist texts of the period which dialogue with Money and Stoller.

Gender, sex and intersexuality in English-language feminist studies

Firstly, we should justify why we have chosen to work with English-language feminist studies. Studies of the early decades of feminism in Brazil highlight the influence of European-American initiatives on the then-incipient Brazilian feminist thought. An example of this is the 1832 publication by Nísia Floresta of *Direitos das Mulheres e Injustiça dos Homens*, a translation of *Woman not Inferior to Man*, published in 1739 by the English aristocrat Mary Wortley Montagu, and viewed as the inaugural moment of the feminist struggles in the country (CAMPOI, 2011). Texts written by Mary Wollstonecraft and Olympe de Gouges,

published in the late 18th century, were also important references for Brazilian feminists in the 19th and early 20th centuries.

Therefore, transatlantic and transcontinental connections marked the Brazilian feminist movement since its early days. Although Brazilian feminism has been, and continues to be, influenced by discourses produced in the global North, especially France, England and the United States, since the 19th century, the term “gender” is specific to English-language studies, since it gave rise to greater divergences in France than in the United States, England or Australia, so that its consolidation took place at a later time than in those countries (FASSIN 2009). In France, other terms were traditionally used, such as “social sex relations”, in Sociology, and “social sex”, in Anthropology (LÖWY; ROUCH, 2003).

Starting in the late 1960s, but especially in the 1970s, the concept of gender moved into feminist studies. We will show how the authors we have chosen used Money and Stoller’s research as the basis for their critiques of the status quo, which relegated women to subordinate social positions through the production of discourses that naturalized women’s supposed inferiority. The authors simultaneously view biological and biomedical knowledge as an ideological tool in the political system of male domination and use it to question this system. Put differently, this knowledge is called upon in different ways, at times being criticized and at times being used in the authors’ construction of their arguments.

Kate Millett’s goal in *Sexual Politics* is to develop a political theory that accounts for power relations in a less conventional manner than had been done up to that point. To do so, she defines these relations as the “personal contact and interaction between members of well-defined and coherent groups: races, castes, classes, and sexes” (MILLETT, 2000, p. 24) . The lack of representation of these groups in traditional political structures would explain the fixity of their position and the continuation of their domination. Sex is presented as a “status category with political implications” (Ibidem, p. 24), a central axis of the patriarchal system, understood as “a controlling political institution built on status, temperament, and [social] role, a socially conditioned belief system presenting itself as nature or necessity.” (Ibidem, p. xi).

The knowledge regarding Biology produced by patriarchal religions, common sense views and, in part, science, are, to Millett (2000) one of the bases of support of the patriarchy, which is eminently arbitrary. The critique is addressed to the

humanities and social sciences, since the physical sciences have the capacity of producing “clear, specific, measurable and neutral” (Ibidem, p. 28) distinctions regarding the differences between the sexes. In contrast, the psychosocial distinctions between women and men, with regard to temperament and social roles, which supposedly attested the former’s inferiority and the latter’s superiority, are, according to Millet, a cultural, not biological, “value system”. That is, power inequalities between women and men are not anchored in innate differences and are, thus, subject to transformation through political struggle. The only significant inherent differences would be “bio-genital”, as they were already known at the time.

Important *new research* not only suggests that the possibilities of innate temperamental differences seem more remote than ever, but even raises questions as to the validity and permanence of psycho-sexual identity. In doing so it gives fairly concrete positive evidence of the overwhelmingly cultural character of gender, i.e. personality structure in terms of sexual category. (MILLETT, 2000, p. 29. Emphasis ours).

The “new research” cited by Millett is precisely the studies by Stoller and Money. The concept of “core gender identity” is mentioned, followed by a citation by Stoller, taken from *Sex and Gender*, in which the author differentiates “sex”, referring to the biological components of being a woman or a man, and “gender”, referring to the “psychological phenomena” associated with femininity and masculinity; despite the common sense assertion of their inextricable connection, sex and gender are domains that can follow “independent paths”. Millett refers to Stoller once again when stating that gender identity is “the primary identity any human being holds – the first as well as the most permanent and far-reaching” (2000, p. 30). She concludes, still citing Stoller, that the psychological character of gender gives it a cultural, not biological, dimension.

A further citation of *Sex and Gender* is presented by Millett (2000), in which Stoller exposes his agreement with Money and the Hampsons regarding the fact that the genitalia contributes, but is not indispensable, to the “sense of masculinity”, as their studies on intersex patients showed. “Psychosexual personality is therefore postnatal and learned”, asserts Millett (2000, p. 30). The correlation established by Money and the Hampsons (1955a) between defining a gender role and learning a mother tongue – both results of imprinting processes – is one more piece of “evidence” that Millett presents in order to corroborate her position regarding the arbitrariness of gender (MILLET, 2000).

Based on the biological, the Australian Germaine Greer (2008) does not deny differences between the sexes, but states that they are emphasized and exaggerated by the “dogmatism of science” in order to justify male domination and guarantee its perpetuation.

It is true that the sex of a person is attested by every cell in his body. What we do not know is exactly what that difference in the cells means in terms of their functioning. We cannot even argue from the observed difference in the cells to a significant difference in the tissues composed of those cells. To make any assumptions about superiority or inferiority on this basis is to assume what is very far from being proved. (GREER, 2008, p. 30).

The author presents a series of biological “evidences” in order to demonstrate how men are more fragile, when compared with women, and not the other way around. According to her, the Y chromosome has a negative influence by reducing the level of femininity in human fetuses, since it is a harbinger of “weaknesses” found exclusively or predominantly among men: hypertrichosis, hemophilia and color blindness are cited as conditions that manifest as result of the Y chromosome’s incapacity to suppress them. The higher life expectancy among women is another information presented to show how they are “constitutionally stronger” than men. Likewise, Jacobs syndrome (47,XYY karyotype), an intersex condition, is presented as another male biological “vulnerability”, since, according to Greer, there is an association between this condition and violent behavior among men (GREER, 2008).

Greer cites other intersex body conformations in order to illustrate her claim that “[n]ature herself is not always unambiguous” (GREER, 2008, p. 33): cases of girls with larger clitorises who are designated as boys, or boys with micropenises or malformed penises who are designated as girls. She cites Stoller’s (1984) work as a source, referring to these cases in which the sex/gender designation is erroneous and individuals incorporate behaviors of that sex, despite the conflicts generated by the “mistaken” designation. Greer states that “[s]ome of these difficulties can be resolved by cosmetic surgery, but too often surgeons perform such operations for peculiar motives” (2008, p. 33).

Hermaphroditism in non-human animals and plants appears as a “natural” phenomenon that calls into question not only the supposedly incommensurate and flagrant differences between the female and male sexes, but the “polarity” or “dichotomy” between the sexes in nature itself (GREER, 2008). Dworkin (1974) amplifies this argument by calling into question the sexual dichotomy,

in biological terms, more radically than Greer or Millett, putting tension on differences *between humans*.

Curiously, “gender” is the title of the chapter in which Greer (2008) presents the questions regarding differences between the sexes described above. However, the term is not defined or even referenced in any other part of the book, appearing only in the reference to Robert Stoller’s (1984) work. Thus, it is impossible to understand what exactly the author understands the term to mean, or why she uses it only once in the text.

Andrea Dworkin (1974), in turn, lists a series of biological elements that imprint sexual characteristics on human bodies, according to biomedicine, and which do not show the stability and binary character propagated by common sense views and part of science. She cites Wolffian and Müllerian structures – rudimentary internal ducts present in XX or XY embryos and which develop into female, male or ambiguous internal reproductive organs and external genitalia – chromosomes, hormones, genitalia, reproductive organs and secondary sex characteristics; none of these elements – XX or XY chromosomes, penis or vaginas, scrotum or ovaries, testosterone or estrogen, etc. - are exclusive to each sex. According to Dworkin, the low prevalence of intersexuality and ambiguous sexual characteristics in the population could also be explained

[...] by recognizing that there is a process of cultural selection which, for people, supersedes natural selection in importance. Cultural selection, as opposed to natural selection, does not necessarily serve to improve the species or to ensure survival. It does necessarily serve to uphold cultural norms and to ensure that deviant somatotypes and cross-sexed characteristics are systematically bred out of the population. (DWORKIN, 1974, p. 181-82).

Dworkin cites Money’s research into intersexuality in order to illustrate the difficulty of a binary categorization of “sexual determination” processes. She concludes that “[w]e are, clearly, a multi-sexed species which has its sexuality spread along a vast fluid continuum where the elements called male and female are not discrete” (DWORKIN, 1974, P. 183). Dworkin advocates a total reformulation of the bipolar model of sexuality in favor of a “multi-sexed” approach, whose intended effect would be the transformation of human relations and the institutions that regulate them, breaking with the hierarchies that oppress women.

In Dworkin’s (1974) work, the term “gender” appears multiple times and is given a different meaning than that present in Millett (2000). In the latter, gender appears

in the section titled “Biological”, in which Millett refers to Stoller’s research, and is defined as a “personality structure in terms of sexual category”, as cited above. Up to and after this section, the author uses the term “sex” to refer to the relationship between women and men or to the social roles attributed to women and men (sex roles), as a status category with political implications or a characteristics that confer identity to a group, along with class and race. The meaning of the concept of gender she adopts is inspired by, and circumscribed to, Stoller’s concept of gender identity, and is not central to her work.

Dworkin, in contrast, begins the first chapter of her book equating each person’s “visible sex” to “gender”, to then state that “[d]eath is our only remedy. We imagine heaven. There is no suffering there, we say. There is no sex there, we say. We mean, there is no culture there. We mean, there is no gender there” (DWORKIN, 1974, p. 34). “Gender”, therefore, is mobilized in order to account for the cultural aspects that cut across supposed sexual differences, mistakenly categorized in dual terms, in Dworkin’s view. While Millett discusses gender in subjective terms – such as the culturally-shaped personality, behavior or identity of women and men – Dworkin, despite also referring to gender identity, does not limit herself to this, and uses the concept of gender to refer to social roles, representations and norms related to the female and the male. Still, the term does not appear often in the book – there are around ten mentions in 207 pages –, which suggests a still incipient, experimental appropriation of the term.

As we have seen, the biological approach to sex is used as a support by Millett (2000), Greer (2008) and Dworkin (1974) to call into question the dictates of the supposedly-inherent inferiority of female bodies found in common sense views and in part of the scientific production. The traditional scientific discourse regarding the polarity of sex is criticized with help from the studies carried out by Stoller and Money, and the cultural aspects of gender identity are emphasized.

By stating that gender is the product of socialization, while simultaneously retaining a biological “backdrop”, Money and Stoller’s research were aligned with what part of the feminists in the 1970s were saying, that is, *the social construction of gender, preserving, however, biology as a irreducible given*.

Just as the post-World War II sexuality researchers, such as Kinsey, Money and others, made use of the supposed neutrality and competency that biomedicine

and the “scientific method” conveyed to their research, the feminist authors we have discussed make use of these same entries, employing similar strategies for legitimizing their research and political stances.

Scott (1995) comments that the adoption of “gender” as synonymous with, and in substitution of, “women” in texts on the history of women was often a strategy of academic legitimization of feminist studies in the 1980s, since “gender” has a more objective and neutral connotation than “women” (SCOTT, 1995, p. 75). Among the authors we have analyzed, we see a fusion of these two distinct strategies: use of the concept of “gender” along with use of Biology and Medicine, condensed in Money and Stoller’s citations and their “scientific” concept of gender.

Another interesting point is the emphasis that Money and Stoller placed on gender in the construction of individuals’ identity, a position shared by the feminist authors we analyzed. Though the authors discussed the historical variability of gender relations, to some extent calling into question the static conception of the patriarchy as a universal, timeless domination, the *gendered identity* is not called into question in these books. Gender appears as a principle of universal differentiation – in the sense of contrasting and separating between the “I” and the “other” and of opposition between groups (men and women).

Final thoughts

In order to analyze the possibilities of dialogue and/or distancing between the uses of the concept of gender in feminist studies and in the biomedical field, we chose three English-speaking second-wave feminist authors for this investigation. However, these were not the only feminist authors who used the concept of gender in the 1970s, nor were they the only ones who used the concept and made references to Money and Stoller. Authors such as Oakley (1972), Kessler and McKenna (1985 [1978]), for example, also cite Money and Stoller in their works and focus primarily on the issues of biomedical classifications and of the scientific process, adopting them as a *central object* in their analyses and calling into question the “neutrality” of the perspective of (male) scientists who had carried out research on “sexual dimorphism”.

There were yet other authors writing about social sex relations who chose to employ concepts other than gender for reasons that we cannot address here. In

short, our goal was not to present an exhaustive panorama of the 1970s feminist production that had these characteristics, but only bring together some examples of the appearance of “gender” as a term and its possible conceptualizations in feminism and biomedicine.

Since the term was coined within the context of research into intersexuality, one of our goals was to show how the issue of biomedical classification of sex/gender in binary terms was used in the feminist literature we discussed. In present times, body conformations have been used discursively in order to characterized “sexed bodies” and translated at times into difference, at times into similarity between women and men, especially in the two fields we are discussing; that is, feminist studies’ answers to biomedical classification procedures are plural, which is to be expected in an interdisciplinary and heterogeneous field of theory and praxis.

Furthermore, though the so-called biological differences between women and men are a recurring topic in feminist studies, this is not the only possible path for addressing the issue of difference/similarity, and of the “woman” as an analytical category. Other paths have been taken by feminists belonging to different theoretical lineages, such as the debate based on psychoanalysis and/or Marxism. We have seen that, in some moments, there was a greater convergence in the perspectives on gender held by doctors and feminists when the focus was the issue of subjective identity considered from the permanent tension between social factors and innate biological factors. At other times, in texts published in the 1980s and especially in the 1990s, this type of approach was considered “biological foundationalism” (NICHOLSON, 2000), in which “nature”, viewed through the *bio* paradigm, served as an irreducible explanatory basis for gender inequalities, and was harshly criticized.

Aware of the many other possible ways of approaching this work, we have chosen to reflect on how the term/concept of gender appears, in the early 1970s, as an undertaking that is relatively shared by *some* feminists and *some* doctors – not without criticism, resistance or divergence. Analyzing the appearance and dissemination of the term may both shed light on the complex and intricate trajectory of an idea and praxis and provide very interesting clues about how ideas and practices gain life by connecting to so many others, in a large entanglement that expresses, according to the way it is interpreted, the *spirit* of a given time.²

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Notas

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² M. Cortez participated in the research, writing and revision of the article. P. Gaudenzi and I. Maksud were responsible for writing and revising the article.

Resumo

Gênero: percursos e diálogos entre os estudos feministas e biomédicos nas décadas de 1950 a 1970

Apesar da importância do conceito de gênero para os estudos feministas, a utilização e a aceção do conceito em pesquisas biomédicas sobre a intersexualidade nos anos 1950 vêm sendo pouco problematizadas na literatura nacional feminista. Para compreender os caminhos percorridos pelo termo “gênero” e os contextos nos quais suas diversas conceptualizações são produzidas, o objetivo deste ensaio é mapear os usos do termo/ conceito de gênero em produções anglófonas ligadas aos feminismos dos anos 1970 e no campo da Biomedicina, no período de 1950 a 1970. Constatamos que o termo foi primeiramente utilizado no campo biomédico nos anos de 1950 e que há importantes interlocuções entre os dois campos nas décadas de 1960 e 1970.

► **Palavras-chave:** gênero; feminismos; Biomedicina.