

Case study: bruce brenda

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Gender Identity Disorder (GID) is defined as: “ strong and persistent cross gender identification” and “ persistent discomfort with his or her sex or sense of inappropriateness in the gender of that sex (DSM-IV)”. Put simply: it is a painful inner conflict between a person’s physical gender, and the gender he or she identifies as. For example, a person who identifies as a boy may actually feel that he is, and act like a girl.

In response to those feelings, people with GID may act and/or present themselves as members of the opposite sex. The disorder may affect things such as their choice of sexual partners, mannerisms, behavior, dress, as well as their own self-concept. Males with GID are often characterized by feminine behaviors such as: “ wearing his mother’s clothing, displaying a great interest in girls’ toys, playing with girls, and showing distress over having male genitalia (Gooran)”.

In contrast biological females with GID will most likely exhibit typical masculine behaviors such as: “ rough (masculine) games, refusing to wear dresses, becoming very athletic and strong, and identifying more with her father (Gooren)”. “ True cases of GID are fairly rare and occur in only 3 to 5 percent of the U. S. population (Meyer)”. The exact cause of GID is unclear, however “ hormones in the womb, genes, and social and environmental factors (such as parenting) may be involved (NLM)”. Observable symptoms almost always present in early childhood. Case History:

David Reimer was born as a twin on August 22, 1969 to Ron and Janet Reimer. His given birth name was Bruce; his twin brother was named Brian. Both babies were born as healthy males. When the twins were about 7 months old, their mother noticed that “ the skin on the tip of her sons’

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penises was sealing over, making the act of urination particularly painful and difficult. On the advice of their doctor, Janet took the twins to the local hospital to be circumcised to correct the problem (Meyer)". On April 27, 1966 a urologist performed the circumcision operation using the unconventional method of cauterization. The procedure did not go as doctors had planned, and Bruce's penis was burned beyond surgical repair. The doctors chose not to operate on Brian, who's phimosis soon cleared without surgical intervention (CBS)". So botched was the surgical procedure that the sex organ resembled a burned piece of flesh, rendering it useless as well as lifeless. " Eventually Bruce's penis dried up and flaked away until there was no sign that he had ever had any sort of genital appendage (Meyer)". The original plan by doctors was to construct an artificial penis for Bruce-a procedure called a " phallicreconstruction" or " phalloplasty".

This reconstructed organ would only serve as a urine conductor, and never be capable of sexual function. Concerned about their sons prospects for future happiness and sexual function without with a penis, Ron and Janet agreed to meet with John Money M. D. , at John Hopkins Hospital in Baltimore to discuss any and all options. Dr. Money suggested that Bruce be raised as though he had been born a female. " Won over by Dr. Money's reputation, confidence, and charm the Reimers decided to follow his advice and raise their biological son Bruce- as their daughter, Brenda (Meyer)".

At the age of 22 months old, an orchiectomy was performed to remove Bruce's' testis. From that point on the main focus of the Reimer's life was to try to raise Brenda as a girl. " She was clothed in dresses, given dolls and other feminine toys to play with, grew her hair long, and was encouraged to

spend time and bond with her mother and play with other little girls at school (Meyer)". This situation, however tragic... seemed to make for a perfect case study. " What does gender mean if one male twin can be raised as a boy, while the other male twin becomes a girl (NOVA)"?

However, it quickly became evident to everyone that Brenda was going to fight the forced femininity, desiring instead to " play with trucks and solders, getting into fights at school, and rejecting the dresses and ladylike attire. She even insisted un urinating in the standing position (Meyer)". Years later Dr. Money published an article asserting that the experiment carried out with Brenda had been a resounding success. He wrote, " the child's behavior is so distinctly feminine like that of a little girl her age, which differs completely from the behavior of her twin brother Brian (Money)".

The case became widely known in medical circles worldwide as: The John/Joan case". At the age of 12, Brenda began a strict female hormone regimen. She began to develop breasts, hips, and an overall feminine shape. Eventually, her behavior began to conform to her physical appearance. However, this transformation did not help improve her psychological state. " Feelings persisted of being trapped in her own body, eventually she becoming socially isolated and depressed (Meyer)". Brenda began seeing a psychologist named Dr.

Mary McKenty who was successful in helping her face her anxiety, depression, and confusion. After seeing Dr. McKenty for a few months- at the age of 14, Brenda made the decision to stop living as a female, even though she was still unaware of the circumstances surrounding her gender identity issues. It was at this point that her parents " realized that Brenda was never

going to embrace her surgically reassigned sexual identity, she finally decided the time had come for a troubling, yet inevitable confession (Meyer)". After processing this revelation, Brenda's decision to live as a male became concrete. She opted for testosterone treatments to masculinize her figure, and to undergo surgery to construct an artificial penis. She also changed her name from Brenda to David (Meyer)". In no way did this mean David's lifelong struggles were over. Multiple surgeries were needed to try and create a functioning penis. Psychological issues continued to plague him as well. During this time period, " he attempted suicide three times. The third- an overdose of pills- left him in a coma. He recovered and began the long climb towards living a normal life-as a man (CBS)". David eventually met a woman, and the two fell in love. Due to the success of his surgery, he was able to have sex with her, and for the first time have a fulfilling sexual relationship. He married her in September 1990. Tragically, this happiness was short lived for David. He continued to suffer from severe depression, " which deepened markedly when his identical twin Brian, killed himself in the spring of 2002 by an overdose of anti-depressants. David later became unemployed and was conned out of \$65, 000 by a scam artist. All of this contributed to marital problems, and on May 2, 2004, his wife suggested they separate (Meyer)".

David Reimer committed suicide on May 4, 2004. He was 38 years old. Analysis: The case of Bruce/Brenda is unique among GID cases in that its cause is not a mystery. David Reimer was born a male, in every sense of the word. " The origin of his disorder was in the environmental efforts to raise him as a female and not his true biological sex (Meyer)". The damage done

to him physically, mentally, and emotionally is almost uncomprehend able. Although his parents seemed to have had his best interest at heart, it is clear that the decisions made in his behalf were at times misguided, and certainly not the right ones for him.

Stressors in his later life such as the suicide of his twin, the loss off income and money, as well as the deterioration of his marriage, likely may have been enough to push many to their breaking point. It is tragic that David proved to be one of those many. From the Biological perspective- behavior, personality, and presumably gender are seen as products of genes and other biological processes. From this theory, a person is not born as a blank slate... ready to be molded by their parents, doctors, or surroundings.

David Reimer seems to prove the validity to this perspective. The desire to live as a man was so strong, that he came to the conclusion he needed to as early on as age 14. I can only imagine the feelings he experienced when he learned the truth of his past. The validation must have been equal parts: relief and frustrating. Treatments: One might assume the preferred treatment for an “ average” person with GID is psychological treatment. However, many transgender people as well as researchers support the declassification of GID as a mental disorder.

There are many reasons for this: “ recent medical research on the brain structures of transgender individuals has shown that some have the physical brain structures that resemble their desired sex even before hormone treatment (Hamzelou)”. “ Therefore, the most widely prescribed treatment option for the disorder is sex reassignment surgery (SRS) (Meyer)”. These are the surgical procedure s used to change a person’s physical appearance ,

as well as the function of their existing sexual characteristics to resemble that of the other sex.

Once a diagnosis of GID has been made, recommendation for SRS should be based on the following strict criteria: 1. The patient should show evidence of stable transsexual orientation 2. The patient should show insight into his/her condition and should not suffer from any serious psychiatric disorder 3. The patient should be able to pass successfully as a member of the opposite sex, and there should be clear evidence of cross gender functioning 4. Improvement in personal and social functioning should be predicted for the individual prior to and after surgery (Benjamin, H) Personal Reflection:

After reading about this man's life, I am ashamed that I choose his case study because it, "sounded interesting". Tragic- doesn't begin to describe this poor man's circumstances. Handled correctly by his doctors and parents, he may have had a fighting chance. I have come to appreciate that this disorder, like many others, should not be taken at face value. Be it because you had a bad urologist, or because you were born with this disorder... more compassion for these people needs to be developed in our, as well as many other cultures.

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