

The “I” in “LGBTQIA”

By

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As we all learn more about the wonderful complexities of what it means to be human, particularly within the realms of gender identity and sexual orientation, so goes the discussion of the various forms of the acronyms which we use to identify people in this light and who should be included. For some people, even those who identify as members of the LGBTQ+ community (a commonly used acronym - used to identify lesbian, gay, bisexual, transgender, or queer individuals and all of the points of the spectrum under which we can fall), there can be confusion and misunderstanding. A case in point is one of the most glossed-over, misunderstood, and even omitted letters which is utilized within the title of this essay: the “I” within the acronym, which stands for “Intersex”.



At the outset, I would like to inform the readers of this short essay that I am also a humble student who is in the beginning stages of learning about this very complex, rich topic. Thus, I am drawing my information from three main sources: Interface Project (1); Intersex Society of North America (ceased operations in 2008) (2); and Advocates for Intersex Youth (has archived and continued work of Intersex Society of North America) (3).

Just what is intersex?

Intersex is a general term used for a variety of traits in which a person is born with a reproductive and/or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. Intersex people can be born with these differences or develop them in childhood, puberty, or later in life. Some people live and die with intersex anatomy without anyone (including themselves) ever knowing. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop.

For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. A person may also be born with genitals that seem to be in-between the usual male and female types. A girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. In addition, a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.

How common is intersex?

To answer this question in an uncontroversial way, you’d have to first get everyone to agree on what counts as intersex —and also to agree on what should count as strictly male or strictly female. That’s often difficult to do. How small or large do particular genitalia have to be before they count as intersex? Does one count “sex chromosome” anomalies as intersex if there’s no apparent external sexual

ambiguity? Here is what we know: If you ask experts at medical centers how often a child is born so noticeably atypical in terms of genitalia that a specialist in sex differentiation is called in, the number comes out to about 1 in 1500 to 1 in 2000 births. However, many more people than that are born with subtler forms of sex anatomy variations, some of which won't show up until later in life.

A big question: Is intersex the same as transgender?

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Although intersex individuals are often included within the transgender umbrella because of the issues dealing with gender identity, being intersex and transgender are not the same in the strictest sense of the word. People born with an intersex trait have anatomy that is not considered typically male or female. Most people with intersex traits come to medical attention because doctors or parents notice something unusual about their bodies. In contrast, transgender people have an internal experience of gender identity that is different from most people. Having said this, some people who have intersex conditions may also decide to have some type of gender affirming procedures at some point in their life (which is rare); so, some people with intersex conditions might also identify themselves as transgender. Thus, the vast majority of people with intersex conditions identify as male or female rather than transgender.

Shame and Secrecy

Intersex people often face shame and secrecy—or are forced or coerced into changing their bodies, usually at a very young age. In America beginning in the 1950's, infants and children with intersex traits were routinely given multiple surgeries and other medical interventions intended to make their bodies appear more "typical". Their families were told to keep their conditions a secret, sometimes even from the child. At times, doctors didn't tell the parents or the children the full truth about the child's condition, since they believed that early surgical intervention and secrecy would help the child develop a "normal" gender identity as either a boy or a girl. This often resulted in tragic consequences (psychologically and physically) as the person grew into their own self-awareness.

Working to Improve Care

In the 1990's, intersex adults began stepping forward to say that the medical treatment they received in childhood was harmful, leading to sterility, ongoing pain, scarring, incontinence, loss of genital sensation and sexual function, and depression. Many also pointed out that the secrecy surrounding their conditions had led to damaging feelings of shame and stigma. Thus, leaders of the adult intersex community called for an end to unnecessary surgeries, and for children with variations of sex anatomy to have a voice in their own treatment. Slowly, things have begun to change. Besides promoting better research and corresponding standards of care, support and advocacy groups have been springing up worldwide.

Implications for Members of the Marianist Family

In keeping with the Marianist charism of living our faith within the context of our inclusive and welcoming relationships with other people, I think that a natural outflow of this would be to educate ourselves and others on this particular complex and fascinating fact of human existence. A great start would be to access and study the information found in the links in the Sources section below. The MSJC LGBTQ+ Initiative can assist with this effort. Our mission is to respond

... to the Church's call to be welcoming and compassionate by offering effective pastoral care and spiritual support for LGBTQ+ Catholics and their families. We foster dialogue, education and understanding among the diverse communities and institutions affiliated with the Marianist family. Our goal is to fully welcome our Marianist LGBTQ+ members into all aspects of our communities. Through our work, we hope the Marianist family becomes a prophetic witness to the Church and the world on how to welcome and embrace LGBTQ+ people and their gifts.

Our Initiative thus offers varied programming and resources to address this call. These include weekend retreats; our video entitled, "Living Our Marianist Charism: Embracing the LGBTQ+ Community"; virtual educational discussions on transgender issues; "A Place at the Marianist Table" events, and our publication, *Addressing LGBT Issues with Youth – A Resource for Educators*. Information on all of these resources can be accessed at the [MSJC LGBTQ+ Initiative](#) web page. Of course, our team is constantly discerning ways in which we can improve and advance our efforts, so stay tuned!

Sources:

- 1) Interface Project: <http://www.interfaceproject.org>
- 2) Intersex Society of North America: https://isna.org/faq/what_is_intersex/
- 3) Advocates for Intersex Youth (has archived and continued work of Intersex Society of North America): <https://interactadvocates.org/>

Bio:

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