

2. Approaching Intersex

Conceptual and Theoretical Framework

My book's analysis of the representations of intersex (i.e. intersex individuals and intersex as a cultural concept) in North American autobiographical texts, literature and visual culture from 1993 to 2014 necessitates a preliminary outline of its conceptual and theoretical framework. I regard my considerations here and the referenced theoretical texts as providing an adequate theoretical understanding of the *structural conditions* of narrative and cultural intersex representations, and thus as the theoretical underpinning of my work, rather than as a comprehensive explanation of the primary works' intersex representations and the shifts in narratives. I approach the autobiographical, literary and visual cultural narratives with questions concerning *the accomplishments and contributions of the texts themselves*. I ask *which new knowledge about or paradigms for understanding intersex they produce and how they effect processes of resignification of intersex*. Thus I claim the usefulness of the selected concepts and theories to my analysis of intersex narratives, while I also acknowledge the limitations of what they can account for. I begin the outlining of my theoretical and structural framework with a clarification of my understanding of the concepts of identity, subject vs. individual, sex and gender. I will proceed with the discussion on intersex as a contested category and the claims made about intersex by specific groups and stakeholders, which have resulted in competing and at times conflicting narratives on intersex. I continue with an outline of Foucault's theories on mechanisms of power and control and on the medical gaze, and how I apply them for theorizing the power relations between intersex individuals and medical authorities, and the constitution of intersex corporeality through and against hegemonic visualization practices. My central approach to the intersex narratives involves their production of the conditions of intelligibility for intersex (i.e. their intersex protagonists/characters, and intersex as a category of knowledge within the narratives), for which I reference Judith Butler's theory of intelligibility as discussed in "Doing Justice to Someone. Sex Reassignment and Allegories of Transsexuality"

(2001) and *Undoing Gender* (2004) in order to comprehend the processes of intelligibility of sexed embodiment and gender on a structural, systematic level.

2.1 CONCEPTS AND TERMINOLOGY

In the following, I clarify how I define and work with the concepts of identity, subject vs. individual, sex and gender within the scope of this study. I want to point out that my usage of terminology might differ from their usage by persons I quote in my work, hence the concepts as they occur in the quotes do not necessarily reflect my own understanding of them (I comment on the discrepancies if relevant). My understanding of the concepts in question is based on social construction theory, although I need to specify what I mean by ‘social construction theory’ as there are various ways of understanding the notion of ‘social construct,’ as well as different, conflicting uses of the theory and its assertions. I reject an understanding of social construction as a basis on which to discredit an individual’s sense of gender, its felt relation to their sexed embodiment, and their sense of lived reality as something not ‘real.’ When I speak of identity, gender, sex, and even intersex as socially, culturally, discursively, or medically constructed, I refer to the mechanisms of social institutions, linguistic practices, and political and legal regulations that constitute the referential framework within which we are situated and to which we have to relate in order to become intelligible. I do not intend to imply that a subject is ever fully predetermined, or a ‘victim’ of a construction; such a notion of social constructs, Butler argues, and I agree with her,

“does not acknowledge that all of us, as bodies, are in the active position of figuring out how to live with and against the constructions – or norms – that help to form us. We form ourselves within the vocabularies that we did not choose, and sometimes we have to reject those vocabularies, or actively develop new ones. For instance, gender assignment is a ‘construction’ and yet many genderqueer and trans people refuse those assignments in part or in full. That refusal opens the way for a more radical form of self-determination, one that happens in solidarity with others who are undergoing a similar struggle.” (Butler, in Williams 2014)

According to this concept of constructivism (as formulated by Butler), social and cultural constructions both impose specific gender assignments on subjects but simultaneously provide the conditions for rejecting and challenging these assignments, and even for articulating new terms which are more adequate for articulating the subject’s sense of self.

I understand the concept of ‘identity’ in the terms of social construction theory as outlined. I see identity neither as a radical ‘choice’ nor as an essential and firmly

fixed inner ‘core’ in an absolute sense. I rather consider identity as a complex interplay between a person’s sense of self based on several interrelated signifiers (including not only gender but ‘race,’ class, age, ability, etc.), whose perceived relevance varies individually and contextually, the interdependencies between self-perception and how a person is perceived by others, and the linguistic and cultural terms and conditions available for conceptualizing one’s identity at a particular historico-cultural moment. My understanding of identity as intersectional draws primarily on Audre Lorde’s work, in particular her essays in *Sister Outsider*, in which she claims that “[t]here is no such thing as a single-issue struggle because we do not live single-issue lives” (Lorde 2007: 138). Lorde’s critical reflections on personal experience as shaped by different interdependent social aspects of one’s life, which make a person subjected to intersecting forms of oppression, have crucially influenced my way of thinking about ‘difference,’ but also about questions of privilege. My conceptualization of identity, however, is not exclusively informed by theoretical work, but has been influenced by several queer and trans, of color and white, activists, poets, performers, and writers. Leslie Feinberg’s and Janet Mock’s writing and activist work have particularly shaped my comprehension of the intersections between queerness/trans, ‘race,’ and class, of the implications of gender misrecognition and ‘passing,’ and of the real-life consequences for gender nonconforming individuals.

Regarding my analysis of specific intersex narratives, I acknowledge and respect that intersex authors’ and/or protagonists’ sense of identity might be based on different premises; yet their identities are narrative constructions in the sense that they do not ‘exist’ outside the context of the narrative – that is, while real intersex people who are the authors of certain narratives do of course exist outside the context of their texts, we only have access to them and their identities through the texts. I will further discuss the implications of specific intersex identity claims in the ensuing section.

I delineate my usage of the terms ‘individual’ (and ‘person’ or ‘people’) against the term ‘subject,’ as far as that is possible and reasonable. I largely understand the term subject in the terms of the constructivist conception of persons as classified according to a regulatory system of norms. Hence when I speak of intersex subjects, I refer to an instance that is less about a particular intersex person, but one where this intersex subject is subjected to a specific process of regulation and constraint in which their subjecthood is at stake (in regard to their intelligibility). The term ‘intersex subject’ moreover has a certain dehumanizing, or depersonalizing effect; thus my usage of the term already implies a criticism of its conventional usage. I speak of intersex individuals or persons when I refer to actual, real intersex people. However, the usage of the two terms ‘individual’ and ‘subject’ cannot always be clearly distinguished, and they are correlative in some contexts.

I conceive of the relationship between gender and sex, or sexed embodiment, as interrelated and complex processes that constitute one's sense of gendered and sexed realities, where “‘gender’ includes the way in which we subjectively experience, contextualize, and communicate our biology” (Butler, in Williams 2014). The extent to which bodily characteristics signify gender for an individual can vary, and the ways in which their felt sense of gender affects the individual's perception and experience of their body are equally complex. While a person's sense of gendered and sexed realities cannot be disputed and delegitimized as ‘unreal’ or as ‘fictional,’ the way one articulates and communicates this sense of self to oneself and to others takes place in reference to a cultural discursive system. Butler argues that

“some subjective experiences of sex are very firm and fundamental, even unchangeable. They can be so firm and unchanging that we call them ‘innate.’ But given that we report on such a sense of self within a social world, a world in which we are trying to use language to express what we feel, it is unclear what language does that most effectively. [...] And yet, sometimes we do need a language that refers to a basic, fundamental, enduring, and necessary dimension of who we are, and the sense of sexed embodiment can be precisely that.” (Butler, in Williams 2014)

I want to point out that in some interpretations of, and in fact in earlier claims made by Butler in her theory of gender performativity, the significance of a person's experiences of their corporeality for their sense of gender, in fact for their sense of self, was/is largely ignored, if not disputed. This has been an issue particularly in the context of debates around transgender/trans and intersex. A comprehensive discussion about this controversy would exceed the scope of the chapter, and indeed the scope of my work, so I am content here with reiterating a point I made in the Introduction, that an adequate understanding of intersex needs to take into account both intersex's particular aspects of the sexed body, and questions of gender and the interdependencies between a person's sense of gendered reality and sexed embodiment. As Katrina Roen argues, “the embodiment of the [intersex] subject is not simply about having particular anatomical features and being raised in a particular way but, rather, is a lifelong process of *becoming*” (Roen 2009: 21).

The significance of the interrelatedness and interdependencies between perceptions and experiences of gender and sexed embodiment for the discussion of intersex themes becomes particularly clear when considering the processes of enforced medical ‘normalization’ and their underlying cultural premises. Moreover, the reasoning inherent in ‘normalization’ processes with regard to the production of the intersex individual's gender intelligibility through the (surgical, hormonal) construction of a body that is supposed to conform, more or less, to the demands of normative femininity and masculinity, and the outcome of these attempted ‘normalizations,’ often conflict with an intersex person's own perceptions and

experiences of themselves and of how their sexed corporeality pertains to their sense of gendered self. These conflicting notions and desires and the intricate interrelations between gender and sexed embodiment are central aspects negotiated in and by the intersex narratives that are investigated in the present study.

2.2 INTERSEX AS A CONTESTED CATEGORY

Autobiographical narratives have over the past several decades come to be conceived as narrative or discursive productions of selves, as constructions of personal lives that claim an ‘authenticity’ of their representations, rather than as accounts of a ‘reality’ of selfhood that pre-exists its narrative construction.¹ With regard to personal accounts conveyed by intersex persons, Sharon Preves notes: “By speaking out and externalizing their reality, individuals take an active role in reframing and transforming their identities. This is especially significant for those who take personal action to transform an oppressive reality, such as ending a lifetime of silence, secrecy, and isolation. [...] telling one’s story to others is a narrative form of restoration” (Preves 2003: 118). She further argues, in a social constructivist mode, that “externalizing one’s identity by verbalizing it results in feelings of internal legitimacy and validation” (Preves 2003: 119). But how are these intersex identities that are subjected to processes of “reframing and transformation” to be theoretically apprehended, and what is the trajectory of these transformations? Which are the identitarian claims at stake in this narrative “restoration”? How do processes of achieving both internal and external legitimacy and validation work through the personal narrating of selves?

My study’s focus on intersex narratives necessitates a preliminary discussion of the various identity claims made about intersex by different groups and from different perspectives and the theoretical premises on which these claims rest. An analysis of contemporary intersex discourses in North American culture demonstrates that the narratives about intersex have undergone substantial shifts during the last twenty years. While before, medical narratives produced a pathologized intersex subject in interrelated processes of medicalization and normalization, the emergence of intersex autobiographical accounts has challenged this long-lasting hegemonic narrative and partly effected a demedicalization of intersex. The recent trend of a remedicalization of intersex, with the commitment to a ‘disorders of sex development’-based intersex redefinition, however demonstrates that one, seemingly obsolete intersex narrative has not simply been replaced by another, more progressive one. Rather, at the

1 The concept of identity as constructed through narrative emerged as a part of the discussions related to the ‘narrative turn’ within multiple disciplines, particularly the humanities and the social sciences, circa four decades ago.

moment it makes more sense to speak of a “plurality of narratives,” as Iain Morland suggests (2009: 196), which do not simply coexist but which, in very specific ways, reproduce, reaffirm, counter or reject each other. As Morgan Holmes has further noted, the discrete disciplinary fields, including “the medical, political, anthropological, identity-based, feminist, and ethical” disciplines which inform the discourses on the cultural category of intersex, the intersex body, and the intersex community are not only at various points interdependent; moreover, each discipline generates not a single narrative but several narratives which “may have multiple and overlapping starting points” (Holmes 2008: 21). As such, “intersex is not one but many sites of contested being [...]. [It] is hailed by specific and competing interests, and is a sign constantly under erasure, whose significance always carries the trace of an agenda from somewhere *else*” (Holmes 2009: 2).

I will briefly outline and discuss the vested interests different groups have in their respective intersex (identity) claims, as well as the rationales behind and the implications of these claims. A clear-cut differentiation of these claims proves to be difficult at best, since the discursive strategies which produce the specific categories of intersex at times overlap and are under constant revision. The principal agents occupied with this contested intersex category are activists and activist groups, medical professionals, and gender or queer theorists. While their interests and the theoretical reasoning at times seem to be crucially incompatible, a careful consideration reveals conspicuous moments of convergence which need to be scrutinized in the following.

Those involved in pioneer intersex activism, most notably intersex individuals who organized around Cheryl Chase’s newly-founded Intersex Society of North America (ISNA) in 1993, initially sought to utilize the propositions introduced by queer theory for their agenda to question and challenge the medical practice of normalizing intersex bodies and its underlying normative notions of binaries of genders and sexual difference.

“The emerging intersex community [...] is composed of a diverse group of people who have examined the cultural and medical definitions of gender and found them to be inadequate. Intersexuals are beginning to assert our right to keep the bodies with which we were born, and to choose or reject surgery and hormones to any extent that we feel is appropriate.” (Nevada and Chase 1995: 1)

Intersex activism has positioned itself right from the beginning within the historical tradition of civil rights struggles in the 20th century, following the civil rights movement, feminism, gay and lesbian liberation and the transgender movement. As such, activists have adopted much of the rhetoric of other minority groups in the early stages of their struggles, like demanding to be heard, acknowledged and taken seriously by their ‘oppressors’ and claiming the right of self-determination. The use

of slogans addressed at their ‘oppressors’ like “HEY AAP [American Academy of Pediatricians]! Get Your Scalpels OFF Our Bodies!!” and the proclaiming of a collective identity as “Hermaphrodites With Attitude” in public protests at medical practitioners’ meetings demonstrate the radicalness with which early activism was carried out.² In one of ISNA’s first issues of its newsletter *Hermaphrodites with Attitude* the editors announced their determination to group together in order to fight for what they considered as their civil rights, namely bodily integrity: “The newly emerging intersexual minority carries the battle [of civil rights struggles] to the ground of embodiment” (Nevada and Chase 1995: 1). The relationship between challenging the medical establishment’s treatment of intersex *bodies* and the construction of a new *identity* category is apparently a causal one in that the latter claim results from the former. As such, this specific intersex identity seems to have been predicated on a conversion of the materiality of a body which is considered to be ‘deviant’ or ‘pathological,’ into an embodied self. Morgan Holmes considers this shift in the signification of ‘intersex’ as a principal issue on the early intersex movement’s agenda:

“The mobilization of ISNA in particular – and of those who would come to the more broadly defined movement – around the term ‘intersex’ was then very much a search for autonomous self-identification, a reclamation and wresting away of meaning and power of medicine, and the terms under and through which intersex would signify. In short, the movement’s trajectory was away from a stigmatizing and medicalized view and toward a valuing of embodied difference.” (Holmes 2009: 5)

The radicalness of this reclaimed intersex self-identification, contrary to what might have been expected, lay less in a challenging of cultural notions of gender as a binary or of a biological determinist coherence of sexes and genders. A radical *intersex-as-queer identity*, as has been proposed by some intersex activists and queer theorists, would replace an invariable relationship between the sexed body and the self with multiplicity and uncertainty, and refer to an identity which is “ongoing, provisional, transformative and transforming, its meaning always being made and remade, done and undone” (Cornwall 2009: 237), thus eluding any claims to a stable intersex identity position. In an ideal (probably utopian) scenario, such an *intersex-as-queer identity* would be irreducible to any identity claims, and not be exploited by any “agenda from somewhere else.” Yet in its challenging of medical practices ‘inscribed’ into intersex bodies, the term intersex as reclaimed by early activists

2 The first public demonstration by intersex activists was held at the American Academy of Pediatricians’ (AAP) annual meeting in Boston, 1996 (*Chrysalis* 1997/98: 1).

seems to have lapsed into the very same naturalistic³ reasoning of asserting a ‘naturally given’ sex as distinct from culturally constructed genders which it was supposed to elude, a point that will be elaborated in more detail below.

The new conceptualization of intersex proposed by early activists, or rather the theoretical and practical implications of this reclaimed intersex identity, have not gone unchallenged, for at least two reasons. First, this identity or category, despite its attempts to effect the contrary, was itself based on biomedical, or biosocial premises. Second, it was rejected by many intersex individuals – both non-activists and later some of the very activists who had a stake in its construction – in favor of a non-intersex identity that needs to be considered as separate from a body defined by biomedical parameters. What seems to be paradoxical in fact makes it clear that these two objections and the rationales behind them cannot be disentangled from each other, and hence must be considered as being interdependent.

Early activism challenged the medical practice of the unnecessary surgical altering of infants’ genitals which do not meet (con)temporary standards of male or female sexes on the grounds that its goal was to ‘normalize’ these bodies to conform to a dichotomous cultural model of genders and sexual difference, and thus deprived these infants of their potential autonomy, an intact sexed body and a future adult sexuality. It was not, at least not primarily, the implication that these infants were denied a future as (potentially) intersex individuals, i.e. individuals who identified as intersex rather than as female or male, which was considered as a relevant argument against the normalizing surgical procedures. ISNA’s then-board members Cheryl Chase and Alice Dreger actually militated outright against assigning an intersex infant an ‘intersex gender,’ or a ‘third gender,’ in their view a gender category “that in essence doesn’t exist” (Dreger, quoted in Holmes 2008: 59). Instead, they advocated that intersex newborns should be given a female or male gender assignment (Chase 1999: 148).⁴ Holmes, who is an intersex activist and scholar and

3 Naturalism here refers to the belief that everything in the world is governed exclusively by ‘laws of nature,’ implying a biological determinist viewpoint on the human condition. For a critical discussion of the construction of sexual difference and the sexed body as ‘natural’ and its basis for the construction of the gender binary and heterosexuality as likewise ‘natural,’ see Butler (1990: 128-141 and 1993).

4 Consider also ISNA’s recommendations for the treatment of intersex infants on its homepage, “What does ISNA recommend for children with intersex?” (available at <http://www.isna.org/faq/patient-centered>). The phrase “newborns *with* intersex should be given a gender assignment as boy or girl” (emphasis added) strongly suggests that the bodily ‘condition’ (intersex) must be considered as distinct from a gender (male or female), and moreover that assigning the child an unambiguously female or male gender is a social imperative rather than an option, since “assigning an ‘intersex’ gender would unnecessarily traumatize the child” (http://www.isna.org/faq/gender_assignment).

herself was part of ISNA's pioneer intersex activism, points to clinicians' common and repeated misunderstandings of ISNA's and other activist groups' agenda for changing the medical treatment standards. She argues that

“The approach many [intersex activists] now advocate neither subverts the notion of individual identity nor questions the limits of free will. Rather, by extending those ideas, the most active groups propose to reorient treatment to focus on the consumer demands of individual intersexuals. [...] Suggesting that early cosmetic surgery should be postponed is not equal to arguing that children should be raised as radical gender experiments. The necessity of a clearly defined social role is not at issue. The medical insistence that the gender assignment of the intersexed children has to be *sutured* down surgically is, however, very much at issue.” (Holmes 2008: 138)

Thus, while early activism advocated the acceptance of bodily difference and bodily integrity within medical discourses and the realm of medicine, more substantial cultural claims of gender definitions remained largely unaffected. In fact, and quite ironically, the reappropriating and reclaiming of the term intersex was *not*, unlike some theorists like Alyson Spurgas have interpreted it, intended to be as “a positive marker of non-normative and queer identity, rather than as a medicalized term denoting pathological or disordered status” (Spurgas 2009: 98), and consequently failed as an “embrace of radical intersex identity” (Spurgas 2009: 99).

If the reclaiming of the term intersex was not directed towards establishing a socially viable gender identity category, the claims on which the intersex ‘identity’ implicit in the activists’ intersex politics rests have to be found in a shared history of medicalization. Some gender theorists have pointed to the dynamics between biomedical premises and identitarian politics. One crucial argument is that the medical diagnosis and consequent surgery produce ‘intersex’ as an ‘identity.’ This specific intersex ‘identity’ is here understood as both being erased and generated by genital surgery: surgery removes bodily parts that are culturally considered as ‘intersex’ body parts in an effort to remove the traits that signify intersex from the person operated on. At the same time, this procedure inscribes the signs of intersex on these bodies – through the specific kind of genital mutilation – and so creates a postsurgical intersex ‘identity.’

This is not to say that a specific kind of body or a body that was molded in a particular way is the essential or inevitable cause or the origin of a specific ‘identity.’ Judith Butler has convincingly claimed that “once ‘sex’ itself is understood in its normativity, the materiality of the body will not be thinkable apart from the materialization of that regulatory norm” (Butler 1993: 2). While I agree with her assessment that whenever one talks about the sexed body, normative imperatives for a given body to conform to are always already implicit – which means this is in fact a discussion about gender –, and that the way one understands, perceives and moves

one's body are highly cultural activities, I would like to extend her notion of the materiality of the body by conceiving of the body as a site where subjective experience is constantly renegotiated.⁵ Thus it is rather, to argue in this spirit, the experience of living in this special kind of body, of having their body severely altered and hurt, which produces a post-surgery intersex identity, or in Holmes' terms "an erased but ever-present identity" (Holmes 2008: 164, fn2). Holmes maintains that the experience of invasive medical treatment relating to their sexed bodies and the manner in which their intersex variation and its medical management was dealt with by parents might be crucial factors for developing this specific intersex identity: "It may be that awareness of one's surgery produces those feelings, or that family reactions to the diagnosis and its management create the context for those feelings to develop" (2008: 109/164, fn2).

Lena Eckert takes a more drastic stance when she refers to this process as "intersexualization,"

"the process of pathologization that goes hand in hand with the construction of intersexuality. [...] one could also argue that intersexuality is actually an identity based on the experience of medical treatment in the West. This is to say that intersexuality is a medical category which does not have any meaning outside a specific medical framework." (Eckert 2009: 41)

This kind of reasoning suggests that early intersex activism not only operated within an already existing medical context – which was largely a product of the hegemonic medical discourses and practices – but moreover reproduced a very specific medical framework which was to legitimate their identity claims. Suzanne Kessler argues that

"The intersexed identity is not adopted for political reasons but is a direct outgrowth of surgical experience. [...] For some intersexuals, genital surgery creates rather than erases their intersexuality. [...] Chase concurs: 'What we share is an experience [...] of object [under the knife]. [...] We need to assert [...] an intersex identity in order to [...] protest the way that we have been treated, to expose the harm done to us and to try to prevent it from continuing to be done to those intersexuals who come after.'" (Kessler 1998: 86)

While Kessler's interpretation of Chase's statement seems to be accurate with respect to an intersex identity based on a shared surgical experience, her conclusion that this intersex identity is *not* adopted for political reasons needs more careful consideration.

5 In a recent interview with Cristan Williams for *TransAdvocate* (2014), Butler has clarified her theory of sexed embodiment and gender as involving a person's subjective experience and articulation of their corporeality, which goes more in the direction of how I conceptualize the relationship between gender, or one's (gendered) sense of self, and sexed embodiment.

Rather than arguing that an identity based on biomedical premises necessarily precludes the formation of a political intersex identity, in the face of early activism's identity politics it makes more sense to consider the adoption of a political intersex identity as a site from which to both articulate and validate the claims of this biomedically grounded identity.

The construction of an intersex identity upon a surgically mutilated sexed body, or rather body parts ("object under the knife"), has proven to be susceptible to various kinds of criticism and to have severe conceptual shortcomings. Kessler stresses the limitations of this intersex identity in that genitals are given "primary signifying status," which makes it "difficult to accept the argument that the intersex category is legitimate and that genitals do not or should not matter" (Kessler 1998: 90). In this sense, activism's production of an intersex identity mirrors the mechanisms by which the medical establishment produced its intersex category:

"Like the mainstream culture that created the diagnostic category, this use of intersex as an identity category retains the synecdochic sign of genitals that cast women as those who lack, or who are their reproductive capacity, and men as those who possess the phallus. The signification of the subject through presumed genital attributes, whether one accepts this as real or symbolic, remains unchallenged in the current signification of the term 'intersex.'" (Holmes 2008: 125)

The alignment of genitalia with identity in both the medical practice and the politics of the contemporary intersex movement obscures to some extent the cultural variability and historical contingency of 'identity,' failing to fully apprehend that the intersex category as a product of diagnostic practices does not remain the same category when intersex activism and/or queer theory turn their foci on it. Through the mechanisms of criticism and renegotiation, at the very moment the medical intersex category becomes a subject of activism's agenda and queer theory's studies, this intersex category is necessarily altered. In a slightly different manner, yet relating to the notion of intersex as a contested identity category, Eckert argues that "the move to draw on bio-medical categories to argue for the historical and social validity of this identity position" is "problematic" for it prompted western scholars to use intersex subjects as the 'ideal' site for their studies on the continuity between what is considered as biological sex and gender, without critically addressing the underlying assumptions of that continuity (Eckert 2009: 49). Either way, intersex as an identity is commonly and oftentimes too uncritically treated as a transhistorical identity category; a critical understanding of intersex as identity, or rather, identities, requires a full realization of identity formation as a culturally and historically contingent process that constructs and differentiates subjects as individuals or specific collectives.

Intersex activism's initial efforts to establish a new collective intersex identity came to be rejected by many intersex individuals, most of whom were not activists, on the grounds that such a group identity's "potential for essentialism" (Preves 2003: 147) would lead to exclusions, assimilationist politics, and the repression of difference. It therefore fails to be representative of intersex persons who do not conceive of their intersex variation as an identitarian trait but "simply view themselves as men or women with a specific medical condition which may manifest itself in some unusual anatomy" (Cornwall 2009: 216f) and as such have experiences which profoundly differ from most activists' experiences. Holmes alludes to many queer or gender theorists' and activists' privileging of an intersex individual to adopt a critical stance towards normative notions of sex/gender and to proudly assert an intersex identity in order to challenge these norms. But not all persons who were diagnosed or identified as intersex by medical power do accept that label as the accurate one for themselves, reject heterosexuality, or "maintain a critical relationship to the operation of gender norms or of heteronormativity" (Holmes 2008: 15). There appears to exist a prevalent and implicit imperative for intersex persons, as they seem to be predestined on the grounds of their sexed bodies that defy normative notions of sexes and genders, to "willingly and gladly inhabit a space of resistant unintelligibility" (Holmes 2008: 16). Yet this imperative to elude or refuse a stable, normative gender identity demands a great deal: "living at the forefront of a politics geared toward making (gender) trouble is exhausting, and while we may be able to embrace the task sometimes, the point is not to live perpetually where it is troubling to deal with the body, but to get to a place where there can be some breathing room for difference" (Holmes 2008: 15f).

Issues of recognition arose within the intersex community in its earlier stages, including various self-help groups for specific intersex variations, regarding the question of who counted as intersex, and what 'proof' was required to legitimate one's belonging to the group of intersex subjects. It was common practice that prospective members were asked, by activist leaders, organizers, or other community members, to disclose their medical records or at least their medical diagnoses which should validate their intersex status. Quite ironically, and contrary to most activist groups' designated goal to challenge the medical appropriation and pathologization of their intersex corporeality, their own practices reproduced the strategies in question and thus were to some extent complicit in the perpetuation of biomedical-based intersex conceptions and the denial, or exclusion of intersex difference. On the basis of her personal interviews with intersex persons, Sharon Preves observes that when questioned about their own definitions of their intersex identity,

"Participants' tales of what it means to be intersexed and how one goes about proving their authentic intersexed identity made this issue of exclusivity especially apparent. This was most notable regarding the issue of medicalization as a defining characteristic of intersex identity.

[...] those participants who did not undergo medicalization questioned the validity of their membership in intersex groups that were so heavily focused on recovery from medical trauma. Their doing so supports the notion that claims to an intersex identity are strongly tied to a history of medical trauma and social pressure to conform to a dichotomous understanding of sex and gender.” (Preves 2003: 148)

The intersex identity as claimed by early activism thus appears to be normative and operates through very specific strategies of inclusion and exclusion.

Consequently, the themes which were given priority on organizations’ agenda, i.e. themes addressed at internal meetings, discussed with physicians and politicians, and released publicly, were necessarily selective and biased. Voices from intersex persons who could not, or did not want to relate to ISNA’s and other intersex groups’ intersex narratives remained silent/silenced, and lacked a narrative space where they could articulate their specific experiences. When personal accounts of intersex individuals eventually came to be considered as sources of authoritative knowledge about intersex, the reliance on a relatively small group of intersex persons posed new serious problems. Research that focused on counter-perspectives to the hegemonic medical perspective on intersex tended to repeatedly draw on the same populations for the provision of personal insights. As a result, the emerging ‘counter-narrative’ fostered the perpetuation of similar beliefs and a very restricted and one-dimensional kind of knowledge production. These select populations were mainly made up of members of the gradually growing intersex community, which was primarily virtually situated in its initial phase, and still remains largely virtual, i.e. internet-based, today. This is to say, the selection process was based on both expediency and self-selection: “Those who make themselves available for interviews, who write their own materials and who participate in lobbying efforts to change medical practice and popular perception, tend to share attributes such as similar levels of education and similar commitments to social and political change” (Holmes 2008: 119).

What is more, experiences of intersex persons, which include both an intersex person’s sense of their sexed embodiment and their experiences with the medical establishment, vary not only individually but also according to their class, ‘race,’ age, ability, and other aspects. Yet, the differences in how one experiences being intersex as resulting from one’s belonging to specific and intersecting social and cultural categories have been rarely discussed within activist contexts (in contrast to queer and trans community contexts, where intersectionality has been increasingly thematized in recent years). The most obvious explanation for the lack of intersectional discussions with regard to intersex themes is the predominance of the issue of human rights violations, in particular nonconsensual or forced genital surgery, which seems to subordinate most other aspects of intersex persons’ lived realities. Intersections do not only play a significant role with regard to (normative) notions of sexed corporeality, but also concerning access to information about

intersex variations, medical and otherwise, where questions of education and economic possibilities come into play. North American intersex activism has been, when taking into account the most visible and active members, while not entirely white middleclass, at least white and/or middleclass dominated. Hence, in many intersex narratives, negotiations of the various intersections and their consequences for different intersex experiences are conspicuously absent. In fictional, especially popular cultural works, the issue of underrepresentation of specific groups (persons with disabilities, persons of color, aged people, queer people) is an additional factor contributing to this absence. The disregard for intersections with intersex issues has led to a further perceived homogenization of a cultural intersex collective, and of cultural intersex narratives.

While the move to draw on first-person accounts of intersex persons' personal experiences for a differentiated perspective on the medical treatment and cultural conceptions of intersex can be undoubtedly considered as an improvement, relying on experience as a legitimization of knowledge production has its limitations not only with regard to conveying an accurate representation of the overall intersex population's positions and needs concerning medical treatment and cultural conceptions of intersex. Knowledge that is limited and biased in such a way may not be accepted as authoritative by medical practitioners and can easily be dismissed as not being representative. Holmes cautions:

“what is left unresolved is the tension between a movement to reexamine standard practice and the medical establishment that discredits the movement as a small group of dissatisfied patients who do not represent the majority of patients – a majority whose very absence from the conversation is held up as the proof that they have ‘blended in’ successfully with the rest of the global population of typical men and typical women.” (Holmes 2008: 119)

Arguably, as a reaction to these tensions, activists, in particular the former leading figures of ISNA and some of its members, began to revise their strategies and to foster viable and fruitful working relations with the medical establishment. Many of the most active and visible personalities of the intersex movement have come to realize that clinicians, pediatricians, and healthcare providers need to be considered as allies rather than opponents in the advancement of the intersex agenda to change medical treatment standards. As ISNA activists had been formerly discredited as radical “zealots” by some renowned physicians (Holmes 2008: 61), their move to find recognition as serious and authoritative stakeholders in the medical intersex discourse is comprehensible, yet this new alignment necessarily takes its toll.

Hence, the last decade has witnessed a rejection of “being categorized as queer and even being aligned with queer movements and politics at all” (Spurgas 2009: 100) by many members of the intersex community and activists – ironically the very same activists who had promoted a non-normative understanding of intersex before.

This shift of paradigms was largely effected by, and manifested itself in the tentative replacement of ‘intersex’ by the term ‘disorders of sex development’ (DSD) in 2006. Several contemporaneous proposals to adopt DSD, and hence to reclassify intersex variations as ‘conditions’ related to the appearance of ‘atypical’ sex characteristics, were made by groups of intersex activists (mostly board members of ISNA/Accord Alliance),⁶ pediatricians, surgeons, and bioethicists.⁷ The term DSD was proposed by Dreger, Chase and their allies to “label the condition rather than the person” (Dreger et al., quoted in Spurgas 2009: 101), thus working against earlier intersex identity politics and notions of intersex as an identity category:

“The discursive shift to DSD signifies not only the distancing of intersex from radical GLB, trans and other queer identity movements, it also heralds a new mode of association and identity around the medicalized body and a new way of understanding and way of living in the body itself. [...] under this model, people with DSDs are simply men and women who happen to have genital birth conditions; they are not intersex individuals or intersexuals.” (Spurgas 2009: 104)

This identitarian shift, from a formerly medicalized intersex subject position, to a partly demedicalized and political collective identity category, to a dismissal of intersex as endowing individuals with a sense of identity, seems to signify the end of ‘intersex,’ the arrival at a ‘post-intersex’ (Holmes 2009: 7) moment, where the discussion about intersex supposedly has become obsolete and displaced by a

6 ISNA closed in 2008 but its board members supported and continued their work with Accord Alliance, a national group of health care and advocacy professionals. Accord Alliance is strongly committed to improve DSD-related health care and to promote collaborations between persons with DSD and their families, activists and medical stakeholders (see accordalliance.org). It is no coincidence that ISNA’s board members decided to close the organization and to resume their work with a new organization, just at the time when they moved towards a DSD-based politics. On the insight that ISNA’s earlier positions were considered as too ‘radical’ or ‘biased’ by many medical professionals, parents, and mainstream healthcare system funders, board members were concerned that ISNA would consequently not be able to authentically sell their paradigm shift to a remedicalization of intersex (see ISNA’s farewell message, www.isna.org/farewell_message). Thus, the strategic move to a medicalized DSD politics required dismissing an organization that not only had the ‘I,’ standing for intersex, in its name, but that was associated with a challenging of the medical establishment – which was now desired as an ally by ISNA’s former board members.

7 Consortium on the Management of Disorders of Sex Development, *Clinical Guidelines for the Management of Disorders of Sex Development* (2006); Lee et al, in collaboration with the participants in the International Consensus Conference on Intersex, “Consensus Statement on Management of Intersex Disorders” (2006).

refocusing on affirming the sex and gender binaries. This affirmation is accomplished through conceiving of an individual ‘with intersex/DSD’ “as a *patient* and more specifically as a patient of normative binary gender identity who happens to *have* a treatable (yet never fully curable) disorder” (Spurgas 2009: 103), thus resorting to a conception of the intersex subject of traditional medical discourses. The circular character of this shift however does not imply a mere reproduction of the former medical hegemony over intersex subjects, but takes disciplinary power to a new level. As the last twenty years in intersex history have witnessed a realization of the potential of intersex bodies to challenge cultural notions of dimorphic sexual difference, and the radicalness with which self-determined identity and bodily claims have been asserted, the need to extinguish this new spirit has become even more urgent for at least some medical stakeholders and those who have an interest in the perpetuation of a clearly defined sex/gender system: “This biopolitical shift [...] is an attempt to control, discipline, render vulnerable and manageable the intersex body, an attempt to make the edgy body less troubling, to keep it before the law” (O’Rourke and Giffney 2009: xi).

To clarify the point, all of the abovementioned movements’ respective identity claims about intersex are normative and generate intersex as a biomedical, or biosocial construction. Whether it is intersex “identity politics movements creat[ing] a new kind of nationalism, in that identity-based social movements serve to erect artificial boundaries and borders” (Preves 2003: 147), or a form of “sexual citizenship,” where intersex individuals have the responsibility to follow the regimes of normative gendered self-production, or else will be denied claims to full, heteronormative citizenship and the rights and benefits that come with it (Spurgas 2009: 118), any intersex identity claim situates the intersex subject within a biosocial context of disciplinary power and contestation:

“Biosocial bodies, which constitute populations, become the loci of social knowledge and identity truths. [...] The intersex/DSD body is a site of biosocial contestation over which ways of knowing not only the truth of sex, but the truth of the self, are fought. Both intelligibility and tangible resources are the prizes accorded to the winner(s) of the battle over the truth of sex.” (Spurgas 2009: 117)

Hence, in the face of the current paradigm shift from intersex to DSD, from a refusal to be ‘normalized’ to an attempted ‘renormalizing’ of bodies which signify ambiguously, it seems as if the battle over this knowledge, what Lyotard termed the fight for control over an “informational commodity indispensable to productive power” (1984: 5), has resulted for the time being in a winner. One response to these reactionary tendencies might be to consider this as a worst-case scenario, a setback for intersex as a site of critically interrogating, or queering, cultural notions of sexed embodiment and gender.

Yet the heralding of a ‘post-intersex’ turn certainly does not render the discussion about intersex outdated. Quite to the contrary, intersex now more than ever signifies as

“a powerful term whose historical, social and political import remains *critical* as a tool for interrogating heteronormative and bio-normative presuppositions about proper embodiment. Intersex also remains a *critical* site for our interrogation of the limits of its ability to speak of and to the experiences of self of those so labelled, and a *critical* site for the examination of scholarship on intersexuality.” (Holmes 2009: 7)

Proceeding in the spirit suggested by Holmes, in grasping intersex as “many sites of contested being” and as (a) critical site(s) for scrutinizing its own intelligibility and legitimacy, the following chapter on intersex first-person narratives (chapter three) will turn its focus on the representations of intersex in the narrating of personal experiences with the medicalization, the de- and, in some cases, the remedicalization of their bodies. Thus I not only investigate the available first-person narratives about intersex, my analysis also reconsiders the conditions under which these kinds of narratives have been produced, both within medical discourse that constructs intersex as a medical(ized) and diagnostic category, and by recent discourses of queer theory and activist politics that have constructed and are constructing intersex as a critical, non-/normative ‘identity.’ The ensuing chapters focus on literary and visual cultural reiterations and negotiations of the first-person, autobiographical accounts of intersex experience, and of the specific discourses that have produced intersex as a contested category. I interrogate the ways in which the fictionality of the popular cultural productions allows for a reimagination of intersex, and how they contribute to the resignification of intersex within mainstream culture.

2.3 THE IN/VISIBILITY OF INTERSEX: VISUALIZATION PRACTICES, THE MEDICAL GAZE, AND THE BIOPOLITICAL REGULATION OF INTERSEX BODIES

Questions of visual representation, processes of regulating intersex bodies through visualization practices, and processes of rendering intersex bodies and subjects ‘invisible’ within society are deeply integrated in intersex history. Elizabeth Reis notes that even in 17th century America, way before medical practitioners achieved the status of authority they did from the 19th century onwards, the legal status of intersex persons was primarily based on their genital characteristics (Reis 2009: 8ff). Although the classification systems of sexes according to which certain individuals were classified as intersex have varied throughout the 19th and 20th centuries, genitals

were and still are given primary significance for defining sex. Intersex individuals have been subjected to the ‘medical gaze’ for centuries; hence, the way their bodies, in particular the characteristics involved in sexual reproduction, look is the basis on which medical authorities make claims about the person’s sexed embodiment. These claims, however, do not only involve the person’s corporeality but have implications for the person’s gender assignment and hence legal status. The person’s legal, or cultural status in turn leads to the coercive medical (surgical, hormonal) ‘alignment’ of their corporeality in supposed conformity with their normative male or female gender assignment. In short, visual presentation, the physical appearance of specific bodily characteristics, becomes the basis for cultural claims, i.e. how to classify the body according to a normative, binary gender system. This, in turn, serves as the basis on which to reconsider the visual presentation, i.e. ‘adjusting’ the intersex body to the assigned normative gender. This logic has intersex individuals caught in a machinery of ‘normalization’ processes which are triggered by how their bodies look. Given the significance of bodily appearance, visualization practices and the hegemonic medical gaze in defining and regulating intersex subjects, I turn to Michel Foucault’s theoretical negotiations of the power of the ‘gaze’ to control and discipline people in order to provide a theoretical framework for my interrogation of the negotiation of visualization practices in the specific intersex narratives.

Most of Michel Foucault’s works center on scrutinizing the role of vision in our culture, indicating the ocularcentrism in history, the “almost exclusive privilege [of] sight” (Foucault 1973b: 133). In *The Order of Things* (1966, English translation 1973) and later in *Discipline and Punish* (1975, English translation 1977), he argues that the mode of vision in a culture has always been hegemonic and serves the desire for power. Succeeding the sovereign gaze of the classical period, the gaze of the modern period is characterized by its disciplinary modes: “The fundamental codes of a culture – those governing its language, its schemas of perception, its exchanges, its techniques, its values, the hierarchy of its practices – establish for every man, from the very first, the empirical orders with which he will be dealing and within which he will be at home” (Foucault 1973b: xx). Against the hegemonic gaze, Foucault theorizes an ‘anarchic gaze’ which can take on multiple perspectives from any possible position, thereby effecting a decentering of the gaze. Implicit in this conception of a deconstructive or subversive gaze is the notion of knowledge as perspective. This gaze, due to its positions on the margins and on the borderlines, can serve not only to expose the invisible power mechanisms at work in our society, but to subvert the hegemonic vision (Levin 1999: 438f).

Michel Foucault develops his concept of the gaze in *The Birth of the Clinic* (1963, English translation 1973), in which he examines the ‘medical gaze’ and the re-organization of knowledge in the late 18th century. *The Birth of the Clinic* provides a critique of modern medicine which he methodologically reprocessed in *The*

Archaeology of Knowledge (1969, English translation 1972) by using an archaeological approach. In Gutting's phrasing:

"The premise of the archaeological method is that systems of thought and knowledge (epistemes or discursive formations, in Foucault's terminology) are governed by rules, beyond those of grammar and logic, that operate beneath the consciousness of individual subjects and define a system of conceptual possibilities that determines the boundaries of thought in a given domain and period." (Gutting 2003)

But the archaeological method was not sufficient to provide a substantial socio-ethical critique of the institution of modern clinical medicine. In *Discipline and Punish* Foucault deploys the method of genealogy for an intense social critique. The primary objective of his genealogical analysis is to demonstrate that a system of thought is the result of historical practices, and to elaborate the role of institutions in producing modern systems of disciplinary power. Foucault claims that the new mode of punishment exercised by the authorities is used as a model of control and the 'normalizing' of a society. The 'inspecting gaze' of the authorities, therefore, is related to power. He contends that power and knowledge are interrelated insofar as knowledge both produces power and is produced by power; hence, power must be conceived in terms of a "productive network" which pervades the entire social body (Foucault 1979: 36). He amplifies this idea in *The History of Sexuality* (1976, English translation 1988-90), where he reconceptualizes sexuality as a discursive production and thus as a cultural category which is the effect of power and power relations.

The concept of the gaze as elaborated by Foucault in *Discipline and Punish* exposes the processes of power relations and disciplinary mechanisms in a society or system of thought. Foucault identifies three central techniques of control that inform modern 'disciplinary' society: hierarchical observation, normalizing judgment, and the examination (Foucault 1977: 170). "To a great extent, control over people (power) can be achieved merely by observing them. [...] A perfect system of observation would allow one 'guard' to see everything [...]. But since this is not usually possible, there is a need for 'relays' of observers, hierarchically ordered, through whom observed data passes from lower to higher levels" (Gutting 2003). Normalization processes are enforced by the system when an individual fails to comply with the system's imperative rules, or norms. This 'disciplinary control' is a tool of power that is applied to correct 'deviant' behavior. These normalization standards infiltrate the whole system by regulating all of its institutions, including the medical establishment. The gaze, according to Foucault's theories, is a tool to exert power over individuals in a society, in particular those who are transgressive of the normative system of rules, by observing, i.e. controlling them and attempting to erase any deviance from the norms. So, "to gaze implies more than to look at – it signifies

a psychological relationship of power, in which the gazer is superior to the object of the gaze" (Schroeder 1998: 208).

The theorizing of visualization practices, or the gaze, in the intersex narratives deals with the interrelations between textual practices, psychological processes, and social/historical contexts. The main focus of my analysis will be on perception, particularly on the gaze, i.e. modes of looking, subjects that look and objects that are looked at, and the power mechanisms involved in visualization practices that operate in these works. I will discuss how the cultural and historical traditions of the gaze, the question of who is entitled to the gaze, and who is destined to be looked, or stared at, and the cultural and political implications of possessing and controlling the gaze are renegotiated in the specific narratives under consideration. Visualization practices will be considered as sites of conflict, drawing on feminist and queer film theory's assumption of 'the gaze' as controlling and objectifying characters belonging to minority groups. The concept of the 'male gaze' has been a central idea of feminist film and media criticism, mainly coined by Laura Mulvey's essay "Visual Pleasure and Narrative Cinema" (originally published in 1975), one of the most influential articles in contemporary film theory. In the tradition of early psychoanalytic film theory, Mulvey identifies "the way film reflects, reveals and even plays on the straight, socially established interpretation of sexual difference which controls images, erotic ways of looking and spectacle" (Mulvey 2004: 56), arguing that the structuring of the filmic gaze is male and organized by the ideological patriarchal operations of society. Thus, the term 'the gaze' refers to the power divide between the dominant, active male viewer-subject and the passive female to-be-looked-at object. The principles of the dominant ideology that controls narrative structure represents the man as the bearer of the look of the spectator, and the woman as the spectacle.

Since the 'inspecting gaze,' according to Foucault, is related to power, my project aims at working out how it can be utilized for processes of 'self-invention' and the resignification of intersex. One crucial question in discussing the (in)visibility of intersex (i.e. both intersex bodies and individuals) in the narratives is how the visualization practices of the medical hegemony, which inform and are informed by cultural/medical discourses on sexed embodiment and gender, are negotiated, reiterated, deconstructed, challenged, or subverted in/by contemporary counter-narratives, and how they are produced by, and involved in effecting the paradigm shifts of intersex narratives.

Intersex bodies are constituted in paradoxical interrelations between invisibility and high visibility. The processes of the regulation of (in)visibility are inextricably linked with definitory power. Definitions of what constitutes a non-normative embodiment are installed by institutionalized authority rather than by citizens or a group of individuals. From the 19th century on, the chief authorities in defining intersex bodies as such were natural or medical scientists, as they had almost

exclusive insight into ‘non-normative’ genitalia and gonads on which the intersex status was primarily based. The public could make assumptions about the sex/gender of an individual on the basis of visible secondary sex/gender characteristics such as facial and body hair, height, figure etc.; the defining power, however, was held by those who possessed the clinical gaze.

Intersex bodies are strikingly visible because they challenge cultural notions of normative femininity and masculinity, and as such disrupt a fundamental structuring principle of western cultures and societies, i.e. the gender binary. Ironically, it is this heightened visibility of intersex bodies that entails their invisibilization. Intersex bodies have been ‘erased’ by medical technology in order to establish and maintain the borders of the ‘normal’ and predictable. This erasure of bodies and identities that do not fall into a gender binary has a social function, namely maintaining gender divisions which legitimate the ideological basis of western societies. The practices of constituting sexed corporeality as non-normative results in the invisibility of intersex subjects within society, effected not only by an attempted ‘normalizing’ of intersex bodies, but also by the consequent secrecy imposed on intersex individuals and their families.⁸ These mechanisms constitute what Foucault refers to as ‘disciplinary control’ that are enforced to punish and/or ‘correct’ intersex subjects’ perceived ‘deviance’ from a bodily and gender norm. The medical establishment is hereby both regulated by the system’s normative workings and reinforces and perpetuates the normalization processes.

Alice Dreger asserts in *Hermaphrodites and the Medical Invention of Sex* that “[t]he history of hermaphroditism is largely the history of struggles over the ‘realities’ of sex – the nature of ‘true’ sex, the proper role of the sexes, the question of what sex can, should, or must mean” (Dreger 1998: 15). Sexed bodies are in the center of the narrative and visual representations of intersex subjects. Perspective is a crucial mechanism in the construction of intersex bodies: a focus on genitalia detached from the rest of the body, refusing a view on the body in its entirety, makes intersex bodies appear fragmented. The question of who has the defining power within the dominant discourse is decisive for whose perspective is privileged over other perspectives regarding sexed subjects. The institutionalized hegemonic medical gaze constructs an intersex body that is defined by its ‘deviant’ body parts, which means that its pathologized genitalia become representative of the whole body. Medical discourses reinforce these depersonalizing and dehumanizing processes by

8 The invisibility/invisibilization of intersex (bodies) is not to be confused with the invisibility of sexed embodiment that results from its classification as normative and hence is *unmarked*. I refer to *unmarked* sexed embodiment here as an embodiment that is not perceived as ‘disruptive’ of normative notions of female or male biology and physical presentation. Non-intersex bodies are, of course, also marked by gender and other factors including ‘race,’ class, age, ability, and illness.

disregarding the individual person, defining them as ‘patient’ or ‘subject of study,’ and overemphasizing the performative aspects of the sex characteristics, genitals in particular. The medical ‘management’ of intersex bodies is determined mainly by two interrelated factors: how the sex organs perform, and how they look.

However, the recent paradigm shift of intersex discourses involves a renegotiation of hegemonic visualization practices and the power relations that organize these processes, opening the visualization processes up to the chance of resistance against their dominant images of intersex. My analysis of the visual representations of intersex subjects in the narratives under consideration concentrates on modes of visibility and the gazing relations between subjects and objects of the gaze. It becomes clear that a dichotomy of intersex individuals as objects to be looked at and medical authorities as exclusive bearers of the gaze is not tenable. Hegemonic and ideologically organized gazing relations and visualization practices always already entail the possibility of their refusal, challenge, disruption, and even subversion. The hegemonic medical perspective is confronted with the counter-perspectives of intersex individuals. This ‘intersex gaze,’ due to its position at the limits of intelligibility, can “offer[...] a perspective on the variable ways in which norms circumscribe the human” (Butler 2001: 635), by positioning itself in critical relation to these norms. This change of perspective allows for ‘alternative,’ self-affirmative intersex conceptions, contributing to a multilayered image of intersex. Whether the specific intersex narratives can possibly present viable alternative intersex subjectivities depends of their ability to resist or challenge the dominant discourse’s construction of intersex. A deconstruction of the hegemonic medical intersex narratives has to be realized within the frame of this discourse which implies referring to and using its terminology, calling for a critical attitude towards its historical and conventional usage. I will interrogate how selected first-person accounts of intersex individuals renegotiate the hegemonic visualization practices, how fictional literary narratives take up these renegotiations and use them for their own narrative strategies, and how fictional visual cultural productions renegotiate and reinstall the visualization practices not only on a narrative but particularly on a visual level.

2.4 THE DILEMMA OF INTELLIGIBILITY AND STRATEGIES OF SURVIVAL: INTERSEX BETWEEN ‘NORMALIZATION’ AND RESISTANCE

My analysis of the narratives by and about intersex individuals and of the literary and visual cultural negotiations of intersex is crucially based on theoretical considerations of the conditions of intelligibility, in particular Judith Butler’s discussions of

intelligibility for subjects with non-normative gender and/or sexed embodiment. For a thorough comprehension of the constitution of the category of intersex, of the recognizability and knowability of intersex subjects, I consider it necessary to develop an understanding of how the conditions of intelligibility work for intersex persons, and how these conditions are produced, but also contested, by, through and within specific narratives and discourses. Therefore I will now provide an outline of Butler's considerations of intelligibility, its problematic implications, and its potential for resisting norms of gender and sexed embodiment on the basis of her essay "Doing Justice to Someone: Sex Reassignment and Allegories of Transsexuality" (2001) and her collection of essays *Undoing Gender* (2004), in particular the "Introduction: Acting in Concert." Thereby I will explicate how I utilize her theory for the purposes of my analysis, and point to the theory's limitations of accounting for the constitution of intersex intelligibility in the autobiographical, literary and visual cultural texts under consideration.

In her reflections on the possibilities and limitations of "what we can be [...] given the contemporary order of being" (Butler 2001: 621), Butler outlines the conditions of our being as follows: "When we ask what the conditions of intelligibility are by which the human emerges, by which the human is recognized, by which some subject becomes the subject of human love, we are asking about conditions of intelligibility composed of norms, of practices, that have become presuppositional, without which we cannot think the human at all" (2001: 621). These conditions are indispensably related to the "genesis and knowability of the human": "it is not just that there are laws that govern our intelligibility, but ways of knowing, modes of truth, that forcibly define intelligibility" (2001: 621). For individuals who are not easily recognizable by reference to prevailing cultural norms, the conditions of intelligibility pose a dilemma that can become a matter of life and death; at stake is their cultural, linguistic and, in fact, their physical survival. This dilemma ensues when a person feels unrecognized or misrecognized by the categories available to them, on which their intelligibility – and hence their survival – depends, but feels their survival depends as well on the rejection of these categories, as they constitute unacceptable constraints for the person: "I may feel that without some recognizability I cannot live. But I may also feel that the terms by which I am recognized make life unlivable" (Butler 2004: 4). Butler conceives of several possible solutions to this quandary, that is, how one can avert the threat of becoming unintelligible without having to compromise one's sense of lived reality. I will discuss these options further below.

The usefulness of Butler's reflections on the conditions of intelligibility for my analysis of intersex narratives lies specifically in their capacity to theoretically account for the quandary of intelligibility that many intersex individuals experience. Intersex bodies are bodies that do not conform to the cultural and medical norms of male and female bodies, are positioned outside, at the margins of, or in conflict with these norms, and are hence not recognizable as pertaining to a clearly demarcated

gender. Intersex individuals are rendered unintelligible, or are threatened with becoming unintelligible, as they do not seem to have a place in the contemporarily valid order of human beings classified by gender/sexed corporeality (and they further disrupt an assumed biologist-essentialist continuity between gender and sex). Since intersex variations are often apparent at birth, intersex individuals are at risk of losing their intelligibility as a human in the moment they come into being – as newborns, or now even as embryos or pre-embryos, since prenatal and preimplantation genetic diagnosis are able to detect some intersex variations in utero or prior to fertilization/implantation. Intersex newborns are in a state of ‘emergency’ that is not a medical but a strictly social one, yet their intelligibility as gendered beings can be ‘restored,’ or rather produced – this is the basic argument of medical practice for interventions of ‘normalization.’ The processes of ‘normalizing’ intersex infants translate as the attempt to medically (surgically, hormonally, etc.) impose gender norms on the intersex subject in an attempt to create a coherently gendered subject, female or male, where the ‘normalization’ is considered as ‘successful’ when the subject conforms to their gender assignment.

In the face of the many accounts revealing the tremendous harm inflicted upon intersex persons’ bodies and psyches, it becomes obvious that such a ‘normalization’ can only ever be an ‘attempt,’ and never be realized as it is intended: “Indeed, is the surgery performed to create a ‘normal’-looking body, after all? The mutilations and scars that remain hardly offer compelling evidence that this is accomplished. Or are these bodies subjected to medical machinery that marks them for life precisely because they are ‘inconceivable?’” (Butler 2001: 626). Intersex individuals seem to be confronted with having only two options left: keeping their bodies as they are and defining their gender according to their sense of self (although intersex individuals under the age of consent do hardly have a choice in that matter), and consequently being potentially misrecognized and/or socially ostracized, or compromising one’s bodily integrity, possibly non-consensually, in an effort to become recognizable as a male or female subject. Both options can result in an ‘unlivable life.’

Each of the narratives about and written by intersex individuals and the literary and visual cultural narratives about intersex negotiate the quandary of intelligibility and its implications for their intersex authors, protagonists, and characters, and the consequences of the enforcements of gender intelligibility though practices of ‘normalization.’ My analysis starts from the following premises: first, intersex intelligibility has to be renegotiated in every text, and while these renegotiations take place in relation to existing paradigms of intelligibility for intersex subjects, it has to become clear how intelligibility is understood in a specific narrative, how it pertains to the intersex author’s/character’s self-perception and self-identification, and how conflicting perspectives on the desirability of being/becoming intelligible are reconciled within the narrative. Second, I interrogate on a structural level how the narratives themselves, self-reflexively, produce the conditions for intersex

intelligibility, by employing specific narrative strategies, motifs, plots, and intertextual references.

The narratives under consideration moreover offer potential solutions to the dilemma of intelligibility, some of which are in line with Butler's suggestions. Others take a different approach, but all of them recognize and interrogate the limitations of the norms which threaten to undo the intersex subject. Butler argues that there are situations in which it can be preferable for an individual to reject being/becoming fully intelligible in compliance with social norms: "if my options are loathsome, if I have no desire to be recognized within a certain set of norms, then it follows that my sense of survival depends on escaping the clutch of those norms by which recognition is conferred. It may well be that my sense of social belonging is impaired by the distance I take, but sure that estrangement is preferable to gaining a sense of intelligibility by virtue of norms that will only do me in from another direction" (Butler 2004: 3). Resistance to this kind of intelligibility requires "develop[ing] a critical relation to these norms," which depends both on the ability to maintain a distance from them, "even as there is a desire for norms that might let one live," and on "a capacity, invariably collective, to articulate an alternative, minority version of sustaining norms or ideals that enable me to act" (2004: 3). When an individual chooses to keep a certain distance from and to position themselves in a critical relation to the norms by which they are constituted, they achieve a certain "desubjugation," as Butler argues, as their intervention "puts into play the operation of critique itself, critique that, defined by Foucault, is precisely the desubjugation of the subject within the politics of truth. [...] [they] emerge[...] at the limits of intelligibility, offering a perspective on the variable ways in which norms circumscribe the human" (Butler 2001: 635).

My analysis of the intersex narratives' production of the conditions of intelligibility for their intersex subjects, as well as their imagined possibilities of a refusal to accept its terms, intends to demonstrate that an intersex individual's acceptance of or resistance to the terms of intelligibility cannot be easily framed as a mutually exclusive either/or option, and that resistance to normative ideas of gender and/or sexed embodiment does not necessarily have to entail or lead to a rejection of being/becoming intelligible. The various ways in which the intersex protagonists deal with the contradictions between their self-perception and how they are perceived by others (doctors, family members, friends, and social surroundings), between what they want to be or become and the norms that regulate and restrict or prohibit their options, and with the consequences of the violent enforcement of bodily and gender norms upon them, are too complex to be reduced to a theoretical solution. Moreover, intersex individuals who had to undergo forced, nonconsensual medical treatment and surgery, whose bodies are "bodies in pain, bearing the marks of violence and suffering," and in whom "the ideality of gendered morphology is quite literally incised in the flesh" (Butler 2004: 53) have profoundly different lived embodied

realities than intersex individuals who were not subjected to invasive medical treatment.

Intersex persons might act in ways that seem to be inconsistent with or contradict the theoretical propositions of resistance, yet they find a way to survive anyway, they find a mode of living that neither involves a subjugation to norms nor a compromising of their felt reality, against all odds. Their survival has to be understood on several levels: as a survival in a literal, physical sense that involves issues of surgical alteration of the genitals (i.e. genital mutilation), hormonal interference with the body's biochemical processes and physical appearance, and the abortion of (pre-)embryos with intersex traits, in short, human rights issues; as a survival in economic terms, that includes the ability to get employment or not lose employment, access to housing, health care, etc. in a context where discrimination based on gender is still widespread and not even entirely illegal in many states in North America; and as a survival on a cultural and linguistic level. These forms of survival are necessarily interrelated. The protagonists in the narratives under discussion have to deal with all of these aspects of survival in at times similar, at times different ways.

As discussed earlier, Morgan Holmes has pointed out that the imperative for intersex individuals to “willingly and gladly inhabit a space of resistant unintelligibility” (Holmes 2008: 16), i.e. to defy normative notions of sexed embodiment and gender, or as Butler puts it, to live as a “human [...] which we do not yet know how to name or that which sets a limit on all naming” (Butler 2001: 635), primarily comes from a position where non-intersex persons develop strategies of resistance that can work *in theory*, but often fail to take into account the realities of intersex persons’ lives. Living under the constant threat of cultural and/or physical erasure, of unviability, is exhausting and sometimes not possible; yet too often intersex persons’ choices to live as a clearly defined male or female gender, and/or to ‘pass’ as non-intersex, are delegitimized as ‘assimilationist,’ and as a ‘voluntary’ subjugation to gender and sexed bodily norms. I want to reiterate Holmes’ argument that “the point is not to live perpetually where it is troubling to deal with the body, but to get to a place where there can be some breathing room for difference” (Holmes 2008: 15f), and take it as the proposition on which I base my analysis of the selected intersex narratives. I will look exactly at these spaces that allow for “breathing room for difference” that the specific narratives under consideration provide, or fail to provide, and at the texts’ contributions to the development of a new paradigm of intersex intelligibility where theory has its limits.