Viola Amato

INTERSEX NARRATIVES

Shifts in the Representation of Intersex Lives in North American Literature and Popular Culture

[transcript] QueerStudies

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Queer Studies | Volume 12

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Viola Amato earned her PhD in North American Literature and Culture from Humboldt University of Berlin. Her research focuses on queer movements, social class, and higher education in neoliberalism.

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This thesis was accepted as a dissertation in fulfillment of the requirements for the degree of Doctor of Philosophy (Dr. phil.) by the Faculty of Arts and Humanities II at Humboldt University of Berlin.

The dissertation was partly funded by the Elsa-Neumann-Stipendium des Landes Berlin. Printed with the support of the Department of English and American Studies at Humboldt University of Berlin.

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Bibliographic information published by the Deutsche Nationalbibliothek

The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at http://dnb.d-nb.de

Cover layout: Kordula Röckenhaus, Bielefeld
Printed by Majuskel Medienproduktion GmbH, Wetzlar
Print-ISBN 978-3-8376-3419-8
PDF-ISBN 978-3-8394-3419-2

https://doi.org/10.14361/9783839434192 https://www.inlibra.com/de/agb - Open Access -

Contents

Acknowledgments | 9

1. Introduction | 11
1.1 Contextualization: Intersex at the Intersection of Medicalization, Human Rights Issues, and Ethical Debates | 14
1.2 Positioning of the Study in North American Intersex Studies | 18
1.3 Primary Corpus and Structure of the Study | 23

2. Approaching Intersex: Conceptual and Theoretical Framework | 29
2.1 Concepts and Terminology | 30
2.2 Intersex as a Contested Category | 33
2.3 The In/Visibility of Intersex: Visualization Practices, the Medical Gaze, and the Biopolitical Regulation of Intersex Bodies | 45
2.4 The Dilemma of Intelligibility and Strategies of Survival: Intersex between 'Normalization' and Resistance | 50

3. The Intersex Movement of the 1990s: Speaking Out Against Medical and Narrative Violence | 55
3.1 The Paradigm Shift from Medical Narratives to Narrating Personal Experience | 55
3.2 Fragmented Bodies, Fragmented Realities: First-Person Narratives of Intersex Lives, 1994-2002 | 60
3.2.1 'Normalizing' Intersex Bodies: The Medico-Cultural Erasure of Intersex and the Renegotiation of 'Loathsome Options' of Recognition | 60
3.2.2 Medical Gaze vs. Visual Self-Invention: The Performativity of Genitals and the Construction of Sexuality | 71
3.2.3 Making Up for the Absence: Redefining Sexual Pleasure and the Challenging of Heteronormative Ideas of Gender and Sexuality | 83
3.2.4 Intersex in the Eyes of Lovers: Overcoming Sexual Trauma and the Eroticizing of the Intersex Body | 90
3.2.5 "Sharing Our Stories, Our Lives, Our Anger": Ideas of Community and the Collective Rearticulation of Intersex | 96

https://doi.org/10.14361/9783839434192 https://www.inlibra.com/de/agb - Open Access -

4. Challenging Dominant Narratives From Within: Autobiography as a Critical Reflection on the Paradigm Shift in Intersex Narratives | 103
4.1 Coming Out as Intersex – and What Next? Intersex Autobiographical Writing against the Limits of Representation | 103
4.2 Thea Hillman's "Search for Self in a World Obsessed with Normal": *Intersex (For Lack of a Better Word)* | 108
4.2.1 Storytelling as a Coming Out Process: The Violence of Representation and the Struggle for Recognition | 110
4.2.2 "A Password into a Secret Club": Anxieties about the 'Different' Body, the Medicalization of Intersex, and Questions of Non/Conformity | 124
4.2.3 Inhabiting Uninhabitable Homes: Intimate Relationships, Sexual Survival, and Queer Subculture as an Alternative World | 140
4.2.4 "I'm More Like You than I Am Like Them": Ideas of Community and Questions of Belonging | 150
4.2.5 The "Daily Work of Acceptance," of Surviving as Intersex | 156

5. Reimagining Intersex: Literary Renegotiations of the Dis/Continuities between Hegemonic Narratives and the Recognition of 'Difference' | 159
5.1 Mainstreaming Intersex I: Novels between Fictional Liberties and the Need for Narrative Closure | 159
5.2 From Medical Object to Cultural Phantasma and Back on Track: *Middlesex* and Movements of Escaping/Striving for 'Normalization' | 163
5.2.1 Callie, a Medical Case Report: The Sexual Disorders and Gender Identity Clinic as a Space of Pathologizing Intersex | 168
5.2.2 From Callie to Cal, from Detroit to San Francisco: A Cross-Country and Gender Transition Journey | 182
5.2.3 San Francisco: Space of the Freak Show and Mythology | 184
5.2.4 Is there a Moral Obligation to Write a Particular Story of Intersex? | 199
5.3 How to Make A Life in Your Body When Your Body Feels Uninhabitable: *Annabel* and the Search for Spaces of Recognition | 201
5.3.1 The Cultural Parameters of Gender Construction: Medicine, Aesthetics, and Sexual Violence | 204
5.3.2 A Parent-Child-Relationship: Lost Daughters and Sons of Nature | 219

https://doi.org/10.14361/9783839434192 https://www.inlibra.com/de/agb - Open Access -

5.3.3 “Make a Life for Yourself any Way You Want, in any Place”: Thomasina and the Crossing of Spatial and Gender Boundaries | 227
5.3.4 “Building a Voice up from the Ruins”: Wally, Annabel, and the Quest for Vocal Self-Determination | 232
5.3.5 Does an Intersex Story Have the Obligation to be Subversive? | 236

6. Screening Intersex at Prime Time: Intersex in/as a State of Emergency and Popular Culture’s Un/Acceptable Interventions | 241
6.1 Mainstreaming Intersex II: Medical Drama Series between Entertaining and Educating the Masses | 241
6.2 *Chicago Hope*’s Parental Dilemma, or: Production Notes on a Baby in “The Parent Rap” | 246
6.3 Deceiving Gender: Intersex Femininity as a “Masquerade,” or: the Violence of (Mis)Representation in *Emergency Room* | 259
6.4 Deceiving Gender, Revisited: Intersex Femininity is only “Skin Deep,” or: *House*’s Case of Intersex Misogyny | 270
6.5 *Grey’s Anatomy*’s Ethical Doctors and Resistant Teenager, or: Renegotiating ‘Normalcy’ in “Begin the Begin” | 285

7. “We Exist, We Are Human, We Are Everywhere among You”: A Conclusion | 295

Bibliography | 305

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Acknowledgments

The work on my dissertation project was in part funded by the Elsa-Neumann-Stipendium des Landes Berlin. I want to thank my dissertation supervisor Eva Boesenberg for her support of my project, for her valuable suggestions, and for encouraging me to think in different directions. I also like to thank Eveline Kilian for our interesting discussions and for providing me with new insights to approaching Intersex narratives. Eva Brunner and Amina Grunewald, my motivation group, provided great support and always a sympathetic ear. I thank Isabel Scholz and Kai Linke for joining me in the resistance to structural issues at university, and Silvia Arlt for our lively debates about feminism and classism in academia and beyond. Ahu Tanrisever, Isabelle Ulbrich and Carrie Khou always supported me on our common academic journeys since the Mannheim days. Closer to home, I want to thank my great friends who believed in me, who always knew I would make it, and who I can always count on when the chips are down. I owe in particular Tina Mlinarevic, Anusha Atreya, Ute Gamm, Claudia Grube and Urs Försterling, who supported me in any possible ways during all stages in the process of writing. Finally, I want to thank my family, especially my parents, sister and brother and my grandmother, for their support and their unwavering confidence in me and my skills. This project would not have been possible without you.

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1. Introduction

'Intersex' has always been a contested category, and hence providing a definition of the term and the concept is a challenging task. Intersex activist Michelle O'Brien contends that when speaking or writing about intersex, "the first thing that has to be understood is that the definition of intersex has changed and has become increasingly policed by people with medical, activist and academic careers" (O'Brien 2009). Morgan Holmes, intersex activist and scholar, likewise argues that "intersex is not one but many sites of contested being [that] 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). The shifting processes of signification and resignification of 'intersex' that have occurred throughout the centuries, but most considerably in the last two decades, need to be taken into account and are indispensable for an adequate understanding of intersex. Yet in order for intersex individuals and (an) intersex collective(s) to become recognizable, to be socioculturally acknowledged, and to act as a political agent, intersex organizations have developed a working definition of intersex. The Organization Intersex International (OII)[1] provides the following definition that is currently in use and widely accepted by global intersex activists, NGOs, and generally by other medical and political agents involved in intersex debates (although their own respective definitions of intersex may differ)*: "Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male"* (OII Australia 2013).[2] Implied in this definition is the acknowledgment that various forms of intersex exist, hence intersex is to be understood as comprising a spectrum of

1 The Organization Intersex International (OII) is currently the largest global network of intersex organizations with branches in a dozen countries on five continents.

2 OII Australia references other international definitions of intersex formulated by the World Health Organization, the Office of the UN High Commissioner for Human Rights, and the Council of Europe (OII Australia 2013).

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diverse variations in sex characteristics, rather than constituting a single category. For the purposes of my project, I adopt this working definition of intersex and the terminology promoted by the OII, being aware of the reductiveness of that definition and the historico-cultural contingency of the term.[3]

While intersex refers to specific aspects of the sexed body, intersex cannot be understood outside the performativity of gender and the interrelation between a person's sense of gendered self and sexed embodiment. Judith Butler, whose concept of gender performativity has played a significant role in understanding the constitution of gendered and sexed realities, contends that "'gender' includes the way in which we subjectively experience, contextualize, and communicate our biology," whereby the extent to which "primary sexual characteristics signify gender more directly" varies individually (Butler, in an interview with Williams 2014). This sense of gendered self and embodiment is to be understood as referring to "an innate and subjective experience of having a body [...] with primary sex characteristics" (Williams 2014). OII activists Curtis E. Hinkle and Hida Viloria rectify the common misconception about intersex, that intersex is not about gender: "Intersex is not just about our bodies but also about how we perceive ourselves within those bodies and gender identity is a crucial part of everyone's identity. To erase the importance of gender to the individual intersex person is to reduce that person to only the physical aspects of their body, neglecting the more important part of the equation, their own perception of that body and themselves, as opposed to how others perceive them" (Hinkle and Viloria 2012). The conditions of the intelligibility of intersex are contingent on the interrelatedness of perceptions of sexed corporeality and sense of gendered self and (normative) cultural notions of gender and sex. Since gender implies a subjective and situational experience of one's sexed corporeality, experiences of intersex individuals necessarily differ from non-intersex persons' experiences with their bodies (while experiences also vary among intersex persons): "Intersex is an experience, it is an experience of being different; that difference is in part to do with having genitals that are different, of having a sex that is not quite the same as other men and women," and may or may not involve a range of experiences, desires and issues concerning one's individual sense of self, sexed corporeality, and

3 I use the term intersex 'variation' rather than intersex 'condition,' as the latter implies a bodily 'defect' which is ostensibly medically 'manageable.' In 2006, the term 'Disorders of Sex Development' (DSD) was introduced to replace 'intersex' by former members of the Intersex Society of North America (ISNA) and representatives of the medical establishment. I reject the use of DSD to refer to intersex individuals for the same reasons pointed out by several activists of OII, for instance Tony Briffa, that DSD stigmatizes intersex persons, and that the "very term [DSD] turns intersex variations into diseases requiring medical intervention, and being a 'disorder' inherently puts the medical profession in the leading position as experts over intersex people" (Briffa 2014).

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sexuality (O'Brien 2009). Intersex intelligibility consequently necessitates different or alternative cultural, linguistic conditions than those currently available.

Why is the theme of intersex so relevant at this very moment? In her introduction to *Critical Intersex*, a collection of essays scrutinizing the paradigms of contemporary intersex identity politics and clinical practices published in 2009, editor Morgan Holmes asks whether we have arrived at a 'post-intersex' moment by now, when the concept of 'intersex' as signifying bodies that are neither distinctly male nor female has become obsolete (Holmes 2009: 1). Current debates on intersex issues as human rights issues prove otherwise: The ethical relevance of ending the so-called medical 'normalizing' treatment of infants and children born with an intersex variation still has the highest priority on intersex activists' agenda on a global scale. Furthermore, current discussions in North America concerning legal regulations of (non-conformative) genders (registration of gender at birth), sexualities (access to marriage, adoption and social benefits for 'same-sex' couples), and embodiment (transgender rights, disability rights, reproductive rights) indicate ongoing issues of contestation about heteronormativity and (white, heterosexual, cis) male supremacy. Intersex exists at the intersection of varying and several of these concerns, which allows one to consider intersex as a critical intervention in normative forms of sexed and gendered modes of being: "'Intersex [is] a powerful term whose historical, social and political import remains *critical* as a tool for interrogating heteronormative and bionormative presuppositions about proper embodiment," Holmes argues (Holmes 2009: 7). Intersex also implicates a level of self-reflexivity about its own efficacy and legitimacy: "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). Intersex is so relevant, especially at this moment, because it signifies both the limitations of the conditions of intelligibility for non-normative sexed and gendered realities as well as their contestation, disruption and resignification.

Intersex Narratives explores representations of 'intersex' – more specifically, of intersex persons, intersex communities, and intersex as a cultural concept and epistemological category – in North American literature and visual culture from 1993 to 2014. The project starts from the observation that a significant paradigm shift in the narratives about and their representations of 'intersex' took place at the beginning of the 1990s, which resulted in specific cultural productions that have emerged in response to the need for new narratives on intersex. Prior to the organizing of intersex activism, which started on a larger scale with the founding of the Intersex Society of North America (ISNA) in 1993, the discourses on intersex were almost exclusively set within the medical context, which have constructed 'the' intersex body as a pathological body. This medical discourse on intersex, which has been prevalent since the late 19th century, has evolved into a hegemonic narrative with the

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(epistemological) power and efficacy of a metanarrative or master narrative.[4] Individual intersex voices have been systematically erased by and within this hegemonic discourse. In the early 1990s, intersex individuals have begun to reclaim the definitory power over their bodies and their sense of self, which prompted the production of 'alternative' intersex narratives and thereby processes of the resignification of 'intersex.' The production of various 'other' intersex narratives primarily involves texts in which intersex activists formulate their criticism of medical practices, demands for human rights and self-determination for intersex people, and accounts of actual experiences of intersex individuals. Soon, literary and visual cultural representations of intersex emerged as a reaction to the paradigm shift of intersex discourses, and to the ethical questions that arose from the new discourses. The trajectory of the several narratives on intersex cannot be understood in a (strictly) chronological order, but as simultaneously progressing and inter-referential movements, as continuing processes of (re)affirmation, challenging and resignification.

Profound academic research on the shifting paradigms of contemporary intersex narratives and on the literary and cultural works that have been produced in response to these shifts is still lacking to date, both in North American literary and cultural studies and in gender studies. This book seeks to close this research gap by providing a cultural analysis of the resignification of intersex through the cultural production of fictional and non-fictional intersex narratives within the last twenty years, thereby focusing on the interrelatedness of hegemonic intersex discourses and 'counter-narratives.' It interrogates the strategies of resistance against the dominant discourses on intersex and moments of productive incoherence within these narratives, which potentially provide the conditions of intelligibility for (their) intersex subjects.

1.1 CONTEXTUALIZATION: INTERSEX AT THE INTERSECTION OF MEDICALIZATION, HUMAN RIGHTS ISSUES, AND ETHICAL DEBATES

From the end of the 19th century on until recently, discourses on intersex were dominated by the medical science and psychology. Physicians and psychiatrists were – and still are to a considerable extent – the principal actors in defining and managing 'non-normative' or 'ambiguously' sexed bodies; thus, intersex variations have

4 In postmodern theory the terms 'master narrative' or 'metanarrative' refer to an abstract narrative that is considered as a comprehensive, totalizing explanation of historical knowledge and experiences by relying on a transhistorical and universal truth, and to be justifying the legitimacy of a culture's authoritarian power (Lyotard 1984: xxiiif).

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subsequently been classified as pathological 'conditions' that need to be medically 'managed' and 'cured.' The paradigm shift of intersex discourses at the beginning of the 1990s effected a de-medicalization of intersex to some extent; yet in a more recent (minor) paradigm shift, the North American medical establishment and medical associations such as the American Academy of Pediatrics reclassified intersex variations as 'disorders of sex development' (DSD) in their *Consensus Statement on Management of Intersex Disorders* (2006), providing the basis for the regulation of the medical management of intersex (the contested reclassifications of 'intersex' will be further discussed in chapter two).

From the beginning intersex activism was concerned with promoting human rights policies and practice for all intersex people, "particularly the right to self-determination and bodily integrity" (OII USA 2012). One of the most critical issues activists address is the medically unnecessary surgical alteration of intersex infants' genitalia and the cultural premises on which medical intervention is based. Over the past years, intersex organizations and activists have made significant progress in advancing the human rights cause for intersex individuals, culminating to date in the United Nations' acknowledgment of non-consensual medical 'normalization' treatment of intersex persons as human rights violations (*Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Juan E. Méndez*, 2013). Already in 2005, the Human Rights Commission of the City and County of San Francisco (HRC) published *A Human Rights Investigation into the Medical 'Normalization' of Intersex People*, a report of the public hearing by the HRC and the city and county of San Francisco which was held in May 2004. The San Francisco HRC has been working on important issues regarding intersex since 1998, together with intersex people, in an effort to address civil rights abuses. The hearing's key issue were the 'normalizing' medical interventions being performed on intersex infants. In September 2011, the world's first International Intersex Forum, an annual event organized, and later supported, by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), took place in Brussels, assembling 24 activists from 17 intersex organizations from all over the world. Its goal is to work towards ending the discrimination against intersex people and to promote the right of bodily integrity and self-determination.

Work focused on ensuring human rights for intersex individuals on an international scale includes the German Ethics Council's (Deutscher Ethikrat) expert report on the situation of intersex people in Germany in 2012, which had as its goal the reprocessing and improvement of the political, medical and judicial conditions for intersex people; the study "Human rights between the sexes" published by Dan Christian Ghattas of OII Germany, together with the Heinrich Böll Foundation (2013), which investigates the human rights status of intersex people in 12 countries around the world; and the Australian Senate's report, "Involuntary or coerced sterilisation of intersex people in Australia" (published in 2013), which "raises major

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concerns about medical ethics and the human rights of intersex people in Australia" (Carpenter 2013). In May 2014 the Council of Europe Commissioner for Human Rights has released the statement, "A boy or a girl or a person – intersex people lack recognition in Europe," which presents the difficulties, legal issues, and human rights violations, such as medical 'normalizing' treatment, which intersex people face (Muižnieks 2014). The ongoing struggles and work that is still to be done regarding the human rights situation of intersex people demonstrate that non-consensual and (in most cases) unnecessary cosmetic genital surgeries on intersex infants continue to be performed in many countries – and that this violation of human rights has serious implications for all people, not only for those who are intersex.

Current ethical debates do not only involve the attempted medical 'normalization' practices, including (non-consensual or forced) genital surgery, hormone treatment, and sterilization, but a multitude of related issues resulting from the medicalization of intersex. Among the recent points of contention is the question of the legal status for intersex (or trans, or gender nonconforming) individuals, especially concerning the gender entry on identity documents, which effects further legal issues such as eligibility for marriage, child adoption, as well as access to health care, jobs, housing, social benefits, etc. A recurring controversy concerns the classification of gender nonconformity (including intersex people) as a 'mental disorder' in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association (APA). Intersex activists reject the inclusion of intersex into the DSM because the "classification of 'gender dysphoria' [is] problematic in the way it relates to intersex people who reject an arbitrarily assigned gender," and its perpetuation of the pathologization of intersex as 'disorders of sex development' (OII Australia 2012).

A major intersex-related theme of public interest is the issue of Olympic and professional sports sex testing. The most prominent case in recent sports history that gained wide international media attention in 2009 was the case of Caster Semenya, the former world-champion South African runner whose intersex variation has caused a stir far beyond the realm of athletics. The 'Semenya case' made intersex visible not only in sports but in society at large and opened up a public debate about intersex. The issue of sex testing of elite athletes is far-reaching and has tremendous consequences not only for individual athletes but touches on gender issues in sports on a more fundamental level. The International Olympic Committee's (IOC) and the International Association of Athletics Federations' (IAAF) new policies of sex testing that were reinstalled in 2011 (more than a decade after the IOC and the IAAF abandoned mandatory sex testing for all athletes), in response to Caster Semenya's 'case,' have been sharply criticized by experts such as medical anthropologist Katrina Karkazis and her colleagues, who argue that the proposed policies are scientifically and ethically questionable. In their article "Out of Bounds? A Critique of the New Policies on Hyperandrogenism in Elite Female Athletes," published in *The American*

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Journal of Bioethics (2012), they argue that the IAAF/IOC's new policies of sex testing are really a form of reinforcing gender policing in elite sports: "We cannot think about the Caster Semenya case or evaluate these new policies without careful attention to common assumptions about gender and its relationship to bodies. [...] 'Gender verification policies' in elite sports are meant to distinguish competitors on the basis of sex-linked biology – that is, *sex* rather than *gender*" (Karkazis et al 2012: 5).

The history of IAAF/IOC sex testing exposes a double standard with regard to genders, as in the beginning only female athletes were subjected to sex testing, ostensibly "because concerns about 'fraud' and 'fairness' have centered on the possibility that males could unfairly outperform females" – a practice that, according to Karkazis et al, really translates as an "[a]nxiety about women competitors' femininity" (Karkazis et al 2012: 6). They question the new policies' "claim that atypically high levels of endogenous testosterone in women (caused by various medical conditions) create an unfair advantage and must be regulated" (Karkazis et al 2012: 3), pointing out the cultural and political implications related to the IAAF/IOC's practices. The current policies in elite sports perpetuate normative cultural ideas and the scrutinizing and regulating of gendered bodies, specifically of bodies that vary from normative femininity: "We need to move beyond policing biologically natural bodies and the resultant exceptional scrutiny of extraordinary women" (Karkazis et al 2012: 14). The authors of the study "Out of Bounds?" have already pointed out that the policies of sex testing "require female athletes to undergo treatment that may not be medically necessary and may, in fact, be medically and socially harmful, in order to compete" (Karkazis et al 2012: 13). Rebecca M. Jordan-Young et al report in their study "Sex, health, and athletes," published in *BMJ* (2014), on recent cases of several women athletes who have been forced to undergo 'partial clitorectomies' and 'gonadectomies' to be/come eligible for competing in the Olympic games (Jordan-Young et al 2014).

The most recent ethical debate revolves around the genetic selection against intersex traits through the procedures of assisted reproductive technology such as preimplantation genetic diagnosis and other forms of testing. This issue has lately gained in urgency, since "diagnosis and testing are already possible for numerous intersex traits, such as Androgen Insensitivity Syndrome (AIS), Congenital Adrenal Hyperplasia (CAH), and sex chromosome differences such as 47,XXY and 45,X0" (Carpenter 2014). The de-selection of intersex pre-embryos or embryos perpetuates the physical and cultural erasure of intersex individuals, which is already in effect through the intended medical 'normalizing' of intersex subjects and the forced sterilization of intersex persons.

In the light of the severe human rights violations intersex individuals are subjected to, the ethical implications of intersex representations in literature and (popular) culture cannot be ignored. My research does not take place in a historical,

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cultural, political and ideological 'vacuum,' but is located within a specific system of thought, within a regulatory system in which normative notions of gender and the sexed body are perpetuated. Hence I position my project with due regard to the ethical debates surrounding intersex; this implies that I seek to avoid the perpetuation of disrespectful (academic) representation, usage of hurtful terminology, and the objectification of and epistemological violence against intersex individuals, acknowledging that this attempt necessarily has its limitations in an academic context.

1.2 POSITIONING OF THE STUDY IN NORTH AMERICAN INTERSEX STUDIES

The biomedicalization of intersex that has taken place since the late 19th century to the present day has recently been criticized by intersex activists and scholars alike. The early 1990s, when questions of the performativity of gender and its relation to sex differences became the state of the art of academic research, have witnessed the (relatively sudden) emergence of (theoretical) works that primarily focus on and argue against the current medical management of intersex and its underlying cultural premises. The (mostly) academic texts are interrogations of the classification of gender and sex nonconforming subjects at distinct historico-cultural moments, ranging from the 17th century to the present day. The most influential works on the histories of intersex include Alice D. Dreger's groundbreaking work *Hermaphrodites and the Medical Invention of Sex* (1998) and Elizabeth Reis' *Bodies in Doubt: An American History of Intersex* (2009), while works such as Suzanne Kessler's *Lessons from the Intersexed* (1998) and Anne Fausto-Sterling's *Sexing the Body* (2000) focus specifically on the more contemporary processes of the biomedicalization of intersex and their underlying cultural conditions. Works that negotiate more specifically the resignification of intersex as an identity category, representations of intersex, and the interrelations of different cultural narratives include *Intersex in the Age of Ethics* edited by Dreger (1999), Sharon E. Preves' study *Intersex and Identity: The Contested Self* (2003), and Morgan Holmes' *Intersex: A Perilous Difference* (2008). *Critical Intersex* (2009, edited by Morgan Holmes) is a collection of critical essays that interrogate the dominant paradigms of contemporary research and activism focused on intersex issues.

Works on the histories of intersex, such as Dreger's and Reis' studies, are motivated by the desire to collect and reprocess the clinical case histories of intersex individuals, or of 'hermaphroditism,' a term often used at the outset of intersex

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research.[5] The bulk of the works is informed by medical reports and court documents, dating back as far as the 17th century, and covers 'extraordinary' cases of variations in sex anatomy. Reis' *Bodies in Doubt* investigates the history of sex nonconformative bodies from early America to the present, tracing the development of the category of intersex from being subjected to the (definitory) power of legal and clerical authorities to that of medical authorities. Alice Dreger's book *Hermaphrodites and the Medical Invention of Sex* investigates a history of the relationship between intersex individuals and medical and scientific authorities in the late 19th and early 20th centuries. Both works seek to provide a critique of the dominant normative mechanisms at work in the construction of 'ambiguously' sexed bodies by arguing that the intersex body raises questions about *all* bodies and challenges normative notions of distinct sex and gender categories (Dreger 1998: 6). The books' narratives, while they seem to claim some form of authority in redefining intersex by asserting that there is only *one* specific and linear history of intersex, challenge the idea of a coherent intersex history through their own strategies: The works' references to other historical narratives, testimonies and autobiographies from intersex individuals and medical records that are supposed to additionally underpin their arguments simultaneously undermine the representations of a univocal, universally valid history of intersex. The fact that this history is made up of a number of (mostly) written records which appear to be fragmentary, contradictory and only loosely connected marks the ambiguity, fragmentation and inconsistency as constitutive of the history/histories of intersex.

Research on intersex that interrogates the construction of intersex as a biomedical(ized) category turns its focus to the cultural premises that inform processes of biomedicalization, pointing to the interrelatedness between normative ideas of gender and the cultural construction of the sexed body. Suzanne Kessler's *Lessons from the Intersexed* (1998), Anne Fausto-Sterling's *Sexing the Body* (2000) and a multiplicity of other texts, most prominently written by Cheryl Chase ("'Cultural Practice' Or 'Reconstructive Surgery?': U.S. Genital Cutting, the Intersex Movement, and Media Double Standards," 2002b), Morgan Holmes ("Queer Cut Bodies," 2000), and Katrina Roen ("Clinical Intervention and Embodied Subjectivity," 2009), postulate specific forms of 'intersex embodiment,' a gendered and sexed reality which is a result of an individual's lived experience of having a body that does not conform to cultural/medical standards of male and female, which makes them subject to processes of 'normalization' – whether this experience

5 The term 'hermaphrodite,' which historically denotes individuals with differences in sex characteristics, has become outdated by now and its usage is generally rejected by intersex people and organizations. Some intersex persons choose the term to refer to themselves, however. For a discussion of the contemporary usage of the term 'hermaphrodite,' see Viloria 2013.

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involves actual medical intervention or not. The texts' criticism of the hegemonic medical narrative refers, perhaps inevitably, to medical parameters in order to develop an understanding of the concept of intersex. The implications of these theoretical claims are not unproblematic; hence they will be scrutinized in more detail in chapter two. Yet these texts and theories that conceptualize intersex as a biomedical category are quite influential and have produced a very specific intersex narrative that has shaped and continues to shape the cultural imaginary of intersex in its present state.

Until the late 20th century, intersex first-person narratives were all but absent from the corpus of historical records of intersex 'cases' that were published or otherwise publicly articulated. One famous exception are the memoirs of Herculine Barbin (1838–1868), which were later republished and commented on by Michel Foucault (1980) and served as a relevant source for (mainly) academic works on intersex. Apart from the very few first-person accounts of intersex people, and apart from a couple of legal documents recording court decisions about the legal status of persons with 'indeterminate' gender, the corpus of historical intersex narratives is made up of primarily one type of narrative, i.e. scientific reports by medical authorities, which consequently produced a hegemonic discourse on intersex.[6] At the beginning of the 1990s, however, when intersex individuals gradually began to establish organizations, along with political activism came an increase in personal accounts of life stories in which the narrators sought to come to terms with their intersex corporeality and their often negative past experiences with the pathologization of their bodies. The scope within which these first-person accounts were published was rather limited, as they were printed primarily in organizations' magazines and newsletters, and consequently reached only a very small and exclusive audience. It was nevertheless a first step towards breaking the silence about intersex and ending the invisibility of intersex individuals within society.

The themes of the stories are closely intertwined with the efforts to challenge the medical practice of genital mutilation performed on infants born with 'indeterminate' genitalia. Thus, while the individual narratives are motivated by the need to fight against the medical establishment's authority over their bodies and for the right of bodily integrity and self-determination, they at the same time iterate the medical discourse and the hierarchical power relations inherent in it. *Intersex in the Age of Ethics* edited by Dreger (1999), Sharon E. Preves' study *Intersex and Identity: The Contested Self* (2003), and Morgan Holmes' *Intersex: A Perilous Difference* (2008), among others, are works that take up this paradigm shift in intersex narratives and pay particular attention to the value of narratives about intersex individuals' experiences that consists in the challenge and deconstruction of hegemonic medical

6 I delineate the corpus of historical intersex narratives as including narratives about real people, thus I exclude the mythological narratives about 'hermaphrodites' here.

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narratives, and hence contribute to a resignification of intersex as a self-affirmative concept.

While the hegemonic medical narratives have recently been criticized and challenged by intersex activists and scholars, academic research on the paradigms of contemporary intersex (identity) politics is still scarce to date. *Critical Intersex* (edited by Morgan Holmes 2009) is a compilation of essays from international scholars that "challenge[...] the primarily North American and liberal humanist paradigm of intersex identity politics and clinical practices by explicitly adopting 'queer interventions' to further discussion on an ontological phenomenon that can never be reduced to a pure, embodied state, nor to a simple cultural rendering in which 'intersex' is whatever we want it to be" (Holmes 2009: 2), and hence marks a crucial shift in intersex scholarship. As the collection intervenes not only in current medical practices and research, but also in the "hegemonized identity politic [sic] of liberal activism" (Holmes 2009: 5), it turns the focus on the 'alternative' discourses on intersex that have been produced since the 1990s. The self-critical approach of *Critical Intersex* displaces the current debates on intersex to a level of self-reflexivity about the intersex movement's own practices and its reproduction of hegemonic claims on intersex.

Due to the recency of the fictional and non-fictional literary and cultural narratives that focus on intersex experience, profound academic research on the cultural corpus of intersex works in North America is still lacking. This book is dedicated to this hitherto neglected type of narrative production that renders a resignification of intersex in the cultural imaginary possible. The academic negotiations of intersex have been taking place in the life sciences, gender studies, queer studies, and the emergent and still not clearly delineated branch of intersex studies, and, to a lesser extent, in North American literary and cultural studies. A research project about the shifting paradigms of intersex narratives in the North American context hence is necessarily an interdisciplinary project. For my analysis I draw on the contributions of gender, queer and trans studies for a new understanding of normative/non-normative genders and sexed embodiment, and on the contributions of literary and cultural studies regarding in particular the study of (textual/discursive) practices of individuals belonging to a marginalized group as constructing (a self-affirmative) selfhood, that challenges hegemonic accounts the author/speaker is subjected to. I hence position my work at the intersection of North American literature and culture studies and queer/gender studies. Issues of gender and/or sexual nonconformity have been discussed in North American literature and visual culture, including representations of 'female masculinity' (J. Jack Halberstam, *Female Masculinity* 1998), male homosexuality (Vito Russo, *The Celluloid Closet: Homosexuality in the Movies* 1981), and lesbian sexuality (Mary Ann Doane, *The Desire to Desire: The Woman's Film of the 1940s* 1987; Terry Castle, *The Apparitional Lesbian: Female Homosexuality and Modern Culture* 1993; Teresa de

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Lauretis, *The Practice of Love: Lesbian Sexuality and Perverse Desire* 1994; Patricia White, *Uninvited: Classical Hollywood Cinema and Lesbian Representability* 1999) in film and television, and of transgender or genderqueer subjects in literature (Eveline Kilian, *GeschlechtSverkehrt. Theoretische und literarische Perspektiven des gender-bending* 2004).

Yet, significantly, a thorough analysis of literary and visual cultural representations of intersex individuals and intersex themes is absent from this research area. I position my project roughly in the tradition of these works, aiming at a critical interrogation of the cultural mechanisms that produce the conditions of intersex intelligibility in the cultural imaginary. The fictional and non-fictional narratives about intersex experiences that have emerged within the past two decades in the North American context by now make up a small but fine corpus of narratives that necessitates a profound examination at this distinct historico-cultural moment, a task that my book willingly attends to. I argue that these specific intersex narratives have emerged not only as a critique of the hegemonic medical narratives but as a response to more general concerns of contemporary issues of gender nonconformity, sexed corporeality, human rights debates, and ethical debates on the constitution of humanness and citizenship, or cultural identity (who counts as human, as a person, as a citizen? Who can be a subject, i.e. both subjected to cultural/social mechanisms and a subject in the sense of an active maker and user of culture [de Lauretis 1986: 10]?). I read intersex subjects as sites of contestation over 'proper' or normative embodiment, over normative gender identifications, and over humanness; therefore my analysis starts from the assumption of the cultural significance of intersex as indicating shifting paradigms of the conceptualization of normative/queer embodiment. I argue that accounts of intersex subjects challenge and deconstruct hegemonic narratives of sexed embodiment and their underlying cultural notions of corporeality, gender and sexuality, and produce alternative concepts of thinking about and understanding sexed bodily difference which are effected through, and in turn effect, processes of the resignification of intersex. My book's contribution to the field of North American studies can hence be understood as a negotiation of not only the paradigm shift in the narratives about and their representations of 'intersex,' but as a renegotiation of the conditions of intelligibility for subjects whose gendered and/or sexed realities are located outside or at the margins of recognizability, and thus representability, in the North American cultural imaginary.

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1.3 PRIMARY CORPUS AND STRUCTURE OF THE STUDY

The fact that the number of contemporary North American literary and popular cultural negotiations of intersex is to date rather limited can be interpreted as resulting from the relative invisibility of intersex individuals (not only) within North American culture. However, that does not reduce the complexity of the existing works and their representations of intersex persons and themes. Despite the limited quantity of the works, they come in a variety of narrative forms: novels, short stories, autobiographies, essays, articles, television series, films, documentaries, docu-fiction, photographs, comics, and others. Yet, the corpus of this book is not made up of an arbitrary compilation of seemingly unrelated texts, neither does it claim completeness. Rather, the selection is based on the interrelations among specific texts and the transference of knowledge about intersex between them. Of particular interest are the influences of autobiographical intersex accounts on mainstream popular cultural negotiations, and how these are in turn reprocessed by intersex authors. The texts selected allow for a comprehension of the paradigm shifts of intersex narratives. The processes of iteration cannot be understood chronologically, but need to be considered as correlative; it is apparent that the reproduction of knowledge about intersex has a circular and cross-referential quality. The principal line of argument is that these narratives are constituted through processes of reiteration, whereby specific discourses, motifs, strategies, and narrative plots are reiterated by and within the different narratives under consideration, which both produces particular representations of intersex subjects and at the same time opens the intersex subject up to the possibility of its destabilization and resignification (cf. Butler 1993: 10).

The book consists of five main parts – one theory chapter and four analytical chapters – in addition to the introduction (chapter one) and conclusion (chapter seven). The second chapter elaborates the conceptual and theoretical framework for my analysis. This includes a clarification of my usage of terminology, specifically terms such as identity, subject vs. individual, sex and gender. The chapter continues with a discussion on intersex as a contested category, claimed by specific and competing interests of several groups, including the medical establishment, intersex organizations and activists, scholars of gender and queer studies, and others. Further, this section discusses Foucault's theories on control mechanisms and his concept of the medical gaze, which crucially help to comprehend the power relations between intersex subjects and medical authorities, and the constitution of intersex embodiment through and against visualization practices. The central theoretical framework used for my analysis is Judith Butler's theory of intelligibility, specifically her text "Doing Justice to Someone. Sex Reassignment and Allegories of Transsexuality" (2001). In the remainder of the chapter I will outline the usefulness of applying this concept to my analysis of intersex narratives, point out the limits of

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the theory, and interrogate what the texts themselves can accomplish in terms of a new paradigm of intersex (narratives) through processes of reiteration and resignification.

Chapter three comprises an analysis of short first-person accounts of intersex experience. Intersex voices were silent, or rather silenced, for the most part in the history of and within historical discourses on intersex. While the hegemonic medical intersex narratives seem to foreclose a positive reclaiming of intersex subjecthood and intersex intelligibility, the first-person accounts of intersex individuals have the potential, "as personal sense-making strategies," to resist and subvert the dominant narratives (Bamberg 2005: 288). Thus, I seek to identify strategies of resistance or deconstructive moments within these narratives of intersex experience. The narrating of selves and personal experiences not only benefits the individual in that it allows them to develop a sense of mastery over their lives and their bodies and to reclaim the "right to determine the legal and linguistic terms of their embodied lives" (Butler, in Williams 2014) in a way different from that forced upon them by authorities. Butler argues that it is possible to resist or reject one's initial sex and gender assignment (that are given to us by others), but for our 'self-assigned' sex and gender to become intelligible we need "a world of others, linguistic practices, social institutions, and political imaginaries in order to move forward to claim precisely those categories we require, and to reject those that work against us" (Butler, in Williams 2014).

I argue that these narratives under consideration provide, while perhaps in a restricted way, such a cultural context, or space, from which to develop 'alternative' concepts of sexed and gendered modes of being, and to figure out the conditions required for different forms of intersex recognizability and intelligibility. These narratives hence can serve as points of reference for a cultural intersex collective. The Intersex Society of North America (ISNA) provided the superordinate narrative context in which many of the early first-person accounts of intersex individuals were embedded. Many of these narratives were published in ISNA's newsletter *Hermaphrodites with Attitude* between 1994 and 2005, and in the special issue of *Chrysalis, 'Intersex Awakening'* (1997/1998). The main focus of these early personal accounts is the criticizing and challenging of the way narrators' intersex variation was or is handled by medical practitioners and within society. Thus, medical themes and issues related to the consequences of medical 'normalization' procedures such as genital surgery and hormone treatment clearly dominate and structure these accounts. At the same time, the narratives convey a general tendency towards the formation of a new collective intersex identity which is based on shared experiences with the medicalization of their infant or child bodies.

Chapter four provides a discussion of intersex writer and activist Thea Hillman's autobiography *Intersex (For Lack of a Better Word)* (2008). Narratives of intersex experience written by intersex authors which exceed the length of essays or short stories are still rare to date. Hillman's autobiography has received wider recognition

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on its release not only within the intersex communities but also within more mainstream popular culture, which is certainly due to the author being a prominent figure and having been a spokesperson of ISNA. *Intersex* addresses very personal and intimate aspects of and experiences with the author's intersex corporeality, in particular themes of sexed embodiment, gender identification, sexual practices, and her relationship to family, lovers and friends. Her autobiography marks a significant departure from earlier intersex accounts in that she openly discusses issues which are considered off-limits in intersex discourses (both public and within intersex communities) by many other intersex individuals and activists. Her narrative moreover critically engages in discussions about intersex activism, the intersex communities and their relations to other communities of gender and/or sexuality nonconforming people, such as the queer scenes; hence creating moments of self-reflexivity about her own positioning within current intersex discourses and cultural spaces.

Chapter five focuses on the analysis of two novels, Jeffrey Eugenides' *Middlesex* (2002) and Kathleen Winter's *Annabel* (2008). Both novels focus on their respective intersex protagonists' childhood and adolescence, beginning with their births in the 1960s, unfolding their trajectories that involve struggles with their birth gender assignments, dealing with the threat of or actual medicalization of their bodies, and their eventual (attempted) emancipation from the confines of the restrictive contexts which regulate their sexed embodiment and gender. *Middlesex* and *Annabel* share a particular understanding of what it means, or can mean, to be born and to live with an intersex variation, of how the category of intersex has been produced by specific hegemonic discourses, and of the problematic implications of this production. The two novels are to date the only book-length fictional narratives in the North American context, which are commercial enough to attract a larger readership. This circumstance is however only one factor in my decision to add the two novels to my corpus. Apart from the fact that the scarcity of these sorts of texts on intersex bestows upon *Middlesex* and *Annabel* a literary hegemony of intersex representations to some degree, the significant temporal gap between the two publications allows for an analysis of the interdependencies of non-fictional texts of intersex experiences and current activist accomplishments in medical, legal and political matters, and fictional cultural imaginations of the category of intersex at distinct historico-cultural moments. I discuss the representations of intersex protagonists and intersex-related themes in the two works in due consideration of the potential contributions and limitations of fictional texts when it comes to contemporary cultural negotiations of intersex. Fictional narratives can offer, in contrast to non-fictional and/or autobiographical narratives, a more flexible spectrum of possibility for the reimagination of intersex lives, as they are not restricted by the realities intersex people face. Nevertheless, literary representations of intersex necessitate a critical and self-reflexive stance towards existing discourses and narratives on intersex, both

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non-fictional and fictional. I seek to interrogate how the novels' reiterations of specific intersex narratives and discourses, of particular motifs, narrative strategies, and plots reaffirm hegemonic narratives on intersex and at the same time open 'intersex' up to processes of destabilization.

The sixth and last analytical chapter is dedicated to the interrogation of intersex representations in visual popular culture, namely in four medical television series. I discuss the mainstreaming of intersex themes and the problematic aspects and potential benefits of bringing intersex to the attention of a mainstream audience, mediated by medical drama fiction and focalized through intersex individuals as 'patients' or, rather, subjects of medical treatment and procedures of medicalization. The fact that the theme of intersex is not only featured in all major popular medical series, but almost exclusively in *medical* series, signifies the close relatedness and association of intersex with medical issues. However, this can also be read as cultural negotiations of not only the medicalization of intersex but of the criticism of and ethical questions arising from medical practices. The latter argument is closely connected to the question whether a (commercial and extremely popular) television program has an educational 'mandate,' or the responsibility to inform the public about intersex themes, which inevitably raises issues of accuracy and fair representation.

Four of the most popular American medical drama television series each have featured one episode dealing with the theme of intersex: *Chicago Hope* (1996), *Emergency Room* (1998), *House* (2006), and *Grey's Anatomy* (2006). The *Chicago Hope* episode "The Parent Rap" is the only episode in the selection that focuses on the birth of an infant with indeterminate gender, and on the parents' difficulties in deciding how to deal with their child's intersex variation; a scenario that is supposed to represent a 'classical' situation of an 'intersex birth.'[7] The other three episodes, "Masquerade" (*Emergency Room*), "Skin Deep" (*House*), and "Begin the Begin" (*Grey's Anatomy*) respectively feature a storyline about a teenager who was assigned female at birth and has been raised as a girl, but in whom undescended testicles are discovered during adolescence. Despite the similar initial situation, the series'

7 The American medical drama television series *Emily Owens, M.D.*, which was running for one season from 2012-2013 before it was cancelled due to low viewer ratings, features one episode about a baby whose intersex variation is discovered a few months after its birth ("Emily and... the Question of Faith," season one, episode 6, originally aired November 27, 2012 on The CW Television Network). While this episode is definitely interesting for an analysis of how current ethical debates are negotiated in a fictional popular visual cultural production, especially in the light of the time span of almost two decades between the *Chicago Hope* and the *Emily Owens, M.D.* episodes, my study concentrates for now on the more commercially successful television series, which have attracted an extremely large audience.

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approaches to the issue in terms of narrative strategies, visualization, plot development and, specifically, the iteration of particular discourses and medical ethical questions vary considerably. This section of my book interrogates how the narrative shifts in intersex representation and current debates on intersex themes intersect with fictional popular culture formats' negotiation of intersex themes and discourses, and the intricate ways in which cross-referential and intertextual processes reaffirm, criticize, or challenge hegemonic narratives on intersex. My analysis will demonstrate that temporality is not the only factor that determines the mutual influences between narratives, but that other interests and concerns can be equally relevant.

The study concludes with the summing up and evaluation of my findings regarding the shifting paradigms of intersex narratives within the last two decades. I assess the significance and the validity of the results of my analysis of how intersex, as a contested category, has been undergoing processes of signification and resignification, which have occurred through chronological, achronological or circular, cross-referential, interdependent, and both predictable and spontaneous movements. I try to answer the question of whether we can ever arrive at a 'post-intersex' moment, and what the different narratives and discourses on intersex have to do with it. I conclude my thesis with reflections on survival, intersex futurity, and intersex as intervention.

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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"

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(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

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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.

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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

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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.

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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

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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).

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seems to have lapsed into the very same naturalistic[3] 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).

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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

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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.

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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.

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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.

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[...] 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

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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 legitimation 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.

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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 at 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).

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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.

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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

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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*

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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

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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

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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.

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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

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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

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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

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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

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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.

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3. The Intersex Movement of the 1990s

Speaking Out Against Medical and Narrative Violence

3.1 The Paradigm Shift from Medical Narratives to Narrating Personal Experience

Intersex voices had been silent (or rather, silenced) for the most part in the history of intersex. The end of the 20th century however marked a change in intersex representations: autobiographical accounts of intersex lives, conveyed from the perspective of intersex individuals, have appeared in considerable numbers and produced a new discursive space that has challenged the monolithic medical discourse on intersex. Several factors have contributed to the emergence of first-person accounts of intersex experiences. First, the civil rights movement, feminism and sexual minorities movements have paved the way for all kinds of minorities whose voices had been considered as nonauthoritative and consequently been suppressed within mainstream cultural discourses. The gradual emancipation from dominant cultural notions about sex, gender, sexuality, 'race,' class, etc. has opened up possibilities for marginalized identity groups and individuals to represent their life stories, or their selves from their own perspectives and to gain access to and inclusion into a cultural collective.

Second, the emergence of illness narratives in postmodernism, written or told by people who suffer from some disease or are in one way or another recipients of medical treatment, has been considered as a form of resistance to medical authorities' appropriation of patients' bodies and autonomy. As Alice Dreger observes, "the modernist conception of the active physician-hero – a strictly rationalistic, brave, selfless savior who treats a silent, passive, unambiguously grateful patient – has given way to postmodernist challenges of the doctor-patient balance of power and to challenges to the 'doctor as savior' motif" (Dreger 1998: 172). Through the narrating of their own experiences with illnesses or other conditions affecting their bodily integrity, the 'patient' (an identity category itself produced by medical discourses) no longer remains in the role of the powerless 'victim' of medicine but can develop a

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sense of mastery over their body and gain in confidence and self-determination. While many intersex individuals today do not consider their bodily variations as a medical condition, a large number of intersex persons have undergone (nonconsensual or forced) medical treatment related to their intersex variation at some point in their lives and as such were subjected to medical authority over their bodies. In fact, most intersex first-person accounts that were produced in the 1990s heavily criticize the medical establishment's practices performed on them, and on intersex individuals in general.

Third, the postmodern critical attitude towards master narratives and the postmodernist theoretical conception of identity, gender, and corporeality as constructions contingent on cultural, historical, social and linguistic contexts have enabled intersex persons to reclaim both the definitions of their identities and bodily self-determination. The first-person intersex narratives constitute legitimate alternative or counter-narratives to hegemonic medical narratives and to other dominant narratives about sexed embodiment and gender, and thus challenge the notion of one 'truth' regarding intersex. The quest for 'truth' and authenticity regarding one's own corporeality and sense of gender is a structuring principle of many intersex narratives. While notions of truth and authenticity are problematized in the individual narratives, these narratives nevertheless refer back to the idea of a 'true self' which has been appropriated or corrupted by medical and other authorities.

A number of other factors can be identified that have benefitted the rise of individual intersex voices and the emergence of an intersex cultural collective. The internet plays a crucial role in distributing multi-perspective information about intersex, in connecting with other intersex individuals and in organizing, and in accessing historical archives of knowledge on intersex that have been digitalized and made available online (although the process of selecting what information is worth being digitally stored is itself problematic). Moreover, the academic and activist work of and about genderqueer, transgender and other gender-nonconforming individuals and groups has provided a 'queer space' in which identities and bodies that do not, or do not want to, conform to cultural sex and gender standards get a platform to live out their own sense of (gender) realities (within and against the normative gender and sex constructions and the vocabularies that are available). While there are themes and needs that are specific to intersex persons and cannot be appropriated or ignored by an umbrella category of gender nonconformity, many intersex people have found support and a small space for themselves within various queer or trans communities. The initial increase in personal intersex accounts, however, can be largely attributed to the foundation of the Intersex Society of North America (ISNA).

ISNA was the first intersex organization that operated on a larger scale in North America. Cheryl Chase founded ISNA in 1993 with the declared goal of "systemic change to end shame, secrecy, and unwanted genital surgeries for people born with an anatomy that someone decided is not standard for male or female" (isna.org).

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ISNA provided the superordinate narrative context in which many of the early first-person accounts of intersex individuals were embedded. Many of these narratives were published in ISNA's newsletter *Hermaphrodites with Attitude* between 1994 and 2005 (in 2001 the title was changed to *ISNA News*) and in the special issue of *Chrysalis, 'Intersex Awakening'* (2.5, 1997/1998), whose guest editors were Chase and Martha Coventry and which "reflects the groundbreaking work of ISNA" (Denny 1997/98: 3).

Most of the stories claim to represent authentic experiences of the narrators; some pieces of fiction and poetry were also featured. While the majority of the narrators are intersex persons, there are a few stories narrated by partners of intersex persons, effecting a shift in perspective. Beside the first-person narratives, *HWA* contained articles primarily about ISNA's work and medical themes, and occasional texts about intersex-related support groups, media coverage on intersex, and book reviews. The bulk of the personal narratives in the newsletter was published in the first four issues between 1994 and 1996. As a consequence, the scope within which these narratives were published was rather narrow, and the audience addressed highly selective: the newsletter was distributed among allies of Chase and other people who were more or less familiar with the issue of intersex, and the readership consisted mainly, while not exclusively, of intersex people (*Chrysalis* addresses readers with all sorts of "transgressive gender identities"). Since ISNA served as an important point of reference for a (very specific and young) cultural intersex collective in 1990s North America, many of the early first-person narratives reflect their agenda.

The publication of works on intersex as experienced by intersex persons themselves, as opposed to medical accounts of intersex, can be considered as a first and crucial step towards ending the silence of intersex voices and the invisibility, or erasure, of intersex bodies within society, and as a form of resistance to the medical establishment's authority over their bodies and lives. The personal narrating of selves and experiences provides the intersex individual with a sense of mastery over their life which was often taken away from them by authorities (medical doctors and/or parents), and enables them to come to terms with their often traumatic bodily experiences. The editors of *HWA* describe the personal motivation for coming out as intersex via the writing in a public forum as the anger about the social and medical violation of their bodies and their self-determination: "Most of us [...] feel rage over how we have been treated. At times it is hard to know where to focus this anger. Our common enemy is the society that denies the individual the right to decide for themselves who they are and how they want to live their life" (Nevada and Chase 1995: 11). Moreover, the individual, personal motivation is transformed into a political force in this process, and the forming of community structures and communication networks based on a shared experience is crucial for the development of an intersex collective: "Finding others serves to contextualize intersexuals' medical experiences as social, rather than individual problems. Learning that others

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had undergone similarly alienating medical procedures led to an ability to recast the personal as political, rather than as an individual failing" (Preves 2003: 123). Reclaiming the power of language can serve as a tool to rearticulate one's own sense of self; however, almost all narratives reiterate in some way the medical discourse and its hierarchical power relations. I argue that these narratives can nonetheless possibly contribute to a deconstruction of hegemonic intersex narratives as they contain inherent moments of resistance and expose internal contradictions and inconsistencies within the medical narratives.

The sample of intersex narratives under consideration in this chapter comprises a total of sixteen pieces of writing, ten published in *Hermaphrodites with Attitude*, five in *Intersex Awakening* and one in *Genderqueer* (eds. Nestle et al 2002), an anthology of essays about gender nonconforming lives. Out of these, twelve are narrated by intersex individuals and three by partners of intersex persons. One is a fictional short story. Several interrelated major themes can be identified which the narratives under consideration negotiate: medicalization and pathologization; 'normalization' processes involving genital surgery (mutilation) and hormone treatment, resulting in sexual dysfunction; mental health issues; invisibility, silencing, erasure and negation; the gender/sex dichotomy and biologist-essentialist accounts of sex and gender; and organizing and/or sharing individual experiences. There is hardly a story in *HWA* or in *IA* that does not address one (or in most cases, several) of these themes. I argue that the reiteration of the specific discourses, motifs, strategies, and narrative plots by and within these narratives both produces very particular representations of intersex subjects and at the same time opens the intersex subject up to the possibility of its contestation and resignification (to borrow Butler's phrasing, Butler 1993: 10). My selection of the texts is based on the following thematic aspects of lived intersex realities, according to which the particular narratives are categorized in my analysis (of course, these aspects are interrelated, and the selected narratives often discuss several aspects, thus the categorization was based on the particular narrative's main focus): the 'normalizing' of intersex bodies, the medico-cultural erasure of intersex, and the refusal to accept the terms of recognition provided by medical discourses; the cultural/medical construction of genitals through visualization practices, normative notions of sexuality, and the counter-gaze claimed by intersex narrators for processes of self-invention; the problematic aspects of sexual experiences of intersex individuals who had undergone nonconsensual genital surgery, and the redefining of sexual pleasure; narratives from partners' perspectives; and the role of an intersex community for a collective cultural rearticulation of intersex.

Despite their different foci, the narratives generally follow a similar plot. A 'typical' story is structured as follows: it begins with the narrator's early feelings of not fitting into the sex/gender dichotomy, memories of some surgical intervention or other medical treatment during their childhood and/or adolescence, the subsequent silencing of the existence of an 'atypical' body, later the gradual realization of being

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intersex and, quite often, the development of mental health issues in reaction to it, the mourning of sexual dysfunction, and finally the awareness of the existence of 'other' intersex individuals and a possible emancipation from dominant (medical) discourses, often combined with deep gratefulness toward ISNA for publicly articulating intersex issues. While many of the narratives adhere to this storyline, there are other stories that involve single themes, the primary issues being the medicalization and 'normalization' of intersex bodies. In *HWA* and *IA* there exists virtually no single narrative that does *not* deal with medical issues.

At first glimpse, most narratives seem to tell a similar story about a medicalized, postoperative, genitally mutilated intersex body. The relationship between intersex patients and medical doctors is central to the medicalization of intersex: this specific relationship is simultaneously produced by the medical discourse on intersex and functions as the major structuring principle and affirmation of that discourse. The discursive power mechanisms at work within this narrative construct intersex persons and physicians as 'patient' and 'doctor,' respectively. Previous to the emergence of personal intersex narratives which produced intersex counter-discourses, medical practitioners have been considered as the chief authorities in regulating sex 'transgressive' bodies. Their authority over 'deviant' bodies is exercised mainly by surveillance: hierarchical observation, normalizing judgment and the examination are the means by which the intersex body is subjected to disciplinary control (Foucault). The hegemonic gaze possessed by medical authorities has been inextricably involved in the processes of the 'normalizing' of sex or gender 'deviance.' There is a risk of conceiving of the intersex narrators of individual stories as already 'constructed' by this hegemonic medical narrative even before they are constructed through their individual narratives. The narrators' perpetuated references to the medical narratives' conception of 'the' intersex body as a pathological body renders a counter-discourse to the dominant medical discourse on intersex problematic. Since the medical narratives on intersex seem to motivate the majority of individual intersex narratives, how is it possible to talk about intersex without resorting to medical terminology?

In the ensuing chapter, "Fragmented Bodies, Fragmented Realities: First-Person Narratives of Intersex Lives, 1994-2002," I interrogate the paradigm shift in the narratives about and their representations of 'intersex' (i.e. intersex individuals, intersex collectives, and intersex as a cultural category) that took place at the beginning of the 1990s, which was effected by the personal narratives of intersex individuals or activists that have emerged in response to the need for alternative narratives on intersex. Thereby I interrogate the processes of reaffirmation and challenging of hegemonic conceptions of intersex and the resignification of intersex through the autobiographical narratives and their intertextual references and interaction not only with medical discourses, but with other cultural discourses, including human rights and ethical debates, discussions about gender, sexed embodiment, and sexuality, and activism. I argue that these autobiographical texts

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renegotiate intersex subjects as sites of contestation over normative sexed and gendered modes of being, and over the constitution of humanness and cultural identity. I analyze the strategies of resistance to the hegemonic discourses on intersex and moments of (productive) indeterminacy within the first-person narratives under consideration, and their production of a narrative/cultural space from where to collectively "articulate an alternative, minority version of sustaining norms or ideals" (Butler 2004: 3) that provides the conditions for intersex subjects, with their diverse forms of intersex embodiment, to be/come recognizable, and hence intelligible.

3.2 FRAGMENTED BODIES, FRAGMENTED REALITIES: FIRST-PERSON NARRATIVES OF INTERSEX LIVES, 1994-2002

3.2.1 'Normalizing' Intersex Bodies: The Medico-Cultural Erasure of Intersex and the Renegotiation of 'Loathsome Options' of Recognition

The first-person narrative of ISNA founder Cheryl Chase's "Affronting Reason" (originally published in 1998, reprinted 2002) can be considered as an 'archetype' first-person account of intersex experience, in particular with regard to the narrative's negotiation of the historical invisibility of and the conditions of intelligibility for intersex. Chase's narrative is constructed through the interrelations between her embodied experience and the cultural production of sexed bodies, genders, and sexualities in accordance with prevailing social norms. Within an extremely narrow space, "Affronting Reason" renegotiates basically all negative signifiers that renders intersex unintelligible, in an effort to dismantle or challenge the hegemonic medical narrative's intersex construction. This intersex narrative seems to be defined by negativity, lack and absence, it connotes an 'impossible' narrative: "*It's not possible,* I thought. *This cannot be anyone's story, much less mine. I don't want it. Yet it* is *mine*," Chase comments on her intersex narrative (Chase 2002: 205). Her own narrative intersex construction is predicated on a paradox of presence/absence, its very coming into existence already entails a deconstructive moment. By telling and writing down her story, she makes this 'impossible' story 'real.' "Affronting Reason" begins with the establishment of Chase's corporeality as intersex by medical authorities:

"'It seems that your parents weren't sure for a time whether you were a girl or a boy,' Dr. Christen explained as she handed me three fuzzy photostats. I was 21 years old and had asked her to help me obtain records of a hospitalization that occurred when I was 1 ½. I was desperate

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to obtain the complete records, to determine who had surgically removed my clitoris, and why. 'Diagnosis: true hermaphrodite. Operation: clitorectomy.'" (Chase 2002: 204)

"Affronting Reason"'s intersex narrative constitutes a narrative of negation that operates on several levels. To begin with, Chase denotes the story of her childhood as "a lie" (2002: 205): the identity of "Charlie," the baby born as a "true hermaphrodite," was erased and replaced by the identity of "Cheryl," a surgically constructed "girl." The medicalization and mutilation of intersex bodies are interrelated with the invisibility and silencing of intersex individuals within the story. All evidence of intersex existence is virtually annihilated. In the medical texts, intersex objects are deprived of their individuality, subjectivity and humanity by blacking out their eyes and only exhibiting their genitalia. The prevalent images of intersex subjects are constituted by fragmented bodies and mutilated body parts: "The only images I found were pathologized case histories in medical texts and journals, close-ups of genitals being poked, prodded, measured, sliced, and sutured – full body shots with the eyes blacked out" (Chase 2002: 206). Here, intersex denotes not a viable, whole and real mode of being, but is defined by its sexed body parts, and moreover, its pathologized genitals, so that the intersex body becomes not only fragmented but is made up entirely by the pathologized sexed body fragments. The medical gaze produces a mutilated, fragmented and dehumanized intersex subject, claiming this to be the only intelligible intersex subject position, which is however "socially unthinkable" in our culture (Chase 2002: 207).

This invisibility and social silencing renders intersex bodies ghostlike, and an intersex subject position is problematized. The absent, lacking corporeality is reinscribed into Chase's intersex body, and she experiences a bodily dissociation in the interaction with others: "my perception of myself is as a disembodied entity, without sex or gender" (2002: 213). The medical and social rendering of intersex individuals to a ghostlike, "disembodied entity" and Chase's initial subjection to it constitute intersex as an unintelligible mode of being, and the intersex narrative as an impossible, "unthinkable" narrative that negates its own existence through its narration. This repeated paradox of narrative presence/absence deconstructs the narrative's negation of its existence as the storytelling itself simultaneously presupposes and produces the presence of a narrative voice. In her theory of the performativity of gender and the sexed body Butler conceives of gender as the persistent repetition of cultural conventions on the body which is not an individual choice but operates within an already existing cultural and historical framework. The body, however, is not a site passively inscribed with cultural codes (Butler 1997a: 411f). Chase's constant reiteration of the medical and cultural conventions of 'normalization' constitute her intersex reality as an absence, i.e. an absence of these normative conventions. Her narrative constructs her intersex body as the non-female body through the absence of normative 'female' genitalia, thereby simultaneously

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perpetuating and challenging the medical narratives' naturalistic notions of sexed embodiment which imply a sex binary and coercive heterosexuality.

Genitalia are the primary signifiers that connote a sex, and the lack or mutilation of genitalia disqualify a sex from being intelligible: "my genitals were missing parts" (Chase 2002: 210); "I now assert both my femininity and my intersexuality, my 'not female'-ness. This is not a paradox; the fact that my gender has been problematized is the source of my intersexual identity" (2002: 211). Chase's refusal to accept the medical gender assignment allows for a change in perspective within this narrative and functions as a moment of intersex subject formation that deconstructs the hegemonic intersex narratives' assertion of distinct, binary sex and gender categories:

> "What do I see when I look in the mirror? A female body, though scarred and missing some important genital parts. [...] My body is not female, it is intersexed. Nonconsensual surgery cannot erase intersexuality and produce whole males and females; it produces emotionally abused and sexually dysfunctional intersexuals. If I label my postsurgical anatomy *female*, I ascribe to surgeons the power to create a *woman* by removing body parts. I accede to their agenda of "woman as lack." I collaborate in the prohibition of my intersexual identity." (2002: 213)

A possible interpretation of these passages is ambivalent. Chase's own conceptions of 'female' and 'intersex' bodies and her self-perception as female and/or intersex are contradictory: she perceives her body as a scarred and 'deficient' female body but immediately rejects this female embodiment in favor of an intersex embodiment. This intersex body, however, is a violated and 'deficient' body as well; yet she chooses to reclaim this intersex body. Both corporealities, according to her reasoning, are not viable corporealities. The narrative problematizes Chase's intelligibility as a sexed (and gendered) subject, for she cannot be a 'woman' (as her intersex corporeality cannot be 'made' into a 'whole,' i.e. viable, female body), and although she can define herself as 'intersex,' 'intersex' is not an intelligible mode of being. Chase faces the dilemma of intelligibility, as her "options are loathsome": she has "no desire to be recognized within a certain set of norms" (Butler 2004: 3), i.e. the doctors' "agenda of 'woman as lack,'" and for her self-chosen 'intersex identity' no category of recognition exists. On the other hand, Chase's rejection of the medical construction of her intersex body as 'female minus relevant sexed body parts' "opens the way for a more radical form of self-determination" (Butler, in Williams 2014) and allows her to reclaim the authority to define her body as intersex. In asserting both her intersex corporeality and identification *and* her femininity, she challenges cultural notions of distinct, normative genders and sexed embodiment. Moreover, in asserting her lesbianism she undermines the medical agenda to produce heterosexual subjects and disputes the ostensible 'success' that was to be achieved by surgically making her a (heterosexual) woman.

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The primary motivation for many narratives is a previous negative experience with the medical establishment, mostly during infancy or adolescence. It is above all the perceived powerlessness towards medical authorities and feelings of being at their mercy that cause feelings of distress and rage in the narrators. In addition, many narrators express their anger about both doctors' and parents' lies about medical interventions, followed by a silence maintained about the intersex state of the child's body. In most cases, no explanation was given by doctors about surgical interventions and their long-term consequences. Many intersex narrators feel deprived of complete control over what had happened to their bodies and of the choice in determining what their sex should be. Some feel that their parents were complicit in the doctors' decisions, some find the behavior of their parents excusable. In her narrative about her experiences as an intersex child at Buffalo Children's Hospital as a response to an article by a medical doctor featured in *HWA* (fall/winter 1995/96), "Physically Screwed by Cultural Myth: The Story of a Buffalo Children's Hospital Survivor," Heidi Walcutt directs her anger towards the practitioners at Buffalo, whom she accuses of a complete disregard of her needs and feelings and of constructing her whole medical history around silences and lies:

"I can't tell you what my diagnosis was – because no one ever told me. But I do know that I was raised as a girl, and first admitted to Buffalo at age 5 in 1966, where surgeons operated on my enlarged clitoris. In my recollection, it was a fully-formed, functioning penis. [...] No one explained anything to me before or immediately after the surgery [...] And, based on my reading of some of John Money's books, and ISNA literature, I now suspect that I have androgen insensitivity, that surgeons at Buffalo Children's removed my *testes*, and that all the staff there conspired to lie to me, telling me that I was female, but my (nonexistent) ovaries and uterus were 'underdeveloped.'" (Walcutt 1995/96: 10)

Walcutt begins her story with a sense of uncertainty about her sexed body. She conceives of this uncertainty principally as the doctors' distorted presentation of her medical diagnosis. Her narrative seems to be informed by the quest for her 'true' diagnosis, rather than her 'true' sex or gender. She attributes this uncertainty, and in particular her previous inability to speak about her intersex body, to the doctors' behavior and actions at Buffalo Children's Hospital. Not only did the medical authorities exclude her from any decision-making process regarding the treatment of her sexed body and thus denied her informed consent and self-determination. What is more, the doctors' definition of her sex conflicts heavily with her own perception of her sexed reality, hence she perceives their treatment as fundamentally wrong since her "fully-formed, functioning penis" was made into a flawed "clitoris." Her perception of her surgically created 'female' organ as not (entirely) 'functioning' is articulated in terms of sexual availability: although she has some clitoral sensation, she is not sure whether she is orgasmic, and her vagina is "just a pocket, about half

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an inch deep, with flaps of skin on either side" (Walcutt 1995/96: 10), and as such not deep enough for being penetrated. The fact that she, as a lesbian, is not interested in having "normal sex with [a] husband" (1995/96: 10) – the doctors' reason for the planned surgery which was intended to increase the depth of her vagina – causes her disinterest in a vagina 'made' for heterosexual intercourse. So while Walcutt seems to be deeply annoyed with the children's hospital's misrecognition of her intersex variation and her exclusion from the decision-making processes regarding her sexed body, she manages to reclaim the defining power for herself. She educates herself about intersex with various sources, including not only medical textbooks but also works which convey the perspectives of intersex individuals, and arrives at her own diagnosis: androgen insensitivity. At this point in her narrative, her quest for her 'true' diagnosis – i.e., a diagnosis that she herself arrived at and that she can accept as being 'true' – is completed. However, Walcutt is not content with arriving at her own conclusions about her sex. She states that she "feel[s] in between male and female" (1995/96: 11) and identifies as "entirely lesbian" (10) – her new diagnosis changes neither her gender identification nor her sexuality. The main reason for her rage against the medical establishment is her exclusion from the discourse about her sexed body, her gender, and her sexuality, which has led, for her, to the inability to express her feelings about these issues. The counseling at Buffalo was exclusively controlled by a psychologist, and Walcutt had to submit to the rules of the medical discourse:

"The counselors just laid out for me what was going to happen to me, but I really couldn't talk about how I felt, or ask them questions. I was always uncomfortable in the counseling sessions, I would tell them almost anything so that I could just get out of there. [...] those sessions always followed the counselor's agenda. She would just explain what was going to happen to me. Occasionally she would tell me, 'we want to know what you're experiencing, what you're feeling.' But there just wasn't a space there to talk about these kinds of things." (1995/96: 11)

Walcutt is neither legitimated to participate in the medical discourse about intersex, nor has she the ability, at this moment, to produce a discursive space for herself in which she would be allowed to speak. The medical discourse on intersex in this narrative in fact both conceives of and consequently marks intersex as unintelligible by referring to sex only in terms of male vs. female sexes. This intersex discourse is marked by absence, or erasure, and the intersex individual has no discursive possibilities to articulate her sense of being intersex as an intelligible mode of being. The only thing she can do is tell them what they want to hear – i.e. use the language of the authorities. Her own voice is silenced and her feelings stifled. Her personal experiences have no validity since her voice – like the voices of all 'patients' – is considered as non-authoritative within the hegemonic discourse. Since the 'correction' of 'deviance' from the norm is its structuring principle, Walcutt's

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intersex embodiment is subdued by femaleness and her lesbianism by heterosexuality. Neither could she talk with her parents about her feelings, as they were conservative Christians. Consequently, she was never able to develop her own voice and to find the adequate words for her intersex embodiment and her gendered sense of self: "I kept things to myself. Questions. Problems. Shame. I've spent my whole life with my feelings so bottled up, it's really hard to change now" (1995/96: 10). However, Walcutt finds a way out of her silence when she learns about ISNA, and reclaims her voice by writing and publishing her letter in *HWA*, in which she is able to produce a counterpoint to and articulate her own feelings about the medical establishment. Thereby, she emerges as an intelligible intersex (and lesbian) subject, by refusing the gender assignment made by medical authority and positioning herself in a critical relation to the norms that constitute the conditions of her intelligibility (see Butler 2004: 3).

That the exclusion of intersex individuals from medical discourses and the denial of their intersex variation will almost inevitably lead to the persons' feelings of shame, fear, isolation and emotional as well as bodily suffering becomes apparent in a number of other intersex narratives. In "In Amerika They Call Us Hermaphrodites" (*IA* 1997/98), Angela Moreno writes about her personal experiences with the medical establishment and the consequences of the violation of her bodily integrity. Moreno, who was assigned female and raised as a girl, underwent a clitorectomy at twelve, but was neither informed by the doctors nor her parents about the details and the consequences of this surgery. At the hospital, the doctors "didn't mention the part where they were going to slice off my clitoris. All of it. I guess the doctors assumed I was as horrified by my outsized clit as they were, and there was no need to discuss it with me. After a week's recovery in the hospital, we all went home and barely ever spoke of it again" (Moreno 1997/98: 11f). A follow-up counseling for her or her parents was discouraged by the doctors, denying them any further chance of participating in the medical discourse.

The doctors' normative judgment is expected to be tacitly consented to by the patient. Moreno did not have a say whatsoever in this decision regarding her genitalia. While she herself refers to her clitoris as "that wonderful location of pleasure for which I had no name but to which I had grown quite attached" (1997/98: 11), her own assessment of her bodily and sexual well-being was subdued by the doctors' normative ideas of sex and gender and their arrogant and paternalistic attitude towards the patient. The power relation between 'doctor' and 'patient' becomes obvious in the doctors' strategy of hierarchical observation: their assessment of what size of a sex organ is to be considered as 'adequate' for males and females defines any person's genitalia as either 'normal' or 'deviant.' This judgment can only be made by doctors for they, as authorities, have both the almost exclusive view into people's genitalia and the defining power to which the patient has to submit unconditionally.

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While the doctor-patient relationship has slightly shifted by now, in the 1980s when Moreno's surgery was performed, this relationship was still relatively strictly organized, in particular with regard to intersex 'patients.' While the surgeon who performed Moreno's clitorectomy "summarized the outcome as 'tolerated well,'" Moreno herself conceives of the clitorectomy as "the unspeakable assault that I experienced under the guise of medical treatment" (Moreno 1997/98: 12). The medical records, of course, convey only the perspective of the doctor, while Moreno's perspective is completely absent. Consequently, the removal of the clitoris is defined as a successful medical outcome and the patient's personal negative experiences dismissed as irrelevant. Thirteen years after the clitorectomy she writes: "I am horrified by what has been done to me and by the conspiracy of silence and lies. I am filled with grief and rage" (1997/98: 12).

As a result of her treatment, she has developed serious mental-health problems including eating disorders, depression, and intense body-hatred. She considers her bulimia as representing her attempts to express the fear, shame and rage caused by this assault on her bodily integrity, for which she has been lacking the language. Her medical records were at first incomprehensible for her – the medical terminology again excluded her from participating in the discourse surrounding her intersex variation. Knowledge becomes power here quite obviously: those who possess the relevant knowledge are all powerful (medical authorities), those who do not are powerless (intersex patients). However, Moreno was no longer willing to submit to her perceived powerlessness towards the medical establishment and asked her gynecologist to explain her records to her. When she could finally make more sense of the confusing medical verbiage, she started to feel more confident that someone had taken her questions seriously and that she was now able to take part, though still restrictedly, in the medical discourse about her body. Yet while she was not completely powerless anymore, she still lacked her own voice to productively cope with her situation and her intersex corporeality.

Towards the end of her narrative, Moreno, like other intersex individuals who begin to narrate their personal experiences, learns about ISNA and other intersex people who might share her experiences. She realizes that she is "not the only one" (Moreno 1997/98: 12), and this new awareness and the change in perspective, through reading articles written by intersex persons and by ISNA, also lead to her own self-diagnosis, "Partial Androgen Insensitivity Syndrome." This diagnosis still refers to a term that had been produced within medical discourses and is a construction by medical authorities. Moreno's reappropriation of this term, however, changes its meaning for her, for two reasons: first, her diagnosis is for the first time clearly articulated and her intersex variation, about which the doctors had kept silent before, acknowledged. Second, her diagnosis is the result of her own research, which does not primarily rely on the medical records but on 'alternative' knowledge provided by first-hand accounts of other intersex persons with whom she can identify.

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Butler argues that "all of us [...] 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" (Butler, in Williams 2014). Thus, while Moreno needs to refer to medical terminology to articulate her sense of self, and cannot articulate her intersex embodiment 'outside' of the medical discourse, she is finally able to create a discursive space within, yet in critical relation to, the dominant discourse that challenges dominant normative notions of sex and gender and thus enables a viable, intelligible intersex subject position that was previously not possible.

In his personal journal, which was in part published in the first issue of *HWA* 1994 under the title "I Am Not Alone!" David writes about the erasure, silencing, and invisibilization of intersex by medicine and culture:

> "It is a terrible perversion of the healing arts to attempt to destroy the unique gender identity of intersexual infants – to instill fear and shame in them by considering them to be some sort of sexual freaks to be tampered with. And, considering the cultural taboo of not talking about sexual differences, we surround hermaphrodite children with the poison of secrecy about themselves and what has happened to them." (David 1994: 5)

To him, intersex is nipped in the bud for its visibility entails its own undoing or erasure. Since a person's intersex corporeality is nullified most often in infancy, their intelligibility as intersex can never reach a viable adult status but is suppressed by a culturally enforced gender assignment (either male or female). This enforcement is carried out through instilling shame and fear in the "helpless infant" (David 1994: 5) – a shame and fear experienced by the family and society –, in order to ensure the child's assimilation to their assigned normative gender. David experiences these practices as "legally and scientifically sanctioned traumatic sexual abuse" (1994: 5) and himself (and by extension, other intersex individuals) as a victim who is at the mercy of the abusive powers that "manipulat[e] our bodies to meet its own needs of conformity" (1994: 5). Abuse is conceived as both the manipulation of intersex bodies and gender identities and the displacement of intersex to the realm of non-existence.

David's narrative ends with a determined announcement and a challenge to medicine and society: "It really pisses me off. I will not be silent about this!" (1994: 5). In fact, his narrative itself already contributes to the resistance to medical and cultural practices of erasing intersex subjectivity: his realization that he is not the only intersex person and that there are many others who share his experiences undermine the medico-cultural claim that intersex people do not exist. With the publishing of his personal journal, he breaks the taboo and secrecy about himself and other intersex persons which was imposed on him as an infant. David not only

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manages to emancipate himself from this taboo but is also working towards a viable adult intersex identity.

Jane Carden's personal story "Learning to Speak at 36" (*HWA* 1995) revolves around secrecy and her attempts to overcome the silence maintained about her intersex variation. Her narrative, too, starts with a sense of her sexed body as an 'unreal' corporeality: "Twenty five years ago [...] I was told a lie. [...] From that day forward, no one in my family has ever again spoken to me about my medical condition" (Carden 1995: 2). Like in Moreno's and David's narratives, Carden conceives of the secrecy and fear about her intersex body as really being the doctors' and parents' fear imposed on her: "Not once was I asked how I felt about any of what had transpired. I was a patient with a terrible secret that even the doctors and my own mother couldn't or wouldn't discuss" (1995: 2f). Carden is denied any possibility to either participate in the medical discourse or express her own feelings about her intersex corporeality. She cannot participate in the medical discourse because she does not have the authority to do so and lacks relevant knowledge. Intersex simply does not exist within this discourse, only in the form of an unspeakable absence.

At age 20, however, Carden begins to do her own research in an effort to resolve the secrecy about her sex. She reads medical texts in the medical school library and finally comes up with the diagnosis "testicular feminization," about which her parents had lied to her. From the medical books she learns that she is a "male pseudo-hermaphrodite." Again, her self-identification relies on the terms which the medical discourse provides for her. At this moment, she still cannot identify as a 'real' intersex person but must be content with being 'pseudo,' not 'authentic,' and not really existing. The search for her own 'true' sexed 'reality' ends for the moment in an identificatory dead end, the repeated negation of her intersex body. The only thing affected by her discovery is the subsequent cessation of medical care, which she finds unnecessary due to the new information regarding her genital surgery. When she decides to resume medical care, she is again confronted with prior lies about her medical treatment and the ignorance of medical practitioners regarding her bodily condition. The perpetual lies and silence about her intersex variation and the resulting inability to talk openly about her intersex body drive her into isolation and cause mental-health problems. At 36, she still needs to "learn to speak," in her own voice with her own words. However, by refusing to accept the silence about her intersex variation, and hence positioning herself critically towards the medical and social practices of rendering intersex (subjects) unrecognizable, Carden recognizes and points to the unrecognizability of intersex and thereby (temporarily) "emerges at the limits of intelligibility, offering a perspective on the variable ways in which norms circumscribe the human" (Butler 2001: 635). Carden is still in a process of rearticulating her (sense of) self, which (can) entail(s) both the rejection of the terms that define her (against her will) and the development of new terms. While she still needs to "figur[e] out how to live with and against the constructions – or norms – that

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help to form" her (Butler, in Williams 2014), Carden's intervention into the doctors' and her parents' agenda of 'intersex as non-existing' is a crucial step towards constituting intersex not only as existent, but, eventually, as recognizable and an intelligible way to live out her sense of sexed reality.

"Finding the Words" is also Martha Coventry's designated goal in her narrative with the same title (*IA* 1997/98). When she was six years old, she underwent a clitorectomy, and the loss of the clitoris is followed by a silence that lasts for twenty-five years:

> "Not a word of explanation was ever given for the surgery, and when they cut out my clit, they cut out my tongue. I could not cry out to save myself, and that stifled scream wedged in my throat, blocking my voice. Endless fears about who and what I was took the place of words and they settled like darkness over me." (Coventry 1997/98: 27)

The 'unspeakability' of intersex, i.e. the unintelligibility of intersex, translates quite literally as the excision of sexed body parts classified as intersex. The juxtaposition of cutting out her clitoris (physically) and her tongue (symbolically) signifies the inextricable interdependency of social and corporeal constraint that delegitimizes intersex as real and constitutes the basis for the attempted 'normalization' of intersex. The secrecy maintained about Coventry's clitorectomy and her intersex variation had a devastating effect on her whole life throughout childhood, adolescence, and adulthood. Her constant struggle with her sexed body and her gender identity used to be defined by insecurity, shame, denial, and pretending. Her permanent feelings of being not 'authentic' as a woman haunt her and cause nightmares that last for years: "When I was growing up, and well into adulthood, I used to have a waking nightmare that a squad of men in uniforms would arrive at my door, take me into the night and execute me for not being a real woman. In my mind, they were always justified and I never raised my voice in protest" (1997/98: 27). Even in her dreams, she is unable to break the silence about her sex or to articulate her own sense of self. The nightmare mirrors her feelings of being completely powerless against the authorities in her real life – both the medical authorities and her parents – and of being forced to submit to their judgments about her body and identity. They have the legitimation to define her sex and assign her a gender, while she feels she has no (defining) power. The hegemonic construction of her sex/gender as female clashes heavily with her perceived sex and gender; however, her own judgment is informed by normative cultural notions of maleness and femaleness, which results in her perception of herself as being "in drag" and "a fraud" (1997/98: 28). Her fear of completely losing her identity causes Coventry to stop asking questions for the moment and "frighten[...] [her] back into total and terrified silence" (28). What follows is a continued odyssey of doubts and emotional break-downs, an unsuccessful marriage and perceived "sexual failure[s]" (1997/98: 28), and isolation.

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At some point in her life, close to self-destruction, Coventry begins to love herself and her body and to gradually embrace her difference. A short time later, the death of her father enables her to live her own life independently from his defining power over her sexed embodiment – by deciding to erase her intersex corporeality in favor of a female sex and to withhold this truth from her – and to finally come to terms with her intersex body and her sexual desires. She explores her medical records together with a gynecologist in order to understand the full dimension and the meaning of the surgery and begins to write down her own experiences of growing-up and her sex and gender struggles. Moreover, she finally acts out her lesbianism which she has suppressed since adolescence. Like virtually all intersex narrators under discussion here, she ultimately realizes the existence of other intersex people who share her experiences, and begins to find her own words for her intersex embodiment: "I will never find the words of my six-year old self, and that is fitting. Today I have the reasoned and educated voice of a grown woman who knows harm when she sees it and is increasingly growing strong enough to name it and try to stop it" (29). Coventry manages to emancipate herself from the authorities' power over her and to resist their normalizing judgments about her sexed body and her sexuality by finding her own voice. This voice is authoritative, grown-up and educated, hence powerful, in contrast to her infant voicelessness and powerlessness.

The analysis of intersex narratives demonstrates that most narrators' negative experiences with medical authorities are a direct result of a perceived powerlessness, a lack of mastery over their own lives and bodies, and the lies about medical treatments and the silencing of their intersex corporeality. Joan W. writes in a letter addressed at her doctor who treated her as an intersex child, "Dear Dr. M" (published in *HWA* 2001), about doctors' dismissal of patients' experiences as irrelevant for studies on the results of genital surgery: "The few studies that have been done have emphasized the cosmetic result; the physical and emotional impact on the patient is given little consideration" (W. 2001: 4). The intersex 'patient' has no right to speak within medical procedures and is relegated to "assuming the role of a research subject" (4).

Intersex individuals are made objects within the medical discourse not only by denying them an active role in the process of subject formation and the autonomy over their bodies, by excluding them from the dominant discourse on intersex. Equally important are the visualization practices through which the intersex body is constructed as 'pathological' and the medical perspective affirmed as the (only) legitimate perspective. The intersex narratives negotiate the hegemonic gaze of medical authorities, which serves the control and the 'normalizing' of sex or gender 'deviance.' The questions of who possesses the gaze within a specific narrative and how the privilege of being in the active gazing position is used play major roles in the construction of intersex bodies and subjects (and other subject positions such as medical doctor). Visualization practices can be detected within the narratives that

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resists, challenge or subvert the hegemonic gaze. These processes involve a reclaiming of an 'anarchic,' or deconstructive gaze, which is opposed to the hegemonic gaze, by intersex individuals who previously were not authorized to possess the gaze, thus effecting a decentering of the gaze. I will now analyze how the gaze is utilized for processes of self-invention and the rearticulation of intersex subjecthood, and how specific strategies of visualizing in the intersex narratives refuse or challenge hegemonic medical visualization practices.

3.2.2 Medical Gaze vs. Visual Self-Invention: The Performativity of Genitals and the Construction of Sexuality

The stories primarily revolving around representations of genitalia make up the bulk of all narratives in *HWA* and *IA* and include, beside non-fictional and fictional accounts, medical photographs of genitalia. A 'normalizing' of 'ambiguous' genitals is identified as the main – in fact the only – reason for genital surgery. Normalizing judgments passed by doctors, informed by cultural ideas about bodies and genders which are translated into standard medical practice, are an integral technique in the process of hegemonic gazing. The intersex infant's precarious state, the threat of being/becoming unintelligible, is determined by the appearance of the genitals in the first place – which really means, not by the appearance of the genitals *per se*, but by their 'inconceivability,' their claimed disruption of normative binary notions of sexed embodiment:

"Physicians whose careers are dedicated to erasing intersexuality (by performing invasive medical procedures on non-consenting infants) characterize the birth of an intersexual infant as a 'social emergency,' and a traumatic emotional shock for the parents. In fact, by their own admission, plastic surgery on intersexual infants' genitals is a form of psychosurgery." (Chase 1994: 6)

The notion of indeterminate sex in the newborn as a "social emergency" is firmly established in the treatment protocol: in instructional texts and articles on intersex produced primarily by surgeons in the 1980s and 1990s, doctors declare a state of emergency when they fail to immediately determine whether the infant is a girl or a boy. This perceived threat to the gender binary urges them to seek a 'remedy' for the 'problem' as quickly as possible, to reassure the parents that their child's sex will be 'unambiguous.' The coercive measures are often executed without sufficient consultation with the parents, and always without the consent of the patient (Fausto-Sterling 2000: 45). In his personal journal, intersex narrator David writes: "we somehow terrify and threaten the culture to the extent that we are almost universally destroyed as infants. 'Fixed' and made to fit in" (David 1994: 5). This 'fixing' is

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implemented in response to the perceived threat to the culturally established strict demarcation between male and female genders, and thus to compulsory heterosexuality:

"Because our society demands a world in which heterosexuality is the norm and there are only two possible sexes, those born intersexual must be considered pathological. Medical procedures which remove perfectly functioning body parts (i.e., mutilation) can thus be justified by the insistence that it is a 'cure.'" (Holmes 1994a: 5)

In the 19th century, doctors' most important justification for genital surgery performed on an intersex individual was the patient's future marital prospects. The primary goal of the surgery was to make the person 'marriageable,' i.e. making female sexual organs fit for being penetrated (through the creation or dilation of a vaginal opening) or male sexual organs fit for penetrating, as Elizabeth Reis notes:

"In deciding the sex of their patients, doctors sought [...] happy endings, hoping to see their patients embrace at least one element of womanhood (or manhood): marriage. The early cases of interventionist surgery on genitalia were designed to make the genitals serve the doctor's perception of patients' sexual and marital requirements." (Reis 2005: 432)

Doctors' considerations concerning the desired surgical outcome generally privileged a 'normal' appearance of genitalia over the person's sexual desires and genital sensation. Normal-appearing genitalia would ensure that the person, at least visually, would be able to meet the sexual requirements vis-à-vis prospective sex partners – who should be, of course, persons belonging to the 'other' sex (depending on the doctor's own estimation of the person's 'true' sex). Medical practitioners were usually worried about the intersex person's (potential) development of homosexual desires and considered it as their duty to prevent the person from pursuing sexual partners of the 'same' sex through surgical interventions. If this implied a damaging or even destruction of the person's genital sensation or sexual satisfaction, doctors expected the patient to tacitly consent to the intervention for the sake of their marriageability. As expected, there was a gender bias inherent in this practice: women's sexual desires were by far less appreciated or even acknowledged than men's, so that as a result doctors' (who were almost exclusively male) contemplations of genital adjustment dismissed female sexuality as irrelevant when a certain case required the doctor's decision about whether to make the intersex person a sexually dysfunctional 'man' or a sexually mutilated 'woman.' This practice seemed to suggest, "[b]etter a woman with no sexual desire than a man unfulfilled" (Reis 2005: 433).

In the 20th century, the gender binary has not lost its importance as a, or maybe even *the*, keystone of modern and contemporary culture. Thus, the decision of whether to assign an intersex infant as a girl or a boy is a process heavily informed

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by cultural conceptions of maleness and femaleness. Whereas maleness is linked to "proper penile function" and phallus size, femaleness is defined by its "reproductive function" (Fausto-Sterling 2000: 59), which led to the following common rule within medical practice of managing intersex in the 1990s: "Genetic females should always be raised as females, preserving reproductive potential, regardless of how severely the patients are virilized. In the genetic male, however, the gender of assignment is based on the infant's anatomy, predominantly the size of the phallus" (Donahoe et al. 1991: 527). In short, intersex males need a penis that is large enough both to compete with non-intersex boys/men and to vaginally penetrate a woman during sexual intercourse. Intersex females should be able to bear children. The emphasis in the case of male sexuality is on appearance and performance, the emphasis in the case of female sexuality is on procreation.

This unequal disposition regarding female and male sexuality reveals a lot about the perceived (ir)relevance of women's sexual desires in American culture. For intersex women in particular, their reproductive capability is considered the crucial factor of 'real' womanhood. In her attempt to trace the 'truth' about her sex, intersex narrator Martha Coventry is confronted with common stereotypes about gender and sexuality that are inherently misogynist. The answer she receives from both her father and her male gynecologist can be summarized as, "I had children, wasn't that proof enough?" (Coventry 1997/98: 28). As both male authorities define her femaleness, and by extension her female sexuality, in terms of fertilization, which ostensibly requires heterosexual intercourse, they justify the clitorectomy performed on her as harmless to her sexuality. Her subsequent inability to experience clitoral pleasure and her potential homosexuality are ignored. While in the 1950s clitorectomies were performed relatively frequently on intersex infants with an 'enlarged' clitoris, suggesting that "female orgasm was vaginal rather than clitoral" (Fausto-Sterling 2000: 61), from the 1960s on, medical doctors have gradually revised their ideas about female sexuality and acknowledged the clitoris as a relevant part of female sexual pleasure. This shift of cultural notions about female sexuality affected the surgical treatment of intersex infants assigned as girls, and replaced the clitorectomy (i.e. the complete removal of the clitoris) with clitoral reduction or recession (i.e. the clitoral shaft is downsized or hidden under a fold of skin). Additional surgeries that are also quite frequently performed on female-assigned intersex infants include the construction or widening of a 'vagina' and the reduction of the labia (Fausto-Sterling 2000: 60f). Although medical practice has changed to less radical methods, contemporary treatment is still generally motivated by cultural notions about gender stereotypes. Women's genitalia should be designed to both visually and physically please a male sex partner: their vagina should be able to be penetrated by a penis (i.e. to guarantee heterosexual intercourse and male sexual satisfaction) and both their clitoris and their labia should be *petite* enough not to resemble the male phallus or in any other way be obstructive to penile penetration.

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In a recent medical study about variations in female genital appearance, surgeons comment on non-intersex women's putative reasons for surgically altering the appearance of their genitalia:

"implicit in a woman's desire to alter genital appearance may be the belief that her genitals are not normal, that there is such a thing as normal female genital appearance, that the operating surgeon will know what this is, that he or she will be able to achieve this for her and that this would somehow improve her wellbeing or relationships with others." (Lloyd et al 2005: 643)

Lloyd et al attribute women's embarrassment about their genital appearance and concern about their partner's reaction primarily to the pervasiveness of cultural misconceptions of normative genital appearance via the media, particularly pornography: "With conspicuous availability of pornography in everyday life, women and their sexual partners are increasingly exposed to idealized, highly selective images of the female genital anatomy" (2005: 645). As a result, these idealized images have also informed surgeons' and other doctors' notions of what normal genitals are supposed to look like and consequently affected the treatment of persons whose genital development is considered unusual, i.e. intersex infants first and foremost. Recent studies have found that generally, information on clitoral size and vaginal length, labial size or other aspects of female genitalia is far from exhaustive. Descriptions of 'normal' female genitalia are poorly documented in medical literature (compared to the relatively vast availability of medical measurements for male genitals). Quite the contrary, the study conducted by Lloyd at al demonstrates wide variations relating to the external appearance of female genitals, including labial and clitoral size and vaginal length. These findings have important implications for the treatment of intersex persons, which has constantly been aiming at creating a 'normal' genital appearance via surgery. Lloyd at al contend that "given the variety of normal female genital appearance and lack of normative data, it can be surmised that decisions regarding the amount of reconstruction needed are entirely subjective. It is therefore surprising that surgeons feel confident that surgery has the potential to achieve a 'normal' female genital appearance" (2005: 645).

Quite a few intersex first-person narratives address this problem that many intersex individuals are faced with, namely, the fear of being rejected by a sex partner because they feel that they cannot measure up to the demands of normative looking genitalia. Joan W. holds her clitorectomy responsible for her failed sexual relationships, as the surgery damaged her clitoral sensation and mutilated her genitalia: "I have never enjoyed sexual or romantic intimacy in my life, with men or with women. I believe that this is a direct result of my treatment. The clitoral surgery that was performed on me damaged my ability to experience sexual pleasure and it failed in its putative purpose of creating 'normal' appearing genitalia" (W. 2001: 4).

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Her reasoning relates to two distinct aspects: what or how she feels (or does not feel), and how she looks. While the first aspect is primarily self-referred, the second one involves also others, particularly prospective sex partners. Joan W. perceives her discomfort regarding her genital appearance as a result of the normalizing judgments made on her sexed body inherent in the medical gaze which she was subjected to as a child. Many intersex individuals who were assigned female at birth refer to the relations between the clitorectomy/clitoral reduction performed on them and a social 'normalizing' of their sexuality in their narratives. In stark contrast to doctors' and parents' assessments of what is for the child's own good, almost all narrators are deeply troubled by the consequences of genital surgery.

Many intersex narrators have undergone repeated medical examinations of their genitalia as children and adolescents. These examinations are experienced by all intersex narrators as humiliating, traumatizing and confusing, as they are unprotectedly subjected to the medical gaze. In many cases, the young 'patients' are confronted not with the gaze of one, but a group of doctors who are curious to see an 'extraordinary' case, a medical 'spectacle.' As Angela Moreno recalls it, "my doctors made a traumatizing hospitalization even more traumatizing by putting me on show for parades of earnest young residents with 'you're-a-freak-but-we're-compassionate' grins on their faces. This, all without nurses or my parents anywhere around" (Moreno 1997/98: 12). This hegemonic medical gaze was especially in the past predominantly male; nurses (who are traditionally mostly female), even if they were/are present in the examining situation, did/do not possess the hegemonic gaze.

The procedures of medical inspection of intersex genitalia always involve doctors' judgments based on normative notions about sex organs, which define the intersex body as 'deviant' and thus 'pathological.' Joan W. experiences the examinations following the clitoral surgery performed on her as being on trial, with medical authorities judging her sex and convicting her of failing to meet their normative standards of sexed corporeality: "The inspection of my genitals at each checkup was hard enough to endure, but having groups of doctors, interns and medical students present at those examinations made it quite clear to me that I was not and would never be like other girls" (W. 2001: 4). The presence of interns and medical students strengthens the conception of the intersex child as a study subject, and above all, a rare study subject that cannot be withheld from the sight of inquiring practitioners and experts. Joan's perception of her sexed body is conflicting with the image of her body as deviating from 'normal' girls' bodies, which is mediated through the medical gaze. While she feels that her clitorectomy "damaged [her] ability to experience sexual pleasure and [...] failed in its putative purpose of creating 'normal' appearing genitalia," her doctors consider her surgery as a "success" (4). Joan now positions herself in a critical relation to the doctors' perception of her body as an abhorrent condition that justifies even an unsatisfying treatment, a perception that she herself had internalized as a teenager: "I must have been truly repulsive to

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my parents and doctors if the result of the surgery performed on me could be considered an improvement" (4). For her environment, a damaged female body still seems to be preferable to an intact intersex body.

Joan later eludes the medical gaze by refusing to participate in a follow-up interview in order to avoid repeated humiliation, and thus resists the perpetuated objectifying and normalizing judgments about her body. By refusing the medical interrogation that seeks to define the terms of her sexed embodiment and her sexuality, and to render her own sense of sexed and gendered reality irrelevant and unintelligible, she eludes being "fully recognizable, fully disposable, fully categorizable" by the medical hegemonic power, and by this elusion, her "humanness emerges," according to Butler's reasoning (Butler 2001: 634). However, she does not fully manage to create a positive body image on her own terms. She is still traumatized by her treatment and as a result suffers from depression and suicidal feelings. However, her narrative conveys a flicker of hope, as she can at least openly articulate her counter-perspective to the medical establishment by writing a letter to her doctor. Although 'Dr. M' neither has to meet nor is directly subjected to her gaze, he or she becomes Joan's 'study subject' in her own examination of him and his colleagues' practices.

Quite often medical judgment is rendered without words. In fact, nonverbal judgments are all the more indicative of a perceived bodily 'deviance.' The intersex person is confronted with the result of an examination of their body that is not explicitly spoken out; as a result, the patient is not able nor authorized to respond to the doctors' statements. The communication process is one-sided as the doctors draw their conclusions through observing the patient, but a patient's counter-gaze that wields the same power is not possible in the examination situation. This power divide within medical visualization practices is amplified by medical photographs of intersex study subjects. Morgan Holmes describes her experience with the hegemonic gaze as extremely imbalanced and objectifying:

> "I've seen quite a few such photographs in medical texts on intersexuality. They are usually extreme closeups of genitals, or full body shots with the *eyes* blacked out. How many doctors, med students, and archivists have been able to inspect my genitals without having to confront my gaze because my eyes were conveniently blacked out of the photo?" (Holmes 1994a: 6)

The medical perspective produces a depersonalized, almost dehumanized intersex subject, by crossing out their eyes, erasing the intersex person's individuality and humanity. As a consequence, doctors can treat intersex persons as study subjects and disregard their personal feelings, needs, and opinions. Moreover, they can conveniently stare at the intersex object and make their judgments without reciprocation.

It seems paradoxical that the medical perspective is quite frequently appropriated by intersex persons for their own conceptualizations of their intersex corporeality. In

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an effort to find out the 'truth' about her sex that has been obfuscated by both her parents and doctors, Jane Carden uses medical photographs of other intersex persons to define her bodily variation: "After several weeks of poring over medical texts and comparing the appearance of my body with the clinical photographs, I reached a firm diagnosis: testicular feminization" (Carden 1995: 2). Not only does she refer to the visual markers of intersex as produced by medical practices but also to medical terminology as she conceives of her corporeality in terms of a pathological condition.

Medical visual accounts of intersex bodies are often reappropriated by the intersex narrators in order to reclaim their preoperative, intact body: "My medical records refer to a clinical photograph before the surgery. I have tried to obtain it, but the clinic insists that it was destroyed. [...] If I had the photograph it would be a way for me to re-member my stolen body" (Holmes 1994a: 6). While this photograph of the uncorrupted infant's body is likewise taken from a medical perspective, it is understandable that Holmes wants to take hold of this picture, as it refers back to her bodily state prior to medical intervention. What is more, the change in perspective produces a radically different meaning: through the doctors' gaze, the preoperative intersex infant body is constructed as a "pathological condition" which justifies the subsequent clitorectomy as a necessary "cure" (Holmes 1994a: 5). In contrast, for Holmes this very same body signifies a viable corporeality and the removal of "perfectly functioning body parts" a "mutilation" (5). Holmes' medicalized infant body may not cease to exist or not even be replaced by her humanized infant body construction, but the medical construction of her body is at least challenged by her counter-gaze.

The hegemonic gaze inherent in the medical intersex narrative becomes destabilized by first-person narratives' change of perspective, which allows for alternative intersex conceptualizations and the resignification of intersex bodies. In her personal narrative "My Beautiful Clitoris" (*IA* 1997/98), Annie Green turns the medical perspective on her clitoris completely upside down. As a child she underwent a clitorectomy, which she experiences as a deprivation. Because she was too young to be able to recall her preoperative body, she has to rely on a medical report to know what her clitoris looked like:

"I have only one connection to the clitoris that I was born with: a pathologist's report on the bit of tissue the surgeons sent him for analysis:
The specimen consists of a soft pinkish piece of tissue measuring 2.8 cm in length and approximately 1 cm in average outside diameter. The distal 1.2 cm. of the specimen is covered with wrinkled, pinkish tissue resembling prepuce. Section shows the specimen to consist of 2 soft, pinkish-white, somewhat shiny, half cylinders, each outlined by a thin rim of shiny whitish tissue and entire complex is covered by a thin rim of soft, shiny, pink tissue." (Green 1997/98: 12)

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Through the pathologist's gaze, the clitoris is made a disembodied object ("specimen") rather than a viable body part belonging to a human being. The measuring hints at the relevance of the size of the genital as the primary signifier for a distinctive male or female sex. In the last thirty years, common medical practice for the treatment of infants and children with 'ambiguous' genitalia has strictly regulated 'acceptable' clitoris/penis sizes: "Medical standards allow penises as short as 2.5 cm to mark maleness, and clitorises as large as 0.9 cm to mark femaleness. Infant genital appendages between 0.9 cm and 2.5 cm are unacceptable," as Suzanne Kessler sums it up (quoted in Laurent 1995/96: 12).[1] Despite the existence of medical studies that show clitoris/penis size at birth as a continuum, rather than two constants, many physicians rely on their personal ideas, informed by their cultural background, about the 'appropriate' appearance of female and male genitals and then seek to surgically adapt the sex organ to their ideas – rather than the other way around.[2]

In the pathologist's report, only implicit assumptions about gender can be identified, through the emphasis on the phallus' size. The organ is not even referred to as "clitoris" but as "specimen"; it is described in technical terms and framed within a medical context. Both the circumstance that the organ is dead tissue, as it was amputated, and a pathologist's examining of the amputated organ mark it as pathological and useless. The report's deliberately clinical tone adds to its extremely dehumanizing effect. This dehumanizing process however is undone in the very next sentence following the quote, by Green's own commentary: "It sounds beautiful, doesn't it?" (Green 1997/98: 12).

She does not have many choices other than to refer to the pathologist's words (his quote makes up one third of Green's text) to talk/write about her clitoris. But her own interpretation of his words establishes a new perspective on the object and constructs it as (her) "clitoris." She appropriates the report's terms and claims and thus reclaims both the defining power of the object in question and her subjective bodily experience, thereby effecting a re-humanizing discursive moment: "I imagine it, my clitoris, lying in the cold metal specimen tray. I can't help but think how sad – such an alive, vascular, beautiful, sensitive organ, removed from the warm body of this precious child. My body" (12).

1 In consequence, 'clitorectomy' in this context denotes the removal of the sexual organ considered to be too large for a clitoris and too small for a penis; while the differentiation between an 'enlarged clitoris' and a 'micropenis' is not clear-cut, it however hints to the naturalistic, dichotomous notion of sex since 'enlarged clitoris' takes as a basis a female and 'micropenis' a male person, and signifies the 'inappropriateness' of the genitalia – the size of the external genitalia is the primary signifier that connotes a distinctive sex.

2 See Fausto-Sterling (2000: 56ff) for a detailed discussion of doctors' decision-making processes for assigning gender and the prenatal, surgical and psychological 'fixing' of intersex infants.

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Green's subversive discourse operates on two strategies. First, her reinterpretation of the medical text alters the relation between signifier and signified. The same text can radically change its meaning when the privilege of possessing the gaze is appropriated by a narrator who was not authorized to gaze before and the dominant perspective thus becomes decentered. "The specimen" becomes "my clitoris," (claimed) objectivity becomes subjectivity, a dead, pathologized "bit of tissue" becomes an "alive, vascular, beautiful, sensitive organ" in its original state prior to the wrongful deprivation. The clitorectomy is experienced as a grievable "loss" (12) rather than a medical/cultural necessity or even a favor. While the medical text directly follows the clitorectomy, and thus cannot refer to the tissue as "clitoris" since the tissue did not qualify as a "clitoris" (otherwise it would not have been amputated), Green seeks to reimagine an intact body *with* the organ that qualified as a clitoris for her, thereby relating to her preoperative infant body: "Every day my thoughts touch on what it would be like, what it would feel like, what it would look like, if this had not happened to me" (12). As the narrative is conveyed from the intersex individual's perspective, the medical text itself is subjected to an 'intersex gaze,' its underlying assumptions are challenged or rejected and the medical practices it articulates under scrutiny. The traditional gazing positions – active medical gazer, passive gazed-at intersex object – are reversed.

Second, Green constructs a counter-perspective on her child self in retrospect, by using the third-person narrative perspective to refer to herself as a child. The gaze of the medical authorities constructed her child self as a 'patient' with a medical 'condition' that needed to be 'cured' with the help of surgery. Her body was considered as deviant, pathological and abhorrent, so that leaving the body in this state was not an option. Her own experiences and wishes as a child were not (culturally/medically) relevant to the doctors – and obviously, neither to her parents – and consequently could be ignored. From the hegemonic perspective, cultural conventions were more 'precious' than the child herself and her bodily integrity. Green reclaims her child body by reappropriating the third-person perspective on "this child" and making it her own. Her child self is no longer a depersonalized medical study subject but becomes a "precious child," an individual, and an intelligible human being (12). Green considers the child's clitorectomy and her future prospects after the medical treatment as "sad," "tragic," and "heartbreaking": "so many years of this child's life would be filled with anguish, confusion, and shame," "this little child would grow into a sexual being who will never know orgasm" (12).

At the time her story was written Green, as an adult, already knows that these anticipations will be fulfilled. By pointing out the devastating impact, she comments on the medical authorities' neglect to pay attention to the personal, possibly negative, consequences for the child's mental and bodily health and her future life, who instead categorically promote medical treatment as a social necessity. At first glimpse, Green's narrative creates the impression that she considers her own life as miserable,

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due to medicine's violation of her child body and the deprivation of her adult sexuality, and that her future will be consumed with grief. However, she does not remain in the role of medicine's helpless, silent victim and resists the medical power over herself and her intersex body. She autonomously reappropriates the privilege of the gaze and uses it for a rearticulation of her own intersex sense of self and even manages to retrospectively create an image of the child Annie as a precious little being. She has authorized herself to recreate her own narrative by resignifying the terms available to her. Green's concluding remarks on having found ISNA moreover suggest that she is now able to share her experiences with other intersex people and to overcome her feelings of being alone with her struggle.

The 'constructivity' of sexes becomes apparent in the narratives' recounting of doctors' attempts to *make* a distinct male or female sex. Born with an intersex variation and having been raised as a male, Sam, the narrator of "Becoming totally gendered" (*HWA* 1995), experiences a confusion about his sex and (gender) identity, which first causes much distress for Sam and is then followed by various medical interventions:

"All I knew was that I was different and very ashamed socially about the way I looked physically. I knew I was O.K. with how I looked and felt. But externally I was and am fearful about how others would judge me: Am I a man? What am I? I felt and feel primarily male, but the parameters for being male excluded me. For years I lived in fear of being 'found out.' [...] I was given hormone injections, which I still take, which produced a deep voice, muscle mass, and facial hair. At age eleven surgeons implanted prosthetic testes, which the doctor told my parents 'would make me look more male in the locker room.'" (Sam 1995: 3)

The explanation for this gender dysphoria given by the narrator is ambivalent: the excluding "parameters" for being male certainly refer to cultural standards for maleness, and the expressions of his feelings such as being ashamed socially, the fear of being detected as being not 'really' male, being "terrified of being shamed in the locker room" (1995: 3) and not being able to meet societal expectations of a 'normal' male appearance, suggest the narrator's dependence on others' judgments and a strong desire of being accepted in his gender. While Sam states that the surgery to construct testes "did not make me feel or look more male" (1995: 3), he expresses an ambiguous feeling towards surgery, as the subsequent reduction of his breasts enabled him to "pass for a 'normal' male" (1995: 3). Thus, societal pressure and both parents' and doctors' willingness to find a 'remedy' for Sam's struggle with his sexed embodiment and his sense of gender in surgery can be identified as the main reasons for the narrator's distress with his intersex corporeality. The normalizing judgment usually made by medical authorities, in order to control and correct 'deviances' from the norm, is (to some extent) adopted and consequently integrated into the intersex person's sense of sexed and gendered reality.

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For Sam, a 'successful' performance of his sexed body and, consequently, his gender is measured by how others perceive him: vis-à-vis his male schoolmates (in the locker room – a highly gendered space), his genitalia need to look like theirs in order to qualify as male, vis-à-vis female sex partners, his genitalia need to be fit for (hetero-)sexual intercourse. However, in the end it is not the surgeries which provide Sam with a sexed and gendered mode of being he feels right for himself: although Sam is able to pass as a male, he still feels "socially isolated" (1995: 3) and misses a sense of belonging to a community whose members share his bodily and gender experiences. His identificatory process is triggered by a sudden awareness of the existence of other intersex people, and his love for himself and his embracing of being intersex is achieved through the identification with the intersex community.

Most intersex narratives that negotiate the narrators' experiences with medical interventions, in particular surgery, represent the intersex person as having been subjected to the treatment by authorities, i.e. their parents and doctors. The decisions concerning their body, gender, and sexuality were made by others, and the intersex person was not authorized or able to give consent to or to reject treatment. In some cases, however, intersex individuals who underwent infant genital surgery damaging their ability to experience clitoral sensation, orgasms and sexual pleasure consider additional surgery for 'undoing' this damage. IQ's narrative "Thinking of more surgery?" (*HWA* 1995), explicitly addressed at other intersex people and ISNA members, negotiates her experiences with seeking a way to restore her sexual sensation through surgery. At one moment in her life, she no longer wants to resign herself to her perceived sexual dysfunction: "I decided that there *must* be some way to get back what had been robbed from me. Perhaps the sort of microsurgical techniques used to reconnect fingers severed in industrial accidents could restore the sensation of my clitoris" (IQ 1995: 9). Her desire for self-determined genital surgery is not only sparked by the prospect of improving her sexuality, but also motivated by regaining a sense of mastery over her body. The process which follows her decision demonstrates how dominant medical practices are simultaneously reiterated and challenged. To begin with, IQ initiates this process by gathering information about the prospects and the feasibility of such a surgery and locating a surgeon apparently qualified for the operation. She is also an active, and at first glance equal agent in the medical communication process with the surgeon, being able to discuss the chances of success and most importantly, the risks. Moreover, IQ herself decides to become his patient, and allows him to examine and photograph her, precisely those acts usually carried out by medical authorities without the intersex person's consent and even against their own will.

IQ's reclaiming of this active role in the medical process effects a shift in the traditional doctor-patient relationship and its underlying power mechanisms. Relevant, i.e. medical, knowledge ceases to be a doctor's exclusive privilege and can also be accessed by the patient. The patient can at any point during the process opt

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out or opt for a different treatment. The doctor is bound to provide truthful and detailed information about the treatment. At least theoretically, the patient is equipped with more power and autonomy within this relationship; as a result, the dominant medical discourse on intersex is undermined, or challenged.

However, while IQ's narrative constructs her as this active agent, and thus resists her perpetual subjection to medical powers, her narrative also reveals the limitations of a radical subversion of the hegemonic medical intersex narrative. The major discursive strategies of this narrative are replicated in the process related to by IQ. In the majority of cases where an intersex child is born, both the child and the parents are isolated from other intersex children and their parents, and are basically alone in dealing with the child's intersex variation. Also in subsequent treatment, not many doctors encourage patients and their parents to consult with other intersex children or adolescents, or with their parents, respectively. In many intersex narratives, narrators remember their feelings of being "the only one in the world" as intersex children (Walcutt 1995/96: 11).

In IQ's narrative, her surgeon claims to have performed the desired surgery on several other intersex women who also underwent a clitorectomy as infants. IQ is delighted at the prospect of meeting other women who share her experiences: "I would get [this surgeon] to introduce me to them! No longer alone in the world!" (IQ 1995: 9). However, she is again purposely isolated from other intersex persons, in this case because the surgeon finally has to admit that he has never done a surgery to restore the clitoris of a clitorectomized intersex woman, and hence does not know any other adult intersex individuals. Moreover, she is confronted with obfuscating and contradictory information concerning the possibilities of success and the risks involved in the planned surgery. Many intersex narratives represent the concealment of relevant information and incomprehensible medical verbiage as a 'typical' strategy employed by medical authorities to maintain their power position towards the patient.

Taking all negative aspects into account, IQ concludes that she will not have another surgery and closes her narrative with rather bleak prospects: "In the end, I decided that the likelihood of improving my erotic sensation by surgery was minute, and that there was a good chance of doing more harm. I have abandoned the idea of surgery, and know that I must live all my life without learning what a clitoris feels like" (1995: 9). IQ's attempt to have her clitoral sensation surgically restored has failed in the end. In the process of pursuing the desired surgery, she is faced by challenges that are evocative of dominant medical practices regulating the treatment of intersex infants and children. Her faith in the medical establishment is ultimately destroyed, as her advice to other intersex people who might consider surgery to restore sensation makes quite clear: "you are probably better off not letting a surgeon touch you again" (9).

Yet her narrative also demonstrates that an adult intersex person can free herself from being subjected to medical powers and might choose surgery on a voluntary

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basis, and more importantly, opt out of surgery if they like. IQ's decisions to both pursue and finally reject the surgery are based on knowledge she was able to gather and on a relatively equal, however biased, relationship with her doctor. Her final dismissal of medical treatment can also be read as a liberation from medicine's defining power of her sexed embodiment and her sexuality. Although she contends that she will never know clitoral sensation in her life, in dealing with the subject in a productive way – by calling on the very same practice that harmed her previously and seeking to utilize its potential for repairing the loss –, she manages to overcome both her perceived dependence on surgery/surgeons and many years of denial and emotional crises. IQ's narrative thus can be read as a form of resistance against surgical practices and as providing a counter-narrative to traditional narratives on genital surgery performed on intersex individuals.

3.2.3 Making Up for the Absence: Redefining Sexual Pleasure and the Challenging of Heteronormative Ideas of Gender and Sexuality

Sexuality and sexual relationships and their often problematic implications for intersex persons are negotiated in some narratives. To date, the sex/gender (re)assignment performed on the infant or child is almost unanimously considered as 'successful' by both doctors and parents when the person forms heterosexual relationships as an adult. Joan W. addresses the relationship between genital surgery and homophobia in a letter to her former pediatrician:

"I have taken the time to discuss these issues with other women born with genital ambiguity, and with parents. I have found many women who, like me, never formed the heterosexual relationships that their parents desired and that doctors implied would be one of the benefits of trimming an unacceptably large clitoris. I have noticed an undercurrent of homophobia in some of the comments of parents who defend their decision to allow surgery on their infant daughters. I have spoken with many women who resent the surgery that was performed on them." (W. 2001: 4)

If parents and doctors do not seek to prevent homosexuality from the outset by means of surgery or other medical interventions, the possibility of the child becoming homosexual in adult life is basically ignored. Genital surgeries, hormone therapy, and psychological counseling both assume and are targeted at the production of a heterosexual subject. The sexed bodily characteristics are scrutinized with regard to their potential to perform heterosexual intercourse, thereby referring back to normative notions of heterosexual practices and the active/passive divide between male and female partners (i.e. the man penetrates, the women is penetrated). Medical

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and psychological treatments of the intersex patient involve normalizing judgments about their actual or prospective sexuality. Heidi Walcutt experienced her treatment at Buffalo Children's Hospital as largely ignorant of or even hostile towards questions of sexuality. Due to her early genital surgery, she feels her ability to experience sexual pleasure and orgasms to be severely limited, but the practitioners at the hospital kept silent about these issues: "I don't believe that anyone at Buffalo's Children ever spoke to me about genital sensation, orgasm, or masturbation" (Walcutt 1995/96: 10). Her treatment is directed towards 'normalizing' her as a girl/woman, taking physical functions of the sexual organs as the main basis for defining (normative) femaleness: "She [the psychologist] told me that I was female, but my ovaries and uterus had been 'underdeveloped,' and that I would need to take pills prescribed by Buffalo physicians if I wanted to have puberty like other girls" (10).

The psychologist's statement seems to suggest that in order to function as a 'real' woman, the intersex girl needs to have fully developed reproductive organs (size and function both matter here) – and since these aspects are not 'naturally' given in Walcutt's body, the cultural demands on femaleness need to be simulated via medicine. In particular with regard to her future sexuality and marital prospects, medical treatment is aimed at simulating 'appropriate' female sexual functions, i.e. surgically creating a 'vagina' fit for performing heterosexual intercourse. Since Walcutt's vagina which the doctors created through a first vaginoplasty is not deep enough for penile penetration, she would need to have another surgery "if [she] ever want[s] to have normal sex with [her] husband" (10). Walcutt's supposed heterosexuality is never questioned and the assumption that all heterosexual women want to marry a man and be penetrated by a penis goes completely unchecked. The second planned vaginoplasty is cancelled, but Walcutt does not seem to be bothered by her small vagina since she is a lesbian. She also relies on normative notions about both hetero- and homosexuality in saying that "if I were interested in sex with men, I might feel differently" about her impenetrable vagina (10). This statement, together with the reason she gives for not regretting the cancellation of her vaginoplasty, i.e. her lesbianism, are based on the assumption that all heterosexual women want to be penetrated while homosexual women always and universally reject being penetrated. At age 27, she had never formed sexual relationships with another person because of her inability to accept her attraction to women. Although she attributes her past denial of her lesbianism largely to her parents, who, as conservative Christians, condemned homosexuality, her closetedness might be in part a result of the homophobia inherent in her medical treatment ("I hoped to marry, adopt children, as the counselors at Buffalo Children's suggested" [11]).

Narratives that deal with an intersex person's sexuality and sexual relationships are strongly linked to the destruction, or at least impairment, of their sexuality due to genital surgery. A significant structuring principle of these narratives is absence: the removal of the clitoris, the lack of sensation, the inability to orgasm, unfulfilled

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sexual pleasure, and sexual dysfunction. For sexuality and sexual experience to be considered satisfying it has to realize specific culturally established standards defining a normative sexuality. This normative model of sexuality relies on compulsory heterosexuality and the assumption that men gain sexual pleasure by penetrating and women by being penetrated. The fulfillment of sexual experience is very often measured in terms of the ability to reach orgasms. In heteronormative notions of female sexuality, it is the ability to have vaginal orgasms that defines sexual pleasure for women; however, in many intersex narratives, clitoral orgasm becomes the central signifier of sexual pleasure, and consequently the inability to reach clitoral orgasm is perceived as a failure to achieve sexual pleasure at all. Many narratives at first glance seem to deny intersex persons a satisfying sexual experience that derives its fulfillment from sexual stimulation other than (clitoral) orgasm. The absence of a clitoris is always conceived of as a wrongful deprivation executed by medical doctors in order to create 'normal' appearing genitalia, and its brutal loss inevitably leads to psychosexual damage and mental-health issues:

"As a consequence of 'reconstructive genital surgery' during infancy, I have no clitoral sensation, and have never been able to experience orgasm. After many years of denial, I had a severe emotional crisis, with suicidal feelings. I decided that there *must* be some way to get back what had been robbed from me." (IQ 1995: 9)

"Thirty-two years have passed since my clitoris was taken from me. Though I was too young to be able now to recall the event, I feel that I will be grieving the loss for the rest of my life. Every day my thoughts touch on what it would be like, what it would feel like, what it would look like, if this had not happened to me. [...] How tragic that this little child would grow into a sexual being who will never know orgasm. How heartbreaking that so many years of this child's life would be filled with anguish, confusion, and shame." (Green 1997/1998: 12)

In relation to sex partners, quite a few of these narrators perceive their intersex body as dysfunctional since it cannot measure up to the cultural demands of a fulfilling sexual experience, and a satisfying sexual performance is not only determined by the sexual pleasure experienced by the intersex person but also by her sex partner. As Cheryl Chase concedes in "Affronting Reason": "As a woman, I am less than whole. [...] I lack important parts of my genitals and sexual response. When a lover puts her hand to my genitals for the first time, the lack is immediately obvious to her" (Chase 2002: 211).

For a sexual performance to be successful it has to meet specific culturally established requirements, thereby taking the bodily experiences of 'others,' i.e. male or female but *not* other intersex individuals as the basis for one's own bodily experience: "I knew that I had been mutilated by the clitorectomy, deprived of the sexual experience most people, male and female, take for granted. What would my

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life be had I been allowed to keep my genitals intact?" (Chase 2002: 206). This narrative does not allow for an intersex person to experience her own sexual pleasure, since sexual pleasure is assessed exclusively in terms of the ability to have clitoral orgasms. Chase does not use the term "clitoral orgasm" explicitly, but she insists in making a distinction between various forms of orgasms like "vaginal orgasm" and "full body orgasm" and seems to privilege "clitoral orgasms" over other forms – which cannot be realized (without a clitoris due to clitorectomy): "If I persist in asserting my sexual dysfunction, many patronize me" (2002: 206).

Moreover, the constant infantilization of intersex bodies problematizes an adult intersex mode of being. The intersex body exists in its original form only in the preoperative newborn's body and ceases to exist after genital surgery performed on the infant. Since intersex signifies an absence, the postoperative body is signified by absence too, since it cannot possibly assume an intersex/absent sex. The construction of the sexed body repeatedly and exclusively relies on genital signifiers, taking infant genitals, 'uncorrupted' by cultural conventions, as the original signifiers for a 'natural' sex: "In a sex-repressive culture with a heavy investment in the fiction of sexual dichotomy, infant genitals are for discriminating male from female infants. It is very difficult to get parents or even physicians to consider the infant as a future adult sexual being" (Chase 2002: 209). Although Chase's narrative criticizes the medical establishment's and the parents' ignorance with regard to the intersex person's future adult sexuality and their ability to experience sexual pleasure, and thus provides a counter-perspective on matters of sexuality, it fails to construct a positive, pleasurable intersex sexuality. Chase seems to reject alternative options to reclaim her sexual pleasure, and the narrative ends without a hint that this will change in the future.

Chase's narrative of her personal experiences with her sexuality provokes a juxtaposition with one of her fictional narratives that allows for an intersex person to experience her own sexual pleasure. In Chase's short fiction story "(Not) Another Clit Story" (*IA* 1997/98), the sexual experience of a female-identified intersex person, Karen, is juxtaposed to that of an African woman, Zara, who both underwent a clitorectomy as infants. The narrative seeks to resist the dominant narrative of intersex sexuality by rejecting accounts of sexual dissatisfaction and painful intercourse. Against this dominant narrative, Chase seems to construct a sexual narrative that has a positive outcome in terms of sexual pleasure. A positive reclaiming of intersex sexuality is complicated by the narrative's own discursive strategies. The sexual encounter between the two women is problematized from the start by the narrative's introduction of the protagonists as genitally mutilated. The juxtaposition of the mutilated body and the eroticized body structure the whole narrative, and sexual pleasure is inextricably intertwined with an effort to compensate for the perceived lack:

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"Gradually Karen's tears subsided, she pushed her grief back down to its usual hiding place, and another feeling rose up in its place. She rubbed her cheek against Zara's, pressed her lips, moist and swollen from crying, against Zara's. [...] Now Karen ran her tongue down the crease between belly and thigh, used one hand to urge Zara's thighs apart wider. Avoiding the broad pad of scar in the center, she lapped along the sensitive flesh outside what remained of Zara's lips. A moan escaped from deep inside of Zara, and Karen pressed on, down and back, tonguing the intact flesh behind her vaginal entrance as she brought both hands under buttocks and around hips, stroked the other woman's belly. [...] She slid a finger at the same time gently into Zara's vagina, pressed and swirled it, careful to avoid too much pressure against the scarred entrance." (Chase 1997/98: 32)

At first glimpse, this sexual experience seems to revolve around an absent clitoris, and as a result the clitoris is very present, symbolized by the scar, hinting at something that once was there, and still *should* be there, but is not anymore. The narrative's construction of the sexed body again relies on genital signifiers, and since the loss of the clitoris signifies an absence, this sexed body is marked as unintelligible and therefore a viable intersex sexuality is rendered problematic. However, the narrative enables alternative sexual experiences to be satisfying for clitorectomized women and intersex persons. During the sexual act, other body parts are eroticized and pleasure is achieved through sexual practices other than clitoral stimulation. A focus on the clitoris as the exclusive source of sexual pleasure becomes decentered and the sexual attention is instead refocused on the whole body, not only on the genitals. The sexualization of the lovers' bodies is not simply a result of sexual intercourse but of the way in which their bodies are constructed through each other's touch and perception. The narrative follows the exploration of their bodies through the perspective of the lover – mostly through Karen's perspective on Zara –, the body materializes before the lover's and the reader's eyes by tracing the contours of its flesh with the lover's own hands, tongue, and other body parts, thereby bestowing a new meaning on them. Each body part is given special consideration, which first effects a fragmentation of the bodies and then a recomposing of the fragments to a new bodily wholeness.

The better part of the short story is dedicated to the course of lovemaking and the de- and reconstruction of the sexed bodies involved in it. By projecting the intersex woman's experience of sexuality onto the African woman and vice versa, both Karen's and Zara's bodies not only become whole again in the end, but moreover "[t]heir bodies intertwined" (Chase 1997/98: 32), both undone and reunited by their shared sexual experience. This narrative not only challenges notions of intersex sexuality (and by extension, any clitorectomized person's sexuality) defined by lack and hurt. While the story begins with a reference to the loss of genital parts, this loss becomes incorporated into the narrative and into the sexual encounter, and is finally resolved into a sexual gain. Moreover, its representation of lesbian sexuality resists

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conventional cultural notions of sexuality and undermines the inherent heteronormative basis of medical treatments of intersex individuals, exposing the intended 'corrective' surgery as a failure. The narrative achieves a reclaiming of an intersex woman's sexuality as pleasurable, and thus stands in contrast to Chase's non-fictional account of how she experiences her sexuality.

The different ways to experience and to reclaim a fulfilling sexuality Chase seems to reject in her real life are tried out in her fictional narrative, which gives her more space for the construction of a desired intersex experience than a non-fictional account. Thus, while Chase does not seem to experience a satisfying sexuality at the time "Affronting Reason" was written – this remains speculative, however, as we have only been given fragments of her sex life –, a fulfilled sexual experience seems at least imaginable for her, despite her clitorectomy. The question of representation is also a question of activist and political strategies. While "(Not) Another Clit Story" appeared in the *Chrysalis* special edition about intersex, which was intended to raise intersex voices to empower other intersex people, an empowering account of intersex sexuality, even if fictional, can help others who have similar experiences with their sexuality as a result of a clitorectomy to reimagine their own sexual pleasure. In contrast, communicating toward the public (and especially toward the medical establishment and policy makers) that a person who underwent nonconsensual genital surgery can nevertheless experience sexual pleasure involves a certain risk, as such positive accounts can potentially be interpreted as an affirmation of (the 'success' of) the medical practice of 'normalizing' treatment. This aspect might also be a reason why intersex persons are, and especially were at the outset of intersex activism, cautious in which way they communicate their sexual experiences.

However, some non-fictional first-person accounts represent an intersex person's love and sexual relationships in positive terms, allowing for a satisfying sexual experience. Martha Coventry's sexual trajectory takes her from compulsory heterosexuality and her self-perception as a "sexual failure" (Coventry 1997/98: 28) to sexual fulfillment in lesbian sexuality. Sexuality has always played an important role in her life, and has been intimately involved in her struggles with her sense of gender. Her first orgasm at age eleven or twelve triggers her quest for her 'true' sex, when her clitorectomy had previously confined her to silence and fears about who and what she was: "Perhaps it was this new and powerful experience of pleasure from a place that held so much pain that made me determined to find out the truth about my body" (Coventry 1997/98: 28). Although she does not receive an answer at this point, she continues exploring her sexuality as a teenager. Her perceived genital 'deviance,' however, results in a disturbed adolescent sexuality: "wreaking havoc with my budding sexual self was the constant reminder that I was a freak. I was not right in the place where everyone else was perfect. I wanted to be normal. I wanted to fuck" (28). She subsequently avoids sexual encounters out of a fear that sex partners would find her mutilated genitals repulsive.

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Coventry's self-perception as a woman relies on normative cultural gender notions, and her ideas about a fulfilled sexuality depends increasingly on hetero-normative imperatives, both interrelated social requirements she is not able to meet. She then falls in love with a man whom she later marries, but self-doubts about her body and normative ideas about heterosexual intercourse make it impossible for her to enjoy her sexuality. Although she and her husband find other ways than vaginal penetration to be sexual, she cannot deal with her perceived "sexual failure" as a woman: "in this society, and in my mind, it was the old in-and-out that counted. It was my measure of a woman and I was lousy at it. My vagina was shut tight and there was nothing that could be done about it. Not even my children could pass easily trough that opening" (28). Her failure to sexually satisfy her husband is juxtaposed to her failure to give vaginal, i.e. 'natural,' birth to her children. Coventry has so deeply internalized society's misogynist conceptions of female sexuality as restricted to reproduction and pleasing men that she is devastated by shame for not being able to live up to the ideas of normative womanhood. She considers her life up to this moment as a pretense and a continual failure of being 'normal,' holding her difference responsible for her inability to pursue a fulfilled (love) life.

Her ideas of sexuality seem to be informed by the idea of a gender coherence involved in compulsory heterosexuality. She suppresses her early discovered and constant desire for women because she fears that her attraction to women would mean that she was really male, and even when finding out about the existence of lesbians, she cannot identify with them since they have 'normal' female bodies, in perceived contrast to hers. Her subsequent living in denial of her own sexual needs finally leads to an emotional breakdown. This crisis, however, marks a radical turning point in Coventry's life: she ends her marriage and begins to rediscover herself, finding a new, strong voice, as well as her body and her sexuality, exploring new ways of getting sexual pleasure. The reclaiming of her sexed body and her sexuality enables her to redefine her sexual self, and above all, her intersex self. Interestingly, her separation from the two most important men in her life – the breakup with her husband, the death of her father – cuts her loose to finally live her own life, allowing her to act out her lesbianism and to embrace her intersex embodiment. She now has arrived at a point where her life is coming full circle:

"All the queerness I felt growing up finally had a home. Being a dyke fits my strangely hermaphroditic self so comfortably, so wonderfully. It feels totally and deeply right. Embracing my love for women not only makes me happy, it is the thing that I had been waiting for to give me the courage to look at my body, and at who and what I truly was, without turning away. I could never have found my intersexual self until I had found and loved my sexual self." (Coventry 1997/98: 29)

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Coventry now resists the demands of a coherent, stable gender/sex and sexuality confined to normative parameters enforced by authorities; yet her own desire for an 'authentic' gender/sex – intersex signifies both her embodiment and her gender identification to her – points to a "basic, fundamental, enduring, and necessary dimension of who we are" (Butler, in Williams 2014), that cannot be reduced to a biologist-essentialist idea of sexed embodiment and its determinist relation to gender and sexuality. While the primary motivation of her narrative is the quest for her 'true' gender/sex and sexuality within a normative framework of legitimate alternatives offered by society, this quest for 'authenticity' can also be interpreted as a striving for liberation from normative categories of sexed, gendered, and sexual modes of being none of which seems to fit her sense of self.

Coventry's intersex narrative demonstrates that overcoming normative ideas of gender and sexuality is a process that requires making concessions and more often than not involves painful struggles. Eventually, her narrative subverts the hegemonic medical intersex narrative's inherent heteronormative demands on intersex persons' sexuality, which defines the 'success' of a sex and gender assignment in terms of a heterosexual outcome. Coventry's embrace of both her intersex and her lesbian self and her sexual fulfillment in lesbian practices reject the hegemonic narrative's heteronormalizing processes and expose its assertion that an intersex person's emotional well-being depends on their heterosexuality as not sustainable. Her redefinition of her sexed and gendered reality does not take place 'outside' cultural discourses that produce the conditions of intelligibility, but within or at the limits of these discourses, and hence of intelligibility. She achieves a 'different' kind of intelligibility, one that emerges as a result of her ability to "articulate an alternative, minority version of sustaining norms or ideals that enable [her] to act" (Butler 2004: 3) in reference to cultural collectives, i.e. an intersex collective and lesbians/lesbian communities.

3.2.4 Intersex in the Eyes of Lovers: Overcoming Sexual Trauma and the Eroticizing of the Intersex Body

The intersex narratives discussed so far have been exclusively conveyed from the perspective of intersex narrators, representing love and sexual relationships from an intersex point of view. Many of these accounts convey a rather pessimistic attitude towards a viable relationship and a fulfilled sexuality. Quite often, sexual and intimate relationships are complicated by the intersex narrator's previous traumatic experiences and fear of rejection by a partner, thereby largely omitting the partner's point of view in the narratives. However, a few first-person accounts were published in *HWA* and *IA* whose narrators are partners of intersex persons. These accounts, though barely representative due to the scarcity of the texts, are particularly

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interesting since they allow for a change in perspective and demonstrate how intersex is constituted, neither through an intersex person's perspective nor a medical gaze, but a personalized third person's gaze. Those few narratives center on closely interrelated themes like intimate relationships between the narrator and an intersex person, sexuality, and struggles with the intersex partner's mental-health problems. The relationships are presented as problematic, and the intersex partner's difficulties related to their intersex embodiment also affect the narrator. Sexuality is often the crux of the matter. As previously discussed, particularly in relation to sex partners, quite a few intersex narratives represent the intersex body as sexually dysfunctional since it cannot realize the cultural demands of heteronormative sexual experience, i.e. fails to sexually satisfy the other. In one of the partners' narratives, "The healing journey" (*HWA* 1995), Saraswati comments on "how deeply the wound of genital mutilation" of her partner impacts her life and her own sexuality. At times, the sexual loss of the intersex person becomes the loss of her sex partner:

> "I felt so vulnerable exposing my orgasm when my partner could not have orgasm. Sometimes my orgasms reminded her of what had been taken from her [...] Sometimes I feel sorrow at what has been robbed from her, robbed from us. Sometimes I wish so much she would feel desire for me, that I could see her coming to orgasm at the tip of my finger. That was taken away from me, too. It is not her wound only, I now live with it as well." (Saraswati 1995a: 8)

Sexual and emotional wounding, as a result of genital surgery, structure both the relationship and the narrative. While having sex, "[p]ain, grief, rage appear, the surgeons intrude into our private space, together with the isolation, the loss of parenting" (1995a: 8).

However, the narrative deals with this wounding in a productive way, in conceiving of it as the point of origin for a process of healing. For Saraswati, pain, healing, and sexual activity are strongly interrelated, as sexuality is both the source of the wound and the way out of it. The sexual healing is pursued in terms of a journey. Saraswati's initial function as "the sex teacher, the rescuer" (1995a: 8) of IQ, her future intersex partner, in using her sexual skills to provide IQ with a space to express her troubled feelings, moves into a different direction very fast when she becomes IQ's life partner. At first she manages to assume the role of the "healer" for her partner. Lovemaking as the cure for physical and emotional pain involves the reclaiming of a sexuality that was previously a place of shame and frustration on the intersex partner's side: "So many partners in her life had wanted her to make love to them, but could not or would not spend the time it takes for her to get aroused" (1995a: 8). In contrast, in this process of their healing journey, the couple works out alternative ways of finding sexual pleasure other than clitoral stimulation: "I had to understand that for us, making love was about giving her pleasure, regardless of what

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it might look like. It was not easy to remember sometimes that simply stroking her feet and shoulders for an hour might be just what she needed" (1995a: 8).

Saraswati's narrative moreover provides a partner's perspective on intersex genitalia, a perspective that is rarely found in intersex literature: "I like IQ's genitals, because they are hers. It was the first time I had seen female genitals without a clitoris. I like the way they get wet, it is my cue to know that somewhere there is arousal happening. They reassure me" (1995a: 8). This statement has several implications. First, it constitutes a counter-perspective to the medical gaze. The medical gaze on intersex genitals is strictly depersonalized, since the genitals belong to a patient (to whom a doctor usually has no personal relationship) but are at the same time detached from the rest of the body and consequently from the person as a whole, effecting a dehumanizing of the intersex person and also of the genitals. In addition, the intersex genitalia become pathologized through the medical gaze, and need to be surgically altered to make them 'appropriate,' as they were considered 'deviant,' and hence undesirable, in their original state. In most cases, the surgery's consequences for the intersex person's sexual pleasure have been ignored. Neither is true for the representation of intersex genitals through the partner's gaze. The partner, Saraswati, has an intimate and sexual relationship to the intersex person, IQ, and is interested in her as a person, as a life partner, and in her sexual pleasure. For Saraswati, IQ's genitals are desirable because she desires and loves IQ, and they are special because they belong to the beloved person.

Second, the partner's perspective also establishes a counter-perspective to the intersex person's own perception of her genitals. As already pointed out, many intersex persons perceive their postoperative genitals as sexually dysfunctional since they do not meet cultural criteria of normative sexes and ostensibly fail to perform satisfyingly during sexual intercourse. In contrast, Saraswati emphasizes the sexual functioning of IQ's genitals as she is able to get wet and experience sexual pleasure even without a clitoris. Moreover, her narrative constantly affirms her desire for IQ, their mutual lust for each other, and the great passion involved in their lovemaking. Saraswati's definition of sexual pleasure, however, remains ambivalent. While she claims that for her and IQ, sexual stimulation can be achieved by various means and thus proposes a decentering of the (absent) clitoris, she simultaneously refocuses on clitoral orgasm as the exclusive way to be orgasmic, as her comment above indicates. In doing so, she denies IQ the experience of having other than clitoral orgasms, or to define 'orgasm' for herself. This perpetual reference to absence and lack – of a clitoris, of the ability to orgasm – in combination with her own desire inevitably leads Saraswati to an eroticizing of IQ's pain, something she was trying to avoid: "A part of me had been seeing IQ as broken, in need, with few social skills, and I was getting off on it. I realized that I had fetishized her as being broken" (1995a: 8).

Her function as a "healer" for IQ increasingly poses a challenge for her and the relationship. Focusing her attention exclusively on her partner's wound and at the

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same time holding her own wounding at bay, Saraswati is soon confronted with her own rage and shame. She starts to articulate her own wound, questioning her own sexuality and sense of her gender. From her narrative it does not become clear whether Saraswati herself is intersex. She writes about her own wounding, "I believe that only a person who has been deeply wounded can understand the depth of the affect of sexual wounding and hang out in the well of emotions that can surface" (1995a: 8). This sexual wounding does not necessarily refer to negative intersex experiences. While there are no direct references in the text that she underwent genital surgery – apart from the statement "the surgeons intrude into our private space" during sexual activities with IQ, but this could also be related to IQ exclusively – the only hint she gives is that she had never seen female genitals without a clitoris and is able to experience (clitoral) orgasm. That does not mean, however, that a genital surgery has not taken place, but only that Saraswati chose not to be explicit about it or her possible intersex corporeality.

The healing journey, however, also becomes her journey of coming to terms with her sexual issues. Previously, "being highly sexual has been [her] survival tool" (1995a: 8); dealing with her wounding causes her sexual desire to vanish and thus threatens her sense of self. Sexuality was a means by which she had held her emotions at bay, but through her relationship with IQ she is finally able to take her sexuality to a level of deeper intimacy and love. At the end of her narrative, their relationship seems to be more balanced and the intersex partner, IQ, is no longer considered as the needy, passive part. In her second narrative "The gift of gentle healing" (*HWA* 1995), Saraswati calls her partner a "fierce warrior" and expresses her admiration for her courage: "When she decides to change something, she is relentless about it. She will put herself through the most intense fire" (1995b: 8). Now, she even acknowledges IQ's determination to learn how to be orgasmic, a possibility she previously had denied her intersex partner. Only a couple of months later (the first narrative appeared in spring 1995, the second one in summer 1995), the roles seem to be, if not reversed, at least much more equal. The text represents the intersex partner as a brave, powerful person with a strong will. IQ seems to have emancipated herself from both medical authorities' power over her body and her sexuality – in reclaiming her sexual pleasure – and the needy position within an unbalanced intimate relationship.

Within the framework of Saraswati's two narratives, IQ is constructed first as a broken person who needs to be 'rescued' by her partner and then as a warrior figure. Although Saraswati qualifies the latter attribute by suggesting a more gentle approach to challenges than "tak[ing] a big hammer and destroy[ing] it", i.e. a problem she is confronted with (1995b: 8), the two identities constructed for IQ represent remarkable extremes and provoke the question of the narrator's underlying motivation. A possible reason might be Saraswati's growth in love for IQ which causes a shift in her perspective on IQ. Another reason is certainly her own healing

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process that is accompanied by pain and difficulties and makes her vulnerable, so that in contrast, IQ appears to be less vulnerable than before. The narrative also suggests that Saraswati's initial perspective on IQ as needy was informed by her own "need to have a partner whom I could control" (1995a: 8). IQ's identity is thus an ambivalent construction within her partner's narrative accounts and would remain even more speculative if IQ herself had not published a narrative in *HWA* ("Thinking of more surgery?", discussed above).

Tamara Alexander's narrative "Silence = Death" (*IA* 1997/98) is likewise a story conveyed from the perspective of an intersex person's partner. Similarly to Saraswati's narratives, this narrative interrelates the themes of a problematic sexuality and healing, and describes how a relationship is affected by an intersex partner's troubled psyche and her partner's struggle to save her. The love story between the narrator and Max begins with Max's struggles with her lesbianism and her escape first into and then out of heterosexual marriage. A statement from a previous female lover during sexual intercourse, "Boy, Jude, you sure are weird," causes her to abandon lesbianism because women "would know how her body was different," and to subsequently marry a man "because men were just less sensitive to the subtleties of women's anatomy" (Alexander 1997/98: 48). This single judgment about her genitalia made by a former lover has such a deep effect on Max that she forces herself to repress her own desires for women and to marry in pretense.

The fact that one comment about Max's genitals drives her into a self-imposed compulsory heterosexuality hints at how deeply troubled and fragile her emotional and psychosexual condition really is. However, Max ends her marriage and begins a love relationship with the narrator, Tamara. Max finally confesses to her that she is intersex: "'When I was born, the doctors couldn't tell whether I was a boy or a girl.' She dictated the speech as if she'd told it many times before and all of the emotion had fallen right out of her" (48). So, Max's early and by now internalized definition of her intersex body depends in large part on the medical doctors' judgment. In this narrative, Max's own definition of her intersex corporeality is never explicitly articulated, but only mediated, or constructed by others: the doctors (who pathologize her), a female lover (who interprets her body as non-normatively female), her husband (who seems to be ignorant about her sexual needs), and her new female partner, Tamara, who is not "horrified, repulsed, or anxious" about her genital appearance, as Max had feared (48). When asked by Max what she expected her body to be like, she answers: "'I thought it would be mysterious and wonderful. [...] And it was'" (48). For the first time, Max's body is constructed as desirable through her partner's gaze. When they have sex for the first time with Max being fully naked, Tamara's sexual desire for her intersex body becomes even more explicit:

"She was terrified, and I was aware of her fear and the cost of offering herself up to me in that moment. I have never wanted to pleasure someone, never wanted to offer my hands and my

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fingers to heal and to love and to delight... I have never been so awed by the feeling of touching as I was that night. I wanted to stroke and explore and learn and know every inch of her, her large and proud clit, the lines and crevasses from scars and healings, the tight cavern of her cunt which held my fingers so tightly." (48)

The partner's eroticizing of the violated intersex body renegotiates its prior signification as a deficient, deviant, and pathologized corporeality. While Tamara's eroticizing of Max's pain seems to be more subtle than in Saraswati's narrative, their sexuality is still built around Tamara's healing of her intersex partner's sexual wounding. Her sexual desire for Max mingles with her desire to make up for her hurt and perceived losses: "I wept for the loss of what she hadn't had and the lovers who hadn't reveled in the wonder of her body, wept for what I hadn't had before I held her in love" (48). She is the active part in the relationship and also during sexual intercourse, eager to reassure Max that her intersex body is worthy of being desired. Max's perpetual suspension of completely open lovemaking only fuels Tamara's desire for her:

"I asked: please. Please let me touch you. Please don't shut me out. Please just lie back and let me love you, the way I want to, the way you deserve to be loved. Let me know you. Let me look. Let me run my tongue into the places you haven't let me before. Let me celebrate you, because I love this, and this, and this. I don't love you despite your differences, I love you because of them. I want you to be this way. I want to enjoy your being this way, because it is good, lovely, delicious. Let me." (48)

The construction of intersex is ambivalent in this narrative. Through the lover's gaze, the intersex body becomes precious and desirable, and its differences, which have previously led to (self-) abhorrence and/or erasure, are rearticulated as positive markers. In this process, earlier perspectives are challenged and rejected: the intersex body is de-pathologized, normative notions of femaleness are abandoned, and the body's special sexual needs are handled with great care. However, such a representation ignores that *all* individuals and bodies react differently to sexual stimulation and certain sexual practices. The narrative seems to suggest that only intersex persons and bodies need special attention in sexual situations, and hence constructs the intersex body as a non-normative body in terms of sexuality, relying on a heteronormative and very problematic notion of sexuality per se. The intersex body's perceived differences are reinscribed into Max's body, again marking it as non-normative.

The shift in focus is also problematic in another way: Max remains completely passive in the rearticulation of her intersex embodiment, and the reclaiming of a self-affirmative conception of her body fails. As much as their shared sexuality has been problematic from the start, it remains so during the course of events, despite Tamara's

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constant affirmation of her love and acceptance. Max becomes depressive and attempts suicide, caused by her perception that "she was a monster and she just shouldn't be here" (Alexander 1997/98: 49). At this point, Tamara has to face the fact that her attempt to heal Max through her unconditional love has failed: "I could not erase thirty years of grief and doubt about her worth and her place in the world. [...] I had still to learn that sometimes shame and blatant evil can be stronger. I might love her with all my heart, but that was one small glow against the bitterness and dark of the rest of her experiences" (49).

The narrator attributes this failure to the medical treatment Max has undergone and both her mother's and her own shame about Max's intersex body. However, as long as the defining power over Max's intersex embodiment remains within the gaze of others and she does not manage to reclaim this power for herself, it is doubtful whether she can ever overcome her self-loathing. Still, at the end of the narrative, Max gradually recovers and starts to fight, together with her partner, for her survival "between the worlds set up by a gender-dichotomous society" (49), slowly starting to embrace her intersex self. Tamara's narrative demonstrates that a patronizing of the intersex person by medical authorities will likely be reproduced by a partner's acting as the active, dominant part towards the intersex partner, thus hazarding their self-determination in regard to their body and self. Moreover, a dichotomization of the intersex body in terms of sexual dysfunction/function perpetuates normative cultural demands on bodies' unconditional sexual availability, as well as ableist conceptions of sexed bodies. Then again, a desiring and loving gaze can also produce an intersex body as a site of pleasure, constructing a counter-gaze to the desexualizing medical gaze, and empowering the intersex person in their desirability. The three narratives conveyed by partners of intersex persons discussed here provide interesting insights into intersex persons' lived love and sexual relationships as experienced from the partners' point of view and present alternative, though ambivalent, images of intersex individuals and bodies.

3.2.5 "Sharing Our Stories, Our Lives, Our Anger": Ideas of Community and the Collective Rearticulation of Intersex

The intersex narratives discussed in this chapter evidently represent an overall narrative structure that seems to be coherent in some aspects, disruptive in others. What virtually all of these narratives have in common is the narrator's motivation for giving an account of their experiences, and the conclusions their narratives draw. One major observation that can be made about the narratives in *HWA* and *IA* is the relative homogeneity of intersex experience, as those intersex persons who are satisfied with the surgical outcome and/or their sex and gender assignment (initially) did not feel the need to share their experiences. Apart from that, a lot of people born with an

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intersex variation either do not know that they are intersex, or perceive their sexed embodiment as either male or female and cannot, or do not want to relate to their intersex corporeality. Consequently, early intersex narratives do not negotiate such experiences but concentrate on a possible emancipation of intersex subjects from both the state of invisibility and subjugation. This emancipation was strived for through publicly sharing their experiences and organizing with other intersex individuals. Their narratives construct 'intersex' as ambiguous, fluent, and contingent on perspective, as opposed to the seemingly stable intersex representations within the dominant medical narratives. Beyond that, they have worked together to produce a contextual (i.e. North America in the mid-1990s) cultural intersex collective.

In the welcoming column of the first issue of *Hermaphrodites with Attitude*, chief editor Cheryl Chase calls for contributions from intersex readers "so that the next issue can be even more of a collaborative effort" (Chase 1994: 1). She also explains her choice of the magazine's title and its reference to the word hermaphrodite. For many intersex persons, the term hermaphrodite "is one which has been [...] associated with deep pain and stigma" (Chase 1994: 6); it moreover denotes an image of intersex which belongs to the realm of mythology and is consequently rejected by many intersex people as a present-day intersex mode of being. Chase, however, considers a possible reclaiming of 'hermaphrodite' intelligibility, setting the tone for the subsequent intersex narratives covered in *HWA* with the goal to establish (a) (united) counter-voice(s) to the medical discourse:

> "I believe that it is time for us to counter physicians' assertion that life as a hermaphrodite would be worthless, by embracing the word and asserting our identity as hermaphrodites. This is the way to break the vicious cycle in which shame produces silence, silence condones surgery, and surgery produces more shame." (Chase 1994: 6)

Although the tone is set, it is yet worth noting that barely a narrator refers to themselves as hermaphrodite, most prefer the term intersex. Chase herself negotiates the meanings and uses of the two terms in "Affronting Reason"'s narrative of intersex subject construction. At the beginning of her process of coming out as intersex, a reclaiming or at least a positive acceptance of the terms 'hermaphrodite' or 'intersex' is rendered problematic. For Chase, the mythologization of the term hermaphrodite disqualifies it as a viable subject position as it evokes the notion of the hermaphrodite as a fantasy, a stigmatized, unreal subject. The term even has the power to affect her emotional integrity: "The word *hermaphrodite* was horribly wounding and drove me to the brink of suicide" (Chase 2002: 205). The potential of hermaphrodite or intersex as an identity is at first abandoned on the basis of its connotation of the "monstrous," the "Other," and the "freakish," a "medical anomaly, patched up as best as the surgeons could manage" (Chase 2002: 211).

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Chase's initial rejection of an intersex identity is the result of the medical authorities' power over the term, and the subject position it connotes. This medicalized subject category is occupied by 'unreal' subjects, depersonalized and dehumanized entities who moreover are so rare that their existence becomes almost abstract, a hypothetical construct of the medical discourse (Chase learns about other 'true hermaphrodites' only from a medical article). In an effort to find a solution to her struggles with a positive reclaiming of a viable intersex identity, she relates to her earlier coming-out process as a lesbian: "The way out of this pain was to reclaim the stigmatized label, to manufacture a positive acceptance of it. This second coming out was far more painful and difficult. [...] There was a community where my lesbianism would be understood, would be welcomed. No such help was available to reclaim my intersexuality" (Chase 2002: 205f). A self-determined development of a positive intersex identity fails at first because she is not able to relate to a cultural intersex collective consisting of 'real' individuals. The only images of intersex subjects she has had access to are the ones construed as pathological by a medical gaze. However, in her determination to prove the medical construction of intersex as disease to be inherently oppressive, Chase begins to assert her intersex identity (2002: 211). Eventually, a community of real-life intersex individuals, which has formed within the new activist movement in the 1990s, acts as a support for this autonomous reclaiming and the resistance against medical hegemony: "My ability to embrace the term *hermaphrodite*, however halting and uncertain at first, has grown in depth, conviction, and pride as I have met other intersexuals. Together we have shared our stories, our lives, and our anger" (2002: 208). At the end of her narrative, she describes her healing as a continual process that is facilitated primarily through articulating and sharing personal experience with others.

Breaking the silence by finding their own voices and healing through sharing experiences are the structuring principles of each story. The narratives can be read as quests for finding ways to articulate their sense of their lived sexed and gendered reality, starting from genital surgery in early childhood, passing through emotional crises, problematic relationships, and disturbed sexuality during adolescence and adulthood, constantly accompanied by silence and shame. However, the journeys generally end with a sense of a new awareness, which is sometimes followed by pain, but always results in a sort of healing. The writing of the narrative itself is both the starting point and the result of articulating a new sense of intersex self. Kira Triea describes this process as an "awakening" in her narrative with the same title (*HWA* 1994). This awakening passes through several stages, in the process of which her knowledge produces her sense of self, which is always contextual and dependent on the source of knowledge: "Some time before the onset of memory, I awakened to the knowledge that I was different; when I was thirteen I learned that I was not 'a boy'… I was actually 'a girl.' Now I know that I am an intersexed person" (Triea 1994: 1).

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The final affirmation of her intersex embodiment is both the result of her "awakening" and the point of departure for her narrative; her narrative both begins and concludes with the affirmation of her intersex sense of self, and above all, of her own intelligibility: "My name is Kira Triea. I am intersexed, my karyotype is XX, and I was raised as a male until age thirteen" (1994: 6). The juxtaposition of her name and her intersex variation personalizes and individualizes intersex and thus works against the depersonalizing and dehumanizing medical discourses that produce intersex as a medical category. Triea considers her realization of being intersex as a "constructive breakdown" (1994: 1) that threatens her sense of self at first but then leads to her searching for and connecting with other intersex people. In this process, her sense of self shifts from a vague feeling of being 'different,' a confusion about her sex, to a self-defined intersex identity within the context of an intersex collective.

Triea's story exemplifies the trajectory of most intersex narrators in the specific context under consideration. An assumed shared history and shared experiences formed the basis of this cultural intersex collective that became gradually organized through intersex activism. This new cultural identity needed to be articulated by a united voice, speaking up for intersex rights and against the authoritative medical voice. Individual voices merged into this collective voice:

> "My words escape me now, my universe is slowly turning, tipping up on its head, right before my very eyes. [...] There are others who feel as I do, who cry out against the torment and the unjust persecution we suffer by those who see us as freaks and monsters to be 'fixed' out of existence. My own very private little world is about to have guests, [...] long forgotten family who speak in my native tongue." (David 1994: 4)

David's identification with the emerging intersex community, which he embraces as "family" who speak in the same language as he does, hints at a desire for belonging on the basis of a shared experience. Prior to organizing, intersex individuals have been "left to wonder and to search for the truth in utter silence and isolation" (Chase 2002: 211). Quite a few narratives seem to propose an organizing in the form of social bonding. The organization, which mostly refers to ISNA in this context, is conceived as a homogeneous group with common interests. Some organizations go so far as to demand a medical diagnosis from their members in order to legitimate their affiliation to the exclusive group of intersex persons. The organizing of intersex individuals seems to have their subjugation by authorities (doctors, parents) as its founding principle. Chase seems to speak for, or rather – as ISNA's spokesperson – on behalf of, all intersex persons when she claims that "*[w]e* grow up with so much shame that as adults *we* are not able to discuss *our experience* openly, and the phenomenon of intersexuality remains invisible" (2002: 213, emphasis added). Through the appropriation of others' experiences individual, subjective experience becomes consequently a 'standardized' experience, thereby producing a temporary intersex

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cultural collective based on a shared, intersubjective intersex experience: "our experiences are surprisingly coherent: Those of us who have been subjected to medical intervention and invisibility share our experience of it as abuse" (Chase 2002: 216).

This assumed shared experience has ultimately produced a new dominant intersex narrative by the late 1990s in the North American context, which has denied a space for 'other' intersex experiences, intersex experiences that deviate from the norms established by this dominant activist narrative. While the narratives present organizing as a strategy of resistance against the dominant (medical) discourse on intersex, at the same time they risk reproducing the very same mechanisms of appropriation, exclusion, and silencing or erasure of intersex subjects and perspectives that do not conform to their own intersex narrative. However, for political reasons the leaders of ISNA and other activist groups considered it necessary to speak with a unified voice in public so as to present a consistent agenda of this newly emerging intersex community. Conflicting views on how to approach intersex themes in conversations with medical and political representatives were initially considered as counterproductive, so the intention was to act in unison.

To conclude my analysis, this early intersex collective and the (shifts in) narratives it has produced can be claimed to have functioned as a space of alternative intersex 'realities,' a testing ground on which the narrators were able to construe and act out their sense of sexed and gendered self, and largely elude mainstream cultural notions of gender and sex as binaries. Questions of 'truth' and 'authenticity' with regard to sex and gender are recurring motives. Yet this new conceptualization of intersex is complex, multilayered, and at times ambiguous:

"What I am now more able to do is to say 'yes' to my intersexuality without having to say 'no' to other aspects of my reality, other aspects of myself. [...] I am saying 'yes' to intersex, 'yes' to my masculinity, and 'yes' to the fluid and receptive femininity that has enriched my life with its non-linearity and intuition. And this has given me an ease and comfort that did not seem possible when I tried to deny any of these parts." (David 1995: 5)

"If you are intersexed, listen to your heart – slowly you will emerge. It takes commitment and courage, it is frightening, but not nearly as frightening as that monster you created all those years out of your own sweet body. As you tell your story, and tell it again and again, a sort of transformation takes place. You start to speak for all intersex people who have ever lived and are yet to be born. Your intensely personal story drops into the background, and what comes forward is your story as myth, as a kind of transcendent truth. Try to love yourself enough to free your hermaphroditic voice, so we can all claim our lives, and the bodies we deserve to celebrate." (Coventry 1997/98: 29)

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The collective rearticulation of intersex both within and against the hegemonic medical discourse, the forming of intersex within and against the terms (initially) not chosen by intersex persons but by medical authorities, and the rejection of the medical, negative connotation of these terms, "open[...] 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). The continuous reiterations of personal, individual intersex stories not only effect a resignification of intersex for the individual person, but for (an) intersex collective(s). As Audre Lorde suggested with regard to the Black women's movement, "the transformation of silence into language and action" (Lorde 2007: 40) has likewise proven to serve as a power tool for intersex individuals, as the discussion of the early intersex first-person accounts in *HWA* and *IA* has aptly demonstrated. This process is often accompanied by pain, a threat to one's sense of self since it almost always involves "an act of self-revelation" (Lorde 2007: 42). It results in the formation of one's own, self-determined intersex subject position and the reclaiming of one's own intersex body.

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4. Challenging Dominant Narratives From Within

Autobiography as a Critical Reflection on the Paradigm Shift in Intersex Narratives

4.1 Coming Out as Intersex – and What Next? Intersex Autobiographical Writing against the Limits of Representation

The collections of first-person intersex narratives discussed in the previous chapter can be conceived as the first stage in the emerging counter-discourses on intersex since the 1990s. Within the last twenty years, these counter-narratives have undergone a certain development concerning the narratives' motivations and objectives, but also with regard to their strategies of dealing with, reproducing, and subverting hegemonic (medical) intersex narratives. The main focus of the early personal accounts was the criticizing and challenging of the way narrators' intersex variations were or are handled by medical practitioners and within society. Thus, medical themes and themes related to the consequences of genital surgery and other medical treatment clearly dominate and structure these accounts. At the same time, the narratives conveyed a general tendency towards the formation of a new intersex collective, which was based on shared experiences with the medicalization of individuals' infant or child bodies. While these narratives are rightfully claimed to have served as an emancipatory strategy employed by intersex individuals who became pioneer activists, in the course of time the ways in which intersex is narratively represented have shifted. This is not to say that the intersex movement at this particular time has arrived at the point where it can finally be dismissed as what Morgan Holmes has called "a utopian project which can envision its own obsolescence" (quoted in Kessler 1998: 90, fn35). Yet it is important to understand that the 1990s first-person accounts had their specific meaning and value at a particular moment in intersex history, and with the cultural and political changes

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these narratives have effected, the narratives themselves became, while not quite obsolete, certainly subjected to substantial revisions.

Intersex narratives written by intersex authors which exceed the length of essays or short stories are still rare to date. Reasons for the scarcity of book-length intersex autobiographies can at best be speculated about. A likely reason would be a reluctance of many individuals who were defined or identify themselves as intersex to disclose not only very intimate parts of their lives regarding aspects of their intersex corporeality, but to lay open their whole lives to be judged by readers who might or might not be familiar with intersex themes. For many, it might be a difference between coming out as intersex and articulating their traumatic experiences within a confined narrative space, such as intersex newsletters or websites dedicated to intersex issues and maintained by intersex persons, and talking about their private lives beyond that scope. Moreover, with the accomplishment of coming out as intersex and coming to terms with the consequences of genital surgery and other medical treatment, the narrating fulfilled its task and thus ceased to have an immediate relevance. Other intersex individuals who recognize the relevance to publicly discuss intersex prefer to write and publish academic work on intersex, taking sociological, ethical, or gender theoretical approaches to the topic. These works are addressed at a broader readership, with the intention to reconsider intersex on a theoretical and/or ethical level or to educate about intersex rather than coping with personal experiences.

Yet one book-length autobiography written by an intersex author who has been active in the North American intersex movement from its beginnings in the 1990s until now made it to a publication: Thea Hillman's *Intersex (For Lack of a Better Word)* (2008), which is in the center of this chapter's analysis.[1] Hillman's

1 I originally intended to include Hida Viloria's autobiography *Born Both: An Intersex Memoir* in my analysis, which has been in the making for some years at this point. Unfortunately, her book has still not been published at the moment of the completion of my book, and hence cannot be included. It is however noteworthy that the author of this autobiography has a similar social and activist background as Hillman: Viloria is the chairperson of the Organization Intersex International (OII) and the Director of OII USA. Like Hillman, she has an academic background and holds a long list of public lectures where she has extensively spoken on intersex issues, particularly at universities all over the US. Her public and media appearances also include popular culture broadcast shows and documentary films. In recent years, Viloria has come to be considered as an authority on intersex issues beyond popular culture and the intersex communities. Hence, Viloria's standing within the intersex communities and her authority in political and medical decision-making processes regarding intersex issues are relevant aspects of the conditions of the production of intersex autobiographies, concerning questions such as, who has the

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autobiography has received wider recognition on its release not only within the intersex communities but also within more mainstream popular culture. This is certainly due to the author being a prominent figure and spokesperson of intersex activist groups and her contributions to political work on intersex issues. Hillman served as the chair and board member of ISNA. She has an academic education, has produced national performance events including mainly intersex and genderqueer performances, such as *ForWord Girls*, *Shameless*, *Rated XXXY* and *Intercourse: A Sex and Gender Recipe for Revolution*, and published both fiction and nonfiction in various newspapers, magazines, and on the internet. She also offers informational talks and spoken word performances about intersex issues at conferences and schools (*Intersex* 159). She was also actively involved in the San Francisco Human Rights Commission's investigation of "the medical 'normalization' of intersex people," where she testified as a representative of intersex persons during the hearing in 2004 (see Human Rights Commission of the City and County of San Francisco 2005).

Hillman's standing within the intersex communities and the political and medical stakeholders' acceptance of her authority with regard to intersex issues are pivotal factors in the production of her as a 'poster child' of the early intersex movement. The fact that the only published intersex autobiography written by a North American author to date is narrated by a renowned and visible personality of the intersex communities contributes to conceiving her narrative as "an authoritative treatise on being intersex," as Matthue Roth suggests in his interview with Hillman on the release of *Intersex (For Lack of a Better Word)* (Roth 2008). Hillman rejects this view on her narrative as being authoritative and claiming an objective perspective on intersex, and instead insists on regarding it as "just one person's version" of intersex experience, as "just the first of what will be many books by intersex people about their intersex experiences" (Hillman, in an interview with Roth 2008). While the author claims *Intersex* to be a purely subjective, personal account of being and living as intersex, the narrative cannot entirely elude criticism of being appropriative to a certain degree. When asked about whether she "[felt] pressure to be authoritative, or to exclude certain stories because they didn't feel, like, indicative of intersex, or what intersex should be" (Roth 2008), Hillman admits a certain ambiguity with regard to the appropriation of the meaning of intersex her narrative potentially conveys: "It was tricky writing about intersex and wondering when to explain things and when to let them stand on their own. I knew book couldn't stand and shouldn't stand as authoritative. [...] I also had to be careful not to tell other intersex people's stories, even if my intentions were to educate and inspire less informed readers" (Hillman, in Roth 2008).

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power to speak, whose voice is considered relevant, and whose experiences are represented within and beyond intersex collectives.

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The use of the rather unusual form for Hillman's narrative, whereby elements of several genres are mixed or juxtaposed, can be considered as a comment on traditional narrative forms' failure to 'authentically' convey personal, individual intersex experiences. The hegemonic intersex narratives, in particular medical texts on intersex, have not only been heavily criticized with respect to their content and its political and cultural implications, by both intersex persons and gender theorists. Moreover, the intersex narratives written and produced by intersex persons challenge the medical narratives on a structural level, claiming that the traditional, scientific text forms deny narrative spaces for subjective intersex experiences and representations, and consequently are not eligible for producing 'accurate' accounts of intersex. At the same time, intersex autobiographies claim their own intersex representations to be (more) 'authentic,' replacing the hegemonic narratives' constructions of intersex with their own constructions of selves. What needs to be understood, however, is that the reader has always only 'access' to Hillman (as the protagonist of her narrative) in a limited way, which means, we get only selected fragments of Hillman and her life. The intersex subject's (Hillman) intelligibility thus depends on the intelligibility of the story itself, however fragmentary it is.

Roth comments in his interview with Hillman on the freedom on the autobiographer's side to bend the laws of 'truth' and still claim their account to be an 'authentic' representation of their experiences:

> "There's a certain kind of safety in writing memoir – if people want to say, 'I don't believe the narrator would say that,' or even, 'That was a dumb thing to do,' it's like – too bad, I frickin' did it. And then, at the same time, you can be laying your most closely-guarded emotional experiences out for the world to see." (Roth 2008)

The narrative's authenticity is derived from the form of narration, i.e. the specific genre of autobiography, and hence is legitimated on the basis of the narrator's authority over giving an account of their own life. This kind of authority seems to be incontestable and the author to be beyond reproach for what they are writing. When Hillman asserts that "for me, letting that book out in the world is the most vulnerable thing I've ever done" (Hillman, in Roth 2008), what she is referring to is certainly not the risk of being criticized for bending the 'truth' about her life, but to the circumstance that she puts herself, i.e. her life story, on the line to be judged by her readers, and to the risk of her life (story) being appropriated by others for their own agendas (including fiction writers, journalists, and medical researchers and doctors).

Intersex (For Lack of a Better Word) "chronicles one person's search for self in a world obsessed with normal" (*Intersex* back cover). The narrative creates "moments of productive undecidability" (O'Rourke and Giffney 2009: xi) and seems to be driven by an impulse best described in the spirit of Judith Butler's notion of 'making trouble.' Butler contends that "the prevailing law threatened one with trouble, even

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put one in trouble, all to keep one out of trouble. Hence, I concluded that trouble is inevitable and the task, how best to make it, what best way to be in it" (Butler, quoted in O'Rourke and Giffney 2009: xi). Hillman's narrative consists of a series of short stories, each dealing with the most personal and intimate aspects of being intersex, such as questions of sexed embodiment and gender, sexual experience, and the relationship to her family and friends. By addressing issues which are commonly considered as being off-limits in public discourse, like linking experimental sexual practices to sexual trauma, she is breaking quite a few taboos and thus resists a cultural imperative for intersex persons to be reserved about their sexual matters and their intersex bodies. In engaging critically in discussions about the intersex and/or queer communities and spaces and her own positioning within these communities, her "brave and fierce vision for cultural and societal change shines through" (*Intersex* back cover). Hillman's narrative has the ambition to present a counter-narrative to hegemonic intersex narratives, by the protagonist's embracing her intersex sense of self and by a refusal to accept an identification with a clear-cut female or male gender, thus working against the invisibility and the unrecognizability of intersex.

I begin my analysis with the observation that Hillman's intersex autobiography constitutes a relevant milestone in the gradually emerging literary/cultural corpus of intersex works in North America (and beyond), as it provides a self-reflective critical (at times meta-critical) commentary on the paradigm shift of intersex narratives, and renegotiates the earlier intersex first-person accounts' representations of intersex. I interrogate how *Intersex* takes up the discourses, narrative strategies, motifs and plots of previous intersex narratives, and reiterates, reaffirms, challenges, and/or rejects them in ways that allow Hillman to construct her own (narrative) version of intersex, but always in reference to already existing narratives. The narrative moreover contains intertextual references to discourses about normative and queer notions of gender, sexed corporeality, and sexuality, intersex activism, discussions within and surrounding diverse communities (including intersex, trans, queer communities), but also medical discourses and human rights and ethical debates. I investigate how *Intersex* uses and reappropriates these intertextual references for its own resignification of intersex, and the challenging of and resistance to hegemonic constructions of intersex.

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4.2 THEA HILLMAN'S "SEARCH FOR SELF IN A WORLD OBSESSED WITH NORMAL": *INTERSEX (FOR LACK OF A BETTER WORD)*

> Most published information about intersex deals with it from a safe distance, an ethical, medical, or anthropological perspective. What my book does is deal with most personal aspects of being intersex, from my very singular perspective. I wanted it to answer the questions that people ask me all the time.
> THEA HILLMAN, IN AN INTERVIEW WITH ROTH 2008

> How far we have to travel to see ourselves reflected.
> How far we have to travel from ourselves.
> THEA HILLMAN, *INTERSEX*

Thea Hillman's memoir *Intersex (For Lack of a Better Word)* (2008) is the first book-length autobiographical intersex narrative that was published in North America. The author calls her book a memoir, a subclass of the autobiography, employing the memoir's main strategies of focusing on specific aspects of the writer's life and the development of her personality, rather than encompassing her entire life span. *Intersex* is written from the first-person point of view, with several chapters employing a second-person narrative mode, albeit with different purposes and varying persons being addressed. The narrative consists of 47 exceptionally short chapters, each only a couple of pages long and headed by single-word titles. Most chapters are written in prose, while a few chapters are written in a poetic style or a mixture of prose and poetry.

Intersex's narrative structure is roughly chronological, as the first chapters deal mainly with Hillman's childhood and adolescence while the better part of the narrative focuses on her adult life. Yet *Intersex*'s composition primarily seems to follow the principle of a "free-association order," oscillating between a deliberate narrative structure and "brief peaks of emotion" (Roth 2008), and thus refusing to submit to a more traditional narrative idea of the autobiography. *Intersex* is neither a conventional coming-of-age story, although readers will witness a process of the protagonist's maturing in certain ways. Hillman explains her book's rather unconventional narrative form and style by considering the traditional autobiographical form as failing to capture her life story in an adequate way: "At first I tried writing a traditional memoir with a very traditional writing style with an initiating incident and climax, but my story didn't quite fit that model and somehow the way I interpreted that style of writing wasn't very alive" (Hillman, in Roth 2008).

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With a clear-cut, chronological structure missing, what can be traced as the thread running through the narrative, what is the leitmotif connecting the chapters? As the back cover of *Intersex* aptly indicates, *Intersex* "chronicles one person's search for self in a world obsessed with normal" (*Intersex* back cover). Hillman's memoir revolves around one central aspect of her life, namely the question, what is intersex? In seeking to answer this and related questions, Hillman guides her readers through her trajectory of bodily, sexual, and community experiences that reach back as far as her early childhood and accumulate throughout her young adult life. As various as the incidents appear at times and as unrelated as some chapters seem to be, the narrative never loses track of the author's own sense of 'non-normalcy,' of queerness, which is attributed to her being intersex. The questions of 'normalcy' and intersex are interwoven and dealt with in a series of recurring themes, most notably Hillman's experiences with doctors and the medicalization of her own and other intersex bodies, notions of sexed embodiment, her sexual experiences and sexuality, intimate relationships, sexual abuse, gender assignment and self-perception, the dis/continuities between various communities and spaces (queer, intersex, and trans communities), and intersex activism – all aspects that are renegotiated as the defining parameters of Hillman's identity. While most of these themes have been prevalent motives in earlier (short) intersex narratives, Hillman manages to interrelate these themes within a wider narrative space, and addresses issues which have been avoided as they seemed to be too off-limits to be openly discussed.

In *Intersex*, Hillman's construction as an intelligible *intersex* subject is constantly negotiated and renegotiated by and through others (family members, lovers, friends, activists, other intersex individuals, doctors) and within different social spaces (including her family, intersex, trans and queer communities, the S/M scene, activist groups in/and San Francisco). Still her narrative recognizes the need, or rather the inevitability for her to construct an intelligible self. The central question of the following analysis consequently focuses on how, in telling her story, Hillman finds recognition, or perhaps different forms of recognition, as an intersex subject – and whether the memoir's project of establishing the narrator's intelligibility *as intersex* can be achieved at all. I investigate how the different parameters available to Hillman produce the conditions for her being recognized as intersex, and how the ways in which she is (mis)recognized according to these parameters and their norms correspond to or conflict with her own perception and experience of her sexed corporeality and her sense of gendered self. The crucial parameters under scrutiny are the medicalization of intersex and its appropriation for establishing legitimacy in intersex activist contexts; intimate relationships and acts of queer sexuality as refusals to heteronormativity; and the queer, intersex and trans communities and their mechanisms of inclusion/exclusion. I will begin my analysis with the act of storytelling as an act of coming out as intersex and an act of resistance against hegemonic representations.

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4.2.1 Storytelling as a Coming Out Process: The Violence of Representation and the Struggle for Recognition

Intersex is a narrative about narration, where the act of storytelling itself comes under scrutiny and is negotiated within the narrative. At some instances, Hillman explicitly comments on the way she uses language and words, thereby directly or indirectly addressing the reader. Her commentaries provide a meta-discussion on the conditions of telling her story, reflecting on her function as a writer-activist and the transformative power of language. The chapter "Trade" includes one of the few moments in *Intersex* when Hillman directly addresses her relationship to the practice of writing itself:

"I hate writing. Unfortunately, it's not only what I do for a living, but also what I do for activism and performance. I don't write in a journal or even have any kind of regular writing practice. I write for release, for intimacy, for a change, for deadlines. Mostly deadlines I set for myself. To save myself some pain down the line." (*Intersex* 47)

She conceives of writing not as an exclusively private act, and neither as exclusively motivated by monetary or ideological considerations. Writing, to her, is a method to bridge the private and the public/political, and a way to relate her individual intersex experiences to a collective cultural context. The process of writing serves as a catalyst for coming to terms with the difficulties she experiences with being intersex and provides a space for reflection. At the same time, her writing establishes an intimate bond with people who are mostly strangers. It therefore possibly opens up a larger space for collective negotiations and the articulation of a 'common voice' of the intersex movement, particularly in consideration of Hillman's relative prominence and authority within the intersex community, and beyond.

I will now, however, focus more closely on another level of storytelling. The process of Hillman telling her story, i.e. the story about her being intersex, is at issue several times in *Intersex*. Narrating her story both constitutes the narrative of *Intersex* and manifests itself as repeated acts within the narrative, for instance when Hillman talks about intersex at queer conferences or in activist and community contexts. The narrator also comments on the conditions and implications of these acts of intersex storytelling. In the following, the act of Hillman telling her intersex story within the narrative will be under closer consideration. The doubling of this intersex narration, in that talking about her intersex issues both structures her memoir's narrative and repeatedly manifests itself as acts on the content level of the narrative, has crucial implications for the narrative representation of intersex and the narrator's construction of an intelligible intersex self. The processes of narrating intersex are accompanied by Hillman's commentaries on their circumstances and repercussions,

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both in private contexts and within the intersex community, as well as in larger societal contexts. The act of storytelling thus can be considered as signifying the act, or process, of coming out as intersex.

The first time Hillman implicitly and semiconsciously tells others about her intersex body occurs when she is in fourth grade. She remembers telling other kids a joke about an instance of sexual ambiguity, where "a woman goes to the doctor" and tells him about her confusing sexual anatomy (*Intersex* 12). Hillman is indirectly referring to herself by telling this joke as a child, but providing the other kids with implicit information only, as if to test their reaction to the issue of sex ambiguity: "it makes me wonder what I was doing in telling this joke, what kind of information I was trying to give these kids about me, about my body, without flashing anatomy or telling them something they didn't ask about or want to know" (*Intersex* 13). This strategy of using and even hiding behind humor when giving implicit information about herself obviously serves to save herself the potential pain of negative reactions from others, but also to put her own experiences with her body into perspective or even to emotionally distance herself from them. It is striking that sex ambiguity is inevitably related to a medical context. The connection between sex ambiguity and the medical establishment is a reference to the narrator's experiences with doctors and can be interpreted as a strategy of coming to terms with her trauma of the medicalization of her body. It is also a reference to the theme of experiencing repeated medical examinations as a form of sexual abuse, an issue that comes up at a later point in the narrative in the chapter "Out," which will be discussed in more detail below.

Her emotions involved in the instance of telling the 'joke' are conspicuously linked to a sense of sexuality and sexual experience: "I remember how I felt telling this joke: mature, like I had something on the other kids, some privileged information about what adult bodies are like; and naughty, like I knew something I wasn't supposed to know, some privileged information about what adult bodies are like" (*Intersex* 13). Hillman's retrospective reflection on this moment in her childhood are reminiscent of another instance in the narrative, where she recalls an incident at which she, as an adolescent, was feeling "dirty and too experienced for my age" for not being scared in a situation of gynecological examination at a hospital, as a result of repeated genital examinations "since I was a very little kid" (*Intersex* 111). While she at some point in her memoir states that she cannot recall ever having been scared of medical examinations as a child, she later admits that she has really repressed her anguish and as a child could not understand, let alone articulate her feelings about what was happening to her. Humor then becomes, unconsciously, a survival strategy, by which she can articulate yet also displace her emotions. Her first effort of publicly telling her intersex story is fraught with shame, secrecy, and a sort of emotional dissociation from the story's relatedness to herself, and thus from her intersex

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corporeality; her coming out as intersex consequently does not take place for the time being.

The first instance in which Hillman explicitly comments on the conditions of speaking about intersex, in a chapter meaningfully titled "Telling," is provoked by the publication of Jeffrey Eugenides' novel *Middlesex* and Hillman's reaction to the literary and cultural handling of the intersex theme. Narrating intersex here becomes closely interrelated to the narrative construction of corporeality, suggesting that intersex, like all forms of sex, is a site of narrative or cultural instability and contestation. "Telling" begins with the narrator's cautious approach to a lover's body in the course of a sexual encounter, who obviously had a breast/chest surgery a while ago, with regard to the potential sensitivity of the operated body parts. The lover's response to her cautiousness establishes an apparent paradox of feeling/unfeeling, or pain/numbness, yet simultaneously dismantles these paradoxes: "You tell me that it doesn't hurt, but there are places that are numb. You poke around to feel the places that don't feel" (*Intersex* 24). Obviously, seeking to reconcile one's perceived discontinuities between body and gender, thereby troubling cultural imperatives of conformity, takes its toll: the side effect will be either numbness or pain, or possibly both. If embodiment is understood, as Katrina Roen has argued, not as a static matter, a "passive surface on which meanings can be inscribed" (Roen 2009: 20), but rather as an "event" (Shelley Budgeon, quoted in Roen 2009: 20), a "process of becoming" (Rosi Braidotti, quoted in Roen 2009: 20), surgery – often (mis)understood as "one of a number of technologies for moulding the embodied self" (Roen 2009: 15) – hence cannot simply alter or transform the body to conform to a subject's perceived or assigned gender. The embodiment of the subject, as Roen conceives it, is rather produced through a "lifelong process of becoming" (2009: 21), and is a site of convergence "between the physical, the symbolic and the material social conditions" (Braidotti, quoted in Roen 2009: 20).[2]

This introductory incident's function is to set up a juxtaposition of surgery on the gendered body and its consequences for bodily sensitivity to the act of telling one's story about intersex and its consequences for one's emotional state: "The thing about activism, about telling your story, is you don't know it's going to hurt; there's no sign, no warning" (*Intersex* 24). This comparison is further qualified by the specific kind of sensation involved in this process: "And even though there's no sign, sometimes when someone wants me to tell my story, wants me to tell them about intersex, there's this raw aversion. It's not numbness. It's just this odd feeling, this quiet no" (*Intersex* 24). This statement suggests that for the narrator, the need to be cautious about telling one's intersex story is even more imperative than having to be

2 The cultural production of an embodied subject is contingent upon several interrelated cultural factors, including gender, 'race,' ethnicity, ability, class, religion, education, and other factors.

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cautious about a postoperative body. With the body, one can slowly proceed with trying out whether a touch hurts or not, whether a specific area of the body is sensitive or not; but there is no way to anticipate the pain involved in narratively touching on the intimate matter of the intersex body. The rhetorical juxtaposition of the intersex body as a seemingly 'fleshy' matter and the narrative representation of intersex effects a materialization of the (narrative) intersex self and at the same time undoes the binary of body/self, or of sex/gender.[3]

A more explicit negotiation of telling, or rather not telling, the refusal or prohibition to tell her intersex story, takes place in the context of a discussion about *Middlesex* and its cultural impact. In the course of this process, the narrating of intersex from an intersex person's point of view is repeatedly suspended or inhibited. The actual event which prompts Hillman to question the way information about intersex is conveyed in public is the release of *Middlesex* and her mother's request that Hillman speaks in her book group about the novel. Hillman declines her mother's request without providing her with an explanation. Her self-censorship in form of repeatedly asserting her inability, or unwillingness to give her mother an explanation for her refusal to talk about intersex in the book group, "I couldn't explain," or "I couldn't tell her" (*Intersex* 24f), hints at a deeper insecurity with regard to talking about her own intersex experience and reproduces her involuntary silence maintained about intersex. While she provides reasons for her difficulties in articulating her position on intersex, she also has difficulties in openly addressing her concerns:

> "I couldn't begin to explain what it had been like when *Middlesex* was first published. How I had been in touch with the editor of *The New York Times* op-ed page; how, when the book came out, I spent every minute for a week trying to write the perfect op-ed about the intersex response to *Middlesex*; and how, after writing nine versions, consulting with famous writers and journalists about the piece, and submitting two to this op-ed editor, the piece didn't get published." (*Intersex* 24f)

Hillman's difficulties in adequately responding to the novel's intersex representations and in giving an 'accurate' account of intersex are reproduced in the failure to make her 'intersex voice' publicly heard, or read.

While an intersex perspective is, for the time being, denied public representation, the voice and the perspective of *Middlesex*'s Pulitzer Prize-winning author Eugenides – a white, upper-middle class, heterosexual, non-intersex male – are the dominant ones in the public discourse on intersex. His power position within the cultural and

3 Butler argues that "if gender is the cultural significance that the sexed body assumes, and if that significance is codetermined through various acts and their cultural perception, then it would appear that from within the terms of culture it is not possible to know sex as distinct from gender" (Butler 1997a: 407).

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public sphere conditions the stylization of him as an 'expert' on intersex. Eugenides steps into the position of the medical doctor as an authority on intersex, and while authority shifts from a medical to a literary discourse, this authority still operates within the hegemonic cultural discourse. This shift, however, is not to be understood as a replacement of medical by literary authority; in fact, the two discourses become intertwined in this process, as the novel is both informed by and renegotiates medical intersex discourses, and the medical discourses are reproduced and (at least to some extent) affirmed in this process. The mutual affirmation of the medical and literary discourses on intersex, as Hillman experiences it, serves the legitimization of hegemonic intersex narratives, the reproduction of authorized knowledge about intersex, and hence the production and reproduction of the 'intersex subject' as an object of study, as a mystified or fetishized object.

Hillman experiences a powerlessness and a silencing, as she is not able to respond to *Middlesex*'s representations of intersex people, neither by speaking up at Eugenides' reading at Books Inc., nor by a publication of her article conveying her point of view:

> "I started crying [...] because Eugenides, who'd never actually talked to an intersex person before he published the book, had access to so many millions of people, and that I couldn't get an op-ed published. Crying because I sat there while he read from his book and while he answered questions as if he were an expert, as if he knew about intersex, and I sat there, an expert, silent and fuming and hot with shame as he called me and people I love hermaphrodites." (*Intersex* 25)

Both the situation of the public reading and the medium that decided on her publication, *The New York Times*, are contexts highly charged with the workings of ideology and power. Within these contexts, the power relations seem to be hierarchically organized, which makes it difficult if not impossible to articulate a counter-perspective to the hegemonic narratives that are (re)produced within the context of *Middlesex*'s release. Implicit in Hillman's representation of hegemonic power is a critique of the lack of recognition on the part of Eugenides and *The New York Times* with regard to their institutional privilege, which enables them to speak from an authoritative position, indicating an inseparability of the social dimension of discourse – the position a subject speaks from – and the discursive acts. Power is exerted either directly, by the editor's refusal to publish an intersex (counter-) narrative, or indirectly, by the reading's hierarchical and intimidating setting, unequal distribution of speaking time, and educational or class differences.

When Hillman sits "silent and fuming and hot with shame" (*Intersex* 25) at the reading because the author calls her a 'hermaphrodite,' it becomes obvious that this term is apparently so powerful it could physically affect her, so that she is verbally and bodily paralyzed and as a consequence can neither stand nor speak up to him. In

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Excitable Speech, Butler argues that by "claim[ing] to have been injured by language, [...] [w]e ascribe an agency to language, a power to injure, and position ourselves as the objects of its injurious trajectory" (Butler 1997b: 1). Butler however asserts that being called a name is not always only injurious but also conditions the constitution of a subject in language (Butler 1997b: 2), whereby this linguistic constitution depends on the subject's recognizability: "the address constitutes a being within the possible circuit of recognition and, accordingly, outside of it, in abjection. [...] One comes to 'exist' by virtue of this fundamental dependency on the address of the Other. One 'exists' not only by virtue of being recognized, but, in a prior sense, by being *recognizable*" (1997b: 5). The cultural/linguistic 'survival' of a subject is put at risk by violent and exclusionary mechanisms of/within language, most notably by what Toni Morrison has called "the violence of representation," asserting that "[o]ppressive language does more than represent violence; it is violence; does more than represent the limits of knowledge; it limits knowledge" (Morrison 1993).

It is exactly this "violence of representation" Hillman suffers from when she feels misrepresented by Eugenides calling her 'hermaphrodite,' and which threatens her survival as an intelligible (intersex) subject. Yet, Eugenides' call holds the potential for Hillman to counter his defining power in that it constitutes her as a linguistic being: "the injurious address may appear to fix or paralyze the one it hails, but it may also produce an unexpected and enabling response. If to be addressed is to be interpellated, then the offensive call runs the risk of inaugurating a subject in speech who comes to use language to counter the offensive call" (Butler 1997b: 2). This exercise of a linguistic counter-force becomes obvious in the narrative's de/construction of expertise, the question of who counts as an 'expert,' and the conditions under which experts become authorized as such. Hillman makes it quite clear that she disagrees with how the authorization of 'experts' in the intersex discourse, which is at stake in *Intersex* at this point, is established.

Her strategy of delegitimizing Eugenides' authority relies on questioning his knowledge and on exposing the alleged fraud on which his expert claims rest. She denies him medical knowledge since he does not have a medical degree ("he spoke as if he were a doctor, using the phrase '5 Alpha Reductase syndrome' in place of a medical degree he doesn't have," *Intersex* 25); she points to his usage of inappropriate terminology ("he used the word 'hermaphrodite' instead of 'intersex,' as if it were appropriate," *Intersex* 25); she blames him for exploiting artistic freedom as an excuse for shameless intersex representations and profiting by it ("calling on artistic license as an excuse for exoticizing his dream hermaphrodite, for being yet one more person profiting off the selling of intersex people as freaks of nature," *Intersex* 25); and finally, she discredits his authority because he "never actually talked to an intersex person before he published the book" (*Intersex* 25). Hillman's dismantling of Eugenides' knowledge, and hence authority, is accompanied by a discursive construction of herself as an expert, while expertise is juxtaposed to

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influence: "Eugenides [...] had access to so many millions of people, and [...] I couldn't get an op-ed published. [...] I sat there while he read from his book and while he answered questions *as if he were an expert*, *as if he knew about intersex*, and *I sat there, an expert*, silent and fuming and hot with shame" (*Intersex* 25, emphasis added). She formulates the disparities between knowledge and expertise and between expertise/knowledge and influence/power in terms of blatant injustice.

What becomes obvious is that she considers the qualifications for being an intersex expert predominantly as being intersex. She does not further elaborate on why exactly she qualifies as an intersex expert, but her statement "everyone talks to me about *Middlesex*" (*Intersex* 24) in a way anticipates the information, which she will give at a later point in *Intersex*, that she not only identifies as intersex but at the time of *Middlesex*'s release has already become an intersex activist. All the reader can know at the moment, unless they know Hillman before reading her memoirs, is that she has some bodily 'condition,' or a diagnosis, as she herself refers to it, usually related to intersex. Thus, this instance of claiming expertise at the same moment functions as an assertion of herself as intersex in the narrative. This consolidation of her intersex self through a discussion about a fictional narrative becomes even more explicit in the subsequent chapter "Opinion":

> "People keep asking me about Jeffrey Eugenides' new novel *Middlesex* because the main character is considered a hermaphrodite. But really, neither of us are. Outside of myth, there are no hermaphrodites. [...] But you can be born with a mix or blending of male and female parts, known as 'intersex,' and indeed this is what Eugenides' protagonist Cal and I have in common." (*Intersex* 27)

It seems peculiar that Hillman uses a comparison between herself and a fictional character in a novel for her own narrative representation of herself as intersex. However, this juxtaposition serves to account for her own intersex story, in that she seeks to explain the difference between the 'mythological hermaphrodite' and 'real intersex people' by reference to the fictional character Cal, and hence to dissociate herself from the mainstream cultural notion of intersex people as mythic creatures.

Hillman's following elaboration on intersex takes on an educational tone and positions intersex within a medical discourse, providing information on intersex and on the medical treatment of people considered intersex. The chapter "Opinion" originally appeared in the spring 2003 issue of *ISNA News* (formerly *Hermaphrodites with Attitude*) under the title "*Middlesex* and the Limitations of Myth." At this point, Hillman was still board chair of ISNA, which makes her aim to educate people about intersex and the references to a medical construction of intersex seem plausible. Her reference to the commonly accepted definition of intersex, "[p]eople with intersex conditions are those who were born with sexual anatomy that someone else decided isn't 'standard' for males and females" (*Intersex* 27), along with a listing of medical

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diagnoses intersex can refer to, initially reproduces the medical concept of intersex as a medical 'condition.'

Her attempt to deconstruct the medical notion of intersex relies on several strategies and proves to be ambivalent. She refers to the constructive character of the cultural, and specifically medical, conceptions of intersex by exposing them as fictions, as "myths," "illusions," "fantasies," and "mysteries" and opposing them to "real" stories of "real" people: "Intersex bodies are considered freakish because society has fallen prey to the *myth* that humans are sexually dimorphic [...]. Problem is, that's just not what happens in *real life*" (*Intersex* 27, emphasis added); "many people, including physicians who treat intersex, remain under the *illusion* that technology can and should fix everything, and that anything that's different should be corrected, regardless of risk. This *belief* keeps them from listening *to real people* with intersex conditions, many of whom challenge unnecessary surgeries" (*Intersex* 28, emphasis added); "Sometimes I think they just don't want to hear the *real stories*. I get cynical and think, who wants the *everyday details of someone's life* when you can use people with intersex to fulfil *erotic fantasies*, *narrative requirements*, and *research programs*?" (*Intersex* 28, emphasis added). Hillman's strategy of dismantling the hegemonic intersex narratives has several implications. First, there exists a dichotomy of fact and fiction, or real stories and mythologies, in which the respective former terms are attributed a positive, the latter ones a negative value. Second, there are narrators of intersex stories who are eligible to tell intersex stories (intersex people) and there are narrators who are not (doctors, novelists, researchers). Third, the legitimation of a narrator is based on their sexed corporeality. Forth, intersex bodies are "naturally occurring variations" (*Intersex* 28) of sexed corporeality which are 'naturally' explicable, while medical treatment is a violation of this 'natural state.' Lastly, intersex people are just 'ordinary' people and not spectacles or mythological figures such as "scientific specimens, teaching models for medical students (naked, of course), literary metaphors, gags for popular sitcoms, and [...] circus freaks and peep show attractions" (*Intersex* 28).

Hillman's deconstructive strategy reverses the premises of hegemonic intersex narratives in a specific way. In these narratives, medical authorities are considered as the (only) eligible narrators of intersex narratives, while intersex people are denied the authority to speak and are consequently silenced. Medical doctors are legitimized as 'experts' because they hold relevant knowledge, i.e. medical knowledge, which intersex people (supposedly) do not have; instead they used to be confined to the position of the 'patient.' Sexually dimorphic and 'unambiguously' male or female sexed bodies were (and still are) considered as 'natural' sexes, while intersex variations were (are) considered 'unnatural'; hence surgery and other medical interventions have been socially and medically justified in order restore the 'natural order.' Through this rhetorical move of reversing the dichotomies, by changing the paradigms of the legitimation of knowledge and of narrative eligibility, Hillman takes

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the defining power away from the authorities and bestows the very same power on intersex people, who previously were culturally delegitimized. While this strategy undermines the hegemonic narratives' knowledge claims on which their power and their legitimization rest, and simultaneously establishes an intersex authoritative voice by asserting knowledge claims based on personal experience, the binary of 'acceptable' and 'unacceptable' knowledge itself, however, stays intact.

What also goes more or less unchallenged are the biological determinist, and to some degree essentialist, premises inherent in Hillman's narrative reconstruction of the intersex subject. Her argumentation strongly relies on biologistic assumptions, borrowing from medical discourses and terminology: "In real life, variations in genes, hormones, and maternal environments mean that some boys are born with very small penises or undescended testes, and some girls are born with enlarged clitorises or without a vagina. More and more people – including parents and doctors – are learning that our intersexed bodies are just naturally occurring variations" (*Intersex* 27f). The uncontested acceptance of the criteria on which her knowledge claims rest poses another serious problem. Quite obviously for Hillman, being intersex makes her an 'expert' on intersex issues. To assert one's personal experience as the sole basis of authority is not only potentially dangerous for the production of cultural knowledge about intersex, as Morgan Holmes has noted: "to be something, to claim an identity as a member of a group and to have common experiences with others in the group do not provide an adequate place from which to build knowledge, because having experiences does not guarantee any access to larger, critical awareness" (Holmes 2008: 120). It is moreover a move of appropriating or universalizing intersex experiences, a process which ironically reproduces intersex people's appropriation by medical authorities.

A different strategy of deconstructing hegemonic intersex narratives is the narrating of an intersex story itself, from the perspective of an intersex person. The intersex narrator not only becomes empowered by the reclaiming of the authority to speak; this narrative potentially provides the conditions for the narrator to be/come an intelligible subject, and hence individualized. The depersonalization and dehumanization of intersex subjects in medical discourses is largely a result of the politics of 'normalization' underlying the medical rhetoric and the treatment of intersex bodies. As discussed previously, intersex bodies are conceived as disruptions of the culturally legitimate sex/gender dichotomy, and hence are immediately sanctioned for their transgressiveness and are consequently erased in an effort to 'adjust' them to normative sex/gender standards, and to consolidate the ideological framework of the dominant culture. As Hillman puts it, "our intersex bodies have become collision sites for Western society's obsession with sex and fear of difference" (*Intersex* 27), and the obvious answer to resolve this tension is "that anything that's different should be corrected" (*Intersex* 28). The notion of intersex variations in infants as a "social emergency" and the surgical fixing as a "form of

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psychosurgery" (Chase 1994: 6), which was already at issue in early intersex first-person accounts and was discussed in depth in chapter three, is readdressed by Hillman, who exposes this medical standard protocol as a "myth" and hence denies it credibility and the legitimacy to function as a valid intersex narrative in the late 20th and early 21st centuries: "It's standard operating procedure to treat an intersex birth as a psychosocial emergency and to perform cosmetic sexual surgery as early as possible. There's another myth that intersex will go away with 'corrective' surgery. It doesn't. But sensation often does" (*Intersex* 28). In the process of violently 'fixing' individuals, by surgically cutting any traits of genital 'transgressiveness,' intersex individuals are dehumanized, marked as "non-human, sub-human or pre-human" (Dreger, quoted in Sullivan 2009: 323), and denied the human right of bodily integrity.

The narrative restoration of intersex intelligibility is effected by the narrating of an intersex story from an intersex point of view whereby silence is "transform[ed] [...] into language and action," as Audre Lorde has proposed in a feminist context (Lorde 2007: 42). Hillman comments on the recent increase in public interest in intersex themes as a result of intersex activism, and asserts that while "Eugenides and others are now realizing how compelling the idea of intersex is" (*Intersex* 28), they neglect communicating with intersex people and acknowledging what they have to say. This ignoring of intersex voices is countered by Hillman's claiming of a narrative subject position: "But we've been here all along and we have plenty to tell. What we have to say may shock and surprise you: We're not actually all that different" (*Intersex* 28). Her statement expresses the assumption that intersex people are just 'ordinary' people like everyone else, and that an undoing of perceived differences between intersex and non-intersex persons would inevitably unsettle people's beliefs in their own normalcy. In an attempt to dismantle the persistent notion of intersex as *the* site of sex transgressiveness, and to replace this notion with a more humanized image of intersex people, Hillman refers people to personal intersex accounts for obtaining authentic information:

> "We like to decide what happens to our bodies and like to be asked about our lives, rather than told. We've told our own stories in books, websites, newsletters, and videos. I can promise you they are far more compelling and exciting, moving and powerful than any fictionalized account. While the myth of Hermaphroditus has captured the imagination for ages, it traps real human beings in the painfully small confines of story. Someone else's story." (*Intersex* 29)

Again, Hillman's deconstructive narrative strategy renegotiates the demarcation between authenticity and fiction, whereby authenticity is (exclusively) derived from and produced by an intersex perspective. Her reference to the variety of narratives conveying the experiences of intersex people states the existence of a (counter-) archive of intersex stories that has been developing since the early 1990s, and at the

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same time marks a point of reference for a cultural intersex collective. In the process of telling one's own story, the intersex narrator can possibly overcome these "painfully small confines of [...] [s]omeone else's story" (*Intersex* 29) and emerge as an intelligible subject. While Hillman felt herself, and others, "trapped" in a mythology, now, with the writing and the publication of her memoir, she can articulate her position on these fictionalized intersex stories, such as *Middlesex*, in retrospect.

Yet the narrating of one's personal story does not come without cost. As Lorde has noted, one particular aim of reclaiming and rearticulating one's own sense of self through speaking out is to overcome one's fear of visibility (Lorde 2007: 42). This process is accompanied by uncertainty and vulnerability, as the sudden recognition is necessarily a "self-revelatory" moment (2007: 42). Not only Hillman herself, but also her mother experiences this specific kind of vulnerability when being confronted with her own story and her daughter's intersex story:

"When I asked [my mom] what she thought [about *Middlesex*], she said, 'Oh my God, it was us. It was your story. It was my story. And there's no way I want to talk about it in my book group. It's too personal.' I felt that my mom really understood how I felt, that it seemed impossible and too intimate to sum up our story within the space of a book group and the confines of the 'intersex' label." (*Intersex* 25)

"[My mom] said to me, 'In the book, the parents of the intersex person talk about it, but it wasn't that way for me, I never talked about it. I never cried about it.' Thirty years later, she finally did, sensation coming back to parts of her heart that had been numb for years, tingling in a sleepy limb. There's a cost to telling your story, a cost to no longer being numb." (*Intersex* 25f)

Interestingly, a piece of fiction, *Middlesex*, serves as a catalyst for the articulation of 'real' personal experiences, but at the same time both Hillman and her mother dissociate themselves from the novel's fictionalized account. While a novel can be publicly discussed, personal experiences are apparently too intimate to be exposed to an audience.

The juxtaposition of body and narrative is a striking and repeated strategy in *Intersex*. When Hillman asserts that "[w]e like to decide what happens to our bodies and like to be asked about our lives, rather than told" (*Intersex* 29), she challenges the power relations and the violence inherent in both surgical interventions and the hegemonic intersex discourses, and reclaims the power which defines her and others, discursively and physically. The experience of powerlessness is a recurring motif in intersex first-person accounts, above all the specific kind of powerlessness towards the medical establishment and its treatment protocol. Violence committed against the

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body is experienced as the constraint of (narrative) subject construction and vice versa, as language and corporeality are inextricably linked with each other.

Hillman's reflections about the politics of narrating intersex and her self-positioning within these politics leave two questions open so far: to what extent is she appropriating or universalizing intersex experiences, and how does *Intersex* represent her own coming out as intersex? The first time she tells her personal intersex story in front of an audience is negotiated in the chapter "Present," approximately halfway through her memoir. Hillman's memoir is daring in that it conveys an intersex person's experiences of the conditions and the constraints of identifying as intersex within the intersex community, an issue which is rarely addressed openly. Quite often, the fear of exclusion and disagreement restrains members of intersex communities from voicing any criticism of community conventions. Questions of recognition *within* an intersex space play a significant role in the production of intersex intelligibility. If "intelligibility is understood as that which is produced as a consequence of recognition according to prevailing social norms" (Butler 2004: 3), what happens when this question of social survival is displaced to a context that defies prevailing social norms? How are the conditions of intersex intelligibility produced in an intersex, or queer space; what are the norms and practices at work in the regulation of intersex intelligibility within this space?

The context in which Hillman's intersex story becomes public is a queer anarchist conference, Queeruption, where Hillman is co-leading a workshop on intersex. Her conference entrance starts with introducing herself as intersex, a strategy to position herself within the queer community context in the first place: "I say it like my number at the gym, knowing it'll gain me entrance, instant cred in a discussion I barely have the words for, within a larger society that allows me to pass often and with ease. I don't know why I introduced myself that way. I guess I needed it, a reason to be there" (*Intersex* 89). Due to her gendered appearance – high femme – she can easily be misperceived as a cis/non-intersex woman, so in order to be acknowledged by others, in this case queer/trans/intersex community members, it necessitates an unequivocal statement about her being intersex. Her constitution of an intersex self is effected verbally, as appearance fails to convey valid information about her being intersex. She is invisible as queer or intersex within a context where recognition depends to a great extent on visual representation. As a consequence, Hillman sees her credibility questioned by others within the community, so she needs to affirm her belonging, her right to be there, before this right can be challenged. Both her credibility and her legitimation for participating in a queer conference are based on her ability to embody, or perform intersex. Her cautiousness shows that she is well aware of the exclusionary mechanisms within the community: only those persons who qualify as 'members' and who can prove their eligibility can participate in the discourse and gain the power to speak. This strategy of discursively asserting her intersex self does nothing to challenge the inherent normativity of the community.

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Rather, she submits to community rules and regulations in order to be recognized and accepted by other members, and while she is vaguely aware of the implications of her strategy, she is too insecure to not blend in.

The moment she tells her story for the first time occurs at a workshop she co-leads with two other intersex activists, Hida (probably referring to Hida Viloria) and Xander. The workshop's title, 'Born Queer: Intersex: Fucking with the Sex and Gender Program,' initially irritates Hillman and seems to make her feel uncomfortable about the associations surrounding intersex: "I don't know who came up with the title. I understood it, but at the time I might have called it something more like, 'Intersex Awareness & Activism'" (*Intersex* 90). Her reluctance to identify with the concept of intersex represented by the workshop's title is however not openly articulated: "At Queeruption, I was too nervous to assert much of anything" (*Intersex* 90). Her fear of being denied credit, of being rejected by the community members, goes so deep as to compromise her ability to speak out unrestrictedly: "At the time, I just knew that [...] I could say the wrong thing at any moment, something that would expose me as not what I was claiming to be, or something that proved I wasn't all that radical. Which, in comparison to my peers on the workshop, I wasn't" (*Intersex* 91). The pressure to assimilate and to live up to the community's expectations of her as an intersex person, in constant comparison to the others, is strongly related to the legitimization strategies inherent in the discursive constructions of intersex. For Hillman, the telling of personal intersex stories becomes a power play in which the valid defining parameters of intersex are contested. Narrations of personal experiences are displaced to a political and activist, i.e. public discourse. The competitive structure of the negotiation of the category of intersex and the seemingly contradictory definitions of what intersex is prompt Hillman to question her own identification as intersex: "I was nervous to tell my story: how I was diagnosed, what my life's been like, what makes me intersex… mostly I was nervous because I wasn't all sure if I was intersex fully, and because the group I was speaking to was so politicized" (*Intersex* 90). Her use of the phrase "if I was *intersex fully*" (emphasis added) suggests that there exists some scale for being intersex, that some people are more intersex than others, and that the rate of intersex authenticity is measurable by some norm.

Hillman's narrating of her intersex story at the workshop revolves around questions of medicalization and the relation of her intersex variation to issues of gender and sexuality. Her frequent use of the term 'condition' when referring to intersex, and her rather biological determinist stance towards the relationship between genitals and perceived gender nonconformity ("I was aware that my difference or freakishness originated from my genitals," *Intersex* 91) and the causality between the sexed body and sexuality ("40% of girls with my condition end up being bi or lesbian," *Intersex* 91) reproduce the faulty continuum between sex, gender, and desire (what Butler has called the "heterosexual matrix," 1990: 151, fn6).

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The reiterations of arguments and certain notions of sexed embodiment, gender, and sexuality constitute her intersex narrative within the terms of a traditional medical and normative discourse. For this supposed reproduction of medical discourse and its normative implications Hillman is subsequently reproached by the other intersex persons present at the workshop. Confronted with criticism, she feels ashamed and immediately seeks a justification for her use of language:

"While I agreed with [Xander], I felt really embarrassed. I felt exposed, my language clearly reflecting the experience of having a body that had been pathologized and medicalized and described to me as the result of a mutation. But I also understand the problem with words like 'condition.' [...] I explained to Xander and the others in the workshop that I was just beginning to see my body in a completely new way, learning that my body was something to be appreciated and normalized socially, rather than fixed medically." (*Intersex* 92)

The discursive context within which the intersex workshop, and the overall conference, are positioned and which they are in turn reproducing generates such an amount of power as to validate some opinions on the issue as 'right' or legitimate within this specific discourse, and rule out others as 'wrong' or illegitimate.

The telling of her personal intersex story is fraught with uncertainty, and Hillman experiences shame, embarrassment, awkwardness, and a strange kind of emotional dissociation from her intersex story at the same time: "I don't remember looking at people's faces as I spoke. I don't remember what it felt like to tell the story" (*Intersex* 91); "In my shame and excitement, I blanked out the rest of the afternoon" (*Intersex* 92). Her coming out as intersex in a queer community space is to a large extent conditioned by the discursive regulations established by the community. Her construction as an intelligible intersex subject within the community depends on the recognition of community members and on the intersex (identity) claims the community makes. As elaborated in chapter two, the establishment of a collective intersex identity in the course of intersex activism involves potential exclusionary or assimilationist mechanisms, and might therefore fail to represent intersex individuals who do not share the same experiences as community members who count as authorities within the group and hence set the agenda for the community discourse. The question of recognition, i.e. who qualifies as intersex and how to prove one's eligibility for participating in the intersex collective, becomes a question of how to perform intersex 'right.' Hillman sums up her experience of telling her intersex story in the following way:

"What happened that day was that I began to claim may experience as an intersex person, no matter how awkward or imperfect it might be. Soon, I'd come to know that that awkwardness, that feeling that there was some way to be that I couldn't quite attain, was one of the most intersex things about me." (*Intersex* 92)

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Intersex here comes to signify an intangible mode of being which is always contingent, fragmented, contested, and perpetually displaced.

4.2.2 "A Password into a Secret Club": Anxieties about the 'Different' Body, the Medicalization of Intersex, and Questions of Non/Conformity

Hillman's autobiography ties in with earlier autobiographical accounts of intersex persons' experiences with the medicalization of their bodies and the consequences of 'normalizing' treatments. *Intersex* renegotiates the interrelatedness of the lived experience of the sexed body, gender identification, and sexuality in the context of processes of the medicalization and 'normalization' of intersex. While these interrelations play a significant role in many accounts of intersex experience, the length of her memoir allows Hillman to articulate her experiences with these issues in greater depth. Issues of recognition and definitions of intersex are the structuring principles of her narrative trajectory. In the following, questions of how Hillman's intelligibility as an intersex person is constrained by medical parameters, and in what ways these medical parameters are renegotiated, reaffirmed, or challenged when the question of recognition (according to medical terms) is displaced to an intersex activist context, are in the center of the analysis.

Hillman's medicalization of her body does not immediately occur after her birth, as is the case with many other intersex individuals whose bodies are pathologized and medicalized. She is four years old when her mother notices pubic hair on her daughter's body. Her mother's look at Hillman's child body constitutes her sexed body as 'different' in the first place. In contrast to other intersex people's stories, in Hillman's intersex narrative it is not a medical professional but the mother who initially 'diagnoses' her and identifies her body as 'different,' as in some way afflicted by a strange, unfathomable 'condition.' Her mother reacts with "horror," "panic," and "frenzy" at the sight of the tiny hairs: "My mother's first frantic thought is, Oh, my God, my daughter's got Virilizing Adrenal Hyperplasia. I know, it couldn't sound weirder if I made it up. But I didn't. It's an unlikely thought, yes, but a wildly coincidental twist of fate that only real life could come up with" (*Intersex* 14). The tension between fiction and reality, between the 'abject' and a 'real person's' life, haunts Hillman's intersex story as a recurring motif and expresses itself in a perceived "awkwardness" (*Intersex* 92) which is implicit in her construction of herself as an intersex subject.

What follows her mother's tentative lay diagnosis is a medical marathon in an effort to figure out and validate Hillman's 'true' diagnosis by a medical authority. Generally in intersex narratives' representations of the relationship between doctors and the intersex child's parents, the medical professional is the one who exerts their

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authority over the parents, provides medical information and prescribes treatment. In Hillman's case, it is the mother who utters a medical concern and insists on finding a diagnosis and adequate treatment. Hillman's corporeality becomes the focus of both the mother's and the doctors' attention and is subsequently negotiated and renegotiated by medical parameters:

"[The endocrinologist] orders a battery of tests. My mother takes me for countless blood tests, bone age tests, and so many other tests that my mother has long since forgotten their names and their purposes. [...] We go for test after test for close to six months, and each test makes my mother more nervous. With every one, she has to consider a whole new set of terrifying outcomes and treatments. I'm tested for genetic disorders, birth defects, hormonal imbalances – and each offers a different, bleak future of illness, drug treatments, and discomfort." (*Intersex* 16)

The definition of her 'condition' is largely, or almost exclusively, dependent on and produced by medical knowledge and terminology. But not simply her bodily condition, her whole future as a healthy *and* socially acceptable gendered subject is at stake in the medical negotiations: her potentially "bleak future" might involve not only an affliction with illness and its respective treatment, but might cause further "discomfort." While this discomfort might refer to the inconveniences related to a possible disease, it also hints at an anxiety about 'difference,' which is related to a social context. The potential "terrifying outcome" thus has both medical and social implications, and medical concerns become conflated with cultural anxieties.

This fear of 'difference' Hillman's mother experiences when she worries about her daughter's condition rapidly escalates into horror when she researches hormonal disorders, particularly Virilizing Adrenal Hyperplasia, or Congenital Adrenal Hyperplasia (CAH):

"[...] what she finds is horrifying. Each book is filled with pictures of naked children, their eyes blackened out. Children with strange-looking genitals, their bodies vulnerable and small, captured on the pages, victims of harsh light, the extreme close-up, and a complete lack of consideration for the young human inside the body. The pictures that scare her most are the pictures of the girls with excess virilizing hormones, the girls that I might grow up to be like, the girls who are dwarfs, who have full beards. Most of these girls stare straight into the camera, every single one miserable. And then there are the words: disorder, masculinized, hermaphrodism, cliteromegaly, abnormal." (*Intersex* 17)

This reference to photographs of intersex children in medical books is a recurring subject in intersex peoples' narratives. Like the short first-person accounts published in intersex newsletters and magazines, *Intersex* reveals in detail the ways in which the children become depersonalized and dehumanized by the visualization strategies

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of their pictorial representations in the medical context. The children are helplessly exposed to the medical observers', and by extension other viewers', gazes without the power of returning the gaze, as their eyes are blackened out and hence their vision is obscured. The spectator is protected against the children's "straight stare" by either a black bar in front of their eyes or by their staring into nothingness, not meeting the spectator's eyes, due to the medium of both the camera and the book/article in which the photographs are printed. Their nudity allows for an unrestricted view on their bodies and particularly their genitals; the "harsh light" and the "extreme close-ups" illuminate any detail of their naked bodies and their genitals. The uninhibited exhibition of their naked bodies makes them "vulnerable victims," "captives," "miserable," and completely defenseless against any potential observer.

These visualization practices serve as tools of sheer violence exerted on helpless human beings. This violence moreover manifests itself in the dehumanizing of its objects: the erasure of the children's eyes strip them off their individuality and personhood, and the subtitling of their pictures with medical denotations, which are inherently normative, marks them as specimens of a specific medical condition or 'abnormality.' The human is transformed into a medical category and is supposed to serve medical doctors as illustrative clinical material. The terms "disorder" and "abnormal" signify a more generally perceived deviance from culturally/medically constructed bodily norms, while the terms "masculinized" and "cliteromegaly" refer specifically to bodily deviances in 'females,' i.e. individuals who are otherwise classified as female, but whose 'femaleness' is in specific ways impaired, flawed, or dysfunctional due to an "excess of virilizing hormones." Such bodily 'anomalies' which affect females are referred to in terms of 'excess' or 'enlargement.' There is 'too much' of what is considered as 'male': an excess of 'male' hormones, excessive growth of body hair (beards, pubic hair), and an enlargement of the phallus ('clitoris'). The CAH-girl's body thus not only violates gender norms, but moreover claims male bodily privileges, particularly a large phallus with the capacity to penetrate – while the traditional female role is to be the recipient of the penis, being penetrated.

The "complete lack of consideration for the young human inside the body," as Hillman puts it, might also be the root cause of the horror these pictures evoke. Rosemarie Garland Thomson notes with regard to the cultural construction of the figures of the 'freak' or the 'monster,' as "forms that challenge the status quo of human embodiment," that "[m]edicalization has not only purged many freaks from humanity, but it has transformed the way we imagine human variation" (Thomson 2005). Both the description of the medical book's pictures by Hillman's mother, recounted by Hillman, and her mother's subsequent reaction when she relates these representations of girls with Virilizing Adrenal Hyperplasia to her daughter, are reminiscent of representations of freak show attractions, or more generally, of 'monstrosity.' After looking at these pictures, her mother is

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"petrified beyond belief, full of terror. And shame. And guilt. She is wracked with questions, wondering what she's done to cause this [...] She doesn't tell anyone her fears: that I might not grow up normally, that I might be a dwarf, or grow a beard, or something else unimaginable. She bathes me and sees my little hairs, and her fears clutch her." (*Intersex* 17)

The horror of her daughter potentially developing into an estranged, almost freakish figure almost distorts the way she views her child: "There are moments when she doesn't recognize her sweet baby. Especially when I'm crying. [...] For Mom, it's as if her daughter has been replaced by an angry, screaming other" (*Intersex* 14f). This experience of estrangement between mother and daughter is resolved only later, when a picture of Hillman and her mother is chosen for the cover of the ISNA parents' handbook. The visual representation of an intersex person with her parent in a fashion that suggests a development of intersex children into healthy individuals and a functioning family bonding not only serves to consolidate the Hillmans' mother-daughter-relationship, but also functions as a subversive strategy, "showing parents and doctors that intersex people are whole human beings, not just naked bodies with eyes blackened out for privacy's sake" (*Intersex* 147).

This anxiety about the 'different' body and her child's future as a potential gender transgressor triggers the need to eliminate or prevent any deviation from normative femaleness in her daughter's body in Hillman's mother. When the doctor finally confirms the diagnosis Congenital Adrenal Hyperplasia, treatment suggestions for a 'normal' development immediately follow:

"The doctor tells my mom that since it was detected so early, there is a chance to get me back on track. With close supervision and monitoring of my hormone levels through regular blood tests, they can try to stave off puberty. And if it is successful, I will reach a short-to-normal height, will begin puberty at a normal age, and won't have excess facial and body hair." (*Intersex* 18)

The rhetoric of defending normativity, i.e. the 'normal' female body, against intruders in the form of undesired masculinization by means of surveillance, is quite evident here. As Foucault has noted in *Discipline and Punish*, the observing gaze serves as a tool of disciplinary control exerted over individuals within a society or system. This mode of disciplinary power is exercised and (re)produced by the system's institutions and implies the punishment of individuals whose behavior fails to comply with the system's norms; the aim is to correct behavior considered as deviant or transgressive. As discussed in the previous chapters, the observing or inspecting control mechanisms applied by medical authorities in the case of intersex have as their intended goal the violent classification of intersex subjects as either female or male subjects. In Hillman's case, what is classified as a medical condition, CAH, becomes representative of the whole intersex body, and of its subject, which

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threatens to disrupt normative bodily and gender standards and hence is treated as an enemy – not only of Hillman's 'female' body but of the whole system which is grounded in gender binaries. The three central techniques of control specified by Foucault, 'hierarchical observation,' 'normalizing judgment,' and 'the examination' (Foucault 1977: 170), are equally utilized in this 'normalization' process: Hillman is subjected to countless medical tests and examinations, which are both triggered by and eventually confirm a judgment regarding the 'normalcy' of the subject, who consequently needs to be constantly surveilled in order to keep 'deviance' at bay. The desired outcome is defined in terms of normative femininity, and the incessant medical controlling of her body in order to ensure a 'normal' sexual development serves as a constant reminder of her 'precarious' femininity:

"I was monitored very closely to make sure the medication was *mimicking* what my hormones would have been doing if they were doing the *right thing on their own*. In addition to my hormone levels, my weight and height were watched closely because of the relationship between androgens and sexual development." (*Intersex* 36, emphasis added)

What is obviously at stake in this medical practice is the production of a 'real' woman, which implies a "mimicking" of what is considered 'natural' femaleness or femininity by 'artificial' means (medication). The cultural constructedness of genders and of the demarcation between binary sexes becomes clearly evident. It is obviously not a medical necessity but social and aesthetic imperatives that drive the medicalization process.

The way in which Hillman's intersex corporeality is articulated confirms the medical constitution of intersex, in that intersex is defined as a condition, a diagnosis or an "imbalance" which requires perpetual medical surveillance and medication (*Intersex* 18). What her mother conceals from her is the possibility of a bodily development that results in 'intersex' variations such as an "enlarged clitoris," "masculinization," or an "inability to get pregnant" (*Intersex* 18). She also refrains from addressing any assumptions regarding the potential sexual development of girls with CAH, such as an above-average inclination towards homo- or bisexuality, or increased sexual activity. These propensities are articulated in terms of what are normatively considered 'masculine' traits or 'male' behavior. Hence, her mother seeks to negate, by simply keeping them a secret, any possible bodily and/or sexual developments deemed socially unacceptable for a girl/woman. This strategy of secrecy suggests a strong encouragement to deny any bodily and sexual differences, and to pass as a 'normal' female. Addressing Hillman's individual differences by medical or diagnostic terms like CAH, 'condition,' or 'disorder' erases intersex or makes it invisible, and denies her an identification as intersex. Secrecy and shame surrounding her corporeality do, however, not result in a smooth incorporation of denial into her self-perception but are conspicuously omnipresent in Hillman's

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interaction with her mother: "It's not that I think she should have told me these things. It's just that they were there, between us and around me, hovering behind every word and gesture" (*Intersex* 18).

Even at her young age, Hillman is aware of being somehow 'different' from other children, the secrecy and the attempted eradication of her 'difference' notwithstanding. Her self-identification is based on a demarcation from others, as she experiences her intersex variation as something that distinguishes her from her classmates and hence makes her "special" (*Intersex* 18). Evidently, this self-identification results at least partly from the processes of medicalization she is subjected to, and her experience of being 'different' largely stems from the fuss made about her body:

"It became clear to me that my body, and my sexual organs in particular, were the origin of my freakishness. I spent a lot of time comparing myself to other girls to find out what was wrong with me and to figure out how to be normal. I learned to hate my body. And I learned to see my body as doctors did, adopting a view of my body as pathological and in need of medical cures." (*Intersex* 135)

Hillman's self-perception oscillates between internalized self-hate as a result of the perpetual body-shaming and a refusal to submit to the politics of shame and stigmatization. She affirms her difference in an assertive manner, she openly tells her schoolmates and teachers about her CAH variation and its medical implications, feels proud of being the only kid that has to take pills regularly, and is eager to develop physically earlier than others, in particular to start growing breasts, as she relates this to having a boyfriend and kissing like an adult. However, her intense self-consciousness related to her perceived difference from other children constantly tantalizes her. She recalls an incident at preschool where some of her classmates play tag and a boy tries to catch and kiss two girls, and she desires to join them:

"I run alongside them, past the big windows, [...] and I shriek like the girls do, waiting for them to look back and see me and grab my hand and pull me with them into the cover of the trees, and I giggle, wanting Josh to hear me and turn around and choose me as his next target. I want him to chase after me and catch me and kiss me." (*Intersex* 22)

The other kids, however, do not include her into their game, which leaves her left out and confined to the marginalized, passive and observing position. She considers her 'difference(s)' as the reason for her exclusion:

"I already know I'm not like them. I already know I'm not pretty and little and squealy. My hair is wavy and curly and thick. Part of what makes me different is those girls don't seem to

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want Josh to catch them, and I do want him to catch me. [...] But me, I'm inside myself, observing, apart, and knowing this before I am six years old." (*Intersex* 22)

Hillman's perceived difference which she feels sets her apart from others, manifests itself on several levels. Her outward appearance is marked by both her Jewishness and her CAH variation: in contrast to one of the other girls who has "straight hair that catches the light and takes flight in the wind" (*Intersex* 22) and to Josh who is "cute, with blond hair and blue eyes, even though he's Jewish, like me" (*Intersex* 22), her hair is unruly, heavy and not shiny. Moreover, she feels unpretty and not cute and petite like girls are supposed to be. In her understanding, female desirability is inextricably linked to beauty, and beauty is associated with both normative femininity, such as prettiness, fragility and supposed 'girlish' behavior, and with Caucasian traits, particularly light and straight hair and blue eyes.

But not only her physical appearance distinguishes her from the other girls, there is also a prepubescent sexual aspect to it: while the two other girls have allegedly innocent interests in their game, i.e. "only [...] the chase and the thrill and the joy of running with another girl" (*Intersex* 22), and not wanting the boy to actually catch and kiss them, Hillman decidedly wants Josh to catch and kiss her. Precocious sexual interest is intuitively attributed to her intersex variation, although as a child, she might only be semiconsciously aware of this connection. In fact, her precocious sexual interest is more likely a result of her experience of repeated genital examinations, and a reference to the relationship between medical examinations and sexual abuse, as is hinted at in other instances in the narrative.

The perceived interrelation between medicalization, gender coherence, and sexuality is a recurring issue throughout Hillman's adolescence until her adult life. In the chapter "Another," she ponders on the connection between hormones and queerness, triggered by a medical article that claims a correlation between high levels of testosterone in women and their sexuality, stating that "girls with CAH [...] desire other women because they were 'othered' hormonally in a masculine direction in utero and now seek the exotic other (women) rather than men" (*Intersex* 72). This kind of reasoning not only relies on and reproduces dichotomous notions of both gender and sexual desire, but moreover is based on biological determinist premises which assert an inevitable and causal relationship between corporeal characteristics, gender, and sexuality.

Hillman at first seems to submit to the medical defining power over her gender and her sexual orientation, and the alleged causality between testosterone levels and the two factors. However, while she ascribes to testosterone at least some effects on (her) sexuality, she also questions it as the root cause of the *direction* of sexual desire:

"I wonder what is it about testosterone – on the brain, coursing through veins – that makes everyone, anyone, male or female, want to fuck women? According to medical literature and

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popular culture, if men want to fuck women, it's because of testosterone. And if women want to fuck women, it's because of testosterone. But testosterone isn't a male hormone; it's just a hormone. I understand that it makes people hornier, but I would think it makes them hornier for whatever they like, not that it dictates what they like. I begin to wonder what makes me queer." (*Intersex* 72)

Ultimately, the culturally established relationship between sexuality and testosterone, as Hillman observes it, is articulated in terms of 'who does the fucking' and 'who gets fucked': the female subject, i.e. the female with testosterone levels medically considered 'normal' for females, is always in the passive, 'getting fucked' position, while the active 'fucking' position is reserved for subjects who are in some way 'masculine'/'masculinized' which in this case means subjects who have testosterone levels considered 'normal' for males, irrespective of the subject's own gender identification. This active/passive role allocation within sexual acts signifies a heteronormative, hierarchical relationship between 'male' and 'female' subjects which is, if necessary, to be asserted by force, like in the case of some intersex individuals through genital surgery.

Kira Triea regards this 'fuck/being fucked' dualism as inherent in the medical practice of treatment of intersex people, a practice informed by heterosexist and pornographic concepts of sexuality. The process of assigning a gender is inextricably related to a sexuality that is defined by the principles of penetration. The medical notion of 'normal' sexuality seems to be substantially informed by pornographic images of heteronormativity, (sexual) violence, male power and domination over females, and 'adequate' genital appearance (a large penis) and performance (i.e. fit for penetration on either side). Triea conceives of this connection between the medical and the porno industries' negotiation of sexual roles (i.e. roles or positions assumed during sexual acts), and by extension of gender roles, as driven by a mutual interest in asserting male authority: "a need to express and preserve androcentric control is at the root of the medical-industrial complex's fascination with my (our) genitals" (Triea 1997/98: 23).

Although any forms of sexuality which deviate from heterosexuality, including homo- and bisexuality, are largely ignored in the medical thinking when it comes to assigning an intersex child or adolescent a male or female gender, medicine accounts for sexual nonconformity in terms of biological deviance, such as an 'overproduction' of hormones. This rationale already implies a remedy for the ostensible deviance, i.e. medication; specific variations of gender behavior are first pathologized and then 'cured' or 'corrected' by medical means. The pressure exerted by medical authorities over individuals to accept not only the attribution of pathology to their body, their gender, and/or their sexuality, but moreover the recommended corrective treatment is often so tremendous that these individuals do not dare to question its legitimacy. What is more, societal pressure to 'fit in' as well as possible

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rejection or punishment reinforces the perceived necessity to conform to what is considered bodily, gender, and sexual 'normalcy.'

Hillman's contemplation about the relationship between her sexuality, or her queerness, and the medicalization of her gender behavior reveals her own investment in the intricacies of normativity:

> "And I realize, as I often do, that I don't know why I take my medication. I get my period on a regular basis. I might get more hair growth or acne without the medication, but I'm not even sure that would happen. I tell people the medication helps me to normalize my levels. I don't know what that means. What am I trying to become? A normal what?" (*Intersex* 73)

While she takes a biomedical explanation for her queerness at least into consideration – "maybe it's because I've been [hormonally] othered" (*Intersex* 72) – and actually affirms its appropriateness by taking the recommended medication for decades, she gradually begins to question her intended achievement of 'normalcy' and above all, the notion of normalcy itself, challenging the medical establishment's investment in her 'normalization': "To what degree have I taken medication to maintain girl chemistry, to attain girl attributes and keep boy ones suppressed? To what degree have the doctors done this, and in what ways have I become complicit?" (*Intersex* 86f). As a consequence, she stops taking birth control and reduces the dexamethasone, "in an attempt to be *as much as me as I can be*" (*Intersex* 86, emphasis added). Her refusal to the 'normalization' of her sexed body, and implicitly to the gender assignment made by doctors on which this 'normalization' is based, "opens the way for a more radical form of self-determination" (Butler, in Williams 2014). Implicit in her decision to stop or reduce medication is a sense of what her gender 'really' is, or should be, which was 'meddled with' through medical intervention and can possible be regained by discontinuing medication.

Intersex as conceptualized within a matrix of gender conformity and medicalization is a continuously renegotiated theme which structures Hillman's whole memoir. The medical discourse on intersex is in the course of the narrative displaced to an activist-community space where intersex as a product of the medical discourse is renegotiated, gradually dismantled, and to some extent subverted. At first, Hillman's narrative suggests that her self-/definition as/of intersex and the language she uses to refer to intersex quite clearly reflect her medical experience. It is important to note that it is not her adoption of medical terminology per se which informs her conception of intersex, but rather her experience of being born with a body that subjects her to the scrutiny of medical power, of being pathologized, constantly examined and observed, subjected to 'corrective' treatment, in an effort to 'normalize' her perceived 'deviances.'

The actual event which prompts her to deal with intersex on both a personal and a cultural, more political level occurs when her mother tells her about a Nepali child

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with potential CAH who is about to undergo medical treatment. Hillman's subsequent research on the internet introduces her to the Intersex Society of North America (ISNA). What first comes up on ISNA's website is a chart comparing the current model of medical treatment with a patient-centered model suggested by ISNA, which focuses on the needs of intersex individuals and rejects the current model's recommendation to perform surgery on infants as early as possible. Soon after, Hillman gets to know Cheryl Chase, director of ISNA at the time, who asks her to become involved in ISNA's activism. This moment raises an awareness in Hillman of her own potential belonging to a cultural category based on her intersex corporeality and triggers a negotiation of her identification as intersex:

"It seems like Cheryl thinks I'm intersex. And while I'm honored that she includes me, I write back, thanking her, telling her that I am not intersex. [...] at the time, I feel I have to decline membership in this club. While I know CAH is an intersex condition, I have normal-looking genitals; I menstruate; I could probably have a baby [...]; and, most importantly, I never had or 'needed' genital surgery." (*Intersex* 76)

Her definition of intersex is inextricably linked with medical parameters, and in particular with heteronormative ideas of gender, which go completely unquestioned, at least for the moment. Intersex seems to be all about 'conditions,' and in particular about genitals whose appearance subjects them to medical techniques of control, and about whether they were surgically altered or not. For Hillman, intersex is defined by a differentiation from a normative femaleness, which manifests itself in the ability to procreate, i.e. having the biological equipment for getting pregnant (a uterus, ovaries etc.) as well as an 'appropriately' 'female'-appearing genital make-up (a clitoris that is not so large as to resemble a penis and thus deter males from engaging in heterosexual intercourse with her).

In the intersex activist context where Hillman is subsequently positioned, intersex is likewise conceived of in medical terms, and the affirmation of a bodily variation related to intersex serves as a "password into a secret club" (*Intersex* 77), a proof of legitimacy and credibility for membership in this community. Yet while her CAH qualifies her as intersex for the activist community, she still questions her belonging in this category. In her negotiations about a possible identification as intersex, biological determinist factors play again a central role:

"I tell [David], thinking out loud, that my genitals are normal and that I have a slight, borderline case of Congenital Adrenal Hyperplasia. If I were to call myself intersex at all, I think I'd say I have an intersex brain. My rationale is that those excess androgenizing hormones my body produced while I was in utero probably have affected my brain. That's also probably why I was precocious as a kid and aware of sex at an early age. And why, even now, I feel there are ways in which I am quite masculine – from being muscular to being promiscuous." (*Intersex* 78)

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Her reasoning is reminiscent of 'scientific,' or medical explanations for gender attributes and sexual behavior and uncritically refers to their logics of 'naturalizing' sexed bodies, genders, and sexual desires. Hillman's seemingly uncritical understanding of the assumed continuities between body, gender, and sexuality stands somehow in contrast to her motivation for engaging in intersex activism, namely the challenging of gender norms – implying a critical awareness of the sociocultural regulatory mechanisms which produce genders and sexualities as normative or non-normative, as recognizable or unrecognizable, as intelligible or unintelligible –, reckoning that "working against oppression of intersex people is really quite radical in that it's about breaking down binaries of male and female. For if we broke that down, couldn't everything fall – every assumption, every system, every simplistic formula that didn't really fit real life?" (*Intersex* 76).

Hillman's insecurity regarding her being intersex arises to a considerable extent from a fear of being not accepted as 'really' intersex from other intersex persons or community members. The question of recognition within the intersex community is a central theme in *Intersex*, and Hillman finds herself stranded in the face of contested claims about intersex. At a queer activist conference called Creating Change, where she supports the ISNA group for intersex activist purposes, she is nervous to meet intersex people as she fears their judgment on her eligibility for belonging to the category of intersex:

> "I don't know what ambiguous genitalia look like. I'm not sure if all intersex people look different, even with their clothes on. I wonder what people will say when they find out how little I am intersex, that my genitals appear normal, that I've never had surgery. I wonder what other people at the conference will say about my genitals. I wonder if I will see anyone else's genitals." (*Intersex* 78f)

For Hillman, being recognized as intersex seems to be primarily based on the appearance of genitalia, whether they look 'ambiguous' or were surgically altered, and what the underlying medical conditions are. The politics of intersex activism in its early days, as discussed above, were motivated by intersex persons' desire to publicly articulate their personal experiences with the medicalization of their bodies and to speak out against medical interventions, particularly genital surgery. Thus, the intersex activists' definition of intersex, and by extension of a (collective) intersex identity, is heavily informed by medical parameters, albeit parameters the activists seek to challenge.

The constitution of Hillman's intersex 'authenticity' depends alternately on doctors' and activists' affirmation of her intersex variation, and both the doctors' assertion that she does not look like other girls with CAH and Cheryl Chase's definition of intersex as individuals "whose genitals make them subject to surgeries or medical intervention" (*Intersex* 81) seem to negate her belonging to the category

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of intersex. When Hillman informs Cheryl that she feels excluded by her definition, she experiences this as a crucial moment of identity reconciliation: "Me, challenging a definition put forward by the very person who birthed the modern intersex movement. This must be huge. This must mean something important to me, too, about my identity. Maybe this is the moment I've been waiting for, when my identity is finally recognized and confirmed" (*Intersex* 82). However, the desired result, namely a renegotiation of a medically-based definition of intersex, fails to materialize. Moreover, ISNA's approach to intersex activism turns out to be not "about breaking down binaries of male and female" (*Intersex* 76), as she was hoping for, and thus refuses any alignment with queer or transgressive gender identity politics.

Yet while ISNA members were pioneers in late 20th century intersex activism and crucially shaped early intersex politics, other intersex voices appeared on the scene who did not leave the premises of intersex as defined by surgical experience unchallenged. As Hillman recounts her experience at Queeruption, her own definition of intersex that is informed by medical parameters comes under attack from other intersex activists. Her definition of intersex at the time as "someone born with anatomy that someone decided wasn't standard for male or female" (*Intersex* 90) is rejected by Hida, as "the definition itself referenced another's standard of the intersex person's body" (*Intersex* 90). Other definitions challenge the hegemonic definition of intersex. Hida herself has escaped surgery and other medical treatment, but claims "that this did not negate her being intersex" (*Intersex* 90). Xander, another activist, claims intersex to be an identity outside of the gender binary altogether. While these definitions contradict each other, they do not, or cannot claim a universal definitory power, but are coexistent and produce a multiplicity of narratives. Hillman eventually begins to realize that experience (as an intersex person) is "a systemic process that actively produces and differentiates subjects as individuals" (Holmes 2008: 123), and thus cannot be generalized by and for an intersex collective: "I [...] know the ways in which my experience isn't the same as other people with intersex, so people shouldn't assume anything – genital conformation or life experience – when they hear someone is intersex" (*Intersex* 82).

Hillman's involvement in intersex activism eventually prompts her to come to terms with her own experiences with doctors and the medicalization of her body. Her experiences with the medical establishment seem to be ambivalent at first. At the beginning of her memoir, she recalls that as a child, she almost enjoyed the attention she received and felt important and mature, in fact even "special" for missing school, having to take medication, and having something the other kids did not have (*Intersex* 17f). While she reminisces that everyone of the medical staff was nice to her, more problematic and negative feelings are insinuated. She describes the examination situation at the endocrinologist's in detail, although a long time has passed since it occurred, remembering "his large hands palpating my chest to check for breast development, pressing my belly, and then pulling down my underwear, noting the

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pubic hair, and pulling my labia apart to see if there's clitoral enlargement, which there isn't" (*Intersex* 16). Despite the doctor's best efforts to put his little patient at ease, this moment lingers in her memory as a highly uncomfortable incident in her childhood: "[The endocrinologist] seems embarrassed and performs his examination as fast as he can. I'm embarrassed, too, and ticklish under his cold hands. I'm glad when he's done and Mom takes me down from the table" (*Intersex* 16). Hillman however represses her troubled feelings for the time being and does not address them until later in her memoir, at a moment when her memories catch her virtually off guard.

The chapter "Out," set roughly past two-thirds of her narrative, is entirely dedicated to her reprocessing of her early medical experiences, which turn out to have had a more traumatic effect on her as the narrative has indicated so far. The trigger event for her to face what she has emotionally displaced for several decades is when she reads the transcripts of an ISNA training video in which several people discuss the problems with the 'old' model of medical treatment of intersex infants and children. The transcripts' account begins with describing a scene of brute violence and abuse exerted over an intersex girl:

> "What I read chills me. [...] First is a pediatric social worker's account of being called in to help calm a resistant patient who was receiving 'vaginal dilation.' There were all sorts of people in the room while the procedure was being attempted: a fellow in pediatric surgery, the attending physician, the attending special clinical nurse, two or three medical students. All the while they were holding the girl down, trying to insert something into her vagina. The social worker says she had no idea what she was supposed to do so she left the room and went to calm the parents instead." (*Intersex* 109f)

It is an incident that is reminiscent of a gang rape in its force, brutality, and the powerlessness of the victim, a little girl, while all persons involved are complicit in one way or another: the medical staff who hold her down, penetrate her with the dilator, watch the scene without intervening or leave without helping the girl, and finally the parents who leave their daughter to her fate, i.e. at the mercy of her abusers. Vaginal dilation is a procedure routinely following a vaginoplasty, the surgical creation or widening of a vagina, for the purpose of stretching the surgically created vaginal opening; this procedure is intended to facilitate the girl's ability to have heterosexual penetrative intercourse as an adult. This child abuse in the form of vaginal dilation is not only committed by doctors but extended to the realm of the family, who need to continue the dilation when the child is at home after the surgery. Parents and other family members become guilty of, or at least complicit in, the sexually abusive procedure inflicted upon their own child:

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"Next I read a mother's account of having to dilate her six-year-old child after the child's vaginoplasty. Her daughter would scream, 'Nooo,' an her grandmother held her down while this woman attempted to do what doctors had told her she had to do so that when the child was older she could have sexual intercourse." (*Intersex* 110)

Abuse here signifies both the violence exerted by means of medically intruding into the body and the violence involved in the definitory power of assigning a gender. Morgan Holmes argues for an extension of the definition of interpersonal violence beyond "acts of *aggression*" in the context of medical treatment of intersex infants: "I am suggesting that the term 'violence' be applied to any situation in which one person or group is using power and privilege as a means to control, limit or altogether deny the freedoms of another person or group of people," referring specifically to "infants who are forcibly sexed as females," and to the "violent means employed to construct an 'adequate' male body" (Holmes 1995).

Hillman proceeds with the training video's transcripts and arrives at a moment of revelation when confronted with a scene reminiscent of her own experiences as a child, "the trauma of repeated genital displays" (*Intersex* 110). She recalls repeated situations at the doctor's office during her early childhood, where the endocrinologist feels her chest and examines her genitalia, and touches and presses her stomach. She is ticklish under his touch and not able to keep still, a moment she dreads most at every examination, and feels guilty for her reaction: "I felt bad. I would worry before each appointment that I wouldn't be able to stop myself from being ticklish. I would say sorry to him that I couldn't sit still. Only now do I see that this is the same little girl who apologized to the child molester, whom I was sure I had disappointed because I couldn't climb the tree in my skirt as he asked to" (*Intersex* 110). Although she remembers the doctor as "a nice man" (*Intersex* 111), the analogy she draws between him and the child molester and the similarity of her feelings and reactions to being subjected to their will strongly suggests that she experienced the examination situations, albeit subconsciously or semiconsciously, as a form of sexual abuse.

She realizes that the secrecy kept about her intersex variation and the misinformation she received regarding the medical procedures she was subjected to, i.e. the "lack of comprehension and explanation for the events happening" to her, have resulted in her "inability to make sense of [her] experiences and to encode them in a meaningful way," as Tamara Alexander argues with regard to the practices of silence and intentionally wrong information recommended by doctors and implemented by parents of an intersex child (Alexander 1997). Her mother's concealment of relevant information concerning her daughter's intersex variation and the real purpose of her medical treatment has evoked a sense of shame and even stigma in Hillman and hence restrained her from articulating her anxieties. Hillman's inability as a child to grasp what was happening to her, together with the sense of shame and humiliation of being completely exposed to the doctor's hands and gaze,

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all of this happening while her mother was present at the examinations the entire time – which makes her unintentionally complicit in the abusive events – have resulted in the suppression of her traumatic feelings:

"These memories aren't buried in some primordial mud of my mind. What's buried are the feelings. I picture the little girl that's me bravely trying to keep still and not be ticklish. I wonder at her ticklishness. I wonder that she was never scared. That she never cried. That she never complained. That she never said no. [...] But what I didn't know until now is that somewhere, hidden far away from everyone, and especially me, was a terrified person – and more particularly, a terrified little girl." (*Intersex* 110f)

It is only after the confrontation with the video material conveying the experiences of other intersex persons that she is able to reprocess what was happening to her as a child.

Although these accounts of other intersex experiences serve as a catalyst for Hillman to understand her own pain and trauma, reading the video transcript makes her feel "damaged," and she denies a connection between what is happening to the others and her own experiences at first. She discusses her feelings with her lover and is shocked when he admits to her that he has wondered if she had been sexually abused but does not remember it. His assertion effects a sudden, momentary undoing of her subjectivity and threatens to dismantle her assertive conception of herself:

"I'm incredulous. What? Me? Sex-positive me? The only girl I know with no shame, me? A sexual abuse survivor? I know it's not true, but why do I feel cornered, pegged, nailed? I look him straight in the eyes and then look away, scared for him to see me unscripted, to see more things I don't know or can't remember. I feel inside out in front of him and without answers, without information, without understanding of myself. How do you have a conversation about yourself when all of a sudden you don't know what you're talking about?" (*Intersex* 112)

Her previously coherent sense of self is disrupted, almost breaking down in the face of her lover's statement, and by implication, in the face of this revelation. According to Butler's account of the limits of the autonomy of the self, our relations with others are constitutive of our sense of self. This relationality becomes most obvious when these ties to others are in some way shattered, leading to a "challenge [of] the very notion of ourselves as autonomous and in control" (Butler 2004: 19). Hillman's relation to other intersex people undergoes a rupture, in that her previously perceived difference and dissociation from them collapses as she becomes aware of their possibly shared experiences and her relatedness to them. Likewise, her relation to her lover experiences a disruptive moment, calling into question the terms upon which their sexual relationship and their shared sexuality rest (her lover has wondered for a year and a half whether she is a survivor of sexual abuse, and she was unaware of his

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speculation the entire time). This rupture in her sense of self manifests itself on the narrative level of her intersex story, in her difficulties to give an intelligible account of her (intersex) self.

Still she questions the legitimacy of feeling hurt the way other intersex people do because she apparently lacks the shared intersex experience of infant or childhood surgery: "At the time, I felt so different from them. I had never had a body that others wanted to operate on to make it look normal. I had a determined sex that everyone agreed on, including me" (*Intersex* 112); "My treatment was a huge success. Everyone said so. [...] Then why did I feel bad? It wasn't like I'd had surgery like other people I knew. Or even a different-shaped body. Was I allowed to feel hurt?" (*Intersex* 112). Although she at first denies a straightforward relation to the 'typical' intersex experience, she eventually realizes a recognition as intersex through the writing of her memoir:

"What I didn't really register at the time, I realize now, was that while watching the films, I would get hot and flushed. A deep sense of shame, of feeling found out, would rise and swell and push up against my throat. A part of me recognized myself in those films. If it wasn't in the body itself, it was in sharing the name of the condition Congenital Adrenal Hyperplasia, or seeing the clear disgust of the doctor, or watching a child being turned into a freak right in front of my eyes. Those things I shared. *Maybe that's what being intersex was about.* Maybe I didn't need to have had surgery. *Maybe the most intersex thing about me was my experience of how my body was treated and how I felt, rather than whether or not I had confusing anatomy or genital surgery*." (*Intersex* 112f, emphasis added)

Her definition of, and consequent self-identification as intersex departs, at least to some extent, from ISNA and other activists' notion of grounding intersex in an 'ambiguously' sexed body and genital surgery, claiming intersex to be "people whose genitals make them subject to medical intervention" (*Intersex* 81), and denying definitions based on experiences that diverge from this 'intersex script.' While Hillman feels that this commonly accepted definition excludes her from identifying/being identified as intersex, her narrative reconciliation of her sense of self eventually allows for a moment of intersex intelligibility.

In trying to figure out how to deal with this information and how to act on it – "Was I supposed to break down? Was I supposed to seamlessly integrate this new material into my fabric of self?" (*Intersex* 113) –, her strategy is to write down, and thus materialize, the fragmented pieces of information in order to construct them into a coherent narrative of self: "I grabbed little scraps of paper and began to scribble down snippets of my conversation with my lover as we had it so that I could figure myself out later, when I was alone, when I had time to think" (*Intersex* 113). The writing down of her thoughts and feelings, first in an unsorted, stream of consciousness mode and later in a more reflected, consistent narrative form in her

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memoir, functions as a cathartic moment in her narrative. For Hillman, the retelling of her experiences enables her to integrate this part of her into her sense of self, and more particularly, her sense of intersex self.

4.2.3 Inhabiting Uninhabitable Homes: Intimate Relationships, Sexual Survival, and Queer Subculture as an Alternative World

Hillman's experiences with the medicalization of her body is contrasted with chapters that deal with her sexual experiences in explicit ways. This narrative juxtaposition of the medicalized and the sexualized body – the chapters on medical issues do not chronologically precede the chapters focused on sexuality, but are alternating – effects a decentering of the medicalization of intersex, resulting in the narrative's defiance of a coherent representation of Hillman's sexed embodiment. The following interrogation focuses on how Hillman's sexuality and sexual acts and her intimate relationships function as crucial parameters for producing the conditions of her recognizability as intersex, how the norms inherent in these sexual practices and relations constrain or allow for her recognizability in specific sexual contexts (the alternative queer scene, subculture, relationships), and how her perception of her body and her sense of gendered self matches or conflicts with the ways she is perceived by her (sex) partners.

Sexuality is a theme discussed very openly and extensively in Hillman's memoir. Several chapters focus on Hillman's sexual experiences and her life in the alternative queer world, more precisely, her sex and community life in San Francisco. The narrative's strategy of addressing issues of sexuality in very explicit ways is regarded with suspicion by some intersex people and often considered as off-limits in intersex discourse. In earlier narratives that deal with sexual experiences of intersex persons, sexuality is largely linked to the consequences of genital surgery, with a clear focus on sexual dysfunction as a result of genital mutilation and sexual trauma. *Intersex*'s representations of sexuality address the results of the medicalization of the protagonist's intersex body as well, albeit in a different way. Yet the narrative goes far beyond representing sexuality of intersex individuals as merely afflicted by sexual trauma and dysfunction. Representations of an intersex person enjoying her sexuality, experimenting with sexual practices, and openly talking about it challenge both the notion of intersex sexuality as always troubled by pain and intersex persons' seemingly mandatory reticence with regard to their sexuality. This openness about her sexual experiences however is not without cost and has made Hillman vulnerable to reproach from the intersex community. As she later admits in her memoir, "[t]here were those [intersex people] that didn't trust me because I hadn't had surgery, and

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there were those that didn't trust me because I talked about sex too openly" (*Intersex* 147f).

In the very first chapter, "Haircut," Hillman reminisces about an incident in her adolescence where her then girlfriend wanted to give her a genital haircut. Immediately the narrative sets up a seemingly inextricable relationship between bodily difference and self-consciousness, medicalization, (sexual) abuse, and sexuality. The chapter tentatively introduces some relevant pieces of information foreshadowing several of these interrelated issues, which will be put together into a coherent and meaningful whole in the course of the narrative. Hillman's assertion, "[w]hat I should have told her right then is that I'm kind of sensitive about my hair down there. That it's been there since I was a toddler, that it makes me feel special, and that I'm still ashamed of it" (*Intersex* 9), raises the subject of an unspecified bodily variation which is in some way problematic for her and has troubled her since her childhood, without giving away too much information at this moment. The genital haircut given by her girlfriend, an intimate and sexual(ized) act, is displaced to a medical scene, most explicitly through the focus on the scissors with which her girlfriend is going to cut her pubic hair: "These scissors are the kind with teeth so sharp they seem to cut molecules of air as they close. Like a surgical implement, they're long, thin, silver, and cold" (*Intersex* 9). Her description of her sexual encounters, and particularly the haircut situation, are highly evocative of past examination situations at the doctor's office. Hillman attributes her ticklishness, her inability to relax during sexual encounters, and her difficulties with being touched by a lover to her experiences with a certain doctor in her childhood, "whose job it was to make sure I was developing at a normal rate, whose fingers pushed on my chest to see if breast tissue was developing, whose fingers opened me to make sure my clitoris was doing everything it was supposed to and not one bit more" (*Intersex* 10). The medical examination context is juxtaposed to the intimate scene of the haircutting: "I was cold sitting there, watching the scissors do their work, and I was getting more nervous by the minute, the ice cold of the metal biting my skin. [...] The sharp scissor tips were poking my labia. I was beginning to panic, but I wanted to give her what she wanted, so I let her keep going" (*Intersex* 10).

The question of power and control is very much at issue in both contexts, and although Hillman did not undergo any surgical intervention, the image of the scissors is evocative of the "sharp, cool tools of a doctor" (*Intersex* 11) that have intruded into her body and hence become a signifier for her being at the mercy of someone else's hands. When her girlfriend cuts her hair, Hillman feels her to be in complete control, leaving herself "reduced to feeling like a small child, and even though I'm petrified, I'm committed to letting her be in charge. I'm trying so hard to give it up" (*Intersex* 11). This power/control play is reminiscent of Hillman's descriptions of her experiences with doctors, which will come up time and again in the narrative, and indicates her perceived powerlessness and inability to fend off acts she is

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uncomfortable with. Experiences of sexual abuse are related to sexuality and her sexual encounters: "Years of having sex with women, or people who were designated as female at birth, has taught me a lot about having sex with survivors of sexual abuse. I recognize the stillness of someone leaving their body," and so on (*Intersex* 10). The issue of sexual abuse is addressed only tentatively at this moment and foreshadows her own survival of childhood sexual abuse with which she will deal at a later point in her memoir. For Hillman, sexuality seems to revolve around questions of power and trust, and in particular the question of setting limits when it comes to corporeal and/or sexual acts:

"The more I learn the secrets of other people's bodies, the more patient I am when they need to stop, slow down, the more I realize I haven't said 'No' very often. That I apologize for being ticklish instead of listening to what it's telling me. That I need to teach people how to touch me so my body will trust them, that my body is smarter and wiser than I am. That maybe it realizes there's a survivor in many of us, or at least in me." (*Intersex* 11)

Only at some remote moment in her narrative are the true reasons for her ticklishness revealed and her difficulties in refusing others to touch her are traced back to early childhood experiences within a medical context. Her experiences with the medical focus on her body and the processes of medicalization she was subjected to as a child have become incorporated into her sexuality: "I am learning that being comfortable with sex doesn't mean sex is comfortable, and that not being ashamed of sex doesn't mean there aren't layers of shame hiding in there, invisible to my eye, places I've never seen, in the dark recesses, where only the sharp, cool tools of a doctor have been" (*Intersex* 11). Although her genital sensation has not suffered from medical treatment, the psychosexual effects of medicalization seem to have an impact on how she experiences her sexuality.

After a brief moment of hesitation, *Intersex* continues with providing explicit accounts of Hillman's sexual experiences, which encompass a range of activities which predominantly take place in San Francisco's alternative queer/trans communities. The narrative's representational strategies of 'queer' sexuality and sexual practices construct, at least to some extent, a dichotomy of heteronormative sexuality and a sexuality which negates anything this heteronormative sexuality supposedly involves. The practices engendered and acted out within these alternative communities are considered as forms of resistance to a culture in which difference is "corrected, fixed, obliterated, or erased" (*Intersex* 121), where resistance consists in embracing difference, in "myriad, multiple, varied and beautiful ways of being alive" (*Intersex* 121), in resisting assimilation and instead performing the non-normative:

"I love San Francisco because we're not normal here, we're revolting. Every time we break an unjust law by marrying each other, we're revolting. Every time we declare the bathrooms in a

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building gender-neutral, we're revolting. I love San Francisco because so many of us are revolting everyday, just by being ourselves. Every time we choose an option that wasn't offered, every time we question, we make it safer to be in between" (*Intersex* 96)

This strategy of undermining the norms that regulate sexed embodiment, gender, and sexual acts, "just by being ourselves," can only be read as a revolt, as (a) counter-narrative(s), because these queer/trans representations are culturally marked as 'transgressive,' because there already exists an established discourse which produces and legitimates the cultural meanings of sex, gender, and sexuality. This binary construction primarily relies on representations of 'queer' sexual practices as 'alternatives' to heteronormative practices, while 'heterosexual' activities are conspicuously absent in *Intersex*. The only moment when a straight relationship is discussed it is phrased in terms of a monogamous commitment and serves as a demarcation from an allegedly queer lifestyle, which means in this case sex parties, celebrating promiscuity, and enjoying sexual 'freedom' and open or polyamorous relationships. However, as will become obvious, this seemingly clear-cut demarcation proves to be unstable, as the narrative's construction of a queer sexuality itself is fraught with contradictions and is at times inherently normative.

Hillman's frequent participations in sex parties, particularly at S/M clubs, are initiated by a visit to New York when she is twenty-one years old, a stay she describes as a "six-month field study" on sex (*Intersex* 39). Previously all her knowledge about sex has come from books, especially from gay porn. Her first visit to a gay S/M club, called the Vault, is anticipated and accompanied with stereotypical ideas, even myths, about gay sex culture ("hot, muscled men dominating each other, humiliating each other, fucking and sucking each other"; the location at the Meatpacking District is "perfect: dark, industrial, factory loading docks all closed shut," *Intersex* 39). Her anticipations, however, are discouraged straight away. Entering the club, she becomes virtually invisible and is not even charged money or gets asked for ID; only when she is accompanied by a male friend money is charged from them. Moreover, she is surprised that she is completely ignored by the other members: "I think I expected to be welcomed into the Vault, taken on a tour of the underworld, taken by the hand and introduced politely to the illicit arts of rough sex, pain play, and submission. Truth is, I had no idea what I was looking for" (*Intersex* 41). Her statements evoke a strong sense of feeling somehow lost between theoretical knowledge about sex, which mainly comes from her women's studies classes that condemn fetish as an oppressive act and books by Pat Califia and Carol Queen that take a sex-positive stance on queer S/M and leather subculture, and the realities of subcultural sex life. But the most disillusioning realization she makes is that "S/M wasn't an innately queer activity" (*Intersex* 41).

Yet despite her disenchanting first experience with the queer sex and S/M scene, her excitement and desire to be part of that sex subculture is sparked off: "It was part

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of an education that was just the beginning, a field study about courage, desire, and having no idea where I was going, but hoping I would know it when I got there, or better yet, that someone there would recognize me" (*Intersex* 42). She not only seeks to reconcile her contradicting information about sexuality, by plunging into queer sexual activities, but searches for a consolidation and a recognition of her queer desires: "Now I know I was looking for someone to take me, take me down in particular. I wanted to lose control, but only because someone would take it from me. And not because I had explained it to them, but because they could read me, could see through me, could see what I wanted" etc. (*Intersex* 41). Hillman's desire for (sexual) recognition within a community space is not fulfilled until she graduates from college, where she experienced no "wild experimentation years" (*Intersex* 44) and was largely ignorant of sexual matters and her sexual orientation. This changed when she is introduced to the "alternative queer world" with its sex parties, which mark "the beginning of the kind of life I'd always dreamed of" (*Intersex* 44). Whereas she refers to 'gay' as a rather conservative lifestyle, as basically reproducing or at least aiming for heteronormative values, 'queer' signifies for her a subversive way of life, rejecting and challenging any normative notions of gender and sexuality, premised on an underlying political motivation. Her normative and quite stereotypical binary construction of 'gay' vs. 'queer' goes however unchecked. This apparent glorification of a queer life signifies her longing for a belonging to a community space existing outside of a regulatory hegemonic and normative framework, and within which she can act out her perceived sense of queerness.

The same person who introduced Hillman to the queer alternative world, Susan, is also responsible for her first experience of masturbating using a vibrator, causing her first orgasm. This information regarding her ability to orgasm and to feel sexual pleasure, without difficulty and at any time she pleases – "the pleasure that I could just turn on and off. I felt like I'd never need a lover again" (*Intersex* 45) – stands in stark contrast to many accounts from intersex people who disclose their inability to have orgasms or to experience pleasure, and for whom the achievement of a more or less fulfilled sexuality often involves a lot of emotional and physical pain and struggle. For Hillman, sexual satisfaction through a vibrator is a habitual activity such as brushing her teeth, and moreover confirms that her "clit is working just fine" (*Intersex* 46) – as if to attest that she did not undergo a clitorectomy, unlike many other intersex people.

One of the very rare times sexual dysfunction is addressed in *Intersex* occurs when Hillman attends a queer conference, Creating Change, shortly after she has met Cheryl Chase and joined intersex activism. And even at this instance, it is not Hillman whose sexuality is affected by the consequences of medical treatment such as genital surgery, but someone else's. Natalie, who identifies as an intersex woman and is also an intersex activist, is at the focal point of Hillman's attention both in a sexual way and due to Natalie's own problematic sexuality, and it is this particular combination

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which makes her extremely attractive for Hillman. Natalie is represented as an intriguing figure of intersex embodiment whose 'intersex body' becomes conflated with her intersex politics in Hillman's perception. Hillman's advances towards her are at first repeatedly frustrated and ultimately fail when she unintentionally jokes about Natalie's failure 'to come,' what Natalie understands as her making fun of her inability to orgasm due to genital surgery. It seems as if Hillman finds her sexy not despite of but rather *because of* her post-surgery, clitorectomized 'intersex body,' meaning a body that is produced as a specific intersex corporeality through its surgical alteration. Natalie's intersex body comes to represent Natalie herself in this process; thus Natalie is constructed as an intersex subject through the narrative's representational strategies: "Natalie and her body and her amazing politics have been haunting me for weeks. Natalie embodies the intersex experience for me, and my mind wrestles with her as a way of figuring out my own relationship to intersex" (*Intersex* 85). The context within which this incident is set is one heavily charged with conflicting intersex identity claims. Chase's master definition of intersex persons as "people whose genitals make them subject to medical intervention" (*Intersex* 81) prompts Hillman to deal with her own self-identification as intersex, and to question her legitimation as intersex and the exclusionary mechanisms effected by this definition. Natalie therefore comes to signify 'intersex,' performing or embodying the master definition, and Hillman's failure to reach her becomes synonymous for her failure to achieve this intersex 'standard.'

Simultaneously, Natalie's 'intersex body' is eroticized, almost fetishized through Hillman's sexual fantasizing, yet always on an abstract, unfathomable level, inhibiting Natalie's capacity to exist as a livable subject:

> "She floats behind my eyelids during sex with my new girlfriend, appearing like a secret lover, surprising me when she appears there, shadowy and knowing. In the middle of sex, I think of her and wonder, what part of this do I take for granted? And I think, where would Natalie want me to touch her? And I think, where would she touch me? And I think, at what point does she tell a new girl?" (*Intersex* 85)

Natalie's intersex corporeality is stylized as a site of sexual fantasy for Hillman, on which she projects her own complicated sexuality. In a way, Natalie represents a yet undefined intersex part of Hillman, but at the same time serves for Hillman to set herself off against this specific intersex experience, and more particularly this specific intersex sexuality. Her strategy of demarcation works predominantly through the narrative's oversexualized accounts of her sex life, deliberately negating any dysfunctional or problematic aspect of her sexuality, and instead asserting the functioning of her genitals by providing explicit details of her intimate encounters.

The chapter "Home" captures in retrospect the heyday of Hillman's sex life in San Francisco's queer community and is written in second-person narrative mode,

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reminiscent in its form of a love letter, the addressee being San Francisco: "You were a wish come true. An eight-year adventure" (*Intersex* 48). After she has graduated from college, a sex party triggers off her decision to move to San Francisco, as she feels the city's sex subculture offers her a queer space within which she can act out her desires and her perceived 'difference': "I was amazed by the diversity of the party, the strangeness of the people, and the radical acceptance of every kind of weirdness. I felt very normal for the first time. And like I'd found a place I could be myself and be accepted" (*Intersex* 49). She quickly immerses in the various spaces of the city's queer alternative subculture: the queer sex parties, the punk rock dykes scene, the open mic at Poetry Above Paradise, and the girls clubs. This queer community, actually made up of a variety of rather different communities, serves for Hillman both as a 'surrogate' family or home and as a place for her to be recognizable. While she has not yet come out as queer to her family at this point, and still feels to be trapped in the 'closet' when being with her family (*Intersex* 50), the San Francisco queer communities allow for her coming out and moreover for her belonging to a group as a legitimate member, being recognized and accepted as an intelligible queer subject.

Yet it becomes obvious that the various queer communities, despite their efforts to challenge or resist heteronormative notions of genders and sexualities, themselves reproduce practices of inclusion/exclusion and parameters of gender and sexual normativity. Hillman's own inclination toward sometimes rather stereotypical conceptions of gender and sexuality is facilitated and at times even encouraged by the communities' structures and (implied) regulations.

The tensions between Hillman's seemingly conflicting desires for both normativity and queerness become apparent at several instances in her narrative. While she acts out her sexuality exclusively in queer community contexts, as represented in *Intersex*, her notion of genders, sexuality, and their supposed interrelatedness oscillates between questioning and reaffirming normative ideas, between a challenging of the desire to 'fit in' and a need for intelligibility. Her own gender construction occurs predominantly in relation to her various lovers. In the chapter "Ordinary," narrated in second-person mode, she addresses an ex-lover shortly after their break-up, telling them of her sexual encounter with another woman she met at a club:

"I felt like such a woman last night. Why is it that misery has me feeling more female than ever? [...] Maybe it's being so far outside myself, getting fucked by strange girls and seeing myself the way the way some new girl does. I look at myself and feel desirable. [...] I put on my red slip last night and the slutty white mules you love so much and danced in front of the mirror. I was so satisfied with myself last night." (*Intersex* 58)

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The break-up with her ex-lover and the consequent misery and pain she suffers are as responsible for her feeling 'female' as is her sexual encounter with another girl; in either case it is a lover or person she has sex with who defines her femaleness. Her mediated look at herself, from an 'outside' perspective, even dissociated from herself, through the perspective of a (new) female lover, constructs Hillman as a desirable (and) *female* object, while 'femaleness' is defined by 'slutty' or supposedly 'sexy' accessories or underwear. Even her look at herself in the mirror projects a distorted vision of her, a bias reinforced by sleep deficit and being drunk.

While this chapter reveals no further information on how Hillman defines her own femaleness independently of her lovers, her later negotiations however challenge the notion of herself as distinctly female, or the conception of femaleness itself. In "Femme," she scrutinizes the use of the pronoun 'her' and discusses its inadequacy or deficiency as a reference to herself:

"Her. It's a distancing technique, to be sure. The word short and far away. A call. A reference without direction, but with intent. Her would be fine if it were true, but her is an assumption made across a crowded restaurant, on the page, in the restroom. Her is an assignment, homework, gossip, a guess, a limitation. Being intersex makes her half-assed and incomplete, a cop-out, and the easier of two destinations. Her is one path out of many. An option. A state of mind defined more by articulation than genital presentation. Her is me not because you say so, but because I haven't come up with something better yet." (*Intersex* 124)

Hillman's discomfort with the pronoun 'her' stems mainly from the perceived mismatch between a signifier charged with specific cultural meanings and her gendered concept of herself. She feels her intersex sense of self misrepresented and what she defines as her 'male' part unrepresented by a referent culturally considered to represent 'femaleness,' and moreover only a very specific form of intelligible femaleness. 'Her' *(mis)*represents Hillman as an 'intelligible' *female* subject, but fails to represent Hillman as an intelligible *intersex* subject, negating or erasing the complexity of her gender identification(s), and as a consequence denies her intelligibility. Hillman's struggle for gender representation can be understood in terms of the double bind of recognition, and hence of intelligibility, as theorized by Butler (discussed in chapter two). Hillman's dilemma results from feeling misrecognized by the norms on which her intelligibility, and thus her survival, depends, and feels she can only survive by escaping these norms as they threaten to undo her as a subject: "In the same way that a life for which no categories of recognition exist is not a livable life, so a life for which those categories constitute unlivable constraint is not an acceptable option" (Butler 2004: 8).

While Hillman's comment that 'her' is "the easier of two destinations" probably refers to the assumption that a female gender pronoun seems to match Hillman's gender presentation more aptly than a male one, and thus eludes a seemingly

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'contradictory' and hence problematic public gender performance, it can also be interpreted as a reference to the common medical practice to preferentially assign an intersex infant a female gender, as it is considered easier to surgically construct a provisional vaginal opening than a phallus.[4]

Yet while Hillman objects to the defining power of 'her' as a signifier for her gender, exerted by others, she cannot think of an alternative, for instance using a gender-neutral pronoun such as 'ze' (and the respective possessive pronoun 'hir'). As she presents herself mostly as 'female' and 'feminine' to others, particularly to persons she is intimate with, her gender performance raises expectations she cannot or does not want to live up to. Her lovers in particular seem to derive a certain way of (sub)culturally encoded (sexual) behavior from her gender performance. This gender and/or sexual misrecognition she experiences is inextricably bound to a specific queer subcultural normativity. Her assigned gender and/or sexual role as "a training femme for several butches," for instance, clashes with her self-perception, "because I don't identify as a femme, even if that's what I look like to people. I didn't [...] understand what these butches wanted from me. They seemed to have some script that I hadn't gotten" (*Intersex* 125). Hillman's 'masculinity' or 'masculine' aspects of her gendered appearance obviously does not fit this queer-culturally encoded (sexual) script internalized by some of her lovers, especially her butch (or) masculine lovers, who are confused or even feel "emasculated" by Hillman's masculinity and sometimes simply don't "know what to do with [her] body" (*Intersex* 125).

The sociocultural constructedness of gender attributions along specific cultural expectations however seems to leave room for alternative or multiple interpretations, creating possibilities for Hillman to acknowledge her intersex self. Hillman asserts her masculinity without denying or erasing her femininity, thereby invoking stereotypical gender notions in order to deconstruct them as essentialist or determinist:

"Of course, masculinity isn't just who you fuck, or how you fuck, or that you want to fuck. But that's part of it. I'd like to tell you that masculinity has nothing to do with hormones, that masculinity is some innate thing, something distinct from muscles or chemicals, but in my case,

4 Morgan Holmes notes that the medical practice of assigning an intersex newborn a sex is based on heteronormative functional factors, privileging the function and the appearance of the 'penis' generally over other aspects: "because of the issue of phallic adequacy and because '...the surgery necessary to convert to female is simpler...' [...] even in a chromosomally male body, a phallus which cannot meet the medical criteria to become a certifiable penis will be removed. [...] The same sentiment is expressed as 'It's easier to make a hole than build a pole' by Dr. John Gearheart in Johns Hopkins Magazine, Nov. 1993, 15" (Holmes 1994b: 12f).

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that's not quite true. Due to being intersex, I got some high doses of those chemicals that our society believes turn boys into men." (*Intersex* 125)

"There are a lot of stereotypically male things I do: I'm usually not the crier in a relationship. Often the hottest thing for me isn't getting fucked, but is fucking someone else. [...] I'm quick to sweat, to build muscle, and I'm not really a natural when it comes to cuddling. But then again, all that's bullshit." (*Intersex* 125f)

"What's a normal girl? Who doesn't have masculinity in her? Who doesn't get off fucking girls in public spaces? There's no such thing as a normal girl, thank God, and especially not in our community." (*Intersex* 126)

Although Hillman asserts a critical awareness of the performativity of gender and its relationship to sexuality as normative (or non-normative), she inadvertently reproduces the misconception of constructed cultural notions as naturalistic 'facts' and biological determinist assertions. In directly addressing the reader, she seeks to convince them – and herself – of being perfectly aware of this naturalistic misconception, but simultaneously qualifies the validity of the constructivist theorem of gender and sexuality with regard to her own 'special' intersex position. She thereby seems to fail to acknowledge that intersex, just as female and male sexes, is in the same way subjected to sociocultural constructive mechanisms which produce it as a cultural category. The inconsistencies of Hillman's gender conceptions cannot be easily resolved but prove all the more that they are complicated and far from being disentangled.

The entanglements of her intersex intelligibility and the construction of Hillman's gender and her sexuality through lovers or sex partners are reiterated in one of the final chapters in her narrative, in which the narrative mode alternates between second and first person, directly or indirectly addressing her first lover, Jesse. After having spent a couple of hours with the first girl she fell in love with, talking and having sex, she starts writing because of the strong emotional impact this person has had on her: "I had this odd, overwhelming sense that she had gotten me pregnant, with myself" (*Intersex* 145). Love and sex have a productive and creative power, engendering narratives of queer selves:

"Jesse dragged me, willingly and roughly, from bi-curious into queerness, my bare knees scraping the rocks I stumbled over as I crossed the river between what I was in the world and what I truly wanted to be. I understand the allure now, what it's like to sense that hunger in someone's longing gaze your way, reaching out a hand for the leap across the water. [...] I know what it's like to see something in someone that they don't see yet in themselves. I know what it's like to introduce someone into a world they've always belonged to but never knew existed.

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I know what it's like to fuck someone so hard they start writing poetry, turning a silent crush into a songbird." (*Intersex* 146)

These narratives of queer selves seem to be possible only through the recognition by other queer subjects, specifically lovers, who see themselves reflected, or 'recognized,' in each other. The demarcation between 'self' and 'other' does not precisely become dissolved, but is challenged by their relation to one another. Hillman's "predilection for distance [...] [w]hen it comes to love" (*Intersex* 145) requires a transition for her lovers, for them to cross the country, to arrive at "previously uninhabitable homes" (*Intersex* 146). This becomes symbolic not only for gender transitions, but for becoming recognized as a queer subject and hence to occupy an intelligible subject position, which enables the queer subject to live a livable life.

4.2.4 "I'm More Like You than I Am Like Them": Ideas of Community and Questions of Belonging

An issue that concerns many intersex people, in particular those who do activist work and/or consider themselves members of intersex (and/or other) communities, is negotiated in Hillman's narrative as the "public/privateness of intersex, this constant negotiation between self-definition/representation and group representation" (*Intersex* 93). As elaborated in chapter two, the intersex (identity) claims made by activist groups and community members, among others, are highly contested and "eternally shifting and in dispute" (*Intersex* 93). The discussion of early intersex first-person accounts showed that intersex community members are subjected to a certain pressure to comply with specific community rules in order to be accepted as legitimate members, so as to represent an intersex collective in public and to function as a political agent.

Intersex frames these tensions in terms of the question of the public affirmation of Hillman's intersex status on one hand, and the perceived conflicts between the intersex, trans, and queer communities on the other hand. As discussed above, Hillman's quest for membership in the intersex community seems to be inextricably bound to a conformity to a specific definition of intersex as an experience of genital surgery, and to a profound fear of exclusion and being exposed as a 'fake' intersex. 'Authenticity' is primarily, if not exclusively, based on non-normatively appearing genitalia, and Hillman at first adopts the activist/community rhetoric when constructing her own intersex authenticity:

"When I first started telling people about intersex, or telling them I am intersex, I would tell them it's people whose genitals present ambiguously as neither male nor female, or who have

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characteristics of both. And if I told them I'm intersex, I would feel compelled to tell them that my genitals appear 'normal.'" (*Intersex* 107)

Hillman's compulsion to admit her failure to meet the required conditions in order to qualify as intersex, according to the definition set up by activist leaders and reaffirmed by herself, stems from a fear of being revealed as an 'imposter,' as being not 'really' intersex and being denied the legitimation of acting as a public intersex activist: "I think I needed to be affirmed as intersex in order to do the activism. And for that identity to be publicly acknowledged. There's this fear I have that people will think I'm just trying to be different, to get attention" (*Intersex* 107). Thus in order to compensate for her perceived lack of the primary 'intersex signifier,' i.e. 'ambiguous' and surgically altered genitals, she informs people about her prepubescent growth of pubic hair, "and they say 'Wow,' and are impressed, and I can put my intersex membership card back in my wallet" (*Intersex* 107).

Hillman's assertion of her intersex variation also obviously serves as a demarcation between several identitarian boundaries. Although she claims not to be ashamed of being (mis)recognized as a 'hermaphrodite,' she is constantly cautious to affirm her 'normalcy,' both with regard to her genitals and other aspects of her corporeality, in an effort to prevent being marked as a 'freakish' figure. On the other side, she eagerly seeks to affirm her queerness and thus to distance herself from normative gender subjectivities: "What makes me tell them I might have been a hermaphrodite, and that if I had it worse I'd be one… implying, of course, that I'm not? It's not shame so much as false modesty, in part, saying, 'I haven't gone through what they've gone through.' And fear, maybe: I'm more like you than I am like them" (*Intersex* 107f). Thereby she produces a discursive demarcation line, a binary between 'you' and 'them,' between the non-intersex people and the 'real' intersex people, working with (mis)attributions that are not only normative but moreover dangerous in that they are producing several exclusions. She is particularly anxious to convince queer people of her intersex 'authenticity': "I wonder if every queer who's met me in the past decade or so is wondering what I have to offer, what bandwagon I'm jumping on" (*Intersex* 108).

The question of what intersex signifies and how an intersex community can be conceptualized is also a recurring motif to which the narrative does not provide a final or coherent answer. Although Hillman frequently refers to herself as intersex, she seems to be reluctant to use the term intersex as an umbrella term since not all people would identify as intersex or refer to intersex as an identity category, and calling someone intersex would be reducing them simply to their intersex 'condition,' and moreover, the term comes from medical terminology (*Intersex* 93). Yet the different and unequal premises on which the definitions of and the processes of identification as intersex, trans, queer, etc. rest are repeatedly phrased in terms of medical terminology – while people who have an underlying medical 'condition' can

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use it as a root cause for their perceived gender difference, others, such as trans people, supposedly cannot rely on what is represented as 'biological' causes:

"Emi and I talked about the problem of language in our allied communities. About how problematic it can be when an intersex person says, 'I never quite felt like a girl or a boy, but rather in between, something different,' as an explanation for their intersex-ness. How does everyone else, the non-intersex people who never felt quite like a boy or girl, account for their difference? What's their diagnosis?" (*Intersex* 93)

Again, the narrative resorts to a biologist argumentation and involuntarily reinscribes naturalistic and biological determinist notions into the intersex subject. This notion is also reflected in Hillman's nightmare about representing the intersex community on TV, in which she "was desperately repeating one line over and over in [her] head, trying to remember the three root causes of intersex: hormonal, chromosomal, and, and… over and over again" (*Intersex* 106). This nightmare also demonstrates her anxieties about performing her work as an activist 'appropriately,' meeting the (perceived) expectations of other intersex people, and proving her commitment to the intersex collective: "I felt the weight of unborn babies on my shoulders and all the intersex people I've met, heavy and wonderful. I knew I needed to come through for them" (*Intersex* 106).

Yet *Intersex*'s at other times rather critical stance towards the intersex, transgender, and queer communities and community politics is quite daring. Criticism, and in particular public criticism of the community is generally not appreciated, as the intersex status quo is sought to be upheld by community/activist leaders who want to keep the (defining) power over what intersex is or should be in their own hands, under the precept of maintaining a unified collective and a unanimous (public) voice. One of Hillman's major concerns with regard to community spaces is how "to bridge the communities I'm in: trans, queer, women's, performance" (*Intersex* 89), communal mechanisms of inclusion and exclusion, and the tensions arising from sometimes diverging interests.

The difficulties facing the allied communities turn out to be problems of language, more precisely conflicting discourses, in the first place. In particular the alliances between intersex and transgender movements and shared spaces have had a difficult history since the 1990s. The crucial conflict is that 'trans' has been utilized as an umbrella term for many non-normative, or 'queer,' identities, potentially subsuming or subordinating intersex politics under their own or broader transgender politics, thereby ignoring or even erasing the specificities of intersex premises and needs and appropriating intersex and intersex experiences.[5] The question of who is

5 Intersex organizations and/or activists in particular have commented at several occasions on this issue. For instance, the influential Organization Intersex International (OII) has

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part of an intersex community, how this community is organized, and how it operates is an ongoing debate. This community, or rather, communities are mainly internet based, and their members are primarily activists or people who are members of more specific self-help groups for certain intersex-related conditions. In *Intersex*, an 'intersex community' is conspicuously absent; it is rather in queer community contexts where intersex people appear as some sort of collective. A clear-cut demarcation between different identity-based communities is not constructed in and by the narrative; rather, their boundaries are constantly shifting. At one point, Hillman joins a workshop on trans inclusion and activism in women-only spaces at a queer anarchist conference. While she admits a previous skepticism towards the term 'trans' as appropriating intersex under its agenda, she now feels a sense of belonging to this community: "What's changed recently is my connection to trans issues: the trans umbrella that I find so inappropriate for me as an intersex person does offer me shade, support, and community" (*Intersex* 88). Fed up with the exclusionary mechanisms and the "inequities of women-only spaces" (*Intersex* 88), she seeks a way to connect the different communities she is in.

At other times, Hillman is painfully aware of the perceived differences and discontinuities between the various queer modes of being and groups, and torn between the dis/continuities of intersex, trans, and other queer experiences. In the chapter "Testosterone," she ponders how her intersex experience sets her apart from other queer subjects, in particular from trans persons:

> "Sometimes I think I'm really different from you. You see, the queerer I am, the more I think I'm different than everybody else. It's as if there's this scale of queerness, and each degree of queerness takes me further from other people, even from other queers. And since I'm intersex, I often feel like I'm at this frontier of queerness, [...] having buried many of my intersex compatriot explorers along the dangerous journey, and having eaten the others." (*Intersex* 129)

Although *Intersex* does not provide a distinct definition of the term 'queer,' Hillman understands queer not as exclusively referring to homosexuality, but as a signifier for any sense of self, gender, sexuality, experience, and corporeality that challenges heteronormative constructions. Queerness is articulated in terms of difference, where difference increases proportionally to the amount of queerness. In this passage, the vaguely specified addressee(s) apparently is/are outperformed in their queerness by Hillman, whose queerness is enhanced by her intersex experience. She is most likely addressing one or more trans persons, and their mutual inability to understand each other leads to a distancing or even disconnection from one another:

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released a position statement about "'ISGD' and the appropriation of intersex" on their website (OII 2012).

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"Being a queer pioneer often means that I think you don't understand me. And not only that, but I think I don't understand you, either. As I learn more about being intersex and I stop taking hormones, and as many of my friends and lovers learn more about their transgender selves and start taking hormones, I often think we're moving even further away from each other." (*Intersex* 129)

Her statement suggests a demarcation line between intersex and trans which is premised on testosterone. Testosterone remains the crucial signifier for Hillman's intersex variation even when she reevaluates its function as a marker for the demarcation between herself and trans subjectivities: "It hit me recently that that's just isolation talking, and shame, and fear, because I do, on some level, understand what my trans friends and lovers are going through. [...] I know what their bodies are going through. [...] I know because I've been a female-bodied person on T" (*Intersex* 129). Having been skeptical about using the term 'T' instead of 'testosterone,' feeling that it suggested "a false intimacy" and "fed into people's denial" (*Intersex* 129), she changes her mind on its usage as it signifies a reappropriation of the term by genderqueer and trans persons in particular. She suddenly begins to conceive of testosterone not as separating her from trans persons, but rather as a signifier of shared experiences. The perceived similarities of her experiences and those of trans persons are almost exclusively phrased in terms of a corporeality which is in various ways 'different,' "caus[ing] people anxiety," 'shocking' and 'scaring' people (*Intersex* 130), and which develops towards a 'masculine' appearance as a result of testosterone 'excess' or injections: "I know the feeling that something is coursing through your body that's making you different from the people around you" (*Intersex* 131).

Hillman continues her argument in the subsequent chapter "Community," persistently alternating between the continuities and discontinuities within the queer communities, and particularly between intersex and trans. She makes it clear that it is impossible to tell her story about her intersex experience without telling the stories of trans persons:

"I'm drawn to these transmen as the unborn part of me. The medically unaltered self, the body no one wanted me to have. But as much as the results of their medical modifications touch me and turn me on, their choices scare me, especially their reliance on medicine to give them the body they always wanted, that no one wanted them to have. Their love-hate relationship with the needle and the knife, their worship of its power to give shape to their desire scares me because it's the same needle and knife that have sculpted my own dented self-image and stolen the desire from so many people I love." (*Intersex* 134f)

The juxtaposition of intersex experience, in particular intersex surgery, to trans (experience with) surgery creates a binary of 'good' or desirable vs. 'bad' or

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unwanted and condemnable surgery, which demonstrates how very differently the very same medical tools and processes and their outcomes can signify, depending on the relations of power/control inherent in these processes.

In telling two stories about her sexual encounters with trans persons, the relations between Hillman and them, i.e. other members of the community, and the way these relations constitute her own sense of self are once again revealed: "these stories [are] [a]bout my own challenge to distinguish between changing your body because you love it and changing your body because you hate it. They're about me trying to love my own body, and watching that process reflected in the people closest to me, my community. Our community is in transition" (*Intersex* 137). The juxtaposition of body and community, which are both subjected to changes and processes of transition, creates a sense of the community as an organism, a large body or corporeal space which functions relationally to its individual members. Its members, in turn, become incorporated into this lager 'organism' and enter a kind of symbiosis. For Hillman, as for many other members, the community also functions as a 'surrogate family,' especially when they are not accepted by their families of origin – which might explain the cautiousness of many members to adhere to the community's regulations of what is legitimate to say or to do: "Always there were those so desperate for community that any disagreement was seen as a threat" (*Intersex* 148). Hence, addressing her concerns about surgery and other medical treatment in trans and queer contexts openly is quite daring, as Hillman herself perceives it, since such an outspokenness puts her at risk "of being seen as anti-trans and anti-surgery" (*Intersex* 132) by trans or queer community members.

The organization of the intersex community which unites intersex individuals as, and so produces, a collective is initially understood by Hillman as a reaction to a perceived oppression of individuals by the medical establishment: "I considered [intersex] a set of shared experiences of sex and gender oppression. I understood the problem of basing a definition on treatment by others, but that common oppression was all I understood as an organizing concept at the time" (*Intersex* 91). This conception of intersex community or intersex identity politics as based on a common identity is reminiscent of the way identity politics have at times functioned in a feminist context, prominently criticized in *Gender Trouble* by Butler. In the case of feminist politics, Butler has questioned the category of identity, or a common identity, as the foundation for feminist politics and criticized the concept of 'unity' as "set[ting] up an exclusionary norm of solidarity at the level of identity" (Butler 1990: 15). Instead, she has suggested a "radical inquiry into the political construction and regulation of identity itself" (1990: ix). While the point she makes has been the subject of criticism in ongoing debates in intersex activist and/or academic contexts, the actual consequences this foundationalist approach to intersex politics has for individuals have been rarely addressed in personal, in-depth accounts. It is to Hillman's credit that she reveals from a first-person perspective what these

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consequences can look like for an intersex individual, and how members of the community might even need to compromise their autonomy, as they have to "present [them]selves as bounded beings, distinct, recognizable, delineated, subjects before the law, a community defined by sameness" (Butler 2004: 20) in the language and the context of a collective politics.

Towards the very end of her memoir, Hillman eventually dismantles what appears to be an intersex 'community' as lacking a common ground on which intersex identity claims and a collective intersex identity can rest. She exposes this collective's apparent coherence and functioning as relying on terms of medicalization, which are debunked as inconsistent and false. Her deconstruction of these claims however again refers back to a discourse on corporeality which is borrowed from the medical discourse on intersex:

> "After all these years in the intersex community, I can tell you there is no intersex community. There's a bunch of people who have a variety of bodies, some radically different from each other, and even more different experiences. What many of us have in common are repeated genital displays, often from a young age. Many of us have had medical treatments done to us without our consent to make our sex anatomy conform to someone else's standards. Many of us suffer from intense shame due to treatments that sought to fix or hide our bodies. And many of us have experienced none of the above." (*Intersex* 148f)

Hillman's reference to medical discourse in the dismantling of this very discourse and its premises demonstrates that it is not possible to elude this discourse. Her alert, set purposefully at the end of *Intersex*, also obviously has an educational function towards the readers. With the paradoxical statement "[a]fter all these years in the intersex community, I can tell you there is no intersex community," she designates the very conception and the ideality of an intersex community as problematic. The tensions between moving within (a) collective intersex space(s) of any kind and questioning the very foundation on which this/these collective(s) relies/rely remain unresolved.

4.2.5 The "Daily Work of Acceptance," of Surviving as Intersex

As the first book-length autobiographical intersex text that appeared in North America, *Intersex* makes a substantial contribution to the corpus of intersex narratives conveyed from an intersex person's perspective. The insights Hillman provides both into her personal life and into the intersex community life have never before been made available to a broader readership. Yet the fact that hers is so far the only published intersex autobiography should not result in considering it as "an authoritative treatise on being intersex" (Roth 2008), or as "tell[ing] other intersex

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people's stories" (Hillman, in Roth 2008). To treat *Intersex* as a transhistorical account of what it means to be intersex would be as inaccurate as trying to derive any universal 'truths' about intersex persons from the narrative.

When Hillman writes, "I've been thinking about how through my work I end up coming out in performance as intersex" (*Intersex* 108), she both points to the performativity of intersex and reclaims the defining power of herself as intersex from doctors, thereby transferring the discourse on intersex from a medical to a literary and/or activist space. In doing so, she manages to achieve an intelligibility as an intersex subject, which was denied to her in other, heteronormative contexts. For some persons for whom recognition along prevailing social norms seems to fail, Butler argues, it is from the "incommensurability between the norm that is supposed to inaugurate [one's] humanness and the spoken insistence on [one]self that [one] performs that [one] derives [one's] worth, that [one] speaks [one's] worth" (Butler 2001: 634). Likewise, Hillman "speaks her worth" in/through a critique of "the norms that confer intelligibility itself," by ultimately declining to submit to the social requirement of being "fully recognizable, fully disposable, fully categorizable" (Butler 2001: 634) – although, and this is important, she repeatedly seeks to *be recognizable* throughout her narrative for the sake of social survival. The kind of recognition, and thereby intelligibility, she finally achieves does not precisely come as a result of her various attempts to submit to a norm (more specifically, queer or intersex norms), but rather as the consequence of her refusal to accept the norms that are constitutive of her recognizability, available or offered to her by both the hegemonic power and, at least to some extent, the intersex and queer communities.

Intersex's last chapter "C/leaving," written as a poem, gets to the heart of the performativity and historicity of intersex and the recognition of intersex subjects. Hillman's statements that "There is the daily work of acceptance" and "Choice, the deepest kind / Is an illusion I use / To soothe myself to sleep / Daily" (*Intersex* 155), can be interpreted in the sense of Butler's understanding of the conditions of intelligibility:

"If I am someone who cannot *be* without *doing*, then the conditions of my doing are, in part, the conditions of my existence. If my doing is dependent on what is done to me or, rather, the ways in which I am done by norms, then the possibility of my persistence as an 'I' depends on my being able to do something with what is done to me. This does not mean that I can remake the world so that I become its maker. That fantasy of godlike power only refuses the ways we are constituted, invariably and from the start, by what is before us and outside of us. My agency does not consist in denying this condition of my constitution. If I have any agency, it is opened up by the fact that I am constituted by a social world I never chose. That my agency is riven with paradox does not mean it is impossible. It means only that paradox is the condition of its possibility." (Butler 2004: 3)

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Hillman realizes the possibility of her agency as the "daily work" that needs to be done in order to be recognized as a queer or an intersex subject, precisely as "liv[ing] in ways that maintain a critical and transformative relation" (Butler 2004: 3) to the norms by which she is constituted. More concretely, this means that in order to live an intelligible *and* livable life, she needs to work toward a constitution of herself as an intersex subject, where this constitution is understood as a process that has to be incessantly interrogated, reassessed, and reestablished. However, this project cannot be accomplished entirely individually, as she needs a collective point of reference which provides the (alternative) conditions, and the (alternative) norms by which she can articulate her 'alternative' intersex subjectivity. The last stanza of her poem, which at the same time contains the last words of *Intersex*, "There is the ground / The soil / And the question of / What to do with these hands" (*Intersex* 155), indicates the emergence of a (collective) intersex space, which simultaneously provides the conditions by which she is able to write her narrative and do her activist work, and is in turn (re)constructed by her narrative/work. This last statement also hints at the impossibility to resolve the question of "what is intersex?", the central issue driving Hillman's memoir, in a final answer. Hillman's "search for self in a world obsessed with normal" (*Intersex* back cover) hence has to be a narrative that challenges the very possibility to provide a coherent solution to this question.

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5. Reimagining Intersex

Literary Renegotiations of the Dis/Continuities between Hegemonic Narratives and the Recognition of 'Difference'

5.1 Mainstreaming Intersex I: Novels between Fictional Liberties and the Need for Narrative Closure

Fictional literary works about intersex themes that are mainstream enough to attract a larger readership are rare in North America. The most famous novel is clearly Jeffrey Eugenides' *Middlesex*, published in 2002, followed almost a decade later by *Annabel*, written by Canadian author Kathleen Winter in 2010. The relative success of both novels has resulted in making intersex themes accessible to mainstream audiences, which has helped to make intersex people more visible within society and contributed to the cultural renegotiation of intersex.[1] Yet the scarcity of literary works that include intersex characters and/or deal with intersex issues marks a significant gap in intersex representation, which makes the literary negotiation of intersex necessarily highly selective and exclusionary and produces a very restricted narrative that defines the contemporary western literary 'canon' of intersex works.[2] Both

1 *Middlesex* won the 2003 Pulitzer Prize for Fiction, the Ambassador Book Award, Spain's Santiago de Compostela Literary Prize, and the Great Lakes Book Award and was shortlisted for several other relevant literary awards. *Annabel* won the 2011 Thomas Head Raddall Award and was shortlisted for three major Canadian literary awards. In addition, the novel was adapted as a radio play for BBC Radio and inspired Alison Goldfrapp for her song "Annabel" (Bailey 2014). Both novels are best sellers, *Middlesex* in the USA and on a global scale (the novel has been translated into 34 languages), and *Annabel* foremost in Canada.

2 To date, it cannot be said that a canon of intersex literature exists. However, literary and cultural productions of intersex have been gradually increasing in number over the past

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novels focus on the coming of age of a child born with an intersex variation in the 1960s, their struggles with their initial gender assignments and the consequences of the medicalization of their bodies, and their eventual escapes out of the small confines of their homes to the city, in an effort to come to terms with being intersex and with their gender identification. *Middlesex* and *Annabel* share a particular understanding of what it means, or can mean, to be intersex, of how the category of intersex has been produced by specific hegemonic discourses, and of the problematic aspects inherent in this production. Yet while they both employ certain narrative strategies, discourses, and plots in their representations of intersex, the two novels depart in significant ways from each other. The perhaps most obvious difference lies in their respective strategies to produce a coherently gendered intersex subject and a (coherent) narrative closure.

My analysis of the fictional literary representations of intersex subjects necessitates a preliminary delineation of what cultural texts can, and cannot accomplish and contribute when it comes to contemporary cultural negotiations of intersex. Fictional literary works offer, in contrast to non-fictional and/or autobiographical narratives, a greater range of possibility for the reimagination of intersex lives. While fictional narratives are subjected to the demands of fair representation and avoiding harmful and insensitive portrayals of intersex persons, a work of fiction is not bound to do actual activist work, hence it is not obliged to produce a narrative whose (primary) function is to call attention to the human rights violations many intersex individuals are subjected to. This specific function of intersex narratives is, as discussed at an earlier point, a significant part of intersex first-person accounts that emerged in the 1990s. Novels and other fictional work, in contrast, have more liberties in constructing narratives that go beyond discussions of the medicalization of intersex individuals and that can create storylines which involve intersex characters whose defining feature is not or involves more than being subjected to processes of medicalization.

However, the question of whether a literary/cultural production, or an author, can be held accountable for narrating a specific story and ignoring particular aspects of intersex issues that are important to activist struggles, for instance, is debatable (e.g. Holmes 2008, Hillman 2008). The most significant and controversial questions are whether a (non-intersex) author has a moral obligation to write a particular story of intersex, and whether an intersex story has the obligation to challenge, or even subvert, gender and sexed bodily norms. Both questions imply the demands of

twenty years, so that it can be reasonably argued that cultural negotiations of intersex take place in North America, from which to deduce a specific cultural narrative on intersex that exists at the intersection of medical discourses, activist intervention, gender and queer theory, LGBQ and transgender representation in literature and (popular) culture, and human rights debates/ethics.

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'authenticity' regarding the representation of intersex lives and of the resistance to hegemonic medical narratives, and consequently the demand on the text to acknowledge, and to critically position itself towards the social, political and legal discrimination and the human rights violations against intersex persons. While there is disagreement about which aspects *should* be part of an intersex storyline, there seems to be more consensus about what an intersex narrative *should not* do. Disrespectful, insensitive and sensationalist (mis)representations of a group of individuals that has been continually threatened with cultural and physical erasure, with violations of their bodily integrity and self-determination that are categorized as human rights violations, become indispensably questions of ethics. As a consequence, literary works can be held accountable for their perpetuation of hegemonic intersex narratives, as they inevitably reaffirm the 'naturalization' of the presumed continuities between body, gender, and sexuality (see Butler 1990), which has informed, and still informs, the basis for physical and psychological 'normalization' procedures.

Literary representations of intersex, then, indispensably involve a critical positioning towards existing discourses and narratives on intersex, both non-fictional and fictional. The time frame between the publication of the two novels under consideration spans nearly a decade (2002-2010) within which significant processes of intersex renegotiations have taken place. In particular, the challenges to medical discourses and treatment practices prompted by activists, the re-organizing of intersex activism, the changes in (mainstream) media coverage on intersex themes, and critical reactions to *Middlesex* (both by intersex and non-intersex academics and non-academics) have considerably redefined the conditions for the cultural, legal, and public recognition of intersex existence and issues. In this context of shifting paradigms of intersex representation, my analysis of and comparison between Eugenides' and Winter's novels interrogates the dis/continuities of (fictional) cultural renegotiations of the category of intersex and traces the dis/continuities between the cultural imaginary of intersex and social and political developments. The novels' intertextual references and renegotiations of specific intersex narratives and the concomitant iteration of certain discursive elements, motifs, narrative strategies, and narrative plots simultaneously perpetuate hegemonic narratives on intersex and submit the category of intersex to processes of resignification, and potential subversion of hegemonic versions of intersex.

In my analysis of the literary intersex representations in *Middlesex* and *Annabel*, I proceed from the claims Judith Butler makes in her analysis of the ramifications of conflicting gender and sex (re)assignments, "Doing Justice to Someone" (2001), where she discusses the conditions of intelligibility for individuals whose sense of gendered self is in a precarious state as it is apparently irreconcilable with the norms by which genders are recognizable. The usefulness of this theory for approaching the two novels lies in its capacity to formulate the struggle of the (fictional) intersex

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characters with their conflicting gender assignments in theoretical terms, which reference the structural framework within which the conditions of intelligibility are negotiated. My literary analysis is based on the following theoretical propositions or questions regarding the conditions of intersex intelligibility in the novels: how is the recognizability of the intersex characters' gender, and hence, subjecthood negotiated in the novels? How are the (potential) conflicts between the intersex characters' sense of self and (non-consensual) gender assignments and/or sexed bodily assignments, between their desire to be recognized in a specific way and the conditions of their recognizability available to them, reconciled? How do different intertextual discourses and narratives regulate, and hence, either allow for or constrain their intelligibility as intersex and/or gender nonconforming subjects? Do the novels establish narrative spaces for acting out alternative, affirmative concepts of intersex? Do the novels offer metanarrative criticism of the regulatory processes that govern the conditions of intelligibility (for intersex subjects), do they contain a level of self-reflexivity with regard to their own perpetuation of the norms which subjugate their intersex characters? Are there dis/continuities regarding the literary renegotiation of the category of intersex in *Middlesex* and *Annabel*, and in what way can they be considered as commentaries on the dis/continuity of contemporary cultural discussions on intersex themes? My discussion of the novels starts out from these questions, at the same time focusing my attention on the potential of fictional texts to create intersex narratives that go beyond the concerns of non-fictional intersex first-person accounts.

I begin my analysis with the claim that both *Middlesex* and *Annabel* offer, respectively, coming of age narratives that negotiate (some of) the complexities and realities of the lives of their intersex characters, their struggles with their initial gender and/or sex assignments, and their trajectories of finding/making a place for themselves that allows them to live 'livable' lives, in an overall believable way, while the obvious shortcomings and problematic aspects necessitate critical scrutiny. I will discuss the options the narratives themselves provide for the intersex persons of finding a way out of the dilemma of being/becoming (un)intelligible as theorized by Butler. Hence I look at the (symbolical) survival strategies the novels offer for their intersex protagonists that help them to sustain at the "limits of intelligibility," in "the place of not-being within the field of being, living, breathing, attempting to love, as that which is neither fully negated nor acknowledged as being, acknowledged, we might say, into being" (Butler 2001: 622). I will scrutinize the novels' potential of resistance to hegemonic narratives, in particular the narrative closure they offer, whether the intersex characters' struggles with being/becoming intelligible are resolved by a 'normalization' in form of an assimilationist closure along heteronormative lines, or by a defiance of this 'normalizing' and the prospect of (gender) nonconformity.

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5.2 FROM MEDICAL OBJECT TO CULTURAL PHANTASMA AND BACK ON TRACK: *MIDDLESEX* AND MOVEMENTS OF ESCAPING/STRIVING FOR 'NORMALIZATION'

The following analysis of *Middlesex* focuses on the literary negotiations of intersex intelligibility with regard to the novel's intersex protagonist, Cal_lie, and, to a lesser extent, another intersex character, Zora. As elaborated before, the crucial question *for whom* the production of intersex intelligibility is desirable in terms of the production of coherent subjecthood (implying a coherent gender) must be qualified when turning to the novel and its narrative and metanarrative representations. I understand the question of intersex intelligibility here on several levels: first, how do the intersex characters desire to be recognized as gendered subjects, and how are they recognized within the narrative? How do different power regimes and discourses regulate, and hence, either allow for or prohibit their intelligibility as non-normatively gendered beings? Second, does the novel provide conditions of intersex intelligibility within the narrative? Does it open up possibilities and/or (narrative) spaces for an affirmative rearticulation of intersex subjecthood? Third, does the novel provide metanarrative critical commentary on the regulatory mechanisms that govern the conditions of intelligibility (for intersex subjects), does it show a level of self-reflexivity with regard to its own (re)production of the norms which subjugate its intersex characters? How does it relate and/or contribute to current debates on and cultural reimaginations of intersex? The critical discussion of *Middlesex*'s production of intersex intelligibility takes into consideration all of these interrelated levels and thereby takes into account the fictionality of the narrative, which means that any judgment related to the fictional characters in the novel needs to be considered as a judgment of the novel's representations of its characters, and not of real persons' decisions they might make about their lives.

As the recognition or the prohibition of intersex intelligibility is always contextual and culturally contingent, the analysis of *Middlesex* continues the question of how different narratives and discourses about intersex are integrated in the literary articulations of intersex subjects. The crucial moments of intersex articulations in *Middlesex* are informed by and reproduce narratives of mythology and medical science, which, historically, have produced and established hegemonic narratives and constructions of intersex subjects and the category of intersex.[3] Under scrutiny are

3 The exhibition of bodies considered 'transgressive' is a phenomenon that is specific to the historical and cultural context in which it occurs, and that conveys general cultural assumptions about the (gendered) body. America's exhibition culture of the 19th and the beginning of the 20th centuries, with its traveling carnivals, circuses, and medicine shows, serves as a site from which to scrutinize how bodily norms are constructed and enforced,

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therefore two distinct (though interrelated) spaces of intersex (re)negotiations in the novel: the medical space (represented by Callie's stay at the *Sexual Disorders and Gender Identity Clinic*) and the space of freak shows and mythology (represented by Cal's and Zora's performances at Octopussy's Garden).

Jeffrey Eugenides' novel *Middlesex* (2002) interrelates a Greek family saga and a coming-of-age narrative of a family member who is born intersex in the second half of 20th century US-America. An acclaimed 'hybrid' text in many respects,[4] *Middlesex* strives to provide a multilayered narrative voice. The first-person narrator Calliope/Callie_Cal Stephanides[5] is presented as both an ethnic and a gender 'hybrid' as s_he is a child of first-generation Greek-Americans and born with an intersex variation. The novel's narrative strategies and visualization practices open up a multidimensional space of representation for its diverse characters, who have "a knack for self-transformation" (*MS* 312):[6]

"[D]er literarische Text [generiert] durch die Erschaffung einer eigenen Welt ein paralleles Netzwerk von Räumen, das in ein vielschichtiges, weit über die referentielle Bezugnahme hinausgehendes, Verhältnis zu den realen Räumen tritt. Darüber hinaus konstruieren manche Texte in einem selbstreflexiven Gestus ihrerseits Orte, die innerhalb des Textes die Qualität

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and how these norms have impacted upon the lived experiences of individuals represented as physically different. At the same time, the 19th century has witnessed the rise of medicine's authority and with it a perceived shift from staging bodily difference as performances of freakery in an entertainment context to the medicalization and institutionalization of bodies that were classified as 'deviant.' While the representation of 'transgressive' bodies in so-called freak shows was generally associated with beliefs derived from mythology and folklore, medical science was associated with more 'progressive' forms of knowledge. However, this supposed dichotomy between myth and science proves to be untenable. These two movements – the exhibition and staging of bodily difference in circuses and traveling shows and the establishment of asylums and hospitals – were parallel rather than sequential ones, and the medical establishment and medical practices mirrored to a considerable extent the representational strategies of the entertainment industry (the freak shows).

4 Eugenides has defined *Middlesex* as a "hybrid" text that is simultaneously an "immigrant or family saga," "mirrors the progression of Western literature," and is "[p]art third-person epic, part first-person coming-of-age tale" (interview with Foer 2002).

5 I will refer to Callie_Cal and the respective pronouns as they are used in the respective passages in *Middlesex*. When referring to the character in general, I will refer to her_him as Cal_lie.

6 The following page references in this chapter refer to the paperback edition of *Middlesex* (abbreviated with *MS*) published in 2003.

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einer Heterotopie annehmen und zu privilegierten Orten der Veränderung oder zumindest der kritischen Reflexion der Ordnungen der anderen Räume im Text werden." (Kilian 2014)[7]

Middlesex is narrated by an intersex character, Cal_lie, who as the homodiegetic narrator (re)claims the authority over her_his own story; this narrative strategy thus can potentially serve as a destabilization of the normative narrative mechanisms that constitute her_him as an (un)intelligible subject (see also Kilian 2014). The narrative perspective is complicated by the narrative authority of a non-intersex author, or as Anson Koch-Rein phrases it: "Eugenides' novel [...] invokes and draws on the power and authority of omniscient narration, epic story-telling, and a very present heterosexual and assertively male author, while simultaneously trying to pass as a realist intersexual first-person account" (Koch-Rein 2005: 250). *Middlesex* is also a 'hybrid' text as it refers to, uses, integrates, reaffirms, and challenges different texts, discourses, and perspectives on and about intersex. Mythological narratives, medical texts on intersex, intersex first-person accounts and/or activists' texts, and other (popular) cultural narratives are integrated in the literary rearticulations of intersex subjectivity in the novel. The novel thereby produces a not unproblematic multivocal text in which intersex is reconceptualized; these reconceptualized versions of an intersex character, or intersex characters (Cal_lie and Zora), are made available to a mainstream audience. Thus, the novel contributes to a considerable extent to a cultural (re)imagination of the category of intersex. The multilayering and the constant reaffirmative and challenging moments/movements in the novel produce ruptures in the text, which simultaneously allows for and forecloses moments of intersex intelligibility.

The narrative visualizations of the intersex body, or bodies, are complicated by multiple and multilayered perspectives and narrative voices which produce ambiguous images of intersex corporeality. The novel at times refuses to expose or visualize the naked intersex body, at times it renders only fragmented parts of it, and at times it provides explicit images of it. The difficulties and the eventual impossibility to produce a coherent image of 'the' intersex body within the narrative scope of the novel are further reinforced by the presence of more than one intersex character; Zora represents a version of intersex corporeality that is very different from Cal_lie's. With the coexistence of two intersex subjects within the same narrative space, *Middlesex* opens up the possibility of multiple, simultaneously valid intersex

7 "The literary text generates, through the creation of its own world, a parallel network of rooms that enters into a complex, more than referential relationship with the real rooms. Some texts furthermore construct places in a self-reflexive gesture that take on the quality of a heterotopia within the text and become privileged places of transformation or critical reflection on the other rooms' orders in the text" (translation V.A.).

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subjectivities. To what extent these different intersex representations can achieve a state of intelligibility needs to be scrutinized more closely.

Middlesex opens with Cal's account of his multiple births: "I was born twice: first, as a baby girl, on a remarkably smogless Detroit day in January of 1960; and then again, as a teenage boy, in an emergency room near Petoskey, Michigan, in August of 1974" (*MS* 3). While the novel evokes the motives of gender 'ambiguity' and transformation right from the beginning of Cal_lie's fictional autobiographical story, this gender trajectory seems to be organized along the lines of medical interventions (the reference to the emergency room). The novel seeks to set up a possibility of non-fixed, unstable and shifting gender conceptualization, while it simultaneously reproduces the heteronormative gender binarism with its two legitimate and mutually exclusive genders (male/female). The motif of rebirth, a philosophical or religious concept of the 'transmigration of the soul' (*Encyclopædia Britannica*), undergoes a reformulation in medical terms here. The coherence of Cal's self-narration is further complicated by the 'third birth' the narrator seems to experience at the age of forty-one, at the present time the frame narration is set. Eveline Kilian argues that this symbolic third birth functions as a narrative act of self-construction and self-affirmation, which hence effects a resignification of himself as a (narrative) subject: "Bei der dritten 'Geburt' mit 41 Jahren handelt es sich um die literarische Selbsterschaffung des Protagonisten im Kontext seiner Familiengeschichte, die als Selbstvergewisserung fungiert und dem Subjekt die Chance bietet, sich ein neues Verhältnis zu sich selbst zu erschreiben, sich als textuelles Subjekt neu zu entwerfen und dieses geschriebene Selbst zu bewohnen" (Kilian 2014).[8] The missing links and the gaps between the three (re)births need yet to be established and filled to produce a narratively coherent (fictional) autobiographical story.

The first image of the intersex body the reader is confronted with, or *not* confronted with is evoked by a strategy of simultaneous reticence to visualize the (naked) intersex body and reference to a violent practice of exposing the naked intersex body. Cal formulates an image of her_himself within the context of medical discourse and practices and thereby refers to the (metanarrative) conditions of intelligibility, and simultaneously marks the narrative's conditions of intelligibility, by which intersex bodies are knowable:

"Specialized readers may have come across me in Dr. Peter Luce's study, 'Gender Identity in 5-Alpha-Reductase Pseudohermaphrodites,' published in the *Journal of Pediatric Endocrinology* in 1975. Or maybe you've seen my photograph in chapter sixteen of the now sadly

8 "The third 'birth' at age 41 refers to the protagonist's literary self-creation in the context of his family history, which functions as a self-assurance and provides an opportunity for the subject to establish a new self-relation for himself in writing, to redraft himself as a textual subject, and to inhabit this newly written self" (translation V.A.).

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outdated *Genetics and Heredity*. That's me on page 578, standing naked beside a height chart with a black box covering my eyes." (*MS* 3)

The narrative strategy to visualize the protagonist's intersex body thereby relies on the presumed knowledge of the implied reader(ship).[9] The indirect address, "[s]pecialized readers" (and the referential direct address, "you"), may refer to medical doctors but also to intersex persons and/or activists, i.e. those who are familiar with medicalized images of intersex subjects and medical terminology of intersex variations. For intersex individuals, the evocation of this type of images can have a hurtful and traumatic effect, and thus constitutes a (meta-) narrative act of violence. While specific groups within the (actual) readership can draw on their knowledge so that for them, an immediate visualization of a very specific image of the intersex body materializes, the majority of readers can be assumed to have no precedent knowledge about these pictures and/or the particular intersex variation (5-alpha-reductase deficiency), and consequently for them, a (definite) visualization of Cal_lie's intersex body fails to materialize. The novel's narrative strategy to refuse, to a certain extent, a definite visualization of the intersex body can be interpreted as a refusal to satisfy voyeuristic desires and/or the objectifying and 'exoticizing' of intersex bodies. On the other hand, this reticence to visualize the intersex body risks to induce even more horror about it in the readers' imagination, as the visual gaps are filled by default with notions of intersex that are potentially harmful (especially since the novel makes various references to the myth of Hermaphroditus). An explicit visualization of the intersex body is displaced to the margins of the knowability of (gendered) bodies – and of the human – and thereby intersex intelligibility, at this point in the narrative, is constituted as precarious.

Moreover, the multilayeredness of narrative voices and of temporal sequences through which this image of intersex corporeality is mediated complicate a straightforward reading. This instance in the novel opens *Middlesex*'s narrative and is at the same time part of the frame narration, narrated by a then forty-one year old Cal, who lives as a male-identified individual in Berlin. Cal narrates retrospectively on his past as Callie, who has an intersex variation and was assigned female at birth. In this instance, medical authority is neither clearly challenged nor affirmed. The references to medical discourses and images for a self-referential subject construction can be read as an acceptance of medical authority over Cal_lie's body and, by extension, his_her gender identification. The use and the simultaneous reproduction of hurtful and outdated medical terminology ("Pseudohermaphrodites") and violent,

9 Wolf Schmid notes that "the implied reader can function as a *presumed addressee* [...] whose linguistic codes, ideological norms, and aesthetic ideas must be taken into account if the work is to be understood. In this function, the implied reader is the bearer of the codes and norms presumed in the readership" (Schmid 2013).

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pathologizing images reinforce a self-image as an intersex subject that is utterly de-individualized, depersonalized, and even dehumanized.

At the same time, this passage contains traces of resistance against, or criticism of medical authority over intersex lives and its depersonalizing effects. The very act of verbalizing Callie's abuse by medical authority ("standing naked [...] with a black box covering my eyes") creates a moment of exposing the violent medical practices and the dehumanizing conceptualization of intersex persons. Thus read, the first passage of *Middlesex* also serves as a metatextual critical commentary on the medicalization of intersex subjects, and perhaps even marks the novel's self-awareness about its own perpetuation of this specific representation, which introduces and foreshadows the struggle of the protagonist. Moreover, this passage is immediately followed by Cal's summing up her_his life, which contradicts the depersonalizing effects inherent in the medical production of intersex. In this part, he also comments explicitly on the violence s_he experienced from medical authorities: "I've been [...] guinea-pigged by doctors, palpated by specialists, and researched by the March of Dimes" (*MS* 3). Cal's assertion that he was "born [...] again, as a teenage boy, in an emergency room" (*MS* 3) is misleading as it suggests that he had to undergo surgical procedures in order to effect this gender 'transition,' but this surgery never takes place. Yet, Cal_lie's decision to 'change' her_his gender (identification) is in fact effected by a doctor's definition of her_his gendered body. The narrative establishes and maintains critical ambivalence, through the perpetual and alternating reaffirmation and challenging of medical authority over intersex representations. The narrative juxtaposition of the medical perspective to Cal's perspective, i.e. the perspective of an intersex subject, effects to a certain extent a destabilization of the authoritative perspective(s) and the medical gaze on the intersex body. However, the power relations between the intersex narrator – that is, a narrator who refuses to identify as intersex – and medical authority in the novel continue to be complicated.

5.2.1 Callie, a Medical Case Report: The Sexual Disorders and Gender Identity Clinic as a Space of Pathologizing Intersex

The narrative strategies and visualization practices at work in *Middlesex*'s representation of the medical discourse on intersex and its regulatory mechanisms can be conceived as operating in the terms that Foucault refers to as 'instruments of disciplinary power' (Foucault 1977: 170). Hierarchical observation, normalizing judgment, and the examination are exactly the means by which Callie's intersex body is subjected to disciplinary control. The medical discourse constructs Dr. Luce and Callie as 'doctor' and 'patient,' respectively, within the narrative. Their respective positioning within the medical space/discourse is both an effect of and in turn results in the particular power relation between them. While generally in this relation, the

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doctor is the holder of medical authority over the patient, in *Middlesex* this power relation is complicated by Cal_lie's narrative authority and her_his strategies to resist her_his subjugation.

Dr. Luce is introduced as a famous sexologist to the reader by Callie. His identification as a doctor precedes him: even before Dr. Luce presents himself or is referred to by his name, his intelligibility as a medical authority is established by Callie's commenting on their first visit of the *Sexual Disorders and Gender Identity Clinic.* The interior of the clinic is described in detail as generic for medical clinics: the "carpeting was institutional," and "[t]here was even a reassuringly medicinical smell in the air" (*MS* 406); the doctor's office "inspired confidence" and is perceived as the "surround of a triumphant psychoanalytic world-view" (*MS* 407). Before Dr. Luce appears in person the reader already expects him to perform his 'identity' as a sexologist in a way deemed 'typical' for a medical authority. Callie's overtly ironic description of the clinic and the office signifies both the institutionalization of medical practices and its de-individualizing effects and, to some degree, the absurdity of medicine's undisputed demigodlike status and power. The narrative's ambivalence regarding the affirmation/challenging of medical authority from the novel's opening passages is reiterated at this point, and continues in the subsequent narration.

The relationship between doctor (Dr. Luce), patient (Callie), and by extension, the parents of the patient (Milton and Tessie) in the novel's medical narrative functions as an allegory of the general relationship between the medical authorities and intersex individuals. The physician-patient relationship is hierarchically, and thus unequally, structured. The doctor obtains his predominance in this relationship through several interrelated power tools: he is the exclusive holder of relevant knowledge, he is the observer of bodies, he does virtually the entire speaking and he has the defining power through medical terminology. The patient (and furthermore, her parents) is (are) characterized by passivity and victimization in the novel. Dr. Luce, however, manages to gain her parents' confidence through his patronizing manner considered as characteristic of medical authorities, i.e. by speaking and reassuring. By using medical terminology which is incomprehensible for anyone without medical knowledge he excludes Callie and her parents from the discourse. In doing so, he silences her and her parents – an act of violence, rendering Callie mute and powerless. His obtrusive remarks with respect to Callie's sexuality add to the intimidation of his patient. Callie "hid inside [her] hair as usual" (*MS* 407), barely says anything except for giving short, quiet answers to the doctor's questions, that is, only when he allows her to speak. Her parents are confined to nodding, whispering, waiting, and remaining silent in response to Dr. Luce's daunting medical verbiage. If voice is a symbol of identity, and subjecthood depends on being a subject of language, then Callie is relegated to an object position without choice or agency. However, rendering a criticism of medical supremacy by exposing medical power and patients' powerlessness is a strategy which is often found in non-fictional

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intersex first-person accounts. As *Middlesex* refers to ISNA's newsletter *Hermaphrodites with Attitude* as one of its sources, it can be plausibly inferred that the narrative strategy used by intersex individuals who experienced medical abuse is iterated in the novel's (meta-) narrative critique of the power relations between doctor and patient.

Another narrative strategy of challenging medical supremacy is the ironic construction of the figure of Dr. Luce. The narrative presentation of Dr. Luce is mediated and structured by Callie's perception and by her relation to the doctor. Dr. Luce

"was *considered* the *world's leading authority* on human hermaphroditism. The Sexual Disorders and Gender Identity Clinic, which he founded in 1968, had become the *foremost facility in the world* for the study and treatment of conditions of ambiguous gender. He was the author of a *major* sexological work [...] which was *standard* in a variety of disciplines ranging from genetics and pediatrics to psychology." (*MS* 409, emphasis added)[10]

The hyperbolic representation of Luce's seemingly uncontested demigodlike status within the medical sphere iterates the irony in Callie's description of the clinic; this parallelism construes Luce as an 'extension' of the clinic, as an embodiment of the medical institution rather than an individual. This de-individualizing of the character of Luce might seem paradoxical given his outstanding accomplishments and his starlike status. However, while his work is claimed to have influenced and, in fact, established the standard for medical treatment of persons with 'ambiguous' gender, Luce needs to be considered as a 'tool' in the medical machinery. This, the novel attempts to make clear by its strategies to ironically exaggerate its demigodlike construction of Luce and to render a de-individualized representation of him through Callie's perspective. As the founder of the *Sexual Disorders and Gender Identity Clinic* and the major referee in questions of sexology he functions as the representative of the institutionalization, classification, and thereby the legitimization of intersex variations as a sexual "disorder," a medical "condition" which requires

10 The character of Dr. Luce bears striking analogy to pediatrician and sexologist John Money. In his acknowledgment Eugenides cites one of Money's texts as a source for the novel. During the 1950s up to the 1970s and beyond, Money claimed that a child's gender identity is fluid in very early life, which would become fixed at arriving a certain age. This theory led to his argument that children born with intersex genitalia could develop a stable gender identity when they were raised in one sex assigned at birth. Although Money's (in)famous and widely influential ideas relating to gender identity and his medical management of intersex variations have been heavily and publicly refuted, Money's theories have formed the basis of medical practice concerning intersex variations up until today.

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medical "treatment." As "a famous sexologist" with "glamour status in the field" (*MS* 408), he has the authorized, exclusive power of defining 'normative' and 'non-normative' sexes and genders. Callie's referring to him as "a scientist *like* Luce" (*MS* 408, emphasis added) negates him as an individual and instead constructs him as a, or *the*, specimen of medical authority. The apparent impossibility to call (t)his authority into question is underscored by the "strength of this success" – i.e. of Luce's theory of gender as "determined by a variety of influences [...], most important, the sex of rearing" – so that consequently "his reputation reached the stratosphere" as the late 1960s were "a great time to be a sexologist" for sexology "was a matter of national interest" (*MS* 410f). The public's unchecked approval of this medical authority can, according to Callie's assessment, be accounted for by "the American belief that everything can be solved by doctors" (*MS* 426).

The protagonist's ironic comments on medical authority and her_his at times caricature-like descriptions of Luce can be interpreted as her_his attempt to reclaim (narrative) authority over her_his situation, which effects moments of destabilization of the 'traditionally' rigorous doctor-patient relationship and its inherent regulatory power. It becomes also clear, however, that these strategies cannot ultimately dismantle medicine's power over intersex subjects but can merely serve as a (meta-) narrative critique of this power. Hence, while the novel shows a level of self-reflexivity about its own limitations regarding the dismantling of medical authority, it simultaneously reaffirms medical authority's efficacy, both on the narrative (Cal_lie radically redefines her_his gender identification based on medical definitions of gender) and the metanarrative level (by reproducing hurtful and outdated medical terminology, reiterating and reveling in representations of violent examination practices, and granting medical authority the defining power over intersex [self-] identifications, etc.).

The narrative oscillates between (re)producing and challenging Cal_lie's objectification through several interrelated power discourses and mechanisms that regulate her_his intelligibility as a gendered subject. The question of who (or what) controls the narrative is crucial in determining what Cal_lie can be/come within the limits of the narrative. The conditions for Cal_lie to be/come a recognizable subject are to a considerable extent provided by the narrative's reiteration of cultural norms, which marks the boundaries of being/becoming for Cal_lie but at the same time allows for the possibility of their contestation. It becomes also clear that subject formation always occurs in relation to an other and its norms, as Butler notes: "the very being of the self is dependent not just on the existence of the Other [...] but also on the possibility that the normative horizon within which the Other sees and listens and knows and recognizes is also subject to a critical opening" (Butler 2001b: 22). This 'other' in the novel is (temporarily) represented by Dr. Luce, in relation to whom Callie's gendered body is marked as 'deviant.' For Luce,

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"I was an *extraordinary case*, after all. He was taking his time, *savoring me*. To a scientist like Luce I was nothing less than a sexual Kaspar Hauser. *There he was*, a famous sexologist [...], and suddenly on his doorstep, arriving out of the woods of Detroit like the Wild Boy of Aveyron, *was me*, Calliope Stephanides, age fourteen. I was a *living experiment* [...]. He was a brilliant, charming, work-obsessed man, and watched me from behind his desk with keen eyes. While he chatted, speaking primarily to my parents, gaining their confidence, Luce was nevertheless making mental notes. *He registered* my tenor voice. *He noted* that I sat with one leg tucked under me. *He watched* how I [...]. *He paid attention* to [...] *all the external manifestations* of what *he called my gender identity*." (*MS* 408, emphasis added)

In this moment of doubled visualization – Callie observing Luce observing her – the object of the medical gaze becomes simultaneously the agent of the gaze, while the holder of the medical gaze becomes the object of its own object. Through this change in, or appropriation of perspective, Callie manages to reevaluate and hence to destabilize the doctor's construction of her as a gender 'deviant,' and as a 'case,' or object of study. Furthermore, Callie sees herself through the doctor's eyes – although it can be claimed that she rather projects her own self-perception onto Luce – which complicates the narrative coherence of her self-construction. Through Luce's gaze, or rather his various modes of gazing, which is further complicated by Callie's appropriation or projection of the gaze, Callie's intersex body is constructed as a medical condition, as a genetic 'disorder' that causes 'pseudohermaphroditism' and as such 'deviates' from normative conceptions of gendered bodies which are set up and enforced by medical authorities, represented by Luce. While Cal_lie's narrative voice challenges her_his objectification to some extent, the novel cannot avoid the seemingly inevitable pathological connotation of intersex.

The dichotomization of culture/nature, or civilization/wilderness, as embodied by Luce and Callie respectively, amplifies the marginalized status of an individual who fails to conform to the system's norms and whose corporeality is transgressive of the normative system of rules and regulations. Since all those 'transgressors' come to Luce's clinic, he "had at his disposal a body of research material – of living, breathing specimens – no scientist had ever had before" (*MS* 412). Callie is a representative of this *body of research material*, of an object at the mercy of medical authority's regulative forces. Luce's examinations of Callie's body, and the other medical experts' examinations of her body, reiterate the hierarchical relationship: Callie is commanded to undress and is powerless against the humiliating scrutinizing of her body. These situations of medical examination are negotiated in terms of systematic and institutionalized violence exercised over a specific group of subjects by representatives of the (medical) system.

While Dr. Luce probes Callie's genitals during the first instance of gynecological examination, he himself becomes the object of Callie's observation: "I looked down to see that Luce was holding the crocus between his thumb and forefinger. [...] He

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didn't look shocked or appalled. In fact he examined me with great curiosity, almost connoisseurship. There was an element of awe or appreciation in his face" (*MS* 412). This doubly mediated perspective on Callie's genitals produces a moment of ambiguity and destabilization of medical definitory power. This disruption, however, lasts only momentarily as institutional power is immediately reestablished by ignoring and transgressing the patient's physical and emotional limits: against Callie's protest, Luce keeps on with his invasive examination: "There was a hint of annoyance, of command in his voice. I took a deep breath and did the best I could. Luce poked inside. [...]. [...] a sharp pain shot through me. I jerked back, crying out. 'Sorry.' Nevertheless, he kept on. He placed one hand on my pelvis to steady me. He probed in farther [...]. My eyes were welling with tears. 'Almost finished,' he said. But he was only getting started" (*MS* 412f). This scene provides a commentary on the institutionalized medical examination practices from different angles. In an effort to regain control, to a certain extent, over a situation of powerlessness, Callie reverses the gazing relations in an attempt to regain mastery over her body via the regulatory power over corporeality. Her ultimate defenselessness against Luce's acts of violence and of violating her corporeal and emotional boundaries signifies all the more the apparent insurmountability of medical authority. While the novel provides criticism directed at the violent medical practices in examination situations, it narratively reproduces the violent practices in question, and thereby reiterates the potentially triggering and traumatic effects on intersex, or other, individuals (including the implied readers) who have made similar harmful experiences. This raises the question of whether the explicit and graphic description of violent acts is always indispensable to narrative representations of and their metanarrative critical commentary on structural or interpersonal violence. *Middlesex* contains several explicit scenes of violence – not only against the intersex protagonist –, and thus perpetuates violence, which undermines its own claims of self-reflexivity.

The institutionalization of medical violence constitutes the context for, and is in turn produced by, the repetitive performance of the examination. Thereby the intersex subject's internalization of its routine marks the problematic interdependency of acceptance of and refusal to consent to this systematic violence. Callie has the processes of a "typical unveiling" (*MS* 419) internalized to the extent that her active participation in the examination is confined to mechanical movements to facilitate the process of exposure: "I knew the drill. Behind the screen I undressed while the doctors waited" (*MS* 420), "[w]ithout having to be told, I lifted my legs and fit my heels in the gynecological stirrups" (*MS* 421), "after the third or fourth time I could recite the list" of medical terms "by heart" (*MS* 421), "I lay there, letting Luce [...] do what he had to do" (*MS* 421), "I dropped my robe. Almost used to it now, I climbed up on the riser before the measuring chart" (*MS* 422), etc. What at first might seem like consent to or acceptance of the examination practices, the submission to the authorities is not so much an expression of the patient's consent but rather a result of

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the internalization of the workings of the regulatory regime, and its sanction system, in question. Moreover, this (non-)consensual subjection can serve as a survival strategy in situations where no other form of resistance is available.

That the interdependency of (alleged/forced) acceptance and refusal of institutional violence cannot be easily disentangled, if at all, becomes obvious in Callie's self-reflections on her ambivalent reactions to the forces of medical authority. In one of the examination scenes with two other doctors present, the intricate processes of dependency and 'obedience' constitute a psychological double bind for Callie:

"Luce put his hand on the small of my back. Men have an annoying way of doing that. They touch your back as though there's a handle there, and direct you where they want you to go. Or they place their hand on top of your head, paternally. [...] Luce's hand was now proclaiming: Here she is. My star attraction. The terrible thing was that I responded to it; I liked the feel of Luce's hand on my back. I liked the attention. Here were all these people who wanted to meet me." (*MS* 420)

This self-reflective moment marks an awareness about the manipulative forces behind Callie's conflicting emotions. Yet the narrative here itself makes a problematic assertion. Introducing the (ever so vague) possibility of an intersex person actually *enjoying* the medical examinations – even when feeling ambivalent about it – constitutes a gross misrepresentation of the actual harm and traumatizing effects many intersex individuals have to suffer as a result of these practices. The novel here seems to prioritize a representation of the psychological complexity of its main character to make her_him appear more 'interesting,' at the expense of decidedly criticizing the institutionalized medical violence and its harmful consequences for its intersex subjects. Again, the novel here perpetuates problematic ideas about intersex subjects and hence compromises its self-critical approach.

While one of the recurring narrative strategies to challenge the medical perspective on and medical authority over the representation of Callie's intersex corporeality is Callie's appropriation of visualization practices and of narrative authority, which serves to expose, and to some extent subvert the power relations inherent in the relationship between institution and individual, the narrative presents several other strategies for Callie to cope with the violence she is subjected to. The strategy of bodily dissociation serves as a survival tool at various points in *Middlesex*. In the examining situation, Callie's attempt at mentally escaping the shameful and traumatic experience succeeds only for brief moments: "behind the curtain, I no longer felt as if I were in the room" (*MS* 421), "I was there and not there, cringing at Luce's touch, sprouting goose bumps, and worrying that I hadn't washed properly" (*MS* 421). The willful or, in terms of emotional survival, necessary attempt at disembodiment is reiterated by, or reiterates the dissociation of body and

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person(hood) as the premise and the effect of medical practices, which focus on intersex body parts detached from the individual who inhabits this body. The depersonalizing and dehumanizing process is fortified by the covering of Callie's face in the medical textbook: "The black box: a fig leaf in reverse, concealing identity while leaving shame exposed" (*MS* 422). Individuality is erased, body parts deprived of humanity are left, with the aim of making intersex individuals invisible within society (*MS* 428f). Although the processes of bodily and mental dissociation are based on different premises – one functions as a dehumanization of medical subjects, the other as a protective mechanism against this dehumanization –, disembodiment seems to be inherent in the medicalization of intersex.

The mechanisms of enforced 'normalization' are quite evidently at work in the narrative. One significant moment in the novel is an incident in Dr. Luce's office where the sexologist discusses the medical treatment of Callie with her parents in Callie's presence. At stake is a sex/gender 'reassignment' surgery to make her genitalia look more 'normatively female' as she was assigned female at birth and raised as a girl until puberty, when her body starts producing more testosterone and develops into a different direction. The politics of gender 'normalcy' and the 'normalization' of bodies which do not seem to 'fit' cultural/medical gender standards constitute a motif that structures *Middlesex*'s entire narrative, but becomes most explicit and compressed in the novel's representation of the attempted medical 'normalization' of Callie's intersex body. Cultural notions of gender performance and questions of bodily and sexual capabilities are interdependent factors in the novel's negotiation of intersex intelligibility. The novel oscillates between acceptance or reaffirmation of and challenging normative ideas of gender, a narrative process that is also represented through the protagonist's internal struggle.

The point of origin for the impending medical 'normalizing' procedures is a "doctor's wild claim about [Callie's] anatomy" while she is hospitalized after an accident (*MS* 401). The narrative's adamant focus on the relevance of genitals in its negotiation of intersex intelligibility is all the more striking when compared to representations of non-intersex subjects. Genitals in *Middlesex* are only under consideration – and this to a great extent – when they apparently 'deviate' from an (unmarked) genital or gender norm. The novel's failure to mark normative genitals and other gendered bodily characteristics *as normative* conceals the construction of 'nonconforming' gendered corporeality along the lines of, or in (supposed) opposition to gender and sexual norms. It is the very unmarkedness of normative representations of genders and corporeality that establishes the apparent priority of genitals for intersex individuals. When Callie asserts, "my genitals have been the most significant thing that ever happened to me" (*MS* 401), the novel at once claims that genitals are *the* defining parameter of intersex – and intersex only – subject construction and that they are, after all, not inherent in a person. To point out the significance of genitals in the production of the category of intersex while at the same

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time relating to their performative qualities sets up a contradiction between biological essentialism and cultural constructivism. The performative character of genitals (and of hormones and chromosomes) does not mitigate their crucial function in the negotiation of Callie's intelligibility. When the doctor's claim about her 'atypical' gendered corporeality leads her parents to take her to the *Sexual Disorders and Gender Identity Clinic* in order to find a 'solution' to the 'problem,' Callie becomes aware of the signifying power of the gendered body:

> "I knew that my situation, whatever it was, was a crisis of some kind. [...] They [my parents] acted as though my problem was medical and therefore fixable. So I began to hope so, too. Like a person with a terminal illness, I was eager to ignore the immediate symptoms, hoping for a last-minute cure. I veered back and forth between hope and its opposite, a growing certainty that something terrible was wrong with me." (*MS* 405)

By comparing an intersex variation to an illness – a *terminal illness* no less – the process of the medicalization of intersex is rendered explicit: first comes the declaration of intersex as a "crisis," or a state of emergency, followed by a pathologization of intersex, and finally, at least, the prospect of a remedy, a "cure," the "fixing" of the intersex 'condition.'

Callie's alleged 'deviance' from gendered bodily norms triggers sequences of attempted 'normalization' in the narrative. Callie is suddenly confronted with her perceived failure to meet the cultural/medical standards of femaleness/femininity by both her parents and the doctors. Her bodily self-perception clashes with the perception of others: "I was largely oblivious to the clumsy figure I cut. [...] all that machinery clanked beneath the observation tower of my head, and I was too close to see it" (*MS* 406). Her parents, however, make her aware of her non-normatively gendered body: "It was *terrifying* to see your child in the *grip of unknown forces*. [...] they [my parents] were seized with a *fear* that I was *growing out of control*" (*MS* 406, emphasis added) – like a Bakhtinian grotesque body that is continually growing, transgressing its material, bodily boundaries. Yet the novel urges to preserve, or re-establish, Callie's gender intelligibility: "There was no sense in worrying about a psychological assessment that could only confirm what was obvious: that I was a normal, well-adjusted girl" (*MS* 415).

The impending 're-establishing' of gender 'normalcy' – or rather, as it is phrased by the doctor, the establishing of an 'appearance' of gender 'normalcy,' more precise: normative 'femaleness' – is formulated in terms of a quick-change medical intervention aimed at 'aligning' Callie's physical gender characteristics with her female self-identification. This medical intervention as suggested by Dr. Luce draws on a rhetoric that can be formulated as the "legitimating rhetoric of spiritual transformation to naturalize [the] makeover processes" (Weber and Tice 2009). This rhetoric, containing a logic that, as Ann Kibbey argues, "'converts the ordinary

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person or object into something that is retrospectively perceived as inadequate,' in turn heightening the salvational powers of the intercessionary agent" (quoted in Weber and Tice 2009), seems to be an integral strategy in Luce's recommendation of medical treatment:

"'First, hormone injections. Second, cosmetic surgery. The hormone treatments will initiate breast development and enhance her female secondary sex characteristics. The surgery will make Callie *look exactly like the girl she feels herself to be*. In fact, *she will be that girl*. Her outside and inside will conform. She will *look like a normal girl*. Nobody will be able to tell a thing. And then Callie can go on and enjoy her life.'" (*MS* 428, emphasis added)

This statement strikes as problematic in several ways. First, the notion of gender binary is reaffirmed, or in fact about to be reproduced, by the planned endeavor to create an 'unambiguously' (appearing) gendered body and the underlying assumption that 'unambiguously' gendered bodies do even exist, and can be produced with the help of medical technology. Second, this idea relies on a biological essentialism, which allows for a 'conformity' between body and gender identification. Third, it perpetuates the idea that specific genders are 'authentic' and others are 'non-authentic,' and that there are particular persons or groups who have the (legal) authority to determine the criteria for a demarcation of this gender 'authenticity.' Forth, it is suggested that intersex lives are miserable, unintelligible lives, and only normatively gendered persons can live fulfilled, intelligible lives. And finally, fifth, the logic of the argumentation requires the consequent erasure of any intersex characteristic. The novel's iteration of the well-established medico-cultural justification for medical intervention picks up the criticism formulated in many intersex first-person narratives. However, the novel lacks self-reflexivity here, as the anticipated outcome of the interventions sounds too promising even to Callie. Moreover, the connotation of processes of gender reassignment surgery and procedures in transgender contexts and its displacement to an intersex context lacks an awareness about this problematic narrative strategy.[11]

The willfully intended erasure of any intersex characteristic from Callie's body contributes to the invisibility of intersex subjects and forecloses the possibility of (adult) intersex intelligibility. The surgical and hormonal interventions are trivialized and the risks downplayed by Dr. Luce, and consequently by Callie's parents, especially in comparison to the anticipated result of the creation of a 'fixed' (in the

11 While some people opt for surgical, hormonal and other medical treatment on their own accord, in order to align their bodily characteristics with their gender self-identification, in the case of Callie the situation is different. Callie does not have a say in the decision-making process. Moreover, prior to her stay at the clinic she never felt the need to change her body in any way.

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double sense of 'corrected' and 'stable') female subject: "It was not a difficult decision, especially as Luce had framed it. A single surgery and some injections would end the nightmare and give my parents back their daughter, their Calliope, intact. [...] No one would know. No one would ever know" (*MS* 429). Any mark of an intersex variation needs to be 'corrected,' in order to (re-) produce 'normalcy' – most crucially, to enable Callie to perform heterosexuality by making her sexually available, i.e. sexually attractive *and* bodily capable, for heterosexual activities. The influence of pornography on medical views on gendered corporeality and sexuality, which has been discussed previously, is explicitly commented on in the narrative. Not only does Dr. Luce write a sex advice column for *Playboy*; he moreover utilizes the "diagnostic tool of pornography" (*MS* 418) in his psychological assessment of Callie's (psycho-) sexual development, by showing her heterosexist porn movies to find out about Callie's sexual preferences; accompanied by the doctor's uncalled-for sexual remarks (*MS* 419).

The novel's naturalization of heterosexuality and the erasure, or the biologist explaining away of lesbian sexuality is not only effected by the planned medical interventions and its heteronormative premises. Throughout the narrative, lesbian desire is either prohibited (Callie's desire for the Obscure Object, a girl from her school, fails to materialize) or retrospectively justified by bodily characteristics marked as 'male' (XY chromosomes; testosterone level, *MS* 166) and the "inkling of her true biological nature" (*MS* 327). The contrast to a heterosexual male-identified Cal's success with Julie amplifies the novel's heteronormative privileging of heterosexuality. Morgan Holmes argues that this erasure of lesbian desire and existence is "deeply problematic," and criticizes *Middlesex*'s double standard with regard to sexuality: "Eugenides' characterization of Cal/liope falls right along the matched values of prescientific and biologist explanations for sexual dimorphism as *the* appropriate mode of being" and hence "rewrites [lesbian desire] as male heterosexuality" (Holmes 2008: 93). As a consequence of this characterization, Holmes claims, Callie is deprived of "any transgressive power"; queerness, she concludes, is marked as the non-human in the novel:

> "The problem is that the hermaphrodite can only become recognizable as human once all the queer desire, embodiment, and sex have been erased in a zero-sum game. [...] Until Caliope's [sic] humanity is as obvious as a lesbian – or a queer person more generally – as it is as a heterosexual protagonist, then Calliope is not an especially powerful character and the novel not especially new, revolutionary, or useful, but just a retrenchant heterosexist politics." (Holmes 2008: 94)

Middlesex's narrative strategies to (re)construct Cal_lie as an intelligible subject and the question of the "relationship between intelligibility and the human" (Butler 2001: 622) becomes particularly explicit in the narrative's negotiations of her_his sexuality

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and the origins of her_his sexual desires. Cal_lies humanness depends not only on a coherent gender (Butler 2001: 622), but on a coherent performance of her_his gender in sexual terms. A 'failure' would mean to lose her_his humanness – thus, the novel's cautious efforts to prevent Cal_lie's loss of humanness, or of her_his recognizability as human, at the same time works to stabilize the very normative conditions of intelligibility.

A closer analysis of Dr. Luce's case report about Callie, titled PRELIMINARY STUDY: GENETIC XY (MALE) RAISED AS FEMALE (*MS* 435), reveals it to render a condensed version of conventional medical studies on intersex subjects, that entails its own deconstruction. Luce's report presents medical "data," his observations of Callie's gender behavior, notes on her familial background, on her "sexual function," and finally concludes:

"'*As the girl's gender identity was firmly established as female at the time her condition was discovered, a decision to implement feminizing surgery along with corresponding hormonal treatment seems correct. To leave the genitals as they are today would expose her to all manner of humiliation. Though it is possible that the surgery may result in partial or total loss of erotosexual sensation, sexual pleasure is only one factor in a happy life. The ability to marry and pass as a normal woman in society are also important goals, both of which will not be possible without feminizing surgery and hormone treatment.*'" (*MS* 437)

The report can be interpreted as constituting a moment of self-reflexivity and an ironic rearticulation of 'traditional' medical intersex discourses in the novel. Metanarrative references to medical texts (case studies etc.), heteronormative concepts of femaleness and female sexuality (that the medical texts themselves draw upon), and – more implicitly – to criticism of medical practices formulated by intersex activists and in first-person accounts, are interwoven in and appropriated for both a textual and a metatextual criticism on medical practice and its underlying normative framework. Thereby the text exposes the absurdity and the self-deconstructive moments of the medical reasoning. While the character of Luce himself does not show any hint of a self-reflective perspective on his own work, or on the medical establishment, or on his privileged positioning in a hierarchical context of institutionalized power relations, let alone on his own position as a white, able-bodied, middle-class, heterosexual, non-intersex, male individual, *Middlesex*'s fictional medical doctor functions here both as a representative (a specimen indeed) of the medical establishment and as an inherently (self-) revealing allegory of everything that is wrong, i.e. ethically questionable, with it. The doctor is not represented as an insensitive, barbaric monster who goes out of his way to inflict the greatest possible harm upon his patient. It is his patronizing manner and his pretense to act in the 'best interest' of his patient, together with his lack of critical (self-) awareness, that constitutes his violence.

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Ultimately, the mechanisms of enforced 'normalization' in *Middlesex* are de/legitimated, respectively, by Callie's refusal/acceptance of the medical authority's gender construction. Callie comments on the apparent impossibility to *not* obey the medical authority's definition of her gender as female: "In his mellow, pleasing, educated voice, looking directly into my eyes, Luce declared that I was a girl whose clitoris was merely larger than those of other girls" (*MS* 433) – "If I had a clitoris – and a specialist was telling me that I did – what could I be but a girl?" (*MS* 434). The defining relative clause that modifies "a girl," "*whose clitoris was merely larger than those of other girls*," marks Callie's femaleness as 'inadequate' or 'insufficient' (paradoxically, the 'excess' of the clitoris signifies a 'deficit'). Callie internalizes the necessity to occupy a clearly delineated identity, or gender category, in order to be/come intelligible. The novel, once again, is anxious to establish, or to restore Callie's intelligibility:

> "It wasn't difficult to pour my identity into different vessels. In a sense, I was able to take whatever form was demanded of me. I only wanted to know the dimensions. Luce was providing them. My parents supported him. The prospect of having everything solved was wildly attractive to me, too [...]. I only wanted it all to be over. I wanted to go home and forget it had ever happened. So I listened to Luce quietly and made no objections." (*MS* 434)

Again, ostensible acceptance of a situation ("the blankness of obedience," *MS* 434) of being subjected to (institutional) power functions as a strategy to cope with or escape this situation, when other strategies of resistance are not possible or might even be potentially harmful for the individual, e.g. through sanctions. However, the use of this strategy in the narrative is not unproblematic as it perpetuates the idea that intersex individuals are able or willing to arbitrarily take on any gender identity; thereby it claims an essentialist relationship between body and gender identification, and reinforces the highly problematic notion found in medical reasoning that intersex infants' or children's gender identification is 'malleable,' which functions as a prerequisite for surgery and hormone treatment.

Callie leaves her family in order to escape the 'normalizing' surgery, which might seem like an act of liberation from the medical authority's control and a rejection of its coercive regulatory mechanisms which affect her body. However, Callie's rejection of a female gender does not lead to an acceptance of her intersex embodiment. Callie decides to radically redefine herself as a boy – a decision based on the data she finds in Dr. Luce's report (the discovery of her XY chromosomal status, undescended testes, and a slight hypospadia), and hence on a biologist concept of gender , and not on a subjective, individual experience or choice. By "going where no one knows me" (*MS* 439) Callie seeks to erase her former identity as a girl, or as a "hermaphrodite," as a "monster" (*MS* 431), in order to take on the 'unambiguously' male identity of Cal. The novel's continuing renegotiations of gender intelligibility,

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epitomized by Cal's subsequent struggle with the sociocultural demands of gender and sexual normativity, are summarized by Cal's critical reflection on normativity on his westward journey:

"I was beginning to understand something about normality. Normality wasn't normal. It couldn't be. If normality were normal, everybody could leave it alone. They could sit back and let normality manifest itself. But people – and especially doctors – had doubts about normality. They weren't sure normality was up to the job. And so they felt inclined to give it a boost." (*MS* 446)

This insight corresponds to a simplified concept of cultural constructivism and relates to medicine's investment in relying on and reproducing bodily, gender, and other norms. The explicit commentary on the historical and cultural contingency of norms marks the protagonist's individual process of awareness and simultaneously functions as a metanarrative moment of self-reflexivity.

However, the novel's explicit statement of self-reflexivity at this point seems like a predictable attempt to anticipate potential criticism directed at *Middlesex*'s reproduction of normative concepts of gender and sexuality – an anticipation that has proven true, considering the amount of literary reviews that formulate their critiques exactly along these lines (e.g. Koch-Rein, Lee, Holmes). This metanarrative strategy to anticipate – and thereby evade – criticism by explicitly claiming the author's/the text's own awareness about problematic representations and their/its own reproduction thereof as an a priori justification for their reiteration is a popular strategy of postmodern texts about politically, ethically, or otherwise precarious themes.

At a later instance in the narrative, Cal's elaboration of conflicting theories on gender identity formation similarly serves as both a reflection on his gender identification and a metanarrative commentary on the debates surrounding the cultural/biological constructedness of gender. Cal finds himself caught up within contradictory theories and discourses on subject and gender formation, including evolutionary biology, Luce's theory that "personality was primarily determined by environment," and the "essentialism" of the intersex movement (*MS* 479): "My life exists at the center of this debate. [...] I don't fit into any of these theories. [...] I never felt out of place being a girl. I still don't feel entirely at home among men. Desire made me cross over to the other side, desire and the facticity of my body" (*MS* 479). Kilian argues:

"Die Diskursvielfalt unterminiert den naturwissenschaftlichen Diskurs in seinem Geltungsanspruch, lässt ihn vielmehr als "Teil einer Serie kultureller Narrativierungen" [...] erscheinen. Sie erlaubt dem Protagonisten, sich aus den Fesseln eindeutiger Bestimmungen zu lösen, die verschiedenen Erklärungsmodelle sowohl als Begrenzung als auch als Ermöglichung der

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Selbstpositionierung zu begreifen und gleichzeitig ihre beschränkte Reichweite zu markieren, indem er zwei Pole der Widerständigkeit postuliert: einen psychischen Überschuss, das Begehren, sowie die unhintergehbare Materialität des Körpers, die er allerdings ebenso unhinterfragt mit einer heterosexuellen Orientierung verbindet" (Kilian 2014)[12]

While Cal's self-positioning postulates an 'ambiguity' of gender identification, the binarism of gender constructions (and hence, of sexuality) remains in place. Intersex intelligibility is, yet again, displaced outside the realm of the possible.

5.2.2 From Callie to Cal, from Detroit to San Francisco: A Cross-Country and Gender Transition Journey

The narrative transition from Callie's life with her family in Detroit to Cal's new life in San Francisco is allegorized by the double transition motif of Cal's gender transitioning and his cross-country journey. The travel motif is frequently employed in transgender narratives; the departing from one geographical place to arrive at another as symbolizing a 'departure' from one bodily/identitarian place to 'arrive' at another conceptualizes the gender transgression in terms of a binary notion of gender, in which there are two fixed gender categories (male and female) cast as either the 'point of departure' or the 'final destination.' Although this concept of gender transition can also be conceived as understanding gender as a continuum, and thus would allow for a identitarian/bodily 'halt' or 'arrival' at some place in-between (as it is, for example, the case with Jess Goldberg in Leslie Feinberg's novel *Stone Butch Blues*), *Middlesex*'s protagonist seems determined to radically redefine his gender identification from female to male.

As Cal makes his way across the country and from one gender to the 'other,' he faces substantial external (considering the travelling) and internal (considering his gender identification) problems. In appropriating various motifs, themes, and narrative strategies from transgender/trans and intersex narratives, the novel seeks to substantiate the 'authenticity' of the protagonist's struggle during his gender transition. The narrative's strategy to employ as many of these motives as possible however fails to construct a transition narrative that is differentiated or plausible.

12 "The plurality of discourses undermines the scientific discourse in its validity claim and makes it appear rather as a 'part of a series of cultural narrativizations' [...]. It allows the protagonist to free himself from the constraints of distinct determinations, to understand the various explanatory models both as a limitation and an enabling of self-positioning, and at the same time to mark their limited scope by postulating two poles of resistance: a psychological excess, the desire, and the uncircumventable materiality of the body, which he however also unquestioningly associates with a heterosexual orientation" (translation V.A.).

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Within a very short time period, Cal experiences an identitarian rollercoaster that has his intelligibility as a man constantly threatened by the reemergence of Calliope. The novel provides a commentary on the cultural constructedness of gender but at the same time resorts to essentialist ideas to make its point. Clothes, a haircut, and the 'proper' use of the public toilet are equated with a distinct gender: "He [the barber] turned me to face the mirror. And there she was, for the last time, in the silvered glass: Calliope. She still wasn't gone yet. She was like a captive spirit, peeking out" (*MS* 442) (the narrative cannot avoid the clichéd usage of the mirror scene as a Lacanian moment of subject formation); this moment is followed by Cal's own doubts about his male identification: "What if the girl in the mirror really *was* me? How did I think I could defect to the other side so easily?" (*MS* 442) – the only escape from this moment of uncertainty and ambivalence is closing his eyes, "refus[ing] to return Calliope's gaze any longer" (*MS* 442). The refusal to meet the gaze of the 'female' part of his sense of self marks a moment of identity dissociation and contestation, and gives Cal room to scrutinize his gender re-identification, fearing that it would result in a compromising or denying of a part of his sense of self: "I was fleeing myself. [...] I was fleeing [...] under the alias of my new gender. [...] I was becoming a new person" (*MS* 443). The new male gender identification lacks 'authenticity' and therefore cannot be integrated into a coherent sense of self yet. Yet only one haircut later, Callie seems to have given way to Cal: "I opened my eyes. And in the mirror I didn't see myself. [...] Not the shy girl [...] but instead her fraternal twin brother" (*MS* 445). He feels himself to have become "a new creation" (*MS* 445) but at the same time he "didn't feel like a boy would feel" (*MS* 444), as "the feelings inside that boy were still a girl's" (*MS* 445).

While these passages claim a self-reflexivity concerning the cultural construction of gender, they reproduce normative concepts of gender up to the point where they reproduce harmful images and ideas of intersex (or transgender/trans) subjects. The idea that a distinct gender can be aligned with certain ways of feeling – an example of "feminine" feelings is "[t]o cut off your hair after a breakup" (*MS* 445) – does not only reaffirm normative biologist-essentialist concepts of gender, but moreover misrepresents the real emotional and physical struggles of individuals who go through the experience of a gender transition or who seek to come to terms with the (un)intelligibility of their gender identification. The novel's appropriation of themes and motifs from transgender/trans or intersex narratives strikes at moments as a misrepresentation, if not a mockery, of the referenced narratives.

At other moments, the novel manages to capture some of the aspects and consequences of perceived gender 'ambiguity,' for instance the forms of violence trans, intersex, and (other) gender nonconforming persons have to face. *Middlesex*'s representation of these incidents is, however, far from unproblematic. The obligatory scene in which a gender nonconforming person – usually during their childhood and/or adolescence – is violently attacked by (cis) men who rip off the person's

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clothes (usually pants and/or shirts or binders) in order to inspect their genitals and/or chest/breasts, followed by more violent attacks due to the attackers' feeling disgusted by either the 'ambiguous' body parts or a 'discrepancy' between corporeality and perceived gender, is integrated in Cal's narrative (*MS* 475ff).[13] The violence in this scene, both physical/sexual and visual, parallels the violence exercised by the medical authorities. The crucial techniques of power and control to which Foucault refers – hierarchical observation, normalizing judgment, and examination – are reiterated here, as the men who attack Cal easily overpower him, they are physically on top of him, they make normalizing judgment with regard to Cal's perceived gender, and they finally examine his genitalia, leaving Cal disempowered, humiliated and stripped of humanity: "'Crawl back into the hole you came out of, freak'" (*MS* 477). The novel asserts that no matter how hard Cal tries, as long as he remains in an unintelligible state (i.e. the failure to perform normativity), he can never escape disciplinary control, and consequently will be punished again and again for his gender 'transgressions.' The narrative's reiteration of (structural) violence against an intersex individual needs to be understood as the forcible reiteration of norms that produces the conditions for the intersex subject, Cal.[14] By this point in the narration, the novel has constituted the conditions for its protagonist (that seem to be) in line with social norms and that represent its intersex character as an 'impossible' subject, marking Cal as "a real outlaw" (*MS* 467) – a gender "outlaw" no less. In its simultaneous processes and strategies of the iteration of norms and its appropriation of trans or intersex narratives, *Middlesex* reveals a persistent refusal to recognize, accept, and appreciate genders that are not classifiable according to one of two normative and legitimate categories, 'male' or 'female.' After all, "[r]unning away didn't make [Cal] feel any less of a monster" (*MS* 449).

5.2.3 San Francisco: Space of the Freak Show and Mythology

With Cal's arrival in San Francisco, the novel takes up and renegotiates two other (interrelated) historical narratives that shaped the category of intersex in problematic ways: Greek mythology and the US-American freak show of the 19th and early 20th centuries. Academic criticism on *Middlesex* repeatedly revolves around the novel's use of the freak or monster trope and mythological motifs with regard to intersex. This relation is heavily refuted by many critics – intersex and non-intersex alike – on the grounds that it reduces intersex to a marginalized, pathetic and negative identity position. Sarah Graham refers to Cal_lie's association with mythological tropes for

13 Other examples are *Stone Butch Blues* (Leslie Feinberg 1993), *Sacred Country* (Rose Tremain 1992), *Boys Don't Cry* (dir. Kimberly Peirce 1999), *XXY* (dir. Lucía Puenzo 2007) and *Tomboy* (dir. Céline Sciamma 2011).

14 This concept of iterability is theorized by Butler (1993: 95).

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her argument that Cal_lie is a "tragic" figure, inhabiting a "'disqualified' identity," the intersex subject's fate being inevitably "miserable, associated with disempowerment, the theft of identity and an unhappy dual existence" (Graham 2009). She further argues that

> "like Cal, who rejects intersexuality in favour of a distinct gender identity, the novel itself continually expresses anxiety about sexual ambiguity by associating such hybridity with monstrosity and freakery. I propose that the novel's use of Greek mythology and the tropes of the traditional American 'freak show' destabilize its otherwise affirmative representation of the central character by suggesting that intersexuality is, in fact, a 'synonym for monster.'" (Graham 2009)

As a partly Greek narrative, *Middlesex* makes various and recurring references to the myth of Tiresias, whose gender changed from male to female and back, and to the myth of Hermaphroditus; their motif of transformation is iterated by the novel and hence becomes its leitmotif that structures the whole narrative. It is thinkable that mythological narratives and figures have a potential to offer alternative spaces of representation for intersex subjects, which challenge the medical discourses on intersex in its validity claim (Kilian 2014); although, as pointed out earlier, mythological references can be traced in medical (re)conceptualizations of intersex.

The evocation of mythology in the context of contemporary intersex representations is generally considered as problematic as it forecloses a reclaiming of viable intersex subject positions:

> "The mythic, metaphoric, monstrous hermaphrodite for all intents and purposes seems to have – for the longest time – eclipsed the existence of intersexual bodies, and silenced their realities [...]. [...] there is a history of the hermaphrodite as myth and metaphor that needs to be considered, a particular history of objectification, a history in which academic discourse has (widely) participated." (Koch-Rein 2005: 242)

Through the narrative displacement of intersex narratives, traditional, mythological narratives interfere with real-life narratives, as intersex author and activist Thea Hillman argues: "While the myth of Hermaphroditus has captured the imagination for ages, it traps real human beings in the painfully small confines of [...] someone else's story" (*Intersex* 29). *Middlesex* indeed seems to make a distinction between its usage of the terms 'intersex' and 'hermaphrodite' and its (historical) connotations.[15]

15 The term hermaphrodite is and can be used as a self-affirmative term by some intersex persons. In *Middlesex* its use is not unproblematic, although an intersex character uses it to refer to himself. However, this usage is not sufficiently contextualized in the novel, and it is the non-intersex author who chose to use the term, not a (fictional) intersex person.

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Some critics have noted that the use of the term 'hermaphrodite' associates Cal_lie with the mythological figure and thus connotes an unintelligible identity category, an "impossible state of being" (Graham 2009), implying "the conservative view that only the categories of male and female are natural genders" (Lee 2010: 33). In contrast, the term 'intersex' is mostly used in a political context and associated with activism and social bonding (represented by the character of Zora), and thus with a more progressive stance on gender nonconformity; a (self-) categorization which Cal rejects: "I happen not to be a political person. I don't like groups. Though I'm a member of the Intersex Society of North America, I have never taken part in its demonstrations. I live my own life and nurse my own wounds" (*MS* 106). Cal's refusal to associate himself with a collective intersex identity serves to further distinguish him from self-affirmative intersex persons. This self-imposed detachment has an alienating effect on him, as it restrains Cal from occupying a modern, empowered and intelligible intersex subject position. The message seems to be that (self-affirmative) non-intersex individuals can afford "apolitical apathy" (Holmes 2008: 92). The novel thereby exposes its own apolitical stance, or rather its political agnosticism typical for postmodern narratives. Morgan Holmes argues that the "open declaration of an absence of political motive for Cal/liope conveniently releases the novel from any perceived duty to move the intersex movement forward, which is fair enough. [...] however, the claim to a lack of politics is specious, for whether the narrative voice does or does not declare a politics, the actual cultural product that is the novel exists within a political context" (Holmes 2008: 92).

Middlesex's iteration of the tropes of the freak and of mythological figures necessitates closer scrutiny with regard to its potential to offer an alternative point of reference for the novel's intersex narrative. The problematic nature of the novel's evocation of the 'monstrosity' of the intersex body is pointed out by Sarah Graham, who asserts that "the novel's use of myth and freak show tropes conveys Cal's monstrosity" and as a result it "invokes damaging images of transgender figures from the past to show the legacy that queer subjects are forced to contend with in the present" (Graham 2009). However, it can be argued that this connotation of freakery might also possibly function as the counter-site in the novel from which a subversive redefinition of (sexed) bodily difference can be realized. Morgan Holmes expresses ambivalent feelings about the subversive potential of associating intersex subjects with monstrosity:

"At one time it may have been worth positioning intersexed bodies to fulfill what Donna Haraway has termed the 'promise of monsters,' creating patterns of interference to challenge traditional, masculinist, linear narrative structures that code power and privilege along a binary axis in which the self-contained male body always wins and the excessive, gestating female body always loses [...]. The problem, however, is that the deployment of intersexed monsters as culture jammers par excellence has stalled, resulting not in substantive interference [...], but

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in the reification of the proper place of traditional visions and modes of masculinity in opposition to femininity." (Holmes 2008: 90)

Ultimately, the "neutralized" intersex body is "repositioned not as disruptive agent but beyond and outside the realm of gender altogether" (Holmes 2008: 90). The following analysis of the (performed) freakishness of intersex bodies in *Middlesex* takes up and reconsiders the initial approach outlined by Holmes; thereby drawing on a concept of freakery as "the intentional performance of constructed abnormality as entertainment" (Chemers 2005) that reflects the performativity of corporeality, which calls into question dominant constructions of 'normative' and 'non-normative' bodies. The subversive potential of staging bodily indeterminacy is reflected in the structure of the performance itself: "the exhibition defie[s] official closure. To exhibit is to hold something up for question, to deny its totalizing teleology" (Fretz 1996: 105).

Both 'intersex' and 'freak' are concepts that rely heavily on visualization practices; historically, the former particularly within the medical discourse, the latter within the show context. These visualization practices are governed by hierarchical and objectifying relations which are generally prevalent in the social system, but which nevertheless have a very specific tradition in both intersex and freak contexts. Rosemarie Garland Thomson notes that "[f]reaks are above all products of perception: they are the consequence of a comparative relationship in which those who control the social discourse and the means of representation recruit the seeming truth of the body to claim the center for themselves and banish others to the margins" (Thomson 1997: 62). Freaks in this account contest the status quo of human embodiment. A similar point can be made for intersex subjects, but with a crucial distinction. Sandell et al argue that "[o]f the modes of being on display, one is 'freakishness' – based on physical, *usually visible*, difference. It has been suggested that the identity of the dominant or mainstream community is strengthened by rejecting anomaly" (Sandell et al 2005, emphasis added). The significant difference between intersex and freak visual representations is the mode of 'visibility.' Historically, definitions of individuals as freakish arose generally from human responses to extraordinary bodies, based on visual appearance which was apparent to the public in most cases. While individuals who are visibly and publicly gender nonconforming were and still are often punished for their perceived gender transgression within their social and cultural surroundings, most intersex individuals were defined as such at birth or very early in their lives almost exclusively by those who possessed the clinical gaze. The historical dis/continuities between 'freakish' bodies and intersex bodies were marked by advanced medical knowledge providing 'scientific' explanations for non-normatively sexed bodies, which classified them as pathological (Fausto-Sterling 2000: 34-37).

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The potential of the freak show space, and by extension San Francisco, to function as a site of resistance or a heterotopia[16] to the normative space of society depends on how the power relations within the freak show context are organized. The novel's displacement of the freak show from its traditional locations to the city of San Francisco is an interesting strategy. Historically, places and spaces played a significant role in the social and cultural perception of intersex and functioned as the sites where the knowledge production of intersex was institutionalized. The freak show of the 19th and beginning of the 20th centuries was generally located outside the city sphere, or outside the 'civilized' life. The traveling carnivals had no fixed place but were constantly moving, mostly through North America's rural areas, particularly in the Midwest and the rural South. The shows and entertainment industry located at Coney Island were, due to its peninsula status, while linked to the city sphere also remote enough to not disturb the ordinary social life of citizens. Either way freakery was not something encountered and confronted with in people's everyday life: one either had to travel there, to leave the city or one's 'home space'; or it came for a visit but did not stay for long. In each case, freakery and its disruptiveness posed only a temporary challenge to normative notions of embodiment. In *Middlesex*, the relocation of the freak show to the sex club Sixty-Niners in North Beach, San Francisco signifies its positioning at once within the city limits but also on the social margins of ordinary city life, in "an America that had never existed, a kid's idea of sharpies and hucksters and underworld life" (*MS* 483).

In *Middlesex* it seems that a "seamy underworld" (*MS* 483) is the only space where an intersex person can make a living, by exhibiting their intersex body. Working in a freak show is conflated with working in a sex show: Cal's journey takes him to San Francisco, where he works as an attraction in a *freak sex show* called Octopussy's Garden. Cal's performance as 'The God Hermaphroditus – half man, half woman' and his co-workers' performances as 'Melanie the Mermaid' and 'Ellie and Her Electrifying Eel' make references to the myth of Hermaphroditus and the nymph Salmacis (*MS* 482, 490) – and as such are deemed 'adequate' work for gender-variant persons like Carmen, a pre-op male-to-female transsexual, and Zora, who has Androgen Insensitivity (an intersex variation).

16 In "Of Other Spaces" (1967), Michel Foucault defines the heterotopia as a real place/space (in contrast to utopias) that is formed in the very founding of society; heterotopias are spaces in which other (real) spaces within the culture are simultaneously represented, contested, and inverted, and thus function as counter-sites (Foucault 1967). Heterotopias are usually found outside of all other places, or at the margins of society; they are 'other spaces.' One sort of heterotopia called 'heterotopias of deviation,' defined as "those in which individuals whose behavior is deviant in relation to the required mean or norm are placed" (Foucault 1967), can be related to the freak show, but also to the clinic/asylum of the 19th century.

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While working at the freak sex show, Cal's self-identification and how he is perceived by others is inconsistent. For Bob Presto, the owner of the sex club, Cal is less an individual than a freaky commodity in his show. Presto represents the stereotypical unethical, money-hungry US-American white businessman – "an exploiter, a porn dog, a sex pig" (*MS* 483) – who has gained material prosperity at other people's expense, who is unethical, with the attitude that he can buy anything, or anyone, with money. His position marks him as a representative of the dominant patriarchal ideology and capitalism. His only interest in Cal is economic; he considers him as "a gold mine" (*MS* 483), an object he can sell like the other 'commodities' in his club who are mostly female, or gender-variant: prostitutes, lap dancers, sex show performers. The novel is undetermined whether working at a freak sex show is considered as exploitation. The exploitative quality is downplayed by Cal's assessment that he "could have done worse" (*MS* 483) – a problematic statement, as it suggests that it is somehow more ethically justifiable to exploit an intersex person than to exploit a non-intersex person for sex work.

Cal's objectification and exploitation operate on several intersected levels, as intersex persons are not only subjected to the medical but also to the economic system: "The Clinic had prepared me for it [i.e. working at the freak sex show], benumbing my sense of shame, and besides, I was desperate for money" (*MS* 483). Since trafficking in sex is one of the most profitable trades to conduct,[17] the relations between trader, customer, and commodity are strictly and hierarchically regulated in economic terms. Presto's gaze is the powerful gaze of the profit-greedy trader of bodies, and the object of his gaze is constructed in terms of how profitable the object is for him, how well Cal will perform as a commodity. In this trade relation, Cal considers himself a performer-object who gets paid for exhibiting his body. He knows that he would "give [Presto] an edge over his competitors on the Strip" (*MS* 484), i.e. would perform well in monetary terms, and he claims that he only works at the show because he needs the money. The spectators are repeatedly referred to as "customers" by Cal (*MS* 486). In adopting an economic viewpoint and its terminology which are established and dominated by the system's authorities, Cal apparently submits to the

17 Sex trafficking has an estimated annual revenue of $32 billion, or about $87 million a day; about 800,000 people are trafficked into sex and forced labor throughout the world every year (Neubauer 2011). LGBT youth is disproportionally exploited for forced sex work: 58.7 percent of LGBT homeless youth have been sexually victimized (compared to 33.4 percent of heterosexual homeless youth); LGBT youth are three times as likely to engage in survival sex than their heterosexual peers; LGBT youth are roughly 7.4 times more likely to experience acts of sexual violence than heterosexual homeless youth (Lillie 2013). Transgender street youth are 3.5 times more likely to be involved in sex trade compared to cisgender street youth (Koyama 2012).

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inspecting gaze and the power of the system. Ethical questions concerning sex trafficking remain largely untouched in the novel.

While economic factors with regard to the exhibition of (intersex) bodies in freak/sex shows are inextricably linked to and inform its power relations and modes of representation, it is crucial to consider the normative regulations of the freak show narrative beyond the economic context, and to look at the performative aspects of freakery. Freak show performers generally inhabit bodies that are culturally constructed as 'abnormal' or 'unnatural.' Robert Bogdan asserts that "being a 'freak' [...] is not [...] a physical condition that some people have [...]. 'Freak' is a way of thinking about and presenting people – a frame of mind and a set of practices" (Bogdan 1996: 24). Recent studies of freak shows claim that "the body of the 'freak' functions as a stage for playing out various pressing social and political concerns" (Stephens 2005). Elizabeth Grosz notes that performers who stage their (actual or pretended) gender 'ambiguity' "occupy the impossible middle ground between the oppositions dividing [...] one sex from the other" (Grosz 1996: 57), hinting at the unintelligibility of such subjects outside the show context.

The principles of dominant ideology that control the narrative structure represent the white male authority as the bearer of the look of the spectator, and the intersex individual as the spectacle to be looked at.[18] The visualization practices, and their regulatory mechanisms that constitute their conditions, at work in the medical context are apparently reproduced in the freak show context. In the clinic, Callie's intersex body is the object of the authorities' gaze – the white, male, heterosexual, non-intersex gaze – and subjected to normative judgment. In medical textbooks, the genitalia of the objects of study are exposed while their faces are made invisible, which not only makes them anonymous but strips them of their individuality and humanity. This practice of fragmenting, and thereby hyper-dramatizing intersex bodies is iterated in the show context, where Cal keeps his head out of the water and his face remains unseen by the audience. On display are only those body parts that are considered as 'deviating' from the established norms and as such are constitutive of the category of the 'freak' – and therefore must bear up against the scrutinizing gaze of a collective audience who judge the body parts with regard to the normative standards. At first, the idea of facing the spectators ("voyeurs") unnerves Cal: "I don't think I could have performed in a regular peep show, face-to-face with the voyeurs. Their gaze would have sucked my soul out of me" (*MS* 484). Cal's referring to the audience as "customers" and at the same time to their scopophilic practices construes the practice of gazing as a form of consumption: the show "was the sexual equivalent of Trader Vic's. Viewers got to see strange things, uncommon bodies, but much of

18 See Laura Mulvey, "Visual Pleasure and Narrative Cinema" (1975) for a discussion of the concept of 'the male gaze,' which has been a central idea of feminist film and media criticism.

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the appeal was the transport involved. Looking through their portholes, the customers were watching real bodies do the things bodies sometimes did in dreams" (*MS* 486).

Despite its reproduction of "images of exploitation and prejudice for consumption" (Graham 2009), the novel's freak show narrative presents several strategies of resistance to the objectifying gaze. Performative resistance within the freak show context can effectively operate by employing basically two different strategies: the counter-gaze and refusal of interaction with the audience. Traditionally "the freak represents an existence that barely looks back. [...] freaks invite looks and stares from audiences and researchers. They don't stare back" (Mitchell and Snyder 2005). The staging of bodies considered as freakish affirms normalcy as it presents subjects against which a spectator is able to identify themselves as 'normal' against a 'deviant' Other. Moreover, the show context and its setting draw a clear demarcation line between seer and seen, between self and other, which facilitates for the audience to distinguish themselves from the 'deviant' object, and at the same time to unite with fellow spectators in their perceived 'normalcy.'

The dominant subject position of the show's audience is called into question by the performer returning the gaze. The spectator's body becomes fragmented in the eye of the performer; since the spectator looks through a peephole into the tank their body remains invisible to the performer except for their face. Water distorts both the spectators' and the performers' visions, and the peephole allows only for a limited field of vision. The mode of moving inside the water is different from that outside water: bodily motions are slowed down and the underwater law of gravitation enables a distinct corporeal representation. The performers in Octopussy's Garden confront their audience with their gaze in different ways and not only with their eyes.

Zora is probably the most likable gender variant character in *Middlesex*, although – or maybe precisely because – her intelligibility as an intersex individual is represented as precarious and fraught with uncertainties. Zora is introduced in the novel as antagonistic to Cal both with regard to an affirmative self-identification as an intersex person and with regard to images of intersex corporeality. The first instance of her appearance in *Middlesex* is her performance as Melanie the Mermaid in the sex freak show. She has an intriguing effect on the audience, but even more so on Cal, through whose gaze she is constructed in the first place, or almost exclusively. Zora appears to be a stunning beauty,

"her long blond hair flowing behind her like seaweed, tiny air bubbles beading her breasts like pearls, as she kicked her glittering emerald fish tail. She performed no lewdness. Zora's beauty was so great that everyone was content merely looking at her, the white skin, the beautiful breasts, the taut belly with its winking navel, the magnificent curve of her swaying backside where flesh merged with scales. She swam with her arms at her sides, voluptuously fluctuating. Her face was serene, her eyes a light Caribbean blue." (*MS* 485)

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Zora confronts the spectators with her whole bodily performance: she opens her eyes underwater and looks at them, smiles at them, and uses her beautiful body in a voluptuous manner to enthrall the audience. Her mermaid performance might not be a coincidence here: cultural representations of intersex subjects and mermaids have in common, throughout history, a profound anxiety of the unknown, the other-than-human, the transgressive, of that which resists bodily, speciesist and/or gendered unity by exceeding boundaries of the body and identity. This anxiety manifests in representing both mermaids and intersex subjects as living outside or at the margins of the civilized, cultural human realm of reason and order; as being threatening to this order by either entering the human realm which offers no explanations for their existence, or by luring humans away from the cultural realm and into the depths of transformative, unknown spaces, which leads to the dissolution of stable identities.[19]

In directly facing her audience and performing the mermaid myth, Zora seeks to resist the spectator's hierarchical observation and normalizing judgment of her intersex body. However, while she privately identifies as intersex (*MS* 488), the intersex features of her body remain invisible to the audience. In addition, her apparent normative beauty prevents the spectators from being appalled or disgusted by her body. The novel does not comment extensively on the spectators' reaction to Zora's performance apart from that "everyone was content merely to look at her" because of her beauty, as Cal claims (*MS* 485). The audience shows no anxiety or terror of the 'deviant' body. Within the freak show context, Zora is not able to be/come recognizable as intersex because others fail to identify her as intersex; instead the heterosexist notions implied in this gazing at a perceived female body that complies with the system's coercive beauty standards are inscribed into her body. As a consequence Zora fails to disrupt or even subvert the modern system of disciplinary power and its system of thought.

Both within and outside the freak sex show context, Zora's body is constructed through Cal's perspective. In some respect, she embodies a clichéd image of women with Androgen Insensitivity (AIS), whose bodies are despite XY chromosomes immune to 'male' hormones and consequently develop 'female' external bodily

19 The mermaid figure is associated with *l'homme différent*, a creature which lives in a world parallel to that of human society, usually located on the boundaries of the known world. According to Lucian Boia, the 'other' of 'human' – that which is not human, the 'animal' – is imagined as a fantastic creature, which can embody traits of animals or spirits. *L'homme différent* resembles humans in most instances but possesses one characteristic which makes it fundamentally different from human beings. Humans feel simultaneously awe and abomination about *l'homme différent* – a fascination but also horror of the other-than-human, of a creature that is *akin* to them but is at the same time *deviant*. Boia elaborates the concept of *l'homme différent* in *Entre l'ange et la bête: Le mythe de l'homme différent de l'Antiquité à nos jours* (1995).

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characteristics. Cal's comparison between himself and Zora leads him to the conviction that despite their similar bodily variation Zora benefits from her intersex variation:

"Aside from being blond, she was shapely and full-lipped. Her prominent cheekbones divided her face in Arctic planes. When Zora spoke you were aware of the skin stretching over these cheekbones and hollowing out between her jaws, the tight mask it made, banshee-like, with her blue eyes piercing through above. And then there was her figure, the milkmaid breasts, the swim champ stomach, the legs of a sprinter or a Martha Graham dancer. Even unclothed, Zora appeared to be all woman. There was no visible sign that she possessed neither womb nor ovaries. Androgen Insensitivity Syndrome created the perfect woman, Zora told me. A number of top fashion models had it." (*MS* 487)

The reference to fashion models with AIS points to the sexualized notion of a very specific type of intersex women, who *despite/because* of their intersex variation embody the female beauty ideal to its extreme. This notion of women with AIS is ambivalent. On the one hand, in a cultural context in which gender nonconformity is negatively connoted and violently rejected, it appears all the more surprising that the result of an intersex variation is regarded as positive and beautiful. On the other hand, this image is problematic. First, the sexualization of women with AIS denies to a certain extent the dangers of cis-hetero-male violence directed at many gender variant individuals, in particular trans women and intersex women, which is motivated by homo-, trans- and interphobia. Second, the differentiation made between 'acceptable' and 'non-acceptable' intersex individuals based on their appearance and level of gender normative attractiveness serves to further render gender nonconforming persons at the whim of the majority and to reaffirm the normative conditions for gender intelligibility. The representations of intersex individuals' social 'acceptability' in *Middlesex* seems to revolve around an intersex person's ability to measure up to cultural requirements of female beauty standards – while Callie seems to have failed in this regard, Zora's extraordinary beauty serves to mark Callie's 'failure' even more crucially. The different representations of two intersex characters and the commentaries provided on their ability to perform the 'proper' modes of femininity can be interpreted as the novel's comment on how cultural imperatives on normative femaleness is implicit in validating or prohibiting intersex intelligibility.

Yet it is important to note that Zora's body and comment on her femininity is completely constructed via Cal's gaze. He describes Zora's body in great detail, mostly in an eroticizing way. This strategy serves to express his perceived difference from her in terms of gendered appearance and (hetero-) sexual attractiveness: "[W]e looked nothing alike. [...] On the street people took me for a boy. Zora turned heads. Men whistled at her" (*MS* 492). In Cal's perception his, or rather Callie's ostensible 'failure' to perform satisfyingly as a 'woman' is due to her lack of normative

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femininity and heterosexual appeal. This estimation, which has been articulated at earlier instances in the novel during Callie's teenage years, becomes now even more obvious when contrasted to another intersex woman's embodiment of the 'ideal woman.'

On another level, Cal's descriptions of Zora testify to his own sexual attraction to her. Although he asserts that she has a sexual effect on many men, both in the sex show and outside, it becomes obvious how Cal himself perceives her as an object of desire. He even admits his attraction to her when he states that "I never felt sisterly around Zora. [...] I was always aware of her figure under the robe. I went around averting my eyes and trying not to stare" (*MS* 492). Looking at Zora, however, is what he does extensively. However, while Zora, as previously noted, embodies a specific cultural idea(l) of a woman with AIS that might be clichéd, Cal's construction of Zora involves more than just a superficial image of her normative beauty rendered through the perspective of a non-intersex, cisgender, heterosexual majority. Unlike the visitors of the sex show or past male lovers, Cal's perspective on Zora is a perspective from an intersex person on another intersex person. This shift in perspective is both a result of and creates moments of intimacy and solidarity. Zora is recognized as desirable by an intersex person who actually knows about her being intersex – in contrast to everyone else who fail to recognize her as intersex – which allows for moments of Zora's intelligibility as an intersex person.

Zora's repeated misrecognition as female stands in contrast to how she perceives herself as a gendered and sexual subject. Zora contends that she does not "want to be anything in particular" (*MS* 487), seeking to defy culturally imposed gender determinacy. Despite her perceived 'successful' performance as "the perfect woman" (*MS* 487), she refuses to identify as female and prefers to identify as intersex (*MS* 488). The unrecognizability of Zora's gender, and consequently her involuntary 'passing' as a non-intersex heterosexual woman, crucially threatens her intelligibility as an intersex and lesbian individual. In representing Zora's ostensible failure to be intelligible as intersex, the novel exposes the intricate ways in which normative idea(l)s about femininity/femaleness and female beauty, ideas of sexuality, and ideas of intersex are interrelated in the constitution of the conditions for gender coherence.

However, with the character of Zora, *Middlesex* presents not only the apparent impossibility of constructing a viable intersex subject position, but also moments of resistance to the threat of intersex unintelligibility. Zora tries hard to be recognized as intersex. She is represented as an early pioneer of intersex activism before the intersex movement began to organize in the early 1990s. Her most significant power tool for the production and transference of knowledge about intersex is writing and education. On a metatextual level, the character of Zora functions as an educational instance in *Middlesex*, by which readers are educated on the history of intersex. On a narrative level, Cal is also equipped with crucial knowledge, which offers significant moments of intersex bonding: "Mainly, her politics consisted of studying and writing.

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And, during the months I lived with her, in educating me, in bringing me out of what she saw as my great midwestern darkness" (*MS* 488); "After all my troubles, wasn't it my right to expect some reward in the form of knowledge or revelation? In Zora's rice-paper house, with misty light coming in at the windows, I was like a blank canvas waiting to be filled with what she told me" (*MS* 489). The socializing with another intersex person effects a moment of epiphany for Cal which causes him to come to terms with his intersex variation, at least temporarily. This home which Zora provides becomes a symbol for Cal's internal and bodily transition: the bungalow shared with Zora "was a refuge for me, a halfway house where I stayed, getting ready to go back into the world. My life during these six months was as divided as my body" (*MS* 491). What is more, Zora's friendship – and by extension, the show staff – functions as an alternative familial bonding, and thus challenges normative concepts of the legal core family and North American middle-class values.

In the end, despite Zora's repeated gender (and sexual) misrecognition, her failure to publish her book on intersex history *The Sacred Hermaphrodite*, and her difficulties in making her intersex body visible as such in her mermaid performance, she refuses to submit to the politics of intersex erasure within the system. She even imagines a future society in which intersex people embody a new form of intelligible gender: "[W]e're what's next" (*MS* 490). Thus, while Zora's diverse interventions into normative gender constructions and power relations seem to miss their purpose, the representation of her character not only reveals the limits of being/becoming intelligible as intersex but introduces crucial intersex interventions and produces moments of intersex intelligibility – both for Zora herself and also for the intersex protagonist, Cal. Or, to appropriate Butler's words, Zora "emerges at the limits of intelligibility, offering a perspective on the variable ways in which norms circumscribe the human" (Butler 2001: 635).

Middlesex offers another representation of a gender variant person, more precisely, a transgender woman. Carmen's femininity is juxtaposed to both Cal_lie's and Zora's femininity, and thereby subjected to problematic judgment. Carmen's femininity and her femaleness are defined as not 'authentic,' as an obvious "over[doing] [of] the femme routine": "There was entirely too much hip swaying and hair flipping in Carmen's airspace," as Cal sardonically comments (*MS* 486). The notion of trans women not being 'real' women, who need to exaggerate cultural codes of normative femininity in order to be recognized as female, iterates transmisogynist language and reasoning. The racialization of Carmen as a "Hawaiian girl" "from the Bronx" (*MS* 486) adds the dimension of 'race' to her gender representation that further serves to exoticize her. Moreover, Zora's suggestion that Carmen's boyfriends are latent homosexuals and/or that men fetishize her as "impure" (*MS* 487) further denies Carmen (or any trans woman) 'real' womanhood and perpetuates biologist relations between gender, body, and sexuality. The stigmatization of trans women as 'fake' women, or as fetish objects, puts them at a high risk of (sexual)

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violence. "This pervasive ideology," Janet Mock argues, "says that trans women are shameful, that trans women are not worthy of being seen and that trans women must remain a secret – invisible and disposable" (Mock 2013). The novel reaffirms this problematic and transphobic (and racist) ideology in its representation of its only transgender character, without any hint of self-reflexivity. This problematic fetishized and exoticized rendering of Carmen is iterated in her freak sex show performance.

Carmen's performance as Ellie contains moments of subversion of normative gender concepts. In her show, her body returns the spectator's gaze, too, albeit in a different way. At first sight she is perceived as a feminine woman, but at second sight, "there it was on the slender girl's body, there it was *where it should not have been*, a thin brown ill-tempered-looking eel, an endangered species," i.e. a penis (*MS* 486, emphasis added). In Cal's narrating the spectators' point of view, Cal either alleges or himself renders an implicit normalizing judgment on Carmen's body by defining its gender 'ambiguity' as an 'impossible' corporeality, with the imperative *should* referring to the enforced adherence to a norm established by the system's regulatory forces. This notion is reiterated in Cal's description of the exchange of gazes: "it was the eel's moment to shock. [...] it stared at the customers with its cyclopic eye; and they looked back at her breasts, her slim waist, they looked back and forth from Ellie to eel, from eel to Ellie, and were electrified by the wedding of opposites" (*MS* 486).[20] Although Carmen/Ellie returns the spectator's gaze with her penis and effects a moment of gender 'ambiguity,' a destabilizing of gender norms is complicated. The spectators' visual reassurance of Carmen's gender operates on a binary, the supposedly 'female' (breasts) and 'male' (penis) signifiers are constructed as oppositional and are supposed to be mutually exclusively found on *one* body; the "wedding" between these two signifiers hints at a cultural practice rather than a 'natural' process constituting the body. Outside the freak show context, Carmen's story "followed the traditional lines better than" Cal's – the "born into the wrong body" rhetoric attests to the novel's stereotype representations of gender variant bodies and identities by producing not only a one-dimensional account of transgender and recognition ("traditional lines") but also a normative notion of bodily "wrongness" (*MS* 487). The binary ultimately stays intact, the spectators remain electrified – by shock rather than pleasure – and the 'ambiguity' is soon to be dissolved by Carmen's impending gender reassignment surgery.

Cal usually does not return the spectators' gaze, but one time, while performing as Hermaphroditus underwater, he has a moment of epiphany:

20 The term cyclopic contains a double reference to Greek mythology (Cyclops) and a congenital disorder (cyclopia), reiterating the interaction between medicine and myth that structures the narrative.

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"I opened my eyes underwater. I saw the faces looking back at me and I saw that they were not appalled. I had fun in the tank that night. It was all beneficial in some way. It was *therapeutic*. Inside Hermaphroditus old tensions were roiling, trying to work themselves out. Traumas of the locker room were being released. Shame over having a body unlike other bodies was passing away. The monster feeling was fading. And along with shame and self-loathing another hurt was healing." (*MS* 494)

The cause of this ostensibly dramatic change in Cal's perception of his intersex body remains unclear and seems implausible to explain with his gazing encounter. The only reaction of the spectators experienced by Cal is that they are not appalled – yet on what this conviction is based remains obscure to the reader. Cal's narration of the freak show audience's alleged reaction iterates his narration of Dr. Luce's reaction to the exposure of his genitalia: "He didn't look shocked or appalled" (*MS* 412). Implicit in both narrative accounts is less an actual reaction of the spectators but rather Cal's self-perception of his intersex body – which is primarily constituted by his own rejection of it – from which he draws conclusions about the supposed reactions of others, in particular authorities. Graham points to the fact that "his work at 'Sixty-Niners' can only be undertaken in a state of intoxication and with a consequent dissociation from his scrutinized body" (Graham 2009). It remains unclear whether Cal's gazing has an effect on the spectators, effects a moment of confrontation, or destabilizes the hierarchical quality of visualization practices within the freak show context. Ultimately, Cal's claim of the therapeutic effect of his intervention is undermined by the novel's continuing perpetuation of his shame about his intersex body, even up to his adult life.

At this point in the novel, Cal still does not embrace an identification as intersex. The novel presents at best one halfhearted, semiconscious attempt to find a way out of rigid bodily and gender classifications: "I waited for my soul to leave my body. I tried to fall into a trance state or become an animal" (*MS* 495). His wish to transcend the material, the human (gendered) body, or to become an animal rearticulates the principal motif of Ovid's *Metamorphoses*, the creative power of bodily transformations and transmigration of souls; a repetition of the rebirth motif from the novel's opening paragraph. There is no fixed identity, neither in terms of species, nor gender, nor otherwise; the soul can inhabit any form, and form changes ceaselessly (Ovid, *Metamorphoses* XV: 143-175). While this repeated narrative displacement to the realm of mythology might seem like a viable alternative to medical constructions of intersex, the transcendence of his (intersex) body remains a phantasma, given the reality of social constraints that condition intelligibility. The reiteration of mythology in the novel cannot provide a livable space for intersex intelligibility as it always refers to an imagined past and remains always a mythical and hence unattainable and impossible space.

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In the end the possibilities of producing Cal's gender intelligibility in the 'middle' are not realized. Cal's self-identification after he leaves San Francisco rather implies that there is only an either-or possible: since his father died before Cal's return, "[w]ith respect to my father I will always remain a girl" (*MS* 512), while to his mother, Cal is not a daughter anymore but a son, "at least by looks" (*MS* 519), and Cal's brother refers to Cal as "bro'" in response to Cal's suggestion to "[c]all me whatever you want" (*MS* 515). This apparent incoherence of (his narrative about) his gender identity is constituted by a process Judith Butler refers to as the "relationality" of the self, by which "[t]he very 'I' [who seeks to tell the story] is called into question by its relation to the one to whom I address myself. This relation to the Other [...] clutter[s] my speech with signs of its undoing" (Butler 2004: 19). On the narrative level, Cal's sense of coherent self is complicated by his relations to his family (and later to his potential lovers); even the way his mother sees him is contradictory ("son" vs. "daughter"). On a metatextual level, for the reader, the incoherence of Cal's identity construction is further complicated and at the same time ostensibly resolved by Cal's self-affirmative identification as a heterosexual man (yet his insecurities about his corporeality towards female lovers again questions this coherence). The novel closes with an ambivalent final negotiation of gender indeterminacy:

> "Did Calliope have to die in order to make room for Cal? [...] After I returned from San Francisco and started living as a male, my family found that, contrary to popular opinion, gender was not all that important. My change from girl to boy was far less dramatic than the distance anybody travels from infancy to adulthood. In most ways I remained the person I'd always been. Even now, though I live as a man, I remain in essential ways Tessie's daughter." (*MS* 520)

This statement is contradictory in its claim of gender as being not really important: Cal_lie changes from one end of the gender binary to the other one (of only two legitimate gender categories, i.e. male and female), and ends up living as a self-identified man, not as (openly) intersex. Cal's statement that he is struggling for "unification, for *Einheit*" (*MS* 106) signifies both Cal's and the novel's need for coherence and closure, which seems to be achieved by the integration of the different and conflicting aspects of his gender into a coherent sense of self. Even Cal's placement in Berlin, "a city historically associated with division and duality," which could be read as symbolizing his "comfort with inbetweenness," eventually affirms his, and the narrative's, anxiety to mend the ruptures: "Cal lives in post-reunification Berlin, so any sense of a divided past – for Cal and for the city – has been replaced with a newly whole, coherent 'self,'" as Sarah Graham argues (2009). The (re)establishing of Cal's gender coherence is paralleled by a narrative closure. Even Cal's musing on the last page of the novel that Middlesex is "a place designed for a new type of human being, who would inhabit a new world. I couldn't help feeling, of

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course, that that person was me, me and all the others like me" (*MS* 529) cannot belie the fact that he and *all the others like* him are denied recognition of their intersex bodies and self-identification in the novel and are instead relegated to a constrained heteronormative subject position.

5.2.4 Is there a Moral Obligation to Write a Particular Story of Intersex?

Returning to the initial question of how *Middlesex*'s narrative and metanarrative strategies negotiate intersex representations and work to acknowledge, allow for, or prohibit intersex intelligibility, what can be ascertained is that an unambiguous reading is complicated by the novel's at times contradictory statements and moments of representation. Within literary criticism it has been widely suggested that *Middlesex* cannot live up to its own claims of productive indeterminacy. Critical readings of the novel "as a book that endorses a narrative of heteronormativity and ethnic assimilation" (Lee 2010: 32), and as "put[ting] intersexuality in a position that can be thought of as located in the 'I' of the norm" (Koch-Rein 2005: 250) attest *Middlesex* a pessimistic stance on the possibilities of constructing a viable intersex subject. Holmes contends that "Caliope's [sic] peculiar form of embodiment is assumed to be a kind of paradox that carries the burden of contradictory stances regarding monstrosity and incest, while at the same time Eugenides makes a plea for the tolerance of difference in the basic humanity of the monster" (Holmes 2008: 94). The trouble with this construction is that in order to become recognizable as human in *Middlesex*, the intersex subject needs to become intelligible, and the only way her_his intelligibility can be produced is by becoming male (and heterosexual) – or so the novel seems to suggest.

Can the novel be held accountable for producing a heterosexual male subject, instead of an intelligible intersex (and lesbian) subject? While Morgan Holmes argues "that neither Eugenides nor anyone else was morally obliged to write a particular story of intersexuality" (2008: 93), the novel, as a piece of fiction, could have functioned as a space of possibility for alternative subject constructions, as a 'heterotopia' (Kilian 2014). Yet in its anxiety to represent Cal as an intelligible subject, the narrative resorts to strategies of assimilation and 'normalization' of its protagonist. Despite moments of incoherence and contestation, the character never slips into an unintelligible state; every 'lapse' is immediately prevented, explained or counteracted. The narrative strategies to represent Cal's self-affirmative claim of his gender indeterminacy are inconsistent with and undermined by other strategies that affirm his problematic self-perception, his "persistent[...] communicat[ion] [of] discomfort with his disunited state, always seeking to escape it" (Graham 2009). The sense of the protagonist's coherent subjecthood is to a considerable extent the result

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of the first-person narration: at least as the narrator of this – his own – story, he remains always intelligible within the narrative and to the reader. The novel's attempt at producing Cal's intelligibility hence must be considered on several (meta-) narrative/metafictional levels.

The question how 'authentic' a literary representation of intersex lives should be becomes, in the face of the social, political and legal discrimination against intersex persons, a question of fair representation. While one might or might not agree whether an author has a moral obligation to tell a particular story about intersex, harmful (mis)representations of a group of people that is constantly at danger to be culturally *and* physically erased, mutilated, or disowned, who are subjected to violations that have become acknowledged as human rights violations, have necessarily an ethical dimension. In that respect, literature – or authors – can be made accountable for their perpetuation of normative representations, as they inevitably reaffirm the naturalizing of the relationship between body, gender, and sexuality (what Butler refers to as the "heterosexual matrix," 1990: 151, fn6), which has provided, and continues to provide the arguments for physical and psychological 'normalization' procedures. Critics' opinions are divided with regard to *Middlesex*'s rendering of an 'authentic' account of (an) intersex character(s). While Hillman finds fault with Eugenides' neglect to interview intersex persons before writing the novel, instead "us[ing] intersex as a metaphor," and being "in no way an advocate for intersex people" (Hillman, in Roth 2008), she gives the author credit for his credible portrayal of an intersex character and their struggle:

> "One of the most powerful things Eugenides did was illustrate the dilemma many intersex people face: while they might accept and enjoy their body as it is, people around them want to 'fix' their body so it matches some mythical ideal. I think Eugenides' depiction creates empathy for the intersex character in the reader, and gives credibility to the perspective of the intersex person who doesn't understand the horror their body may incite in others." (Hillman, in Roth 2008)

Graham disapproves of this all too positive assessment, arguing that while the novel's strategies "may reflect the difficulties" of individuals who live at the margins of intelligibility due to their gender nonconformity, they at the same time "affirm the validity" of that unintelligibility (Graham 2009). *Middlesex*'s integration of different discourses on intersex can be read as an attempt to challenge the hegemonic medical narratives, by opening up alternative narrative spaces that allow for more affirmative and diverse rearticulations of intersex subjecthood. Thereby, however, the novel resorts to narratives and metaphors that themselves denote 'unlivable' intersex 'identities,' such as mythological figures, 'freaks' or 'monsters,' without being able to utilize their subversive potential for a successful reclaiming of the category of intersex; hence the novel remains in a normative loop of iteration that constitutes the

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"place[s] of not-being" to be occupied by "that which is neither fully negated nor acknowledged as being, acknowledged [...] into being" (Butler 2001: 622).

The constantly iterated rhetoric of shame that Cal feels about his body perpetuates the highly problematic notion of (surgically/hormonally unaltered) intersex bodies as 'abject' and 'deviant,' and thus implicitly supports the logic inherent in the medical argumentation that intersex bodies need to be surgically and/or hormonally altered in order to enable a 'livable' life for the person. While Cal asserts that "we hermaphrodites are people like everybody else" (*MS* 106), he still maintains for a large part secrecy about his intersex corporeality: "I'm closeted at work, revealing myself only to a few friends. [...] Only a few people here in Berlin know my secret" (*MS* 107). His intersex corporeality, or rather, his shame thereof, seems to foreclose a fulfilling love and sexual relationship; in anticipation of his first date with Julie, he sees "[n]o reason to mention my peculiarities, my wandering in the maze these many years, shut away from sight. And from love, too" (*MS* 107). As a consequence, Cal "lives in an exile that is both self- and socially-imposed" (Graham 2009), for the most part out of self-protection. Instead of allowing him to overcome his shame, the novel resolves his problematic self-perception by asserting that Cal is decidedly male and heterosexual, ultimately privileging an assimilationist closure over a more radical production of (gender) indeterminacy that defies a final closure.

5.3 HOW TO MAKE A LIFE IN YOUR BODY WHEN YOUR BODY FEELS UNINHABITABLE: *ANNABEL* AND THE SEARCH FOR SPACES OF RECOGNITION

Eight years after the mainstream success of Jeffrey Eugenides' *Middlesex*, Canadian author Kathleen Winter takes up the theme of intersex in her novel *Annabel* (2010), and sets the narrative in the cold, harsh environment of Labrador in the 1960s. The novel was widely critically acclaimed; in 2011 it won the Thomas Head Raddall Award and was shortlisted for several other Canadian literary awards. It was also adapted as a radio play for BBC Radio and served as inspiration for the song "Annabel" (2013) by the British band Goldfrapp and its accompanying music video clip (Bailey 2014). The relative success of the novel has served to bring the issue of intersex, once again, to the attention of a mainstream audience and thus contributes to the literary body of work on intersex and to the cultural negotiation of intersex themes.

The analysis of *Annabel* is based on the same preconditions regarding the questions of intersex intelligibility as outlined in the chapter on *Middlesex*: how does the novel's intersex character reconcile their own sense of self with the conditions of their recognizability available to them? Does the novel provide conditions of intersex

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intelligibility; does it establish narrative spaces for intersex rearticulations? Does the novel offer metatextual criticism of the regulatory practices and norms that govern the recognizability of personhood and gender? In which ways does *Annabel* take up the popular cultural renegotiation of the category of intersex initiated by *Middlesex*, and how does it contribute to the contemporary cultural reimagination of intersex? My discussion of the novel proceeds from these questions, bearing in mind the potential of the text for offering alternative representations of intersex realities. I argue that despite the novel's obvious implausibilities, at times sensationalist plot devices, often stereotypical gender conceptions, and its slightly idiosyncratic characters, *Annabel* accomplishes to create, by and large, a believable narrative about an intersex child and their relation to their parents and the complexities of an intersex life, that cannot be accounted for by a theory of intelligibility alone.

Annabel interrelates several narratives, discourses, and motives of intersex which inform and construct the novel's coming-of-age story of its intersex protagonist, Wayne/Annabel Blake,[21] thereby articulating their quest for intersex intelligibility throughout their childhood to young adult life. The novel interweaves medical discourses, Greek mythology, discourses on (gendered) beauty and aesthetics, sexual violence, and the motif of transformation and rebirth, among others; this multiplicity of diverse narratives creates a dense narrative that at times appears overloaded with signification. Among the various interrelated themes, the significance of spaces stands out as one of the major tropes in the novel. In *Annabel*, specific spaces/places are connected to, or embodied by, specific characters: Labrador's nature and wilderness (Treadway, the 'male' sphere), Croydon Harbour (Jacinta, the 'female' sphere of the domestic), hospitals (the creation of Wayne and the erasure of Annabel), St. John's (Jacinta's youth, Wayne/Annabel's gender transformation), Boston (Wally Michelin's recovering of her voice), bridges (symbolizing the gender transition of Wayne/Annabel), travelling (Thomasina's acts of freedom and independence), and the university campus, particularly the Technical University of Nova Scotia (signifying freedom of gender expression and allowing Wayne/Annabel to craft his_her own narrative). The particular spaces are clearly gendered, or gender and sexed corporeality are "spatialized" (Neuhaus 2012: 124), whereby some of the spaces are regulated by rigid gender norms, and simultaneously function as regulative systems that construct, perpetuate and enforce gender norms through social constraint, while other spaces function as representational spaces for 'alternative,'

21 I mostly refer to the character Wayne Blake and use the pronoun 'he' when referring to Wayne as it occurs in *Annabel*. I want to point out, however, that the novel's references to the intersex character (almost) exclusively in 'male' terms is not unproblematic and seems implausible to some extent as this narrative strategy fails to do justice to the complexities of the character's gender (self-) identification and transformation(s). I refer to the character as Wayne/Annabel when it seems apt.

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non-normative gender concepts, and hence can be conceived as counterspaces, or spaces of resistance "to the dominant order arising precisely from their subordinate, peripheral or marginalized positioning" (Edward Soja, quoted in Neuhaus 2012: 126).

The following analysis of the novel starts from the argument that the recognizability of Wayne/Annabel is negotiated within the interpersonal relationships and the intimate connections between the characters. The quest for recognition is inextricably linked with the social relations between the individuals; it concerns in particular Wayne/Annabel's longing to be recognized as a non-binary gendered subject, for him_her the precondition to become intelligible as intersex, but the issue of recognition is not restricted to Wayne exclusively. At issue are the relationships between Wayne and his parents, between Wayne and Thomasina, and between Wayne and Wally, but also the relationship between Jacinta and Treadway Blake, and the characters' relations to their surroundings (friends, classmates, doctors, etc.). The moments in which these relations are challenged, damaged, severed, lost, and reconciled in specific ways indicate the relativity and the precariousness of Wayne/Annabel's intelligibility.

Annabel is narrated from a third-person omniscient perspective, thus marking a significant contrast to both *Middlesex* and fictional and non-fictional intersex first-person narratives. While in the latter, the first-person narrative mode is employed to convey the inner thoughts and feelings of (real or fictional) intersex protagonists, hence producing a certain sense of (narrative) 'authenticity' when it comes to intersex matters, the eschewal of the (intersex) first-person perspective in Winter's novel effects a certain emotional detachment between the intersex character and the reader. While this sentiment is not exclusively or foremost the effect of the narrative mode, the emotional distance created between protagonist and narrator enforces the sense of the character of Wayne as 'uninhabited' to some degree. Winter explains her choice of not narrating the story from Wayne's perspective with a reluctance to appropriate the intersex character and their experiences:

> "I know more about the people and communities surrounding Wayne than I could possibly know about his inner life. Perhaps I could have tried, but I don't know if I really felt I had the authority. I was attuned, throughout the writing, to an idea that anything I wrote about being between genders would have to be personal knowledge, of which I do have some, but not enough to fully inhabit that character. To write from the point of view of one character is, for me, to inhabit that person." (Winter, in an interview with Bailey 2014)

Despite Winter's reservations about 'inhabiting' her characters, *Annabel*'s narrative mode provides insights into several main characters' state of mind, and into their emotional attachments they have to each other. Hence this strategy allows the renegotiation of intersex from multiple perspectives on an intersex child, thus not

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only from the intersex individual's point of view but from those of their parents, friends, and other persons close to them. As a result, in *Annabel* intersex becomes a contested category that, at times, defies coherence.

5.3.1 The Cultural Parameters of Gender Construction: Medicine, Aesthetics, and Sexual Violence

The narrative of *Annabel* follows at first glance the 'traditional' lines of many intersex narratives: when a baby with 'indeterminate' gender is born to Jacinta and Treadway Blake, the father insists on raising the child as a boy; a medical assessment legitimizes this decision on the basis of biologist claims about gender (the 'phallometer'); genital surgery (sewing up the 'vagina') to medically confirm the gender assignment (a "believable" male, *Annabel* 48)[22] follows; and the child's intersex variation subsequently has to be maintained a secret at any cost. The reinforcement of the assigned gender is a common plot in intersex accounts. Treadway's attempt at socially 'masculinizing' his 'son' relies on the notion of gender as a rigid and normative binary, informed by gender stereotypes, biologist essentialisms, and distinctly separate spheres: the community of Croydon Harbour "is one of rigid conformity and outright sexism, where men are 'kings outside their houses' and women 'queens of inner rooms and painted sills... and carpet cleaners.' Men hunt, fish, trap, build things and are mostly really bad in bed; women marry young, have babies, suffer quietly and long inchoately for more" (D'Erasmo 2011).

The questions of and the different perspectives on gender in the novel, offered by several characters, are central to the negotiation of Wayne/Annabel's intelligibility as an intersex person. What is anticipated at an early point, and will manifest itself throughout the narrative, is not only Wayne's struggle to come to terms with his intersex corporeality, or rather, with the (attempted) erasure thereof, but also his striving for a non-binary gender identification. The novel makes it unmistakably clear at various moments and throughout the narrative that Wayne's gender nonconformative sense of self is a result of his intersex variation. This causality might not be problematic in itself, as a person's gender identification and sense of sexed embodiment can correlate to different degrees. However, the heteronormative and binary ideas of gender on which this correlation between Wayne's intersex body and his sense of gendered self relies is not unproblematic and raises questions as to the novel's intentions regarding the representation of its intersex character. The novel appears adamant in its attempt to convince the readers, and the characters themselves, of Wayne's 'male' and 'female' parts of his gender along the lines of characteristics deemed unquestionably 'typical' for boys and girls (or men and women),

22 The following page numbers in this chapter refer to the paperback edition of *Annabel* published in 2010 by Black Cat.

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respectively. In consequence, what the novel really claims is that Wayne's supposedly gender-specific characteristics and acts are, in fact, a result of his intersex variation – thereby making biologist-essentialist assumptions about gender –, while these acts are rather socially marked as gendered.

Before turning to the analysis of the negotiation of Wayne's intersex intelligibility through (his relationships with) particular characters, it is crucial to scrutinize the cultural parameters of gender construction in the novel. The dominant parameters that determine the alleged difference between normative dichotomous genders are medicine, aesthetics, and sexual violence. Constructing gender according to these parameters is not unproblematic, as they reference and reiterate profoundly normative and deeply troubling signifiers for gender. The question is whether the novel is (self-) reflective of the problematic implications of these constructions and of its own strategy to make use of them.

Annabel's noticeable departure from *Middlesex*'s extensive, detailed representation of the medical establishment and its power over the intersex protagonist, their body, and the definition of their gender can be interpreted as a decentering of the relevance of medicine for the intersex person's life and their sense of self. However, the actual authority held by medical practice (and practitioners) over Wayne/Annabel and his_her sexed body becomes all the more obvious and significant in the compressed representation of the medical scenes in *Annabel*. The categorical, de-individualized power of medicine is highlighted by the novel's introduction of several, changing doctors who treat Wayne, instead of concentrating on one specific doctor and their relationship with him; a narrative strategy that makes these doctors interchangeable representatives of the medical establishment.

Medical episodes and interventions recur at several stages in Wayne's childhood and coming of age throughout the narrative. Wayne/Annabel is not born in a hospital, but in his_her parents' house in Croydon Harbour, with only three of Jacinta's female friends present. Thomasina Baikie, who acts as the midwife and delivers the baby, is the first who notices the baby's 'ambiguous' sex characteristics (penis, one descended testicle, labia, vagina). Thus, the initial 'diagnosis' of the newborn's intersex variation is made by a family friend, not by medical authorities. Yet the first reactions to the baby's intersex body parallels the rhetoric of 'medical emergency' commonly used by doctors: "Thomasina caught sight of something slight, flower-like; one testicle had not descended, but there was something else. She waited the eternal instant that women wait when a horror jumps out at them. [...] What Thomasina knew [...] was that something can go wrong, not just with the child in front of you, another woman's child, but with your own child, at any time, no matter how much you love it" (*Annabel* 15f). This instance not only invokes a sense of horror about an unexpected 'anomaly' of the baby's body, but equates a child's intersex body with the death of a child, as this passage foreshadows the death of Thomasina's own daughter Annabel. The language of 'wrongness' and horror of the infant's

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intersex body is reiterated by Jacinta, who compares her child's intersex variation to a case of conjoined twins, whose mother's determination to raise them joined sounds at first unthinkable to Jacinta: "she thought the woman would come to her senses one day and allow the babies to die" (*Annabel* 23). The strategy of secrecy about the infant's intersex variation, recommended by doctors as a rule, is also followed by Jacinta, who keeps the baby's bodily state a secret even from her husband in the beginning.

While the baby's first weeks pass without medical definition and intervention, as soon as Treadway learns about the intersex variation he decides his baby's gender as male, and to have 'him' examined by a doctor. Jacinta brings Wayne/Annabel to the hospital despite her internal conflict about the impending 'normalizing' surgery. She even considers running away from the hospital and the surgery, and contrasts western medical practices with the culture of the Innu, the indigenous inhabitants of certain areas of Quebec and Labrador, she had once encountered: "He [a baby of an Innu woman] had been born with a genetic anomaly but his mother had held him and sung to him, a lullaby in Innuaimun, and no one had tried to take that baby to the Goose Bay General Hospital and maim him or administer some kind of death by surgery. No one had found fault with him at all" (*Annabel* 43). While this statement appears to oversimplify indigenous cultural practices, and ignores the real-life conditions of Innu people in Canada (e.g. the mainstream/non-Innu health care system's lack of understanding of Innu culture and their own definitions of health as a possible reason for not bringing the baby to the hospital), juxtaposing indigenous cultures' notions of gender (in opposition) to western gender concepts is a common strategy employed by western academics and writers (Qwo-Li Driskill points out that the appropriation of concepts like Two-Spirit for western concepts of queer, transgender or intersex is problematic, Driskill 2010). In *Annabel*, Jacinta's comparison exposes the western cultural practices of dealing with intersex infants as violent and cruel, referring both to the surgical intervention into bodily integrity and to the defining power over gender categories she experiences as destructive mechanisms: "Everyone was trying to define everything so carefully, Jacinta felt; they wanted to annihilate all questions" (*Annabel* 45).

Nevertheless, Jacinta brings Wayne/Annabel inside the hospital to the surgeon Dr. Simon Ho, who will perform the surgery attempted at making Wayne/Annabel look more 'male,' and hence medically affirm Treadway's gender assignment of his son. It is noteworthy that the intersex baby's 'maleness' is determined and reinforced by men (the father, the male doctor), while the baby's 'femaleness' is nurtured by women (the mother, the female friend). The representation of Dr. Ho is ambivalent. The instance in the hospital occurs primarily through Jacinta's perspective, hence the doctor appears as experienced by the mother of the intersex child he is about to treat. His figure has only a small part in the narrative and thus necessarily remains sketchy and simplified, yet his reductionism represents the central conflict all the more

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pointedly. Jacinta has mixed feelings about the doctor: "Jacinta noticed the seriousness of Dr. Ho. She liked that he looked at her steadily, that he was young and slim and not aggressive" (*Annabel* 48); "She felt that in Dr. Ho's presence any thought, any fear or wish, was understandable. He would not dismiss her" (*Annabel* 50). The doctor's perceived trustworthiness is however relativized: "Dr. Ho took Wayne from her arms so gently she thought he must love babies, even if he did merciless things to them. He must have bad dreams. He must wake up in the middle of the night just before the part of the dream where he cuts the baby. [...] But maybe not. Maybe he didn't care. Maybe he only looked like he cared" (*Annabel* 51f). Jacinta's ambivalent judgment of the doctor's humanity as a prerequisite for acting ethically and medically responsible signifies the complicated relationship between doctor, patient, and parent, and the parents' (or mother's in this case) difficulty of leaving the decision about the medical interventions into their child's body to the medical authority's discretion.

Dr. Ho's medical assessment of Wayne/Annabel's sexed corporeality and his subsequent suggestion of medical intervention follow the traditional medical protocol and a frequently found narrative plot in intersex narratives. Within only a few pages, the narrative evokes all common motives and strategies related to the medical rendering of intersex as an unintelligible category. The attempted 'normalization' of Wayne/Annabel's intersex body into a 'coherent' 'male' body draws on the rhetoric of a person's 'true sex' (or 'true gender'), of the 'believability' of the sexed body in social situations, and on the penis size as the ultimate marker of a person's maleness, or femaleness by default. Without any introduction or preliminary talk the doctor comes straight to the point of the planned surgery: "'The point,' the doctor said, 'is to create a believable masculine anatomy. [...] we try to make the baby comfortable as a male in his own mind, and in the minds of other people who are in his life now or will be in the future'" (*Annabel* 48f). The justification for irrevocably surgically altering the baby's genitals is to make Wayne/Annabel an intelligible social subject, in fact, a human subject: "'We want to give him a chance. As soon as possible after the birth'" (*Annabel* 50), as if Wayne's 'monstrosity' is bound to grow with every day he stays in his intersex body. According to the medical view, Wayne's very humanness is threatened by his intersex body, which displaces him to the realm of the unconceivable, unreal and monstrous, as Jacinta infers: "'You think,' she said, 'a child's sex needs to be believable. You think my child – the way he is now, the way she is – is unbelievable? Like something in a science fiction horror movie? And you want to make her believable. Like a real human'" (*Annabel* 50). Jacinta's query hints at the constraints of the production of personhood by binary normative gender notions that are inevitably bound to the notion of the human implicit in the medical logic. Her use of both male and female pronouns when referring to her child is significant here and can be considered as a way of resisting the doctor's definition of Wayne/Annabel as male.

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The 'normalizing' surgery is phrased in terms of the only acceptable and responsible reaction to an intersex variation, as Dr. Ho assures: "'what we are doing today is the normal medical response. [...] And I think it's the most compassionate one. We try to decide the true sex of the child'" (*Annabel* 50). As mentioned earlier, the rhetoric of 'true sex/gender' relies on an essentialist notion of an 'innate,' firmly fixed sense of self that is inextricably linked to, or 'expressed' by a 'coherently' sexed body. The surgical production of such a 'coherently' sexed body is in fact not, as often claimed by medical authorities, the 'detection' of an already existing gender, but the construction of a gender. In what follows, the procedure suggested by Dr. Ho to determine Wayne/Annabel's gender resorts to an oversimplified sketch of the medical protocol of treating intersex variations, up to the point that it could pass as a parody. Naturally the phallometer out of the medical textbooks is cited as the apt instrument to measure Wayne's 'maleness' (the chapter is aptly titled "Phalometer" [sic]):

"It's a tiny ruler."

"It is. See?" He pointed to a mark three-quarters of the way down the phalometer [sic]. "If the penis reaches or exceeds this length, we consider it a real penis. If it doesn't meet this measurement, it is considered a clitoris."

Jacinta strained to read the tiny marks. "One point five centimetres?"

"That's right."

"What happens if it's less than that?"

"When a phallus is less than one point five centimetres, give or take seven hundredths of a centimetre –"

"Seven hundredths?"

"Yes. When it's less than that, we remove the presentation of male aspects and later, during adolescence, we sculpt the female aspects."

"What if it's right in the middle? Right straight, smack dab down the precise centre? One point five centimetres with no seven hundredths."

"Then we make an educated guess. We do endocrinological tests but really, in a newborn, as far as endocrinology goes, we're making a best estimate. Penis size at birth is the primary criterion for assigning a gender." (*Annabel* 51)

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While this exchange between Jacinta and Dr. Ho exposes the absurdity of the phallometer for determining a child's gender and the arbitrariness with which crucial decisions that affect the integrity of the child's body are made ("educated guess"), it becomes obvious how much power medical authority even has for/over the mother. Although Jacinta attempts resistance to this authority by continuing calling her baby 'she,' against the gender definition of Dr. Ho, and by questioning his methods to determine her baby's gender ("'I can't even see the numbers. They're so tiny,'" *Annabel* 52), she eventually submits to the doctor's assessment, affirming Treadway's decision to raise her child as a boy. The novel at this point does nothing to substantially challenge the medical authority over Wayne/Annabel's subject construction.

In the course of the narrative and Wayne's growing up process, there is for a longer period no considerable incident with doctors or hospitals. He sees changing 'specialists,' and needs to take his daily medication to prevent his body from 'feminizing,' but he is unaware of the true reason he has to take the pills. He even fears that he is diabetic, has leukemia or a brain tumor. At one point, Wayne asks his mother about his 'condition': "'Is what I have,' Wayne said now, 'called something?' He did not like to have an ailment for which there was no word. He had never heard of anyone in his class having a nameless medical condition. Even the things that killed you had a name" (*Annabel* 154). The conflation of intersex variations and diseases is produced here not by the use of medical terminology but by the omission or refusal to name the intersex variation, in combination with the (supposed) need of medication. Since even terminal diseases are denoted, an unspeakable 'condition' obviously must be even worse than a fatal condition.

A medical emergency marks a drastic watershed in Wayne's narrative. Up to this point, he is still unaware of his intersex body. His womb fills with menstrual blood that cannot drain off his body, since his vagina has been sewed up in the course of the surgery he had as an infant. Thomasina, who is his teacher at this time, rushes him to the hospital without informing his parents, and is about to tell Wayne the truth about his intersex variation, but backs off last-minute, and leaves the revelation to the doctor in charge, Dr. Lioukras: "'Dr. Lioukras is the one who should talk to you. I'm no good at the facts'" (*Annabel* 211), she tells Wayne – obviously the truth about his intersex body is all about medical 'facts' that need to be articulated by someone who is 'authorized' to define and deliver these facts. Before the incident, when Wayne had seen Dr. Lioukras, he "had not explained anything. In fact, the doctor had put him to sleep" (*Annabel* 204), hence acting in a paternalistic, authoritarian way, without having to rely on informed consent – wielding unrestrained medical power over the sedated patient and his body. His unethical behavior seems to go unchallenged, even unquestioned, due to his self-assertive demeanor: "Dr. Lioukras took pictures of the children he saw in his surgery, and nobody minded, as he was such an optimist. Nobody ever said, 'Hey, Dr. Lioukras, make sure you get the

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parents to sign a release form'" (*Annabel* 211). The novel appears indecisive as to whether the doctor's authority is problematic. While it is pointed out that his authority is not questioned, his performance is explained by his unconventional nature and even more justified by the way he treats Wayne's intersex variation as something 'standard,' even beautiful:

"Wayne lifted his Trans-Labrador Helicopters T-shirt. His breasts were like tinned apricots that have not broken the surface tension in a bowl of cream. No flicker of alarm or warning crossed the doctor's face. He looked at Wayne's chest as if it were the most ordinary boy's chest in the world. Thomasina loved him for it. She could not have looked directly at Wayne's chest without Wayne's knowing she felt there was a deep, sad problem. When Dr. Lioukras looked at Wayne's breasts, he saw beauty equal to that which he would have seen in the body of any youth, male or female. It was as if he saw the apricots growing on their own tree, right where they belonged." (*Annabel* 212)

Dr. Lioukras' reaction is mediated by Thomasina's perspective on the examination, conveyed by an omniscient narrator, creating a triply mediated gaze on Wayne's body. Thus, what this passage reveals about the characters' feelings towards Wayne's intersex body is not easy to disentangle: at first glance, the doctor is represented as appreciative of the beauty of Wayne's body, of his breasts/chest foremost, while Thomasina seems to find the appearance of 'breasts' on his body as somehow 'abhorrent'; the averting of her eyes is perhaps also a sign of feeling guilty about having kept Wayne's intersex variation a secret from him. Instead, she directs her gaze on Dr. Lioukras' face, who is looking at Wayne. What Dr. Lioukras really thinks about Wayne's breasts/chest remains speculative. The novel wants to make believe that the doctor finds no fault with Wayne's body; yet in the context of the passage, "Dr. Lioukras managed to suggest that he deadened areas and drained fluids out of boys' abdomens every day, and that nothing could be more normal or upbeat" (*Annabel* 212), his reaction is rather revealed as a strategy of concealment, or at least as medical professionalism and rationality. The metaphor of apricots for Wayne's breasts indicates an aestheticization of and a simultaneous detachment from the corporeal realities of the intersex body. Whether it is in fact Dr. Lioukras, or Thomasina, or the narrator who imagines the apricots remains unclear; however, Wayne's body is transformed from a medical object into an aesthetic object in the examination situation, displacing the conditions by which the intersex subject is recognized.

After the surgery to drain the menstrual blood out of Wayne's body, Dr. Lioukras eventually reveals Wayne's intersex variation to him. This scene reveals the limitations of language, in particular medical language, to account for the category of intersex, and the novel provides a narrative and a metanarrative critical commentary on both the significance and the inadequacy of language available for

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the production of gender intelligibility. Dr. Lioukras' choice of vocabulary – and his inevitable failure – to define Wayne's complex corporeality operates under the premise that there are "ways of knowing, modes of truth, that forcibly define intelligibility" (Butler 2001: 621): "Dr. Lioukras had done his best. [...] he had tried to use words that were true. The limitations of medical language were no greater, in his mind, than those of language as a whole. Science, medicine, mythology, and even poetry shared a kind of grandeur, as far as he saw" (*Annabel* 235f). The doctor's language of 'truth' contains mythological references on the one hand and oversimplified medical terminology on the other hand, which makes up a narrative about intersex as a "story of [a] male body and the female body inside it" (*Annabel* 237). This language of 'truth' conflates myth and science and creates a 'scientific myth' about the intersex body: "'This is one time,' [Dr. Lioukras] told Wayne [...], 'when medical science has given itself over entirely to mythical names. A true hermaphrodite' – he said it as if the state were an attainment – 'is more rare than all the other forms. It means you have everything boys have, and girls too. An almost complete presence of each'" (*Annabel* 236). This statement is not only biologically inaccurate – no human can have equally and fully formed 'male' and 'female' bodily characteristics – but displaces the medical treatment of intersex to the mythological realm (while the term 'hermaphrodite' was still in use in medical discourses around 1980, at the time this incident takes place in the novel, the term 'intersex' was already in use) and thus connotes an 'unreal' subject "for which there is no place in the given regime of truth" (Butler 2001: 621).

The remainder of Dr. Lioukras' attempt to explain his bodily state to Wayne further reaffirms the category of intersex as an unintelligibly category, as intersex is articulated in terms of the collapsing of the girl/boy dichotomy within Wayne's body: without medication, he tells Wayne, "'[y]ou would become more like a girl than you are now. You're already a girl inside'" (*Annabel* 236). Naturally, Wayne reacts with confusion: "'Inside?' How could he be a girl inside? What did that mean? He pictured girls from his class lying inside his body, hiding. What girl was inside him? He pictured Wally Michelin, smaller than her real self, lying quietly in the red world inside him, hiding" (*Annabel* 237). This comment exposes not only the limitations of the doctor's use of language but its absurdity; his language of 'truth' thus signifies a necessary failure to account for Wayne's intersex body, and for the category of intersex in general. The novel, however, seems aware of this failure:

> "So it was with names – suture, true hermaphrodite, menstrual blood, gynecological intervention – that the doctor had done his best to acquaint Wayne with the story of his male body and the female body inside it. Dr. Lioukras was not happy with the talk. He had wanted it to be about life, and possibility, not blood and stitching and cutting. He had to remind himself that the work of a surgeon is poetry of a kind, in which blood is the meaning and flesh is the text." (*Annabel* 237f)

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The possibility of an intelligible life cannot be provided by normative language; intersex intelligibility fails here. Yet subsequently, "Wayne felt the power of names in a new way. [...] You explained away the mystery" of something "by naming its parts" (*Annabel* 238). While Dr. Lioukras' story of intersex might be deficient, it at least provides Wayne with a term from which he can start to reconceptualize his gendered and sexed reality.

Involved in this medical emergency is an incident of self-fertilization and its resulting in an embryo trapped within Wayne's fallopian tube, which was consequently aborted by Dr. Lioukras. This is later disclosed to Wayne by Thomasina, together with the (pseudo-scientific) explanation that self-impregnation can happen "'[w]hen the male and female reproductive organs are adjacent in the same body'" (*Annabel* 305). This process is, however, physiologically impossible. The reason why the novel introduces an implausible sub-plot like this other than for sensationalism is disputable. Sassafras Lowrey considers the "use [of] medical drama as a plot device" as "the largest weakness of the book" as it "makes the whole book take an unnecessary turn towards the sensational in a text that otherwise does such a great job of avoiding those pitfalls" (Lowrey 2011). Casey Stepaniuk goes even further with her criticism and asserts that the inclusion of this sub-plot overshadows the by and large insightful representation of intersex issues in the novel: "In an otherwise realist and perceptive book, this sensational and implausible plot device is not only unnecessary but offensive. I was really disappointed that Winter chose to include a physiologically impossible pregnancy instead of exploring *some of the actual complexities or realities of intersex folks' lives*" (Stepaniuk 2013).

The implausibility of the process of self-fertilization aside, the fetus can be read as a metaphor for Wayne's internal gender struggles and the 'female' identity of Annabel that stays submerged within Wayne, a part of him that haunts him, like the ghost of Thomasina's drowned daughter Annabel, his namesake, and the girl Annabel inside him whom he feels will 'die' if he does not prevent it: "Where was the fetus now? It had eyes, and the eyes had watched him. He had been in the red world and the fetus and he had looked at each other. Had it wanted him to save it? If he had not lost it, if it had grown into a person, who would that little person be now?" (*Annabel* 308). This passage is reminiscent of Wayne's musings about the 'girl inside him' that Dr. Lioukras has evoked. Wayne/Annabel, however, still lacks the conditions by which Annabel becomes knowable, and hence s_he is not able to fully 'grasp' his_her gendered sense of self: "But Annabel ran away. Where did she go? She was inside his body but she escaped him. Maybe she gets out through my eyes, he thought, when I open them. Or my ears. He lay in bed and waited. Annabel was close enough to touch; she was himself, yet unattainable" (*Annabel* 252). The elusiveness of Annabel signifies Wayne/Annabel's "occupy[ing] the place of not-being within the field of being, living, breathing, attempting to love, as that which is neither fully negated nor acknowledged as being, acknowledged, we might say, into being" (Butler 2001: 622).

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In terms of plot advancement, this moment marks a significant turning point, as it displaces the narrative to a different geographical place. The image of the dead fetus haunts Wayne up to the point where it makes him leave Croydon Harbour and move to St. John's, where he is later again haunted by the incident: "he remembered the fetus that had formed in him before. He imagined its eyes and he easily imagined its face looking at him now. [...] What was to stop him being haunted by one pair of eyes after another, just the same as that first pair?" (*Annabel* 365f). Significantly, this passage is set in a context where Wayne tries to deal with his gender nonconformity after he decided to stop his medication, which causes his body to 'feminize.' The inclusion of the motif of self-fertilization thus appears to serve more than a sensationalizing of an intersex variation, but can be interpreted as symbolizing the struggle to become recognizable as Wayne *and* Annabel. However, this motif has been rightfully criticized by many reviewers as it renders a harmful representation of intersex as a 'horrifying' 'condition.'

Wayne's last confrontation with the medical establishment exposes their dehumanizing procedures and at the same times marks a moment of intersex resistance against them. When his abdomen once more fills with menstrual blood, he goes to the Grace General Hospital, where he is treated as a study subject for training the medical students: "a doctor named Haldor Carr came in with two more doctors and seven interns. These observers all watched carefully, hoping to learn a great deal from Haldor Carr about a kind of case most interns never got to see. [...] Haldor Carr was a teaching physician, and he was teaching now. Wayne was an exhibit" (*Annabel* 369). This scene reiterates the many similar scenes in various intersex narratives, fictional and non-fictional, in which intersex individuals become the objects of medical study, examination, and scrutiny, and are depersonalized and dehumanized in the process. Wayne is patronized and reprimanded by the doctors for having "taken matters into his own hands" (*Annabel* 369) when he discontinued his medication, since only a medical authority is eligible for making medical decisions, and the claiming of this authority by a patient is considered a disobedience and has severe consequences, or so the doctor alleges: "They could not guarantee the safety of any medical intervention from now on, and had Wayne considered this before he had acted so rashly, they would not now all be in a position of risk" (*Annabel* 369) – at risk here is obviously the medical establishment's supremacy over the intersex body.

Wayne is rendered powerless and terrified in the face of being subjected to the medical arbitrariness. He fears that Dr. Carr might remove some of his sexed body parts, or make a wrong decision about Wayne's body that conflicts with his own wishes. Then suddenly Wayne realizes he must intervene to regain control over his situation and his body: "he forced himself to sit up and use the only thing of influence that he owned: his voice. His voice did not want to come out of hiding, but he knew he had to exercise it or Haldor Carr would choose one of the surgeries and perform it" (*Annabel* 370). He demands from the doctor that his vagina should not be closed

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again and that no body part should be removed; so that he can return to his initial state and recover his 'real' sense of self: "This way, Wayne thought, he would become who he had been when he was born. At least he would have that. The truth of himself, who he really was. [...] Wayne had spoken up, and now he had done so, he knew he had spoken with his whole self: with the voice of Annabel and not only that of Wayne" (*Annabel* 370f). The stay at the hospital, which is Wayne's last one (within the scope of the narrative), then, marks again a significant turning point in his story: not only does he challenge medical authority over himself and his body, he moreover reclaims his intersex body of which he was disowned by medical intervention. With this reclaiming, he also fully embraces his 'male' and 'female' parts, Wayne *and* Annabel, together at the same time. Annabel becomes the voice of resistance, the voice that has been subdued is now released. Dr. Carr's medical verbiage becomes consequently meaningless and cannot define Wayne/Annabel anymore.

In one empathic intern s_he finds a moment of recognition as Annabel: "'I see you. I see there was a baby born, and her name is Annabel, and no one knows her.' The intern said this, and Annabel, inside Wayne, had been waiting for it. She heard it from her hiding place" (*Annabel* 373). The intern's recognition of Annabel signifies a subversion of the hegemonic visualization practices and terminology traditionally exerted over intersex persons. Her assertion, "I see you," verbalizes the (medical) gaze and subverts its power to dehumanize and depersonalize its subjects into the recognition of the intersex subject as human, as an individual – an intersex individual no less. Her use of the name Annabel to address Wayne/Annabel stands in contrast to the various medical terms Dr. Carr uses to refer to him_her in the same scene, and thus counteracts the depersonalizing scientific discourse that constitutes the category of intersex as a medical yet unintelligible category. Ironically, it is in the space of the hospital that Annabel is enabled to surface, and the possibility of Wayne/Annabel's intelligibility as intersex is provided.

While medical parameters are the most salient and radical signifiers for the demarcation between 'male' and 'female' genders in *Annabel*, aesthetics or questions of beauty are also crucially, though perhaps less drastically, involved in the processes of the performativity of gender. The motif of beauty is inextricably linked with the intimate relationships between the characters in the novel; a theme that will be scrutinized in more detail below. Beauty, however, is also related to certain characteristics, acts, and objects, which demarcates gender for the most part, but eventually comes to (re)signify intersex. The novel's language itself is characterized by an aesthetic style which is used not only for creating sensuous pleasure, but to convey social and critical messages: "Most of the descriptive prose is melodically poetic, marrying spare lucidity and sage observation. [...] Even mundane tasks are illuminated by harmonious language [...]. [...] Winter's flair for capturing atmosphere is not confined to the harsh land and its inhabitants' arduous labour. She is equally

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adept at using her idiosyncratic eye to create charming images," as Leyla Sanai puts it (Sanai 2011).

The beauty of *Annabel*'s language is iterated on the content level; Wayne/Annabel in particular is concerned with the messages and value of beauty. Beauty is often found in symmetry and closely associated with perfection. The beauty of synchronized swimmer Elizaveta Kirilovna becomes a seemingly unattainable ideal for young Wayne – he, as a boy, is not allowed to be a synchronized swimmer and to wear a glittering bathing suit –, and the symmetry of the figures made by her and other (female) synchronized swimmers becomes a recurring motif of fascination with perfection which translates as beauty. The concept of symmetry-as-beauty is repeatedly iterated in the motif of bridges. Thomasina sends Wayne postcards from various bridges from different countries to which she travels, and Wayne is fascinated by their architecture; he is even inspired to build his own bridge with the help of his father, an endeavor that is at first approved of by Treadway as he wants to teach his son craftsmanship which is marked as a 'male' skill, but when he finds out that Wayne decorates the bridge in the style of the Ponte Vecchio and uses it as a place to hang out with his friend Wally, Treadway dismantles the bridge. The juxtaposition of the symmetry of the bridges associated with beauty and the perceived 'asymmetry' of his own body establishes a definition of what qualifies as an aesthetic object, and hence marks Wayne's body as an unaesthetic body-object. However as the symbol of the bridge can also interpreted as uniting gender differences, and hence reconciling the notion of aesthetics and corporeal beauty, the bridge can function as a heterotopia for acting out alternative concepts to conventional gendered beauty.

Beauty as inextricably linked to the ideas of 'order' and 'flawlessness' is also reiterated in the medical narrative space. Intersex variations were, and still are, considered as 'disorders' (as the term 'Disorders of Sexual Development,' or DSD, demonstrates), i.e. the non-orderly, that which has come undone, the norm that is disturbed. Given the equation of order and beauty, intersex signifies as the non-beautiful. Interestingly, in the narrative this equation is not challenged by dismissing the equation, but by the resignification of one of its variables. "I wouldn't call what you have a disorder. I'd call it a different order. A different order means a whole new way of being. It could be fantastic. It could be overwhelmingly beautiful, if people weren't scared," Thomasina tells Wayne (*Annabel* 208f). Even Dr. Lioukras sees "beauty equal to that which he would have seen in the body of any youth, female or male" when looking at Wayne's intersex body (*Annabel* 212). The resignification of intersex from a bodily (and gender) 'disorder' to a (different) 'order' allows for Wayne/Annabel's intersex body to be marked as beautiful, not by aligning her_his body with the norm, but by critically positioning him_herself in relation to the norm, thus pointing to the norm's limitations to be representative of all subjects and bodies. As noted earlier, notions of normative beauty inform medical perspectives on the gendered body and hence medical practices to produce a body that conforms to

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normative aesthetics; surgery becomes the physical tool for culturally 'aestheticizing' (gender) nonconformative bodies. The marking of Wayne/Annabel's intersex body as beautiful subverts the logic inherent in this reasoning and the premises of this equation, and thus effects a destabilization of the absolutism of this distinction (Butler 2001: 634) without giving up on the idea of bodies as aesthetic objects.

Yet the intricacies of having an (intersex) body that undergoes transformations – due to medication and later discontinuing medication – are more complicated than simply redefining a 'disorder' as a 'different order.' Wayne/Annabel questions his_her own beauty, and the question of beauty's definition(s) becomes entangled with notions of bodily 'realness' whereby 'constructed' body images and 'authentic' body images seem impossible to be distinguished:

> "Years of hormones had made him angular, and it occurred to him that he wished he could stop taking them. He wanted to stop swallowing them every day and having them alter his body from what it wanted to be into what the world desired from it. [...] He wanted to throw the pills away and wait and see what would happen to his body. How much of his body image was accurate and how much was a construct he had come to believe? [...] his body wanted to be water, but it was no water. It was a man's body, and a man's body was frozen. Wayne was frozen, and the girl-self trapped inside him was cold. He did not know what he could do to melt the frozen man." (*Annabel* 343)

The narrative suggests that for Wayne/Annabel, (at least) two body images exist that compete for prevalence and recognition: the intersex body in its 'natural,' or 'original' state ('natural' referring here to the body unaltered by surgery and medication) and a culturally/medically constructed body whose constructed maleness overlies the femaleness of his 'original' body. This 'natural' body is endowed with a kind of agency or will ("what it wanted to be," "his body wanted to be water"), but at the moment when Wayne/Annabel still takes his_her medication, this body is deprived of its agency, or freedom of action, and hence remains in a (trans)fixed state.

When Wayne moves to St. John's and stops taking the medication, his body starts to transform, but again Wayne has no control over his body (image) which becomes increasingly harder to define in terms of a coherent gender: "everytime he passed through one of [St. John's] clearly defined spaces he felt that he did not fit into it. His body, or the idea of his body, had grown amorphous and huge" (*Annabel* 356). The significance of spaces for the articulation of corporeality becomes apparent in Wayne's relation to the Battery, a district in St. John's that is different from the rest of the city: "The Battery was, like himself, part one thing and part another. [...] It was unregulated [...]. [...] The night on the Battery was a necklace of floating light, a world of dreams, part city and part ocean, a hybrid, like Wayne himself, between the ordinary world and that place in the margins where the mysterious and undefined breathes and lives" (*Annabel* 356f). This passage can be interpreted in terms of Judith

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Butler's theorizing of marginalized places in the context of the questions of the conditions and the limits of intelligibility: "What happens when I begin to become that for which there is no place in the given regime of truth?" (Butler 2001: 621). While the Battery is not exactly a non-place, or a place of not-being, it exists at the "limits of the conceivably human" (Butler 2001: 627), that is constantly in a state of flux, shifting between reality and imagination – just like Wayne/Annabel's body.

Although the medical and aesthetic parameters take up more narrative space to account for the demarcation of genders than others, the most disturbing and problematic marker for gender in *Annabel* is the motif of sexual violence. After Wayne/Annabel has decided to discontinue medication, and as a result appears increasingly feminine, s_he is sexually assaulted by a group of men. The sexual assault is triggered by Wayne's new friend Steve's remark to Derek Warford and his friends that Wayne had a "sex-change operation" and changed her_his name to Annabel (*Annabel* 374). When Warford and his gang attack Annabel/Wayne, they call her_him a "little girl" over a dozen times throughout the whole assault (*Annabel* 377-81). The sexual violence scene reiterates a specific narrative of sexual violence towards gender nonconforming individuals already mentioned in the chapter on *Middlesex*, i.e. a sexually motivated attack that involves the stripping of the person's clothes in order to 'inspect' the seemingly 'ambiguous' sexed body parts, followed by normative judgment of the body, and an exaggerated violent attack and/or rape. The attackers are always exclusively cis men. While in the majority of these narratives of violence, the aim of the attack is to 'expose' the gender nonconforming person as something other than they present and/or self-identify, in *Annabel* the sexual assault is interrelated with Wayne/Annabel's femaleness, and his_her (supposed) desire to be/come a girl translates as the desire to "get fucked" by men (*Annabel* 381). Casey Stepaniuk argues in a similar direction: she interprets the sexual assault

> "as some kind of marker of 'essential femaleness.' Throughout the novel, Winter uses only the name Wayne and the personal pronoun 'he' to refer to her protagonist; understandably it might be difficult for some readers to visualize this character's later feminine gender identification and presentation. Because of this, I saw the sexual assault as a way to convince readers of Wayne/Annabel's femaleness. The implication that only women are sexually assaulted and that this kind of assault is somehow proof of the female nature of the character readers have known as 'Wayne' up until this point is deeply problematic. [...] as a feminist I find it very offensive." (Stepaniuk 2013)

While I would not go as far as to claim that the sexual attack was included (only) to convince readers of Wayne/Annabel's femaleness, the problematic connection between gender and victimization Stepaniuk points to correlates with the normative gender concepts in *Annabel*. Another point that substantiates this reading is the

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evocation of beauty at various moments throughout the sexual attack: "The bottle hovered over his face and Wayne thought about beauty, and how he never had it, and he realized he had been hoping for it to come. He didn't want a lot of it but he was hoping for some. Just once to look in the mirror and see a beautiful face, even if the beauty was subdued. Even if no one could see it but himself" (*Annabel* 377f). Apart from the implausibility of a victim of sexual violence musing about issues of beauty while being attacked, and even considering the broken bottle with which they are threatened as beautiful, this kind of beauty Wayne/Annabel thinks about refers to a female gendered beauty, perhaps that of Annabel, which s_he feels subdued in Wayne, in the same way s_he feels the 'girl inside him,' Annabel, subdued. The connection between female beauty and the sexual attack reinforces the deeply problematic notion of female attractiveness as a motivation behind sexual violence.

In the moment the attackers are about to strip him_her naked, Wayne/Annabel's immediate thought is that "[b]eauty is gone and beauty is never coming back and it has not even been here yet" (*Annabel* 380). Another possible interpretation of this evocation of beauty in the violent situation is that beauty refers to, or signifies, Wayne/Annabel's state of intelligibility. Wayne has been hoping to become intelligible as an intersex subject, with the surfacing of Annabel and the representation of both Wayne and Annabel inside him, and on the outside – this intersex intelligibility is not reached at this point, and Wayne fears that with/after the sexual attack, which could even involve his death, he will never achieve it: "A thing could depart before it reached you in the first place" (*Annabel* 380). This scene can be read as a reiteration of the equation of beauty and the intersex body within the narrative, and thus as an affirmation of intersex – although, paradoxically and problematically, during a moment of intense pain and exposure.

The three crucial narrative paradigms of gender construction and demarcation in *Annabel*, medicine, aesthetics, and sexual violence, are intricately interrelated in the production of the conditions for intersex intelligibility in/by the novel. Thereby the narrative reiterates specific discourses (such as the medical discourse as well as its renegotiations and/or contestations by intersex first-person narratives, activist texts, and cultural productions), motifs (corporeal beauty standards as antithetical to intersex bodies), and narrative plots (sexual violence against and stripping of a gender variant person triggered by the desire to destroy – both visually and physically – any perceived gender 'ambivalence') frequently found in narratives about intersex, and hence involves processes of repetition of the normative aspects of the production of the category of intersex. Yet at the same time, these narrative reiterations open up possibilities of refusing and/or challenging normative intersex narratives.

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5.3.2 A Parent-Child-Relationship: Lost Daughters and Sons of Nature

The analysis of the negotiation of Wayne/Annabel's intersex intelligibility through specific characters and their relationships with him_her starts off with the observation that the coherence of (the character) Wayne/Annabel is produced by various different perspectives in the novel (including his_her own), due to the narrative mode of third-person omniscient; as a result the narrative coherence of the intersex character is constantly contested and necessarily remains fragmentary and at times implausible. As aforementioned, this narrative mode allows for multiple (re)configurations of intersex. *Annabel* not only produces the conditions for the contestation of the category of intersex, but accounts for the motivation behind the parents' decision to raise their intersex child in an 'unambiguous' gender and the struggles that they feel that accompany their decision.

In *Annabel*, the parents of Wayne/Annabel cannot be considered as a narrative entity ('parents') but need to be considered separately and individually, as Jacinta and Treadway Blake. This does not mean, however, that their relationship with and behavior toward their child are never enacted as a parental entity; but despite the fact that some of their decisions regarding Wayne/Annabel are made in unison, the way they perceive and treat their intersex child and enforce or counter their child's gender assignment is very different from one another. Divergent notions of gender and social norms are the main point of contention between Jacinta and Treadway. In the following, the focus is on the production of Wayne/Annabel's intelligibility as a gendered subject through his_her mother's and father's actions, and on the real or imaginary spaces Jacinta and Treadway respectively envision for their child to live a 'livable life,' which potentially offer heterotopias of intersex renegotiations.

The parent-child-relationship in the novel is characterized by secrecy and contesting claims on Wayne/Annabel's gender assignment and performance. The narrative follows the conventional patterns of the majority of (publicly known/available) intersex (auto-) biographies: when the baby of the Blakes is born with an intersex variation, the first reaction is to make a decision about the gender assignment. The erasure, silencing and invisibilization of intersex by medicine and cultural constraints are recurring motifs in personal intersex narratives. The motif and strategy of secrecy about the child's intersex variation run like a common thread through the narrative: for days after the infant's birth, Jacinta keeps its intersex body a secret even from her husband. When Treadway eventually learns about their baby's intersex variation, he insists on a quick and pragmatic decision not only on behalf of the child, but in conformity with their social surroundings: "He knew his baby had both a boy's and a girl's identity, and he knew a decision had to be made. [...] There was only the fact of which sex organ was the most obvious, which one it would be

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most practical to recognize, the easiest life for all concerned. For if there was one thing Treadway Blake considered with every step, it was how a decision of his affected not just himself but everyone" (*Annabel* 26f). In contrast to Jacinta, who has come to accept her child's intersex corporeality and secretly imagines raising it "exactly as it was born" (*Annabel* 26), Treadway considers this option as socially irresponsible: "It never occurred to Treadway to do the thing that lay in the hearts of Jacinta and Thomasina: to let his baby live the way it had been born. That, in his mind, would not have been a decision. It would have been indecision, and it would have caused harm. [...] he refused to imagine the harm in store for a child who was neither a son nor a daughter but both" (*Annabel* 27).

The language used in *Annabel* to represent the parents' struggles with their intersex child iterates the language of and the logics inherent in processes of enforced 'normalization' of intersex subjects, namely, the evocation of the 'monstrosity' of an 'ambiguously' sexed body, the subsequent 'necessity' to erase this perceived 'abomination' as the reconstruction of cultural normativity, and the strategies of concealment and lies in order to produce a 'coherent' normative gender narrative. The different ways in which Jacinta and Treadway imagine a viable future for their child point to the difficulty to clearly define what intelligibility means and for whom it is important that a person becomes intelligible:

"Everything Treadway refused to imagine, Jacinta imagined in detail enough for the two of them. Whereas he struck out on his own to *decide how to erase the frightening ambiguity* in their child, she envisioned living with it as it was. She imagined her daughter beautiful and grown up, in a scarlet satin gown, her male characteristics held secret under the clothing for a time when she might need a warrior's strength and a man's potent aggression. Then she imagined her son as talented, mythical hunter, his breasts strapped in a concealing vest, his clothes the green of striding forward, his heart the heart of a woman who could secretly direct his path in the ways of intuition and psychological insight. Whenever she imagined her child, grown up without interference from a judgemental world, *she imagined its male and female halves as complementing each other, and as being secretly, almost magically powerful*. It was the growing up part she did not want to imagine. The social part, [...] the part that asks how will we give this child so much love it will know no harm from the cruel reactions of people who do not want to understand." (*Annabel* 28, emphasis added)

The insights into Jacinta's and Treadway's emotional states and reasoning about their child's intelligibility reveals the force of social constraints that regulate the conditions of intelligibility, and that threatens the cultural viability of intersex. While Treadway's notion of gender complies with and perpetuates normative cultural and social ideas of gender, Jacinta's imagination offers a possibility of the reconceptualization of gender and potentially provides a space for an intersex subject to be/come intelligible. The binary gender notions inherent in her considerations

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aside, immanent in her idea of her child as a gender nonconforming individual is a 'magical power' that stands in contrast to the 'frightening' quality of intersex bodies envisioned by Treadway. However, it becomes obvious that the conditions for intersex intelligibility can only be provided within the realm of the imaginary, a space outside of cultural and social constraints. Even in Jacinta's imagined space, gender nonconformity needs to be concealed to a certain extent, and its power can only have an effect secretly. Eventually, it is the father who decides that the child will be a boy, that he will call him Wayne, "after his grandfather" (*Annabel* 29), to continue the male family tradition, and that medical intervention needs to be performed. The father's decision to assign the child a male gender is reminiscent of a godlike power: "After Treadway had spoken, there was a holy lull in the house" (*Annabel* 30), which signifies even more the arbitrariness with which the child is constructed as a gendered being.

After the decision is made and affirmed by medical interventions, the inevitable disintegration of the relationship between Jacinta and Treadway commences. Their differing views on their child grow continually apart the older Wayne gets. Throughout the narrative, Jacinta mourns the loss of her daughter, is even haunted by the specter of her 'dead daughter' (*Annabel* 142), and is torn between keeping Wayne's intersex variation a secret from everyone including Wayne himself and nurturing her child's 'female' side. Jacinta's struggle symbolizes the power of the social constraints that either allow for or prohibit certain forms of being and living: "her tormented wish for a world in which her child did not have to be confined to something smaller than who he was" (*Annabel* 94). The longing for this 'alternative space' that allows for the resignification of gender is iterated in Wayne's desire to find or create a space where he can be recognized as an intersex subject, for instance the building of the bridge where he can pursue his passions he usually has to keep a secret from his father or his classmates, together with his only friend Wally.

Jacinta blames herself for being responsible for the (symbolic) 'death' of her daughter, and she feels that she is not able to prevent Treadway from pressuring their child into an exclusively male identity, to the effect of "a kind of annihilation by Treadway of some part of his own child's soul" (*Annabel* 140). Guilt towards her child and sadness about the 'lost daughter' continually consume her, but she keeps her imagining Wayne/Annabel as a daughter to herself. Jacinta's narrative is the narrative of a mother of an intersex child who feels coerced to adhere to a 'coherent' story of a non-intersex child that relies on the strategies of concealment, secrecy, and lies. Her efforts to sustain this created narrative, paradoxically, leads to its gradual disintegration: "She wished she had not locked the secret inside her, where it clamoured to get out. [...] This is my problem, Jacinta thought. I am dishonest. I never tell the truth about anything important. And as a result, there is an ocean inside me of unexpressed truth. My face is a mask, and I have murdered my own daughter" (*Annabel* 142). Again, she tries to conceive of a place where her child can exist

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without the potential consequences of social ostracism: "was there a place where she could live with truth instead of lies? [...] You told the truth or you lived with the consequences like these. If you held back truth you couldn't win. You swallowed truth and it went sour in your belly and poisoned you slowly" (*Annabel* 151). Jacinta's inner turmoil marks a self-reflective moment in the novel, both on the narrative and on the metanarrative level. Her conflict corresponds to the dilemma of intelligibility, the conflict between compromising (a part of) oneself in order to become recognizable as a gendered subject and social or cultural 'death' by refusing or being unable to become recognizable by the terms available, and hence becoming unintelligible. The narrative displacement of this conflict to the figure of the mother reveals the extent to which the parents of an intersex child are involved in the production of the conditions of intelligibility for their own child.

The motif of secrecy is reiterated in the mother-child-narrative, but there are moments of breaking up the silence about Wayne/Annabel being born intersex. After the incident in the hospital, where Wayne learns about his intersex variation, a change occurs in Jacinta's behavior towards him: "it was the first time since he was a baby that she could allow love unimpeded to escape her heart and flow to her child. [...] She had not freely loved the girl part of Wayne, as the girl had not been acknowledged to exist" (*Annabel* 230). It seems that now that Wayne was provided with the terms of his corporeality, and the secret has been disclosed to him (by a doctor), Jacinta now has the 'permission' to talk about the 'lost daughter' with her child. The invented narrative of the boy Wayne and the silencing and erasure of the girl Annabel is gradually replaced by narrative pieces of the daughter Jacinta always had imagined: "It had not occurred to her that Wayne would want to hear about those times [she saw Wayne/Annabel as her daughter], as if they were beautiful stories. It had never entered her mind that the countless lost moments could be recovered by speaking about them" (*Annabel* 239). This speaking out is an act of recognition of Wayne/Annabel and creates for the first time a verbalized mother-daughter moment, that had been rendered impossible by the narrative of the boy Wayne, and hence changes the mother-son relationship to a crucial extent. Jacinta recounts certain parts of Wayne's body that were like a girl's parts to her; thereby she retrospectively produces a fragmented image of her child's intersex body. Yet this fragmented narrative still needs to remain subdued – "Memories of when Wayne was a girl became a secret conversation held while Treadway prepared for his winter on the trapline" (*Annabel* 241) – and hence fails to fully materialize.

Despite Jacinta's efforts to 'revive' her daughter, she feels she has failed her. After Wayne leaves Croydon Harbor, "she felt sadder for the lost girl than if the lost girl had been herself" (*Annabel* 315). While Wayne/Annabel stays in St. John's, Jacinta feels the absence of both her child and her estranged husband: "she now floated in an existence in which she remained untouched. No one touched her body, and now that Wayne had gone away, no one touched her soul. She had become unreal,

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she thought, to anyone outside herself. And as a result she was losing a sense of her own effect on the world" (*Annabel* 390). Her perceived disembodiment and emotional detachment to other people parallels Wayne/Annabel's experience of her_his changing body that starts to reflect more and more her_his intersex corporeality, which causes a situation of loneliness, isolation, and lack of physical contact. This parallelism marks the emotional connection between mother and child, but at the same time symbolizes Jacinta's guilt towards Wayne/Annabel. They do not meet each other again within the scope of the novel's narrative, and hence there is no (explicit) reconciliation in the end. While Jacinta opposes Treadway's decision to coerce upon their child a male gender, and tries to nurture the child's gender variance, the novel represents her as being (partly) responsible for Wayne/Annabel's struggles with gender expectations and limitations, and hence seems to punish her with the disintegration of her emotional state and her social relations, delivering a moral judgment of her actions.

In contrast to Jacinta, who is more accepting of her child's female identification, Treadway not only decides to raise Wayne as a boy but enforces this decision by toughening him up through activities that are typically considered masculine, and simultaneously trying to nip his son's 'feminine' interests in the bud. The division of feminine/masculine labor, spaces, and interests is, as already pointed out, extremely rigid and normative in the novel. Along these normative gender lines, Treadway is cautious to maintain Wayne's gender assignment by perpetuating acts of normative maleness, that are supposed to construct Wayne as a male subject: "normally he would have waited until a son was four or five before he trained him in the ways of how to become a man. But with this child Treadway did not want to take a chance" (*Annabel* 68). This process of iteration of a 'male' gender, in order for the subject to become a 'male' subject, is particularly precarious for intersex individuals (children), and, as suggested by Treadway (and the novel), requires especially forceful processes of iteration, as "[t]here were so many ways Wayne could fail" to perform masculinity right (*Annabel* 134); thus the processes of reiterating the masculinity of an intersex subject need to exceed, in their enforcement, the processes of reiterating the masculinity of an (already) 'male' subject (Treadway "wanted to dismantle what he saw as a deterrent to his son's normal development" [*Annabel* 135]). By making this assertion, the novel is reflexive of the performativity of gender and hints at the constructivist character of the very gender norms it seems to claim as a given.

Despite, or rather as a result of this enforcement of masculinity, Wayne feels this gender assignment not to be his "authentic self," as he experiences his "authentic self," or sense of his lived reality, as also female (*Annabel* 71). The performativity of gender, as represented in *Annabel*, however does not contradict that a person's sense of gendered self can be/feel, subjectively, 'real.' Hence, while the novel makes an argument for the constructedness, or performativity of gender, perhaps best represented by the character of Treadway himself and his efforts to 'make' Wayne a

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'man,' Wayne/Annabel's sense of (gendered) self reflects this performativity and at the same time asserts itself as 'authentic,' i.e. both male and female.

Yet, the character of Treadway represents not only the maintenance of this strict division between genders and gendered spaces, but also the dis/continuities between nature and the human. By his incessant wandering between nature/wilderness and the social space/his family he not only connects these two spaces but blurs the clear demarcation line between supposedly 'male' (the trapping line) and 'female' spaces (the home of his family): "The wilderness of Labrador was home to him" (*Annabel* 423). In the course of the narrative, Treadway comes increasingly to symbolize nature itself. He not only communicates with animals when seeking their advice – in contrast, he hardly communicates with or connects to other people –, but becomes himself (like) an animal, especially in Jacinta's mind on the brink of their disintegrating relationship: "[S]he [Jacinta] thought he had begun to think like the animals he trapped. He had begun to walk like them, and sleep like them. He had become wild, and there was no way you could send a message to him if you did not know the wild language" (*Annabel* 254). Treadway's self-imposed solitude he finds in the woods brings him to reflect on social norms and their implications. He conceives of the space of the wood/wilderness as an 'alternative' space that provides the conditions for Wayne/Annabel's intelligibility, which the social space (especially of Croydon Harbour) fails to provide. Treadway reconsiders his choice to assign his child a male gender, seeking the advice of an owl:

"'I should have let well enough alone,' Treadway said. 'I think that now. What would have happened if I had let Wayne become half little girl?' The owl allowed Treadway to see Wayne as a girl child. So Treadway stood there in the woods and saw a vision of his daughter. [...] Treadway loved her. 'You're a beautiful child.' But the child could not hear him as the owl could. [...] Treadway felt, for the first time since his wife had given birth, pain flow out of his heart and into the moss. It sank into the moss and became part of the woods. [...] If only the world could live in here, deep in the forest, where there were no stores, roads, windows, and doors, no straight lines. The straight lines were the problem. Rulers and measurements and lines and no one to help you if you crossed them. [...] 'I wish,' Treadway told the owl, 'I could bring him in here with me for good six months. Longer. Forget about the medicine that keeps him being a boy. Hospital medicine, no. The medicine is in these trees. [...] What would happen? [...] We could live here.' The owl had its back to the man." (*Annabel* 215f)

While Treadway seems to be, as Dan Hartland argues, "very much a product of [a] world ['where every person, or plant, or animal, or any entity whatsoever, has an explanatory ticket on it,' *Annabel* 203], and [...] can see – perhaps has – no real way out of it," and ostensibly "remains the plain personification of a blinkered, restrictive worldview" (Hartland 2011), he gradually begins to seek a way to imagine a situation where his child can live unrestricted by social norms. Nature, more specifically the

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wilderness of Labrador, which previously has come to signify the male (dominated) space in *Annabel*, now seems to be the only space Treadway can imagine from where to rearticulate Wayne/Annabel's intelligibility as an intersex subject. However, he becomes aware of the unfeasibility of this idea, and the wilderness hence has to remain the imaginary alternative space outside, or at the margins of, social life and its regulative system of norms – and, above all, he becomes aware of his own inability to "handle having a son in the house who was openly changing into someone [he] could not explain to himself or to anyone in the community" (*Annabel* 353).

Treadway's disconnection from his child has a tremendous effect on how Wayne perceives himself. The constant feeling of 'failing' as a boy/man haunts Wayne throughout his childhood and adolescence, until he leaves his home in Labrador and moves to St. John's. Wayne/Annabel perceives him_herself to be in a state of undefined subjecthood, uncertainty, and transformation, with his father's expectations functioning as a reminder of his_her inability to live up to male gender norms: "now that you had left things behind that confused you, that defined you as a man when you weren't a man. Not the son your dad wanted. Not a son who kept up family traditions. [...] Instead you were ambiguous, feminine, undecided" (*Annabel* 333). Wayne/Annabel gradually emancipates him_herself from his_her father's authority over his_her gender identity and his_her body, which becomes most explicit in her_his decision to stop the medication (*Annabel* 351). Yet Wayne/Annabel is still in a state of gender and bodily transitioning, and this process involves feelings of a loss of authenticity or a coherent sense of self, and the iteration of secrecy and lies concerning his_her gender and sexed corporeality. His_her father still has the power to "evoke[...] in Wayne's mind the beast he was afraid of becoming. The beast was vicious. She hurtled and would not back up. [...] Her pain threshold was high. She was not pretty. She prowled, animal-like, uncivilized. [...] She was without language" (*Annabel* 352). Wayne/Annabel experiences a profound anxiety of becoming unintelligible, not recognizable by the terms and cultural categories available to him_her, of losing her_his state as a subject (of language), when s_he is no longer recognizable as a male subject. Annabel has not yet become 'socialized,' not visible, and not nameable. She needs to be hidden from Wayne's social surroundings, since she is not yet recognizable. But she cannot be contained anymore within Wayne, or, what s_he feels, within the 'disguise' of a male identity: "if he was going to grow into the softness of Annabel, he did not want to have a man's barbered head or face. He did not know what he wanted, but he knew he did not want to continue to pretend to be a man" (*Annabel* 403); at the same time Wayne/Annabel feels that the make-up applied to her_his face is a "façade and a lie," that it "exaggerated something and diminished something at the same time" (*Annabel* 420).

Wayne/Annabel's struggle with the dilemma of intelligibility – becoming intelligible as a gender nonconforming subject without having to compromise his_her sense of self – that runs like a common thread through the narrative becomes most

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explicit in the moment s_he tries to give an account of her_himself, but lacks the language and terms by which s_he can define her_himself. When Wayne/Annabel runs into the former principal of her_his school, Victoria Huskins, the inadequacy of the language available to him_her makes it impossible to tell a coherent story of her_himself.

"Wayne felt his own story amass as a cloud. He could not be coherent about it. He wanted to talk to someone but he did not know how, because somehow the facts, with their tidy labels and medical terms, reduced his whole being to something that he did not want it to be. How could he sit here and tell Victoria Huskins what the doctors had labelled him without reducing himself to the status of a diagram [...]? He could not begin to explain, so he sat without words. [...] he could not explain his whole being with words. The cloud rose in him and reached his throat, where it amassed as a blockage that felt leaden and sorrowful. He felt it as a lump that threatened to silence him." (*Annabel* 417f)

Wayne/Annabel feels that the way s_he is/was 'constructed' by a medical discourse misrepresents how s_he perceives him_herself; the terms provided, and imposed, by the specific medical discourse on intersex fail to acknowledge intersex subjects as individual and human subjects and fail to represent Wayne/Annabel as something other, or more, than a medical subject. However, while the social construction (or the assignment) of a person's gender can potentially conflict with the person's own sense of self, the idea of social construction also contains the possibility to either transform the available terms and concepts to fit the person's own subject formation, or to refuse them altogether. At this point in the narrative, Wayne/Annabel already challenges his_her gender assignment, by rejecting the terms that constitute him_her as something s_he strongly feels to be inadequate and hurtful. Yet s_he still has not been able to formulate the terms by which s_he wants to be known.

Eventually, Wayne/Annabel starts to reconnect with her_his father who visits her_him in St. John's after the sexual attack. Treadway now finally recognizes his child not only as a son, but also as a daughter: "Though Treadway had never called Wayne anything but a son, he knew and had always known that within his son lay hidden a daughter. He had seen this daughter in the past day here in St. John's. He had seen Annabel in Wayne's face" (*Annabel* 440). Although Treadway had seen the feminine traits of his child's intersex body at earlier moments, he never acknowledged them openly, and instead continued the enforcement of his son's masculinity. It seems disturbing to some degree that he recognizes his child's gender nonconformity only after s_he was sexually assaulted (*Annabel* 425f) – an incident that can easily be read as an affirmation of Wayne/Annabel's femininity, as argued above.

The novel's sympathetic representation of Treadway and the cautiousness with which he is portrayed as a 'good' man who is, as Mark Callanan puts it, "a character

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that is no brute stereotype of maleness – it would have been easy for [Winter] to reduce him to a caricature of machismo – but a man capable of sensitivity who is simply unable to deal with the complication of having a child of indeterminate sex" (Callanan 2010), creates a more complex picture of a father who struggles with acting ethically responsible on behalf of his intersex child. Although the ending of the novel, with the conclusion that "[o]nly in wind over the land did Treadway find the freedom his son would seek elsewhere. Treadway was a man of Labrador, but his son had left home as daughters and sons do, to seek freedom their fathers do not need to inhabit, for it inhabits the fathers" (*Annabel* 461), remains strangely vague and still refuses to acknowledge Wayne/Annabel as both a son *and* a daughter to Treadway, Treadway's financial support of his child and his encouragement of Wayne/Annabel to go to university can be interpreted as a father imagining a future for his child where s_he is enabled to "work toward subverting the dominant ideologies of space" and gender, as Mareike Neuhaus argues (Neuhaus 2012).

5.3.3 "Make a Life for Yourself any Way You Want, in any Place": Thomasina and the Crossing of Spatial and Gender Boundaries

Thomasina Baikie is easily the most 'radical' transgressor of social conventions and gender norms in *Annabel* – "[y]ou got the feeling something radical could happen with her around," we are told (*Annabel* 168) – and the person who encourages Wayne/Annabel's intelligibility as a gender nonconforming subject most emphatically. Even her name hints at someone who defies social as well as gender expectations. In the novel, her name is explained as a reference to the Doubting Thomas, as her mother wanted to call her if she was a boy, "'after the disciple who wanted to see Christ's nail marks with his own eyes. But [she was] a girl,'" so her mother called her Doubting Thomasina (*Annabel* 34). Her name hints to her disposition to take nothing for granted or as a given, and to always question or challenge norms and their underlying premises. In the context of a novel about an intersex character, the name Thomasina can also be read as a reference to Thomasine/Thomas Hall, who, throughout her_his life, was crossing back and forth between male and female genders.[23] The motif of crossing or transgression structures Thomasina's narrative within the novel and crucially influences Wayne/Annabel's (gender) trajectory.

The motif of transgressing or crossing boundaries and/or spaces can be identified in Thomasina's traveling to various countries, after the death of her husband and daughter, and in her affinity for bridges, of which she sends selected postcards to

23 Hall's case was registered in the *Minutes of the Council and General Court of Colonial Virginia* in 1629 (edited by H. R. McIlwaine, 1924).

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Wayne/Annabel. The travel motif is a very common trope found in transgender narratives, symbolizing the sexed bodily 'transitioning' of trans persons or characters, as already discussed in the *Middlesex* chapter. In *Annabel*, it is one of the most dominant leitmotifs, signifying not only Thomasina's independence (from a man and social expectations) but Wayne/Annabel's journey to come to figure out her_his sense of self, by moving first to St. John's, then traveling to Boston to reconnect with Wally, and finally going to the Technical University of Nova Scotia to study architecture. Crossing spatial boundaries has also significance for other characters: Jacinta reminisces her past as a young woman in St. John's and struggles with her life as a wife and mother in Croydon Harbour, which differs drastically from the city life; Wally Michelin moves from Croydon Harbour to Boston in order to recover her injured singing voice; and Treadway roams between his family home and the woods. All central characters are on their own journeys, alone and with one another. Their journeys come to symbolize the intimate connections between each other, the loss or damage to these connections, and (in some cases) their reconciliation, but also the reconciliation with themselves, in terms of (mutual) recognition.

"To Thomasina people were rivers, always ready to move from one state of being into another. It was not fair, she felt, to treat people as if they were finished beings. Everyone was always becoming and unbecoming" (*Annabel* 41). Thomasina's concept of the human condition makes a reference to Ovid's mythological narrative of the *Metamorphoses* and reiterates other intersex narratives' renegotiations of mythological motifs (e.g. medical discourses on intersex, *Middlesex*, to name a few). A more explicit intertextual reference to mythology is the homework of researching the figure of Hermaphroditus which Thomasina, who by then has become Wayne/Annabel's teacher, gives to him_her, with the aim of letting her students "enjoy playing roles they normally hid" (*Annabel* 174). Her approach to offer an alternative model of identification and vocabularies through mythological narratives ("She saw all tradition as metaphorical. It was, in her mind, all about story, character, psyche," *Annabel* 173) clashes with Treadway's worldview, who strongly objects to her intervention in his method of parenting, as "the rest of us have to live in the real world. Wayne has to live in the real world" (*Annabel* 180), cautioning against the social consequences of a disruption of 'the real world's' norms. Neuhaus argues that the "intertextual allusion in *Annabel* to Hermaphroditus achieves two things, then: one, it points to another discourse, if one that did not have any impact on the social, cultural, and political realities in antiquity; and two, it suggests that norms are subject to change; they may be modified, if not entirely abolished" (Neuhaus 2012: 132). To deduce the dis/continuities or changes of norms from idealized mythological narratives, however, is a problematic move and it is therefore questionable whether

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the myth of Hermaphroditus can really serve as a point of reference for a *viable* alternative reconceptualization of contemporary intersex personhood.[24]

The naming of the intersex child as Annabel by Thomasina marks the crucial moment in the narrative that determines Wayne/Annabel's ensuing gender trajectory from infancy to young adulthood. The baby is born while Thomasina's own daughter Annabel and her husband, Graham Montague, drown. Instead of grieving for long over their deaths, Thomasina dedicates herself to guard "that little baby of Jacinta's, Wayne, whom no one wanted to call a daughter" (*Annabel* 41) against the harsh enforcement of his_her 'masculinity' by Treadway, as "Thomasina believed the child's difference was a strange blessing that had to be protected. That it was a jeopardized advantage, even a power" (*Annabel* 29). Hence, when the minister baptizes the child as Wayne, Thomasina intervenes: "With greater skill than his [Reverend Julian Taft], Thomasina whispered, 'Annabel,' so low he could not hear. Thomasina believed there was power in a name. The name Annabel settled on the child as quietly as pollen alongside the one bestowed by Treadway" (62). As Judith Butler has argued, the giving of a name constitutes a person as a subject (of language) (Butler 1997b: 2), and so the intersex child 'comes into being' as Wayne and Annabel, albeit secretly.

Thomasina's act of naming the Blakes' child after her own lost daughter seems only comprehensible in the light of her grieving for her own child, in an effort to preserve her memory (*Annabel* 171). Yet this act bestows the narrative, and Wayne/Annabel's story, with a ghostlike quality: Annabel is like a specter haunting not only Wayne, who has recurring dreams about being a girl and sees Annabel's reflection when he looks into the mirror, but also Jacinta, who "seems to feel that she has murdered her daughter by raising her child as conventionally 'male.' In this sense, her secret nurturing of Annabel appears almost like a communion with the dead," as James Bailey has argued (Bailey 2014). Annabel, in her association with a dead girl, a ghost, or a shadow self, becomes an 'unreal' identity, a disembodied entity who

24 Neuhaus points out that the mythological narrative of Hermaphroditus differs widely from the lived realities of intersex persons in ancient Greece and Rome: "Thomasina's idealist approach to Wayne's situation [...] romanticizes intersexuality based on a rather one-sided reading of ancient history. Wayne is not a deity celebrated in a cult; his life is not myth. In fact, his story resembles the reality of intersex people in Greek and Roman antiquity more than it resembles the myth of Hermaphroditus. The longing for a primordial form of being, the original androgynous sex, finds expression in antiquity only in mythology (Brisson 41-71; see Ovid's *Metamorphoses* and Plato's *Symposium*). The reality of intersex people in the Greek and Roman world was rather brutal: up until the Roman Republic, intersex children were regarded as ominous public prodigies and were therefore killed. Such superstition was eventually challenged during the Roman Empire, but intersex children continued to be abused as a form of entertainment (Brisson 7-40)" (Neuhaus 2012: 132).

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almost seems to 'inhabit' the body of the 'boy' Wayne; she is a non-subject for she cannot be recognized outside the confines of Wayne.

Interestingly, there are different interpretations of the personhood of the intersex character. Sassafras Lowrey considers not Wayne to be the novel's central character, but Annabel (as Annabel is also the title of the novel), and reverses the perspective on the character's gender trajectory: "The character Annabel is born into a quiet rural community ruled by the seasons, hard work, and conformity. She comes of age in the shadow of Wayne, the name she was given when the doctors determined she was to be raised male" (Lowrey 2011). Stacey D'Erasmo questions the dichotomization of Wayne/Annabel itself: "Winter is [...] working from the same binary model she is purporting to overturn: the idea that Annabel is a 'girl' – and that this means someone softer, sweeter, gentler, more emotional – is a given here. But what if the inner Annabel were a little butch? Or what if she changed from day to day? Or what if she and Wayne were less distinguishable from each other?" (D'Erasmo 2011). Lowrey and D'Erasmo definitely have a point here. Lowrey's reading reverses the conditions for the intersex subject to be/come intelligible, and thus complicates the conditions of the whole narrative. By reversing the intersex infant's initial gender assignment, conceiving of the child as a girl on whom a male identity is forced upon, the focus is directed towards the arbitrariness of assigning an intersex child a clear-cut, normative gender and the potential consequences that might arise from *any* decision. It also serves as a reminder that Wayne – i.e. the gender assignment as a boy – is a construction of not only medical definitory power and interventions but also of paternal authority. Lowrey's statement, therefore, should not be read as conceiving of the intersex protagonist's 'real' or 'authentic' gender to be female, but rather as a challenge of the idea that anyone, be it author, narrator, other characters, or reader, should make an assumption about Wayne/Annabel's 'true' gender. It is also a commentary on the implausibility of consistently using male pronouns when referring to the protagonist even in the stages where s_he considers her_himself as a non-male gendered person.

D'Erasmo's criticism of the duality of Wayne/Annabel identifies the main paradox in the novel when it comes to the construction, and the (intended) deconstruction, of gender. As argued earlier, *Annabel*'s representation of gender relies on a rigid and normative binary construction along the heteronormative matrix (Butler). The character of Wayne/Annabel is, apparently, supposed to challenge the strict division line between male and female, because s_he has an intersex variation. So, according to the novel, *naturally* an intersex person (to clarify once more: a person who is born with "congenital physical traits or variations that lie between ideals of male and female," Carpenter 2012) *must* also identify as both male *and* female (i.e. as a combination of neatly separated 'male' and 'female' gender characteristics), *must* challenge the gender binary as they already challenge the binary of sexed corporeality, and *must* live in a liminal place in society. While an intersex

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person *can* identify as both male and female (or as male, or female, or neither, or as some other gender altogether), the novel represents Wayne/Annabel's being positioned in-between two genders as a necessary result of having an intersex variation. I argue that *Annabel* pursues this strategy in an effort to always keep Wayne intelligible – and in order to be intelligible at all, normative genders (male and female) need to serve as points of reference for the representation of Wayne's gender. While several characters and his social surroundings may at times react with confusion to the protagonist's gender nonconformity, which threatens Wayne/Annabel's intelligibility on a narrative level, e.g. in his_her social context, the narrative is cautious to present Wayne (to the reader) continuously as an intelligible subject – Wayne remains, in his refusal to conform to an assigned gender norm, a coherent character, because it is this refusal that defines him and makes him always recognizable.

The character of Thomasina renders, perhaps unintentionally, a metanarrative commentary on this difficulty to provide the conditions for Wayne/Annabel to be/come an intelligible subject, not only in the environment of Labrador, but within the cultural system. She is the one person in the narrative who endorses gender nonconformity and reflects on the social constraints as well as on the possibilities of self-determination. When she tells Wayne/Annabel, "'I wouldn't call what you have a disorder. I'd call it a different order. A different order means a whole new way of being. It could be fantastic. It could be overwhelmingly beautiful, if people weren't scared'" (*Annabel* 208f), she picks up Butler's question: "What, given the contemporary order of being, can I be?" (Butler 2001: 621). Yet Thomasina is also aware of the crucial point that is missed by this question, a point that touches upon questions of responsibility that comes with revealing new information and possibilities to a child while the conditions for these possibilities do not yet (fully) exist, when she hesitates to tell Wayne the truth about his intersex variation: "But what would Wayne do with the truth? He would need more than the truth. He would need a world that understood" (*Annabel* 209). Thomasina reminds us that the conditions of intelligibility for intersex individuals are precarious. Even when she eventually reveals to Wayne that he was born intersex, it becomes clear that the truth about Wayne/Annabel cannot be contained within a word: "Thomasina was a good one for naming things in a way that still let you ask questions" (*Annabel* 235).

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5.3.4 "Building a Voice up from the Ruins": Wally, Annabel, and the Quest for Vocal Self-Determination

Wally Michelin[25] is somewhere between a main and a minor character in *Annabel*, but can best be defined as a 'supporting' character in the literal sense. While she has her own storyline, this storyline as well as her character per se have several functions within the narrative which serve as points of reference for Wayne/Annabel's narrative. The first of her two most important narrative functions is related to the motif of voice. Wally personifies the power of voice to assert one's right to define oneself and exemplifies the strong interdependency between using one's voice and the production of identity in the face of the voice's precarious state: Wally uses her singing voice to express herself and what she wants to be, then (temporarily) loses it and with it an important, defining part of her sense of self, and eventually recovers her voice and with it the ability to speak (sing) her self again. Wayne/Annabel follows a parallel trajectory, whereby voice becomes a symbol for the silencing of his_her being intersex and the gradual recovery of his_her gender variant personhood. Secondly, Wally can be interpreted as an embodiment of Wayne's female identity part, and hence as a flesh-and-blood version of Annabel.

Wayne and Wally become friends as both of them are outsiders in a way: while Wally is at first very popular in school, in contrast to Wayne, her popularity wanes when a new girl, Donna Palliser, comes into their class. It is, however, not the lack of popularity that connects them; it is rather Wally's ambition of becoming a professional alto singer and the determination with which she pursues her goal that sets her apart from their classmates. Wayne is deeply impressed by Wally's certainty about and definition of a clear goal in her life; a clearly defined goal he himself misses. Wayne's attraction to Wally is neither strictly sexual nor nonsexual, it is "an excitement he could not name" (*Annabel* 113). He feels drawn towards Wally in a constant ambiguity of wanting to *be with* her and wanting to *be* her. His desire to be close to her translates as a desire to unite with her corporeally; he alternately imagines being inside her body, or Wally being inside him: "Wayne was in love with her from the moment he heard her crumbly voice. If there was a way he could make himself into a ghost without a body – a shadow – or transparent like the lures his father used to catch Arctic char, he would have done it. He would have transformed into his father's lure, slipped under Wally Michelin's divinely freckled skin, and live inside her, looking through her eyes" (*Annabel* 99). When Dr. Lioukras tells Wayne that he

25 It is noteworthy that Wally's mother named her after Wallis Simpson, who herself has been speculated about to be intersex (Sebba 2011). While the novel contains no reference to Wally being intersex, in view of her close relation to Wayne and association with Annabel, the choice of her name adds to her construction as a 'projection surface' for intersex representations in the novel.

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is "a girl inside," Wayne imagines this girl to be Wally, "smaller than her real self, lying quietly [...] inside him, hiding" (*Annabel* 236f). The motif of aesthetics is a structuring principle of their relationship, and Wayne's desire to be (like) Wally can be interpreted as his desire to be beautiful, whereby beauty is strongly related to femininity: "if he turned his face a certain way his cheekbones looked almost like the cheekbones of Wally Michelin, still easily the most beautiful girl in the school, in Wayne's mind" (*Annabel* 265f). Wally serves as a point of reference for Wayne when he tries to imagine his own femininity. This physical attraction seems to be onesided; Wally's sexuality is scarcely addressed and in fact seems irrelevant, which hence reinforces the argument that she serves mainly as a projection surface for Wayne to act out his own desires – the imaginary testing of transgressing bodily and gender boundaries, without having to actually transgress any boundaries.

The relationship between Wayne and Wally contains a reference to the Greek myth of Hermaphroditus, who was the son of Hermes and Aphrodite. According to myth, the water nymph Salmacis fell in love with Hermaphroditus due to his handsomeness, and asked the gods that they should be forever united, upon which their two bodies were transformed into one body with both male and female characteristics (Ovid, *Metamorphoses* IV: 346-388). Wayne is driven by a similar desire as Salmacis, which gives *Annabel*'s adaption of the mythological narrative an additional twist in terms of gender roles. While this intertextual reference to mythology is more implicit, the novel's use of it iterates its other, more explicit reference to Hermaphroditus in the context of Thomasina's homework assignment. Again, mythological conceptions of intersex serve to imagine alternative figures for identification that are not medical. However, while the figure of Hermaphroditus, and/or the term hermaphrodite, *can* be chosen by intersex persons who like to define themselves as such, their uncritical use by non-intersex people to define intersex persons has been contested.[26] Therefore, mythological references to intersex still remain problematic when used in fictional or nonfictional works written by non-intersex people about intersex people.

The connection between Wally and Annabel is strong and complicated. While Annabel remains for the most time subdued in Wayne, both physically and identitarian, and thus is invisible and unrecognizable, Wally serves for Wayne as an intelligible model after which to imagine his own femaleness. Wally is the only person in whom Wayne confides his recurring dreams of being a girl, and wishes her to recognize Annabel and become her best friend. Annabel, it seems, can only materialize through the figure of Wally – either by 'borrowing' her body, or by Wally's recognition of her existence. There comes a moment in the narrative when the strong connection between Wayne and Wally is severely damaged. When Wayne

26 A discussion of the use of the term 'hermaphrodite' in intersex contexts can be found in Viloria 2013.

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tells his classmates about his dream of being a girl at a party, Wally gets into a fight over this with Donna, during which her vocal chords are lacerated by a piece of glass. The rupture of Wally's vocal chords – and hence the likely destruction of her aspiring singing career – marks a rupture in their relationship, and leaves Wayne feeling guilty. Just like Wally distances herself from Wayne, Annabel escapes from inside his body (*Annabel* 252). With the (temporary) loss of Wally, Wayne/Annabel feels disconnected not only from their shared intimacy, but also from his_her sense of bodily reality, and from their shared spaces where Wayne can also be Annabel. When Treadway dismantles the bridge where Wayne and Wally had spent time together and shared their deepest passions, it was like "a kind of annihilation [...] of some part of [Wayne's] soul" (*Annabel* 140); after the accident with Wally's vocal chords Wayne tries to reconnect with her by reentering their "own world" in which anything is possible (*Annabel* 277), but this space fails to materialize for the time being.

The symbolic significance of the voice as asserting one's existence is most obvious in Wally's storyline. Wally's voice is so closely interrelated with her own sense of self, and with her existence within the novel, that it becomes representative of her whole self, so that by losing her singing voice, her identity is threatened. Her voice, even after the injury, is constantly associated with beauty; a motif that is reiterated throughout the narrative in Wayne's musings about his own beauty (or, that of Annabel), the loss of beauty, and beauty as the seemingly unattainable ideal for him. The long rupture in Wally's ability to sing marks the period of disconnection from Wayne, and parallels Wayne/Annabel's disconnection from his_her own corporeality and sense of gender identity. Wally's involuntary silence mirrors the years of silence kept about Wayne/Annabel's intersex variation by his_her parents, and thus reinforces the symbolism of voice as a tool to become an intelligible subject. At approximately the same time – although in difference places, Wayne in St. John's and Wally in Boston – Wally decides to visit a voice clinic in the hope to have her vocal chords repaired, Wayne/Annabel uses his_her voice to speak up against the doctors in the clinic and against their authority over his_her body and gender identity: "he knew he had spoken with his whole self: with the voice of Annabel and not only that of Wayne" (*Annabel* 370f). The attempt to use one's own voice as a strategy of self-assertion, in order to (re)gain the authority over one's own life, and hence, over one's identity, is a crucial statement the novel makes.

In the end, it is the recovering of voices, for both Wally and Wayne/Annabel, what reconciles them with each other. Wayne/Annabel visits Wally in Boston to attend her performance in a choir. She is able to sing again, even the piece she has always wanted so sing since she was a child, and her voice is now part of a choir's sound: "'It was never meant as a solo piece,' Wally said, 'It was always a piece for four parts, for a choir, and that's only one of the things I didn't realize'" (*Annabel* 453); and it is this polyphonic voice that reconnects the two friends: "The sound insinuated itself underneath all the other sounds, and this sound, alone in the room,

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entered Wayne's body" (*Annabel* 454). Wally provides the (space of) recognition for Wayne/Annabel which finally allows him_her to become an intelligible subject (and the reader is assured of Wayne/Annabel's intelligibility by his_her assertion that Wally recognizes her_him):

"He felt they recognized each other in a way that no one else recognized either of them. Other people could look at him but they did not see what Wally Michelin saw, and perhaps others saw in her the same thing he did, but he did not think they saw it. What it was was limitlessness. When you were with an ordinary person, you could draw a line around the territory the two of you covered, and Wayne had found that the territory was usually quite small. It was smaller than a country and smaller than a town and sometimes smaller than a room. But this room, the room they were in, did not really exist. [...] The way he responded to Wally's presence was that he felt as if life at this minute was blossoming inside him instead of lying dormant. He felt the electric presence of his own life, and he did not want that feeling to end, although he knew it had ended in the past and that it would end again." (*Annabel* 452)

This passage articulates the felt dis/continuities between Wayne/Annabel's and Wally's bodies, and reiterates his_her ambiguous desire of intimacy and merging with Wally. Yet it becomes also clear that Wayne/Annabel cannot remain forever in this non-existent space and needs to find a spatial equivalent within his_her social context in order to become intelligible outside the intimate heterotopic symbiosis with Wally.

Annabel closes with placing Wayne/Annabel into a 'real' space where s_he can be/come intelligible, among the students on the university campus, where s_he "did not feel out of place because of his body's ambiguity [...]. [...] He felt he was in some kind of a free world to which he wanted to belong" (*Annabel* 455f). More precisely, s_he starts to study "not only the design of bridges but also the architecture, design, and planning of whole cities, [...] to understand not just the surfaces but also the underpinnings of a city's character" (*Annabel* 459). Wayne/Annabel is now able to literally build bridges, to construct unifying devices which symbolize the 'unification' of his_her gendered reality. Neuhaus argues that Wayne/Annabel is now able to leave his_her place at the margins of society, by using the city's potential to provide for counterspaces:

"Studying city design, Wayne explores and analyzes *conceived space*, those discourses that determine people's perceived and lived spaces. Criticizing dominant social discourses, Wayne may thus claim a position from which he may alter cities and thereby facilitate change, producing real spaces for himself and the various Others of contemporary society [...]. Hence, lived space, the space of social conflict and struggle, becomes in *Annabel* also a 'counterspace' from within which Wayne may affect the social change that will allow him to be recognized as a person [...]." (Neuhaus 2012: 130)

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With the help of Wally, Thomasina, and her_his father, Wayne/Annabel is now able to conceive of a world for her_him to live a 'livable' life.

5.3.5 Does an Intersex Story Have the Obligation to be Subversive?

When seeking to find answers to the question of how a fictional work on intersex negotiates the intelligibility of its intersex character, the question seems to be inextricably linked with the notion that an intersex story has to be subversive or challenging. But what exactly is it that needs to be subverted or challenged, in order to render the intersex subject intelligible? Proceeding from Butler's claim that the "conditions of intelligibility [are] composed of norms, of practices, that have become presuppositional, without which we cannot think the human at all" (Butler 2001: 621), the most obvious and the most logical answer is that a challenging or a subversion of sociocultural norms, more precisely of gender norms and norms of sexed corporeality, is at issue here. *Annabel* provides the apt preconditions for a challenge of gender and bodily norms, by establishing a context in which gender is a rigid binary construct and gender norms are forcefully maintained. Into this rigidly heteronormative context, the novel introduces a character who is supposed to challenge this binary: an infant born intersex, and since s_he happens to have a body that defies 'standard' notions of male and female corporeality, what would seem more natural than asking of this person (a child, for the most part of the narrative) to gladly and emphatically defy normative gender notions as well? Or so the novel seems to suggest.

Is Wayne/Annabel a subversive character who challenges gender and sexed bodily norms? Two questions (at least) arise from this question: first, can the character become intelligible as an intersex subject without having to challenge normative ideas of gender and corporeality, and second, is it the task of the intersex person to be challenging and disruptive of these norms as a requirement for the novel to challenge the norms in question? At the beginning of the chapter I argued that *Annabel* accomplishes to create an overall believable narrative about the complexities and realities of the life of an intersex child/adolescent that seems to find a way out of the dilemma of being/becoming (un)intelligible. I want to come back to this symbolic survival, the intersex character's surviving the threat of their symbolic/social 'death' that is caused either by becoming unintelligible due to their gender and/or bodily nonconformativity or by compromising (a part of) their self in order to become culturally intelligible, both alternatives that would lead to an 'unlivable life,' in consideration of the survival strategies the novel provides for its intersex protagonist.

The novel oscillates between marking Wayne/Annabel as an 'impossible,' unintelligible being and continually reassuring his_her intelligibility. This

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establishing of the intersex protagonist's intelligibility, especially for the reader, is not accomplished by a first-person narration, hence the narrative has to rely on several other strategies. One obvious strategy of keeping the character intelligible is to refer to them as Wayne and with male pronouns exclusively, and to continue to do so even after Wayne decides to stop his medication and let his body reflect his intersex corporeality and identifies as non-male. The novel validates this strategy by representing Wayne as a boy – even though it is made clear that this is only one of the possible gender assignments and that Wayne himself rejects this assignment – who has a girl 'living inside of him.' This 'girl-inside-boy' narrative allows for the character to be still perceived as a boy, rather than a person who cannot be recognized in terms of male and/or female gender. This specific narrative is further affirmed by the constant reference to supposedly 'masculine' and 'feminine' acts performed by Wayne. Thus, while Wayne is neither exclusively male nor female, his gender and sexed body still remains recognizable by normative gender and corporeal standards, and the reader is provided with detailed description of body parts and acts of behavior that can each be marked as either male or female. In Wayne, even during and after his transitioning, nothing remains really unmarked, or is marked as something other than male or female. This strategy of asserting the intersex character's intelligibility, however, leads to some extent to the invisibilization of an integral part of Wayne/Annabel's gender, and thus to a misrecognition of her_his gender. This specific kind of intelligibility that is attempted to be established unfortunately comes at the expense of the recognition of Wayne/Annabel as a person with intersex corporeality and a non-binary gender.

Another strategy of rendering Wayne/Annabel continuously intelligible relies on the affirmation of his_her recognizability by others. No matter what processes of struggling with his_her gender identification and bodily changes Wayne/Annabel is going through, s_he remains at all times defined by his_her relations to his_her surroundings: s_he remains Treadway's son until Treadway consciously decides to see Wayne also as his daughter, s_he remains Jacinta's official son and secret daughter, s_he remains Annabel for Thomasina, s_he remains Wally's best friend, and so on. Even the other characters seem, at least most of the time, very sure about what Wayne is to them – and hence, they validate Wayne/Annabel's recognizability for the reader. As argued in detail above, Wayne/Annabel is rendered, his_her own struggles (and at times others' struggles) with his_her gender assignment and the rejection thereof notwithstanding, intelligible through his_her relationality in the novel.

Returning to the question of whether *Annabel*'s intersex protagonist subverts or challenges gender and bodily norms, and to the consequential question whether s_he can become intelligible as intersex without disrupting these norms, what can be ascertained is that the novel's strategy to first set up a rigid gender binary and then introducing an intersex character who is supposed to dismantle said binary has fairly

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missed its aim. The representation of Wayne/Annabel relies itself on strict binaries and gender stereotypes, in an effort to always keep him_her intelligible, and to provide for her_his coherent subjecthood. However, the novel's negotiation of Wayne/Annabel's intelligibility must be considered on several (meta-) narrative levels. While Wayne/Annabel generally remains intelligible as a fictional character in the novel, and is mostly recognizable to the persons close to him_her, Wayne/Annabel is threatened to become unintelligible at various moments in the narrative both to him_herself and to his wider social surroundings. The narrative of a young person who has to come to terms with the secrecy and (attempted) erasure of her_his intersex body, its eventual revelation, and the subsequent difficulties to make a decision for him_herself about who s_he wants to be, how to align his_her body with his_her own sense of self, and how s_he wants to be recognized by others, accomplishes to capture the insecurities, fears, shame and sense of loss, but also the feelings of relieve and joy about finally being able to reclaim self-determination, in quite insightful and (mostly) believable ways. Moreover, by making Wayne/Annabel subjected to various forms of power and violence – medical interventions and definitory power, sexual violence perpetrated by cis men, the risk of losing a job, etc. – the novel draws attention to the realities of intersex persons (or any gender nonconforming person, for that matter) for whom society at large does not (yet) have the terms by which to recognize *and* accept someone who does not fit into a clearly defined, normative male or female category.

In closing, I argue that whether Wayne/Annabel is a subversive character in the sense of dismantling gender and bodily norms is not the most crucial question when seeking to ascertain whether intersex becomes intelligible in the narrative. The potential of the novel to offer affirmative representations of intersex seems to be located somewhere else, and not in the first place in the disruptiveness of Wayne/Annabel itself. In presenting a story about an intersex character who comes of age as intersex without being incessantly threatened by unintelligibility, and without having to be exceptionally radical in terms of dismantling the gender binary (Thomasina, for instance, seems overall fairly more 'radical' in transgressing social conventions and gendered boundaries than Wayne/Annabel), *Annabel* manages to provide an intersex narrative that functions both as an alternative to medical intersex narratives, and as an alternative to Eugenides' *Middlesex*, by establishing a kind of narrative closure exactly by allowing Wayne/Annabel to find a space where s_he can become intelligible as an intersex subject. In that sense, *Annabel* defies a narrative closure that seems to have become mandatory in cultural productions about intersex, namely a closure that is reached by establishing the intelligibility of the intersex character through assigning them a clearly defined male or female gender. While many intersex persons in real life identify as either male or female, the narrative gender assignment of intersex characters along heteronormative lines in fictional texts has, as elaborated in the analysis of *Middlesex*, other implications: this gender

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assignment (and the narrative closure that comes with it) made by non-intersex authors iterates the non-consensual gender assignment made by doctors (and parents) with the aim of 'normalizing' the intersex subject; in a similar way, the fictional narratives seek to 'normalize' their intersex characters to render them intelligible in the narrative, for a mainstream audience in the first place. I conclude with giving Kathleen Winter credit for resisting this kind of narrative closure by a 'normalization' of Wayne/Annabel, and instead asking of her readers to acknowledge that intersex people have a right to refuse normative gender assignments and the right of self-determination regarding their bodily integrity and living out their sense of gender.

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6. Screening Intersex at Prime Time

Intersex in/as a State of Emergency and Popular Culture's Un/Acceptable Interventions

6.1 Mainstreaming Intersex II: Medical Drama Series between Entertaining and Educating the Masses

Over the last years, the theme of intersex has increasingly aroused public interest and mainstream media attention, indicating its significance beyond the scope of intersex activist communities and the medical establishment. While mainstream media coverage still is not overall accurate in its representations of intersex, it however provides a platform for intersex activists to promote their own views on intersex. Intersex themes have been covered in a number of American television and radio shows, documentaries, newspapers and magazines. Mainstream media formats increasingly rely on expert opinions from representatives of intersex activist organizations when featuring intersex themes. Hida Viloria, chairperson of OII and director of OII USA, is frequently invited to talk about intersex on North American television and radio shows and appeared in several documentaries on the topic.[1] Members of Inter/Act, an intersex youth organization, produce their own educational video clips and act as media consultants on intersex representation, particularly on social media platforms. One of the positive consequences of the public attention paid to intersex themes is the growing visibility of intersex individuals within society. A carefully researched program has the potential to educate its viewers about intersex and to correct common, often harmful, misconceptions.

While the last decade has witnessed a gradually emerging discussion of intersex themes in the mainstream media, intersex subjects still suffer from an under-representation in fictional popular culture formats, particularly in films and television

1 For an overview see Viloria's homepage at http://hidaviloria.com/category/video.

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series. To date, there exists not one single mainstream film produced in the US or Canada that features an intersex character or addresses the topic of intersex.[2] The conspicuous absence of intersex characters on the big and the small screens suggests that such a theme is considered either too intricate, too particular, or simply not interesting enough to attract a broader audience. Yet one particular genre in popular culture has featured intersex storylines remarkably often: the medical drama. Over the last two decades, four of the most popular American medical drama television series running between the mid-1990s and the present each featured an episode dealing with an intersex 'case': *Chicago Hope*, *Emergency Room*, *House*, and *Grey's Anatomy*. The fact that the theme of intersex is to date almost exclusively featured in *medical* series reveals much about the general notion of intersex as a 'medical problem' that needs to be 'dealt with.'[3] As such, the (fictional) hospital seems to be the 'appropriate' place for accomplishing this task, and hence the site of cultural renegotiations of intersex representations.

In the ensuing chapter, I analyze the four episodes of said medical series and their representations of intersex characters and themes, focusing on the episodes' narrative and visual representational strategies, and interrogating how specific narratives and discourses about the constitution of sexed corporeality and gender are interrelated, and how these narrative intersections provide the conditions for the intelligibility of intersex. The question of intersex (resisting) representations becomes all the more central for *visual* representations of intersex, where representational strategies have to be considered on several levels. Whereas in textual narratives, visual representations have to be achieved by narrative means solely, the visuals in television productions add another layer of representation, which might either affirm or contradict the textual/verbal messages. Hence, I seek to investigate to what extent the television series offer meaningful interventions in the context of intersex (and) representation.

2 An exception is the independent film *Both* (2005) directed by Lisset Barcellos, a co-production between USA and Peru. While the film was screened at various LGBTQ film festivals around the US and Canada, it is relatively unknown beyond the intersex and queer scenes.

3 One episode of the American crime drama television *series Law & Order: Special Victims Unit*, "Identity" (season 6, episode 12, original airdate: January 18, 2005), features a plot based on the true story of the 'John/Joan' case made famous by psychologist John Money. In the *SVU* episode, a pair of twins, a boy and a girl, is involved in a sexually motivated crime, and during the investigation it is revealed that the girl was born as a boy who after a circumcision accident was raised as female. However, while the 'John/Joan' case had tremendous consequences for the treatment of intersex infants, the character in the *SVU* episode is not intersex and the episode does not deal directly with the theme of intersex.

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I proceed from the claim made by bell hooks that "cultural studies' focus on popular culture can be and is a powerful site for intervention, challenge, and change" (hooks 1994: 4). The question of television programs' or producers' responsibility for the ideological messages they convey is indispensable for a discussion of how the framing of intersex representations within mass culture can contribute to a mainstream understanding of intersex, and how such a framing might be beneficial or harmful to fair and equal intersex representations on TV. In her discussion of primetime television dramas, Carlen Lavigne contends that "[i]n the light of the popularity of television [...] dramas, it seems prudent to investigate the political nature of their prime-time messaging" (Lavigne 2009: 383). Katherine Ann Foss argues that medical dramas have an influence on public perceptions of health issues and have, at least to some extent, a certain educational effect on viewers (Foss 2008: 5). Foss further notes that "[a]s media portrayals of health professionals shifted over time, viewers' perceptions also changed," specifically with regard to representations of the diversity of doctors, as well as their ethical responsibility for health and their fallibility (Foss 2008: 7).

A common point of contention is whether fictional medical series just reveal cultural norms prevailing in North American culture and society, or whether they have a stake in their reaffirmation and the production of dangerous images and ideas of intersex. Equally controversial is the question of the responsibility of medical series to convey 'accurate' (medical) information, and of educating viewers on health related matters. Picking up on bell hooks' "conviction that 'many audiences in the US resist the idea that images have an ideological content'" (Marie-France Alderman, in hooks 1994: 39), I argue that TV representations of intersex now more than ever have a responsibility for the norms they convey, and (potentially) reaffirm and reproduce. Hence my analysis of the four episodes under consideration takes into account the ethical dimensions of their intersex representations, in particular in the light of the actual human rights violations of intersex individuals. I interrogate how the episodes' narratives problematize medical representations of intersex, as well as the episodes' levels of self-reflexivity regarding their own perpetuations of the 'violence of representation.'

The narrative strategy of positioning characters within the inevitable doctor/patient structure of the series forecloses, or at least delimits, the possibility to imagine intersex outside these either/or categories. The structure of the medical series casts every character who is not a member of the medical staff as a patient (or relatives of either the patients or the staff). This strategy is problematic, as generally, fictional medical staff does not include intersex persons. Characters who are relatives of patients are largely underdeveloped, flat characters; lovers or spouses of medical staff either remain marginal, or are medical staff themselves (as romantic involvements often take place among medical staff). In order to challenge these dominant and superficial ideas of intersex, television series need to include and

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explore recurring intersex characters more in depth. To date, this vision has not materialized. Yet the representations of intersex characters as patients require more careful scrutiny. I argue that despite the seemingly unavoidable doctor/patient framework, these representations cannot be entirely dismissed as mere reiterations of hegemonic power relations between medical establishment and the intersex individual. Hence, my analysis turns its focus on the conditions for intersex intelligibility *within* this framework.

Questions of intersex representations intersect with several aspects that are more indirectly related to intersex themes. It is striking that all the intersex characters (infants or adolescents) and their parents are white and apparently lower middle class. An obvious reason for the exclusive whiteness of intersex characters is the general underrepresentation of Black characters or people of color in mainstream film and television. While most medical series have at least one or several medical doctors or staff who are people of color, apparently a character can only *either* be intersex *or* Black/of color (or so the reasoning of TV producers seems to be). On the other hand, the fact that all the series' intersex characters are white shows that genital mutilation is (also) a western/*white* issue, and hence undermines problematic western cultural notions of female genital mutilation as an (exclusively) 'African' practice. The representations of class obviously aims at a juxtaposition of medical practitioners as educated, possessing the relevant (i.e. medical) knowledge, and parents who are not completely uneducated but neither educated enough to challenge medical authority and hegemonic knowledge.[4]

The representations of intersex are furthermore selective in that three of the four episodes deal with a very specific intersex variation, namely a form of Androgen Insensitivity Syndrome (AIS), or some related variation resulting in a 'female' genital development, XY chromosomes, and undescended testes.[5] In all three cases, a teenager assigned female at birth comes into the hospital, where the undescended testes in their bodies are discovered. The reason for this homogenous representation of intersex remains speculative; however, the reiteration of this very specific

4 The assumptions about class I make here are not only based on aspects of education; but moreover on the fact that the parents can afford health insurance (which means they are not poor), their behavior towards medical authorities, and visual signifiers such as the way they dress, etc. The fact that the issue of class or economic status is never thematized further affirms the notion of class, education, and access to health-related resources and information as not relevant, which of course only conceals the actual relevance of these factors when it comes to the doctor-parent relationship and the decision-making processes regarding the treatment of the intersex child.

5 Due to the at times inaccurate medical information delivered in the series, I refer here to *representations* of AIS rather than to the actual genetic syndrome. Moreover, the term AIS is not used in every episode.

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representation of the intersex body reaffirms cultural notions of intersex, and of the interrelatedness between sexed embodiment and gender, and simultaneously opens the category of intersex up for its resignification. Only one episode (*Chicago Hope*, which is the earliest episode in the selection) deals with the birth of an infant with 'indeterminate' sex and the decision-making process of assigning the child a gender. The scarcity of representations of this scenario in medical series is conspicuous, as the birth of an intersex child is a highly controversial issue in activist discourses and in medical practice.

The specific foci of the series' narratives result from the influences of other intersex discourses, narratives, and the knowledge they convey. Each episode renegotiates medical treatment practices, ethical issues, the relationship between doctors, patient, and parents and their conflicting interests, and cultural ideas of normative sexed embodiment and gender. The context in which the respective episodes were produced plays a significant role in which aspects and discourses are privileged over others. However, it will become clear that the specific intersex representations can only be accounted for by intertextual references to a certain extent; there are obviously other factors which are relevant for the production of the series (such as the general concept of the series, the images of the main characters, etc.).

The time gap between the first two episodes (*Chicago Hope*, 1996 and *Emergency Room*, 1998) and the latter two episodes (*Grey's Anatomy* and *House*, both 2006) marks a significant period in which intersex discourses shifted considerably. The two first episodes, "The Parent Rap" and "Masquerade," were produced only a few years after the founding of ISNA and the emergence of first-person intersex accounts. Criticism of medical practices, debates about ethical treatment standards, and the challenging of the category of intersex are possible and detectable factors which influenced the two series' intersex narratives. In fact, these two episodes appeared prior to any other significant literary or cultural work focusing on intersex themes, which makes non-fictional points of reference all the more relevant (of course, the featuring of an intersex storyline in *Emergency Room* can as well be explained by the preceding thematizing of intersex in *Chicago Hope*). Yet it is striking that the two representations vary to a considerable extent not only with regard to the plot, but with regard to ethical questions, critical awareness, and self-reflexivity about the series' own reproductions of hegemonic intersex narratives.

The context in which "Begin the Begin" and "Skin Deep" were produced and aired is one constituted by several influences regarding intersex. It is probably not a coincidence that the *Grey's Anatomy* episode "Begin the Begin" aired only one month earlier in the US than the *House* episode "Skin Deep." Certainly Jeffrey Eugenides' bestseller novel *Middlesex*, which was published in 2002 and won the Pulitzer Prize, had sparked the public interest in intersex themes and has significantly shaped the cultural imagination about intersex, to date uncontested in its popularity

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as a novel focusing on an intersex character. *Middlesex*'s fame might well have contributed to the decision of the producers of both *House* and *Grey's Anatomy* to feature an 'intersex case,' and it is likely that they sought to profit from the new popularity of intersex themes and instrumentalized intersex for the series' own sensationalist ends. Apart from the (popular) cultural influences on the two episodes, one crucial shift in medical paradigms of intersex which took place in 2005/2006, namely the DSD debate, might have had an impact on the production of "Skin Deep" and "Begin the Begin." While both medical discourses on intersex and first-person accounts of intersex experience with the medical establishment are already inherent in *Middlesex*'s production of intersex (Eugenides explicitly references *Hermaphrodites with Attitude* and medical texts as sources for the novel), the medical/political discourse surrounding a redefinition of intersex as 'disorders of sex development' provides immediate information from which medical drama series can draw. The reproduction of knowledge about intersex thus has a circular and cross-referential quality.

In the following, I analyze the four medial drama episodes' renegotiations of intersex issues and the resignification of the category of intersex in the cultural imagination, ascertaining whether their narratives "resolve the tensions of difference, of shifting roles and identity, by affirming the status quo," to say it in bell hooks' words (hooks 1994: 62), or by allowing for difference in terms of sexed embodiment, for intersex to be/come recognizable, and for the intersex characters to be intelligible persons. I scrutinize the series with regard to their prioritizing of complex representations of intersex over resolutions that are socially acceptable for the mainstream, their critical and self-reflexive interrogations of normative notions of sexed and gendered modes of being, and their functions between entertaining and educating.

6.2 *CHICAGO HOPE*'S PARENTAL DILEMMA, OR: PRODUCTION NOTES ON A BABY IN "THE PARENT RAP"

The episode "The Parent Rap" from *Chicago Hope*'s second season (episode 20) constitutes the first part of the selection of medical drama television series which will be under scrutiny in this chapter. Its original airdate was April 29, 1996 on CBS. As such, *Chicago Hope* was the first fictional television series that directly addresses the theme of intersex, bringing it to mainstream attention. As the series' "cases are usually ethically complex, highly sensationalistic, and very melodramatic" (Dibbern), the birth of an infant with an intersex variation seems to provide adequate material for this scheme. The intersex storyline of "The Parent Rap" revolves around

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the birth of an infant whose sex is 'indeterminate,' the parents' difficulties in deciding how to deal with their child's intersex variation, and the doctors' authority over the medico-cultural gender assignment.

What is remarkable about "The Parent Rap" is its focus on a scenario that is supposed to represent a 'typical' situation of an 'intersex birth'; in contrast to the other three episodes under discussion: the intersex storylines in "Masquerade," "Begin the Begin," and "Skin Deep" each deal with cases of teenagers whose intersex variation was not revealed until adolescence. The complexity of the *Chicago Hope* episode's narrative lies in its references to medical discourses on intersex on one hand and to intersex first-hand experience and activist claims on the other hand. It is probably not a coincidence that the episode was produced only three years after the foundation of ISNA, which had by 1996 managed to gain attention from medical practitioners and the public.[6] These contrasting views are renegotiated in the *Chicago Hope* episode, and hence provide a quite differentiated perspective on intersex.

The leitmotif of "The Parent Rap" are the strained relationships between parents and their children, as already indicated by the episode's title. The reference to the film *The Parent Trap* (1961), a story about teenage twin sisters separated at birth and on a mission to reunite their parents, the pun in the title (it sounds like "parent *trap*"), and the meaning of 'rap' ('mistake,' [unfair] 'punishment') together hint at family constructions or parent-child dynamics that are somehow disrupted, but will be (possibly) reconciled in the end. Parallel to the intersex storyline, two of *Chicago Hope*'s doctors struggle with their respective relationships with their parents, thus interweaving medical issues with the doctors' personal matters. The intersex narrative constitutes one of the main storylines, making up approximately one fourth of the episode's overall running time (ca. 12 minutes out of 46 minutes), and is covered in ten distinct scenes.

The intersex storyline in "The Parent Rap" begins with a scene set in a hospital room in the Chicago Hope Hospital, the series' (fictional) private charity hospital, in which Gail and Bob Broussard are about to deliver their first child. Further present are Dr. John Sutton, the doctor in charge, and the nurse Camille Shutt. From the very beginning, the importance of having a child for the completion of their family is stressed by the emotionally charged atmosphere created by Bob's hectic filming with his hand camera while his wife is in labor. The alternating between point of view shots produced by Bob's monochrome camera and the shots showing him filming, as well as Gail and the doctor, is used to represent different perspectives on the event, a technique which foreshadows the contrasting viewpoints on the theme, represented by the parents on the one hand and by the doctors on the other hand, in the subsequent process of the episode. It is hardly a coincidence that the parents', especially the

6 In 1996, intersex activists picketed the American Academy of Pediatricians' (AAP) annual meeting in Boston (*Chrysalis* 1997/98: 1).

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father's perspective is cast in black-and-white, hinting at his/their binary approach to questions of gender, while the more stable, chromatic perspective represents that of the medical institution, expressing not only their institutionalized authority, but their more progressive and nuanced approach, which apparently stands in accordance with *Chicago Hope*'s claimed ethics. The first scene of the intersex storyline thus introduces and anticipates the episode's representations of different nuances of the ensuing conflict.

The importance of the birth of their first child for the Broussards is further underlined by Bob's assertion that they "waited a long time for this, [...] the big moment" (6:25).[7] Although the couple has thought of both boys' and girls' names, indicating that their baby's gender is not of primary importance to them, the next scene reveals quite the opposite. When Dr. Sutton delivers the child, Bob looks in awe at his baby, and both parents seem happy. Yet after the initial moments of parental bliss and Dr. Sutton's congratulations on their "beautiful baby" (9:42), anticipation turns quickly into irritation, when it is the doctor's turn to announce the infant's gender. While Gail immediately senses that "something [is] wrong" (9:48), and Bob reveals his preference for a son ("It is a boy, right? A little baby boy," 9:49), Dr. Sutton defers his answer, creating a moment of suspense, until he finally has to admit that he "can't tell" the baby's gender from the appearance of the genitals (9:55). Both medical staff and parents are left confused and virtually speechless in the scene. This speechlessness, together with the suspension of an answer to the question of the baby's sex, signifies the unspeakability of intersex, the lack of representational points of reference for this kind of sexed embodiment.

This 'revelation scene' bears both similarities and differences to the three other episodes' 'revelation scenes.' Parental distress is an issue prevalent in all four episodes; however, in "The Parent Rap" the entire communication concerning the intersex issue takes place between doctors and the parents, the father in particular. Since the intersex child here is an infant, it is not involved at all in the decision-making process, in contrast to the older intersex children or teenagers in the three other episodes. In this case, the parents have the sole responsibility and authority as they act on behalf of their child regarding medical decisions, and hence occupy the 'patient' position in place of the intersex child. What remains a constant across all episodes is the confusion and the insecurity about the intersex variation. Questions of ethical conduct and the role of the medical establishment in resolving the central conflict surrounding the presence of an intersex variation are as well recurring and structuring motifs in all four series.

The subsequent scene, which immediately follows the revelation scene, focuses on a dialogue between Dr. Sutton and Bob Broussard, in which the determination of the baby's sex and gender is at stake (at this point in the narrative, sex and gender are

7 All following timecode numbers in this chapter refer to the timecode of "The Parent Rap."

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conflated, or gender represented as 'naturally' resulting from the sexed corporeality). As it turns out, there is far more at stake than the baby's sex. The conversation is fraught with insecurities and tension. Bob reacts with bewilderment to the news that the doctor fails to determine whether his child is a boy or a girl: "No, I don't understand, what do you mean, you can't tell what sex it is, you skipped that part at medical school? Boys have penises, girls don't, it seems real simple to me, real simple, it's not that hard to tell the difference!" (10:00-10:11). His understanding of sex and gender is not only a binary one; moreover his definition of maleness and femaleness is cast in terms of penis/absence of penis. A girl's/woman's sex is defined by lack (of the phallus) and thus not only constructed in relation to (normative) maleness, but as its negative image. There is no definition of femaleness in terms of presence and positive signifiers or as independent from maleness. This misogynist conception of normative femaleness and maleness is further emphasized by the importance of the size of the phallus. Dr. Sutton refers to the size of the infant's genitals as the primary indication of the presence of an intersex variation: "Your child has what is called ambiguous genitalia. It is possible for an enlarged female organ to be indistinguishable from a small male organ" (10:12), and, when questioned by Bob Broussard about just how small its size is, delivers the unmistakably clear judgment "small" (10:25), which can be translated into "too small to qualify as a 'proper' *penis*." Bob's reaction reveals his more fundamental concerns with his child's gender, namely the continuity of his family line: "my family name goes back 250 years, now, I'm the only son, I'm supposed to care…" (10:28).

The conflict about the baby's 'indeterminate' gender is further dramatized by the sudden emergency caused by complications affecting Gail Broussard, incessant uterine bleeding. She is rushed to the operating room and Bob is left devastated. The next scene of the intersex storyline brings initial relief insofar as the doctors were able to save Gail's life; but the next blow is about to hit her husband hard. The dialogue between Dr. Sutton and Bob is accompanied with melancholic music, which serves to accentuate the sadness of the loss Bob has to experience. Dr. Sutton explains that in order to stop Gail's uterine atony and prevent her from dying, he had to perform a complete hysterectomy (18:30-19:00). Bob is devastated at the realization that she cannot have any more children, and that the only child they will have together has still an indeterminate gender: "So, I have a he-she for a child" (19:39). Dr. Sutton's objection that the child is not a 'he-she' is angrily countered by Bob's demand, "Then tell me I have a son. Give me some *good* news" (19:58). Yet the doctor is unable, or unwilling, to accommodate his request.

The next scene focusing on the intersex storyline provides a meaningful insight into the medico-cultural constructedness of sexed bodies as envisioned by medical practitioners. This kind of constructedness becomes most evident in the medical treatment of genitalia that are not classifiable according to a distinct sex/gender binary: genitalia are surgically modified, or removed partly or wholly to create

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genitalia considered as 'appropriate' for a male or a female. In "The Parent Rap," this reasoning is taken to its extreme to the point of absurdity, as it is suggested that the *making* of a 'girl' or a 'boy,' i.e. a surgical, hormonal and, by extension, a social gender assignment, is accomplished as easily as the drawing and wiping off of genitals with a non-permanent marker on a whiteboard. This scene can be interpreted as a parody on medical practitioners who often strive for the most practical and technically feasible solution, and who resort to medical verbiage, instead of considering the human behind the medical 'problem.' While the scene appears absurd and even has a comical effect to some extent, it reveals how casually and carelessly doctors often deal with bodily alterations in intersex infants and children, which permanently effect their physical and psychological integrity. Dr. Sutton discusses the Broussards' baby's intersex variation and options with regard to a gender assignment with two other doctors, a man and a woman, who appear to be pediatricians or pediatric surgeons. To illustrate their explanations for Dr. Sutton, they draw a highly simplified graphic of the baby's body and the genitals with a marker on a whiteboard. The two specialists begin with visually and verbally drawing a picture of the gendered bodily makeup: "The chromosomes are XY. *Genetically*, the child is a boy" (23:43); "*Internally*, it has male organs, testes, undescended of course," "Wolffian duct remnants" (23:47); "*No* ovaries, *no* uterus, *no* vagina" (23:59). The enumeration of genetic, genital and gonadal characteristics that are supposedly 'male' bodily characteristics and the lack of what are perceived the most relevant 'female' organs, i.e. organs necessary for reproduction, allegedly proves the baby to be 'really' a 'boy.' However, a crucial factor seems to prohibit a gender assignment as male: "But on the outside, it's closer to a girl. Presently, the child is a boy, that looks like a girl" (24:00), the female doctor explains, jokingly adding, "Not a big deal in Manhattan's West Village," a reference to the queer history of this particular New York City area.

Yet the solution to this ostensible 'dilemma' is quick at hand, as the male specialist assures: "What we have to do is: make this child into a girl. Remove the testes," hereby he wipes them off the whiteboard, "create a vagina," while drawing a triangle with the marker, "turn the ambiguous organ into a clitoris," here he draws a tiny 'v' – "a piece of cake" (24:10). Surgically (re)constructing – literally *making* – a baby's sex is, at it seems, a triviality – from the medical point of view. The human rights violation and the physical and emotional damage inflicted on a person who cannot even consent to this treatment are completely ignored. Moreover, there is a strong gender bias in the doctors' line of argumentation, which is common and widely practiced in actual medical treatment of intersex infants and children. The notion of 'female' bodily characteristics as easily constructable implies a view of the female body, and by extension, female sexuality, as being reducible to the reception of 'male' sexuality and to simple aesthetics at best.

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However, this reduced, misogynist perspective is slightly countered by the female doctor's assertion that by assigning and surgically producing a 'female' sex for the baby, 'she' will be "orgasmic" (24:24), thus providing a counter-argument to Dr. Sutton's objection that 'she' would be "infertile" (24:23). It is probably not a coincidence that a female doctor places more emphasis on a satisfying female sexuality, which is also commented on by Dr. Sutton. Dr. Sutton tries to literally draw a different scenario of sexing, weighing the possible outcome for "an infertile female versus a potentially fertile male. Bring down the testes, create a penis from the skin of the arm, transplant it to the groin" (24:25). Surgically assigning the child as a boy, however, is a "bad idea" (24:40) in the eyes of the two specialists: "If we make this child into a boy, it's gonna be a boy with a limp, small, nonfunctioning genital and testes with a high rate of malignancy" (24:43). As noted earlier, the ultimate signifier for 'maleness' is not merely the presence, but the size of the phallus. The sexual, functional, and visual performance of the penis is more important to 'maleness' and 'male' sexuality than fertility. The premise seems to be: better a mutilated girl/woman than a boy/man without a 'proper' penis.

The scene's interpretation proves to be ambivalent with regard to its critical function in the episode. Read as a parody of the medical establishment, it provides an ethical commentary on the treatment standards of intersex variations. The interpretation of the scene as an ironic re-enactment of medical practices and medical authority is further substantiated when taking into account the information material provided by intersex activists, which was made publicly available at the time of the episode's production.[8] Thus, the representation of the medical practices of intersex treatment might draw its references from medical texts, as well as intersex accounts' criticism of these texts. The renegotiations of different sources and sorts of texts and their different perspectives renders *Chicago Hope*'s representation of intersex 'management' more multilayered as it might seem at first sight. However, the episode's subsequent course of events and the final resolution of the 'case' leads one to question the ironic/parodic and self-reflexive quality of the scene, and can be interpreted as, in fact, reaffirming the current medical protocol of intersex treatment and its ethical justification.

This premise is continued in the logics of argumentation when Dr. Sutton discusses the options with Bob Broussard in the subsequent scene. It is telling that two men – a medical professional and the child's father – are the ones who determine the child's gender, while the mother is (initially) not involved in the decision-making process. Different interests are at stake in this process: paternal self-interest and surgical practicability, both having the preservation of traditional, normative maleness as their goal. Bob Broussard's main interest lies in the continuity of his

8 In particular the first issues of *Hermaphrodites with Attitude*, but also critical academic texts on intersex, including Kessler 1990 and Fausto-Sterling 1993.

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family line, and more precisely, the continuity of male offspring which will carry on the family name. Hence he clings desperately to the possibility that his child could be (surgically made into) a boy: "You just said the tests show it's a boy, now I don't have to explain what it means to me to have a boy" (24:56), considering the child's potential fertility if the 'male' organs would be preserved. Apparently, Broussard gives preference to 'male' fertility over 'female' sexuality.

Yet the definition of the alleged 'female' sexuality advocated by Dr. Sutton remains questionable. It seems yet again that 'female' sexuality is simply the default of 'male' sexuality. In fact, Dr. Sutton seems more concerned about the potentially unsatisfying sex life of a future boy/man: "The surgery to make your child male would be prohibitive. Your son would have a nonfunctioning penis. As he got older he might be able to have a pump, surgically implanted, in order to achieve an erection, but… although he'll be able to have sex, he may never achieve orgasm" (25:00). In contrast, as a girl, "she would be able to enjoy her full sex life," despite the fact that she "would be sterile [and] would have to take hormones for the rest of her life" (25:38). It is hard to believe that a cis man, who moreover appears vehemently trivial about the easiness of surgically constructing 'female' organs, is the adequate person to decide over what constitutes 'female' sexual pleasure. Obviously for him and his colleagues, a vagina is not much more than an opening suitable for accommodating a penis, and a clitoris a chopped off remnant of a penis.

Dr. Sutton even claims potential medical risks in order to corroborate his normative convictions about female and male sexed embodiment and sexuality: "In addition, most likely, his testicles would develop a malignancy that could prove fatal" (25:25). The alleged higher susceptibility to cancer in nonfunctioning gonads is another common scare tactic applied by doctors to argue for their surgical removal; yet there is no definite medical proof for this claim (Duhaime-Ross 2013). By linking cancer inextricably to an intersex variation, intersex is again pathologized. Moreover, as cancer is often consider as a punishment (Sontag 1978), the intersex variation, and as a consequence the intersex baby, become a 'punishment' for both the child and the parents (the 'parent rap').

The scene closes with no resolution regarding the gender assignment of the Broussards' baby. Bob feels helpless and appears guilt-ridden over the birth of their intersex baby. He vainly tries to figure out the reason for what he considers as some sort of metaphysical punishment: "I don't know what I did. Or what Gail did, or what this child could possibly have done to deserve something…" (25:55), but Dr. Sutton cautions him to not "consider what's happened as a punishment" (26:00). The punishment, for the Broussards and in particular for Bob, consists in the disruption of the traditional family ideal. Patricia Hill Collins argues that the nuclear family is 'naturalized' in terms of procreation and heteronormativity: "Defined as natural or biological arrangement based on heterosexual attraction, a normative and ideal family consists of a heterosexual couple who produce their own biological children" (Collins

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1998: 220). Intersex persons challenge these arrangements, and offspring who is intersex threaten to interrupt the processes of reproduction, and hence the continuity of the family. As a consequence of the efficacy of the concept of the 'traditional' family ideal, parents often feel compelled to take any steps deemed necessary, including irreversible genital surgery, to ensure their child will have an intelligible, i.e. male or female, gender. This decision is always articulated in terms of the child's 'best interest,' which means, to conform to normative gender conceptions, and to engage in heterosexual relationships in the future, in an effort to preserve the family ideal and the continuity of the family. Likewise, for Bob Broussard, their child's conformity to gender normativity seems to be indispensable for a 'livable life': "I sit there given me these choices. How are Gail and I supposed to decide for this child? How are we supposed to know what to do, to give this child a normal life?" (26:10).

The next scene continues the question of what the Broussards are supposed to do with regard to their intersex child. This time, both Bob and Gail talk to Dr. Sutton. The conversation is once again accompanied with melancholic music, this time in order to emphasize the emotional struggle of the parents and the potential loss of their baby. When Dr. Sutton reminds them of the importance of being close to the baby, the Broussards refuse to see their baby. They seem to be unable to cope with the situation and to find the right solution: "We went over and over this. Every choice seems cruel. We're sorry this happened" (Gail, 28:10); "We can't force an unnatural life on this child. It's not our choice to make. Maybe there are people out there who can deal with this better than we can" (Bob, 28:28). Their rejection of their child goes even so far that the parents come to the conclusion that "the one thing we can do that'd be the least hurt for everyone around" is giving the baby up for adoption (28:17). While the Broussards are obviously desperate and sad about the situation, their reaction to give away their baby because it has an intersex variation is more than selfish. The well-being and 'best interests' of the child are at first glance the crucial reasons for giving it away. However, Bob Broussard has already made it quite clear that he wanted to have a son; the birth of their intersex child is experienced as the 'loss' of their boy or girl child. The ISNA *Handbook for Parents* (2006) argues in a similar direction:

> "A lot of parents of children with DSDs [disorders of sex development] have said that they felt a sense of loss when they found out about the DSD, because they felt like they had lost the child that they were expecting (that is, the child without a DSD). [...] Especially if the DSD is diagnosed when the baby is a newborn, you may feel yourself grieving the loss of the 'wished-for' child." (2006: 5f)

The rhetoric evokes a sense of 'damage' to the traditional family ideal caused by the child's intersex variation, and thus seeks to rationalize parents' distress about their

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intersex child. It is exactly this conflict that the Broussards seem to experience, and keeping their intersex child seems to come close to giving their child away.

Dr. Sutton is convinced that the Broussards make a mistake in giving their baby up for adoption (28:36). In the next scene, he discusses the case with Nurse Shutt and Sutton's own investment in (his) masculinity is revealed. First, Camille Shutt seeks to put into perspective the Broussards' choice and Dr. Sutton's harsh judgment about it: "You can't blame the Broussards for this. They're trying their best to deal with the difficult situation" (33:48). The language of "dealing with a difficult situation" is repeated throughout the conversations between Dr. Sutton and the Broussards about what decision to make with regard to their intersex baby. The "difficult situation" or "problem" to be "dealt with" relates to the intersex variation in the first place, a rhetoric that associates intersex with a medical emergency which needs to be urgently brought under control, or 'fixed.' However, during the scenes in which the gender of the baby remains 'ambiguous,' or 'unresolved,' the intersex variation becomes representative of the baby itself. In the initial scenes of the intersex storyline in "The Parent Rap," when the baby was not delivered yet, the Broussards already talk about their child's possible name. The baby becomes personalized and gendered by the naming (even pre-birth). In contrast, from the very moment the baby is revealed to have an intersex variation, the naming is abandoned, or delayed – only a normatively gendered baby, so the message, can be named, can obtain personhood, and can obtain the status of a 'proper' human being. As Judith Butler argues, "[b]eing called a name is [...] one of the conditions by which a subject is constituted in language" (Butler 1997b: 2). Until the question of gender is resolved in conformity with the heteronormative gender binary, the naming and hence personalizing and humanizing of the baby is delayed. Until then, the baby is referred to as "the baby," "the child," or "it." Initially considered a happy event, the birth of their baby becomes a misfortune for the Broussards, and the baby a problem to be "dealt with." It is no longer sufficient to find a 'remedy' for the intersex variation – by means of surgery and hormone treatment – but now the need to abandon the baby altogether in order for the parents to find relief (from anything that has to do with intersex and threatens their normative binary thinking) has become overwhelming.

Hence, Nurse Shutt's attempt at relativization by referring to the rhetoric of "dealing with a difficult situation" not only serves to excuse the parents' irresponsible behavior, but to reinforce the language of pathologizing the intersex baby from a representative of the medical establishment (a nurse). Dr. Sutton, however, accuses the Broussards of avoiding their responsibility and moreover seeks to challenge the premises on which the pathologizing of the baby rests, by attacking Bob Broussard's notion of normative maleness: "Broussard defines a man according to the number of sons, fertility, the size of his penis" (33:55). Nurse Shutt's response, "well, most men do" (34:09), once again relativizing the violence of representation inherent in normative ideas and language, serves to bridge the conversation to a personal level,

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with Dr. Sutton's own performance of maleness at stake. On being asked by Shutt why he does not have children of his own, Dr. Sutton is confronted with a questioning of his ability to meet the standards of normative maleness defined by sexual performance and fertility: "Not that I don't want to [have kids]… It's just that I… can't have them" (34:20). He is however quick to assure Camille Shutt that his genitals and his sexual performance satisfy women and heteronormative standards: "Don't misunderstand me… everything's in place, everything works, I can have sex… I had three wives, it was never a problem with them. I just couldn't give them children" (34:30). Dr. Sutton's own possible infertility is apparently the reason for his prioritization of sexual functionality over fertility when it comes to the Broussards' baby. While this stance might seem at first glance as an espousal of a female sexuality independent of a woman's reproductive capacities, the real reason why Dr. Sutton argues vehemently for assigning the baby as a girl is the prospect of an unsatisfying sexual life for a boy with a 'wee' penis.

The next scene has Dr. Sutton making a plea for the Broussards to give their baby a chance. When Bob Broussard is hesitant that "even if *we* could learn to accept this, our, child as a girl, she had no reproductive organs" (36:07), the doctor seeks to convince the parents that gender is not exclusively biologically determined or essentialist, taking up the motif of the defining parameters for gender touched on in the previous scene: "That's what I'm trying to tell you. A person is so much more than chromosomes and reproductive organs! There are men and women, so many more than you'll guess, who are unable to have children. I see them in my practice every day, and they are no less masculine or feminine for it" (36:13). While this line of argument seeks to de-essentialize the naturalized coherence of gender and reproductive capacities, it refers to and reproduces at the same time a naturalizing of heteronormative and binary constructions of gender. The whole point of Sutton's appeal seems to revolve around the question of fertility; obviously more motivated by his own fear of 'failure' than by the baby's well-being. His concern of relativizing the importance of *female* fertility is in fact concealing his preoccupation with the importance of *male* sexual performance and genital appearance.

Sutton's next strategy to convince the Broussards of keeping their baby involves drawing on the rhetoric of the 'family ideal':

> "Any child you had would have trouble figuring out who they are, what they are. That's what growing up is all about! You're right. She'll need more nurturing, more loving, but isn't it why you two wanted to become parents in the first place? I can't believe it was solely to carry on your name? This is an opportunity some people never get. The chance to love a child of their own. *Don't* give *that up*." (36:33-37:06)

The doctor's reasoning refers to a very specific image of the idealized family, and his proposed strategy to deal with the situation works to reproduce this very family

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concept. He suggests that the perceived 'loss' or 'damage' the birth of their intersex child poses to the Broussards' idea of 'traditional' family can be overcome by creating the 'right' familial arrangement for the child, so that there is a good chance that it will grow up feeling as 'normal' as possible. Interestingly, Sutton refrains here from advising 'normalizing' surgery; however, his reasoning reiterates the logics inherent in arguments for 'normalizing' medical treatment.

The last scene of "The Parent Rap"'s intersex storyline shows Dr. Sutton looking from outside into the hospital room where the Broussards are together with their baby. Sentimental music accompanies the touching scene, while the parents finally seem to accept their child, holding and feeding it, and looking happy. Dr. Sutton's perspective on the Broussard family alternates with takes focusing on him, the Broussards however unaware of his presence and gaze. The viewers see the doctor's content smile as a sign of his approval of how matters turned out for the Broussards and their baby. When Bob addresses the baby with "Adeline Ally Broussard, you are *one beautiful* little girl!" (42:40), it becomes clear to both Dr. Sutton and the viewers that the parents decided in favor of assigning the infant a female gender and seem to have made peace with this resolution. In the end, the baby not only becomes (normatively) gendered, but obtains a status as a person and a full human being with being given a name – not just any name, but the name the Broussards have initially intended for their daughter, Adeline Ally. The giving of the last name furthermore signifies her parents' acceptance of her as a member of the family. With the naming and the gendering, the intersex storyline comes to a closure, with gender intelligibility safely restored. Whether Adeline Ally will undergo genital surgery and hormone therapy remains unknown within the scope of the episode, but from the discussions about the gender assignment and its implications throughout the several scenes it can be inferred with reasonable certainty that she will have to undergo these 'normalization' procedures. The last take concluding the intersex storyline is a shot of Dr. Sutton who seems to have a relieved look on the family scenario, suggesting a closure to the narrative that is authorized by medical authority.

"The Parent Rap"'s intersex narrative's central conflict – parents confronted with an intersex child – and the tensions resulting from it – how to deal with the gender 'ambiguity'? – are finally resolved by the doctor and the father determining the child's gender as 'unambiguously female.' Intersex is established as unintelligible from the very start, its unintelligibility enforced throughout the episode, and eventually resolved to remain forever unintelligible by abandoning its possibility to the realm of medical waste, erasing its existence together with any bodily 'ambiguity,' or markers of 'maleness.'

The production of the child's intelligibility remains, however, debatable. Intersex organizations such as ISNA and OII recommend parents to give their intersex child a gender assignment as a boy or a girl, without performing surgery. Their argument against genital surgery, or hormone and other treatment, is based on the assumption

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that these interventions are not medical necessities for the infant but rather follow a cultural imperative, which seems to be more important to the parents than for the child's well-being: "parental distress should not be treated with 'normalizing' surgery on children" (ISNA, "What does ISNA recommend"). Both ISNA and OII explicitly advocate(d) to not raise the child in a gender outside the male/female binary, as the consequences would be a lack or loss of intelligibility resulting in trauma for the child (ISNA, "How can you assign a gender"; OII USA 2013). While this position might be interpreted as conforming to and perpetuating normative ideas of gender from a queer theoretical perspective, it can also provide a reasonable option for parents who seek to integrate their child as best as possible into their social environment until the child can make up their own mind about their gender identity. The recommendations are generally open towards non-normative concepts of gender and sexuality, and promote the parents' support of their child's gender self-identification (OII USA 2013). With their demand that "[i]n cases of intersex, doctors and parents need to recognize [...] that gender assignment of infants with intersex conditions as boy or girl, as with assignment of any infant, is preliminary," ISNA makes a compelling case for the prohibition of 'normalizing' treatment:

> "That is a crucial reason why medically unnecessary surgeries should not be done without the patient's consent; the child with an intersex condition may later want genitals (either the ones they were born with or surgically constructed anatomy) different than what the doctors would have chosen. Surgically constructed genitals are extremely difficult if not impossible to 'undo,' and children altered at birth or in infancy are largely stuck with what doctors give them." (ISNA, "How can you assign a gender")

Adeline Ally's intelligibility as a gendered subject is produced, or rather, re-established by the end of the episode's intersex narrative. Assigning her as a girl does not per se make intersex an unintelligible category. It is the 'normalization' processes, by which the gender assignment is to be produced, that erase intersex as a knowable category.

While *Chicago Hope*'s intersex narrative is decidedly unambiguous with regard to its representation of intersex intelligibility, the narrative still manages to be ethically complex to some degree. The position of the doctor in particular has to be read on different levels: as a character in the series, who holds certain ethical convictions and beliefs in norms (regarding gender, sexuality, family, etc.); as a figure who acts both as a representative of the medical establishment within the series' framework and in inter- and metatextual reference to actual medical practice; and as a figure through which the series delivers metafictional moral commentary. The episode, through the character of Dr. Sutton, provides moral commentaries about the parents' mindset and actions, apparently a strategy to represent the doctor and the medical establishment as more progressive about gender issues. Moreover, the scene

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in which a gendered body is literally constructed exposes the cultural ideas inherent in medical reasoning and practice regarding intersex bodies – and by extension, sexed corporeality in general –, as well as the questionable carelessness with which decisions about infants' physical and emotional integrity are made; this scene hence creates a self-reflexive moment in the narrative (in medical series, medical decision-making processes are frequently represented in a quite similar manner). However, by scrutinizing the episode's narrative strategies more closely, it becomes clear that *Chicago Hope*'s investment in gender normativity is by far more complex.

To close my analysis of "The Parent Rap," what can be ascertained is that the narrative manages to incorporate important debates of the medical treatment of intersex infants sparked by the intersex movement at that time. The inclusion of these discussions and, implicitly, intersex activists' criticism, is all the more remarkable considering that in the mid-1990s, "very few medical professionals recognized ISNA's critiques as legitimate. Many responded that the standard of care was necessary, successful, and justified [...]. Those at the top simply tried to ignore ISNA" (ISNA, "History"). The series' renegotiation of these discourses and its at times critical perspective on the practice of 'normalizing' treatment and its underlying normative notions of sexed embodiment, gender, and sexuality attest the potential of "The Parent Rap" to contribute to a cultural debate and rethinking of 'intersex' in a productive way. The medicalization of intersex almost seems unavoidable in a medical drama series, and the constant perpetuation of the unintelligibility of intersex is definitely a shortcoming. The episode's conclusion would have benefitted from a narrative closure that involves the Broussards' acceptance of their intersex child, and realizing that assigning them a female gender does not necessitate 'normalizing' surgery and hormone treatment. However, as the episode ends before it becomes clear whether medical treatment of any kind will ensue or not, the ending can be interpreted as (re)establishing the intelligibility of a child who has an intersex body – and can stay with this embodiment – *and* a female gender. Hence, I close my analysis with ascertaining that while the narrative perpetuates the sense of intersex as a 'case of emergency' throughout the storyline, the last scene reconciles, and even challenges to some extent, this representation, by establishing the acceptance of the intersex child by its parents – and hence, offers some hope for imagining the child's future without a damage of her bodily integrity.

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6.3 DECEIVING GENDER: INTERSEX FEMININITY AS A "MASQUERADE," OR: THE VIOLENCE OF (MIS)REPRESENTATION IN *EMERGENCY ROOM*

"Masquerade" is the 5th episode of *Emergency Room*'s 5th season and originally aired on October 29, 1998 on NBC. *Emergency Room (ER)* was the longest-running primetime medical drama in North America (1994-2009); as such, it was one of the most influential medical series, with an extremely large and diverse viewership. The series interweaves storylines involving the personal affairs of the medical staff and often spectacular medical cases. *ER* is also known for focusing on a variety of social issues and addressing ethical questions concerning medial practices.

The following analysis of "Masquerade" focuses on the representation of intersex in a medical series in the late 1990s and on the medical and cultural discourses of the time which structure the series' narrative of the gendered body. Two years after the theme of intersex was first covered in a primetime medical series, *Chicago Hope*, which focuses on the birth of an intersex infant, *ER* presents the case of a child whose intersex variation went undetected for eleven years. Although the point of departure for both doctors and the patient and her parents is a different one, this scenario implicates similar issues such as ethical questions regarding medical practices and parental acceptance of an intersex child. The episode provides a popular cultural commentary on medical intersex discourses of the 1990s on one hand and on discussions of gender and gender transgression – largely as a result of academic renegotiations of gender and sexuality – on the other hand.

The *ER* episode "Masquerade" takes place on Halloween and involves besides personal matters of the doctors mainly cases of children who come to the ER for several reasons. The celebration of Halloween provides the context in which the several parallel storylines are set; they are interconnected by the leitmotif of 'masquerade,' or 'disguise.' One of these cases focuses on the character of Barbie Kligman, an 11-year-old girl, who comes to the ER because of her involvement in a car accident, suffering from abdominal pain as a result of a seat-belt contusion. In the course of her treatment the doctors find out that Barbie has Androgen Insensitivity Syndrome (AIS), which triggers a series of critical ethical decisions and questions of 'appropriate' medical actions. The episode illustrates how an intersex variation is constructed as a 'medical emergency' by medical treatment standards that were in effect at the time, how the objectifying medical gaze operates to dehumanize an intersex individual, and how doctor-patient-parent interaction is conducted in such a case. The format of the series and the narrative structure of *ER* episodes also raise

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questions with regard to the series' capacity to represent the topic of intersex in a reasonable way.[9]

The framing of "Masquerade" by the theme of Halloween proves to be highly problematic when discussing intersex. The episode begins and ends with images of various persons and groups of persons (among them medical staff, patients, visitors) in – more or less scary – costumes rushing through the halls of the (fictional) County General Hospital in Chicago, where *ER* is set. In the very first scenes, some members of the medical staff are seen wearing costumes, against the clear announcement banning costumes in the ER. While the staff temporarily abandons their costumes, in the very last scenes they are again back in their masquerades – in particular, two of the doctors who treat Barbie –, providing a circular quality and a closure to the episode's leitmotif. Apart from the more serious implications of the theme of disguise, the costuming of the doctors also undermines to some extent the seriousness of the episode's representations of its themes and cases, and disguises the actual power held by medical practice and its severe consequences.

When Barbie first appears in "Masquerade," she is rushed into the ER after she was involved in an automobile accident. She is introduced by a doctor as "Barbie Kligman, 11-year-old, MVA, back-seat passenger with a lap belt, complains of abdominal pain" (17:44).[10] The way the character of Barbie is introduced in her first scene constitutes her as a patient from the outset, and moreover as a patient whose physical condition signifies an emergency, which is further emphasized by the symbolic space of the emergency room in which she is initially seen. Barbie's construction as a patient, an emergency case, is realized through the medical context, more particularly, the medical gaze, the verbal denotation by the doctor, and the medical setting (i.e. the hospital, the ER, the acting of the medical staff, the medical instruments, etc.). The references to medical and technical details of her bodily condition (i.e. injuries) and the circumstances of the accident result in a depersonalizing of the character from the very start.

On a visual level, this medicalization and depersonalization of Barbie is countered by her visual representation, as she wears what appears to be a Halloween costume. This costume consists of a pink fairy princess dress, glitter eyeshadow and a tiara. Barbie's costuming stylizes her as an overtly feminine girl; her name bears an obvious reference to the fashion doll (herself a popular object of feminist criticism); her female gender identification is signified by her choice of the costume and thus is represented as seemingly unambiguous, stable, and unquestioned. Yet the fact that it is Halloween and her outfit is just a masquerade, i.e. only put on for a special

9 The 'intersex storyline' is covered in five non-sequential scenes with an overall screening time of approximately five minutes (out of the episode's approximately 43 minutes running time).

10 All following timecode numbers in this chapter refer to the timecode of "Masquerade."

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occasion, already hints at a potential disruption of her female gender. The establishing of the figure of Barbie in "Masquerade" relies on a juxtaposition of a medical (visual and verbal) and a non-medical (visual) presentation. Her dramatization as a medical emergency anticipates her later representation as a 'social emergency,' amplified by Dr. Benton's comment "she may need exploratory surgery" (18:13) at the close of the first scene covering the intersex storyline, while her costuming bears a reference to the problematic idea of 'gender deception.' Thus, both aspects of her subject construction foreshadow a problematic intersex representation.

Shortly after the introductory scene with Barbie, four male doctors are performing the suggested exploratory surgery on her. The doctors are Dr. Romano, Chief of Surgery, Dr. Benton, sixth year surgical resident, Dr. Edson, third year surgical resident, and an anesthesiologist. The scene begins with the surgery in medias res and Romano asking about Barbie's age and "the glitter on her face" (20:00). Benton's answer, "she is supposed to be a princess," is, on a superficial level, stating the obvious and leads to a brief small talk about the doctors' Halloween party plans. However, the – medically irrelevant – question about Barbie's costuming while the surgery is in progress again hints at some relevance in Barbie's case, as will become obvious in the further course of events. Only a few seconds later, the doctors detect intrarenal mass on both sides, that "looks like a lumbar node" and "doesn't feel right" (20:40). Now, both the doctors and the viewers are alert, as what appears to be an ordinary case of an injury resulting from a car accident takes an unexpected turn. In order to find out what is exactly 'wrong' with the piece of mass, the doctors send for a biopsy: "We just biopsied an abnormal lymph node on Barbie here. Why don't you take this specimen to Pathology and wait on the results" (20:52), Dr. Edson asks Dr. Elizabeth Corday, who has just entered the Surgery. The use of technical terminology ("biopsy," "specimen," "pathology") has the effect of dehumanizing the subject who is talked about, but at the same time delivers a normative judgment, disguised in seemingly neutral language: the lymph node is defined as "abnormal" and "pathological," even before the results come back to prove the assertion or otherwise.

The initial insinuation that something is "not right" with Barbie's body is substantiated by medical evidence in the next very short scene, where the doctors are still operating on Barbie and Dr. Corday reappears with the results of the biopsy. Apparently in a not-too-concerned mood, she plays a guessing game with her colleagues, who have to make several wrong guesses before she breaks the news to them: "seminiferous tubules" (22:19), which are usually located in testes. The doctors and staff look at her stunned, and although they are wearing operation masks which cover most of their faces, their shocked expressions can be noticed in their eyes. The only verbal reaction, "you're kidding?" is reaffirmed by Corday's assertion: "you biopsied two testicles. It seems that *Barbie* is a *boy*" (22:24). The doctors' consternation is expressed through their speechlessness and perplexed looks, and this

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ensuing silence strengthens the impression of the horror implied in the revelation. Thus, while Corday's guessing game undermines the seriousness of the results and their consequences to some extent, and even takes on a sensationalist quality, this sentiment is counteracted by the virtually speechless reactions – speechless with horror – of the other doctors on one hand, and by the crucial implications with regard to Barbie's intelligibility on the other hand. Corday's conclusion, "she is a boy," which she draws from the presence of testicles in Barbie's body, is in the first place biologist as it relies on gonads ('sex organs') as the defining parameter for gender identity, which implies an essentialist and dichotomous notion of the body. Moreover, Barbie's involuntary – initially verbal – gender reassignment made by Corday attests to the often insensitive and ignorant behavior of medical authorities (which is a recurring theme in nonfictional autobiographical intersex accounts), and to their tremendous defining power over their patients.

In the next scene of the intersex storyline, Dr. Edson and Dr. Corday talk to Barbie's parents about their findings. For the most part, Edson is speaking. His explanations consist mainly of medical verbiage and are delivered in a deadpan, clinical manner. The whole scene lasts about less than two minutes; hence, due to limited time resources, the crucial information – provided both for the Kligmans on a narrative level and for the audience – needs to be broken down into concise terms and messages. Edson's statement delivering Barbie's 'diagnosis' is a 15-second-summary of what appears to be a highly distorted and inaccurate description of the Androgen Insensitivity Syndrome (AIS), its causes, and embryological development: "Barbie has a condition called *testicular feminization*. Genetically, she's a male with XY chromosomes. But during development, the fetal tissue was resistant to testosterone, and the external genitalia developed as female" (24:55). This assertion employs several problematical discursive strategies. First of all, the use of the outdated term 'testicular feminization' instead of the accurate term AIS was probably intended to make the 'condition' sound more spectacular, to intensify the shock effect for Barbie's parents and the sensationalist value for the viewers. Its stigmatizing impact on individuals with AIS is simply not taken into account or is even approved of, as many of the members of the AIS support group (AISSG) have pointed out in their viewer responses.[11] The medical claim that human individuals with XY chromosomes are 'genetically *male*,' i.e. claiming chromosomes to be the defining parameter for gender distinctions, marking bearers of XY for a male gender, is presented by the doctor as an undisputed scientific fact, but fails to acknowledge the cultural constructedness of such a definition of gender.[12] Edson also refers to the often

11 The responses and e-mails to the producers of *ER* and/or the NBC network from members of AISSG can be found at http://www.aissg.org/debates/ER.HTM.

12 Alice Dreger (1998) and Anne Fausto-Sterling (2000) provide detailed discussions about the historical conditionality of the parameters of gender construction.

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employed medical script of doctors to explain an intersex variation to the parents, which involves an explanation of the processes of 'normal' embryonic sex differentiation and of the 'divergence' from the standard development in the case of the intersex child (Fausto-Sterling 2000: 49f). In Edson's account, the fetal tissue is described as 'resistant' to testosterone, i.e. resistant to what is medically considered the typical development for infants with XY chromosomes – the tissue is attributed a metaphorical value of a 'resistance fighter' against a norm, and thus becomes 'unruly' from the perspective of the medical standard.[13]

Barbie's mother's disbelieving objection to Edson's statement, "there's gotta be a mistake" (25:10), is retorted by medical authority: "No mistake. The vagina's nothing but a blind pouch. No uterus or ovaries. She'll need to be on estrogen replacement therapy" (25:12). Again, alleged medical facts are delivered in a way that makes unmistakably clear who has the defining power over Barbie, Barbie's gender, and Barbie's body. There is no reason provided for the necessity of additional estrogen and how this would affect her body. The language used by the doctor marks Barbie's sexed corporeality, and by extension, her gender performance, as defective, insufficient and useless: the 'blind pouch' which was supposed to be a 'vaginal opening' leads into a 'dead end,' and the lack of a uterus and ovaries leads to her inability to "menstruate or bear children" (25:42). Hence, the ultimate function of a woman, namely being able to get penetrated (by a penis), and so sexually satisfy men, and bearing children, is something Barbie is not capable of; hence she 'fails' as a woman from the medico-cultural point of view.

When the father questions the doctor's opinion, "my little girl has testicles?" (25:21), the parents are again corrected by Edson: "Actually we had to remove them because of the high incidence of malignant transformation" (25:24). The casualness of how this information is given belies the severe implications of this act. The surgical removal of the testes without the informed consent of either the patient or her parents attests to the doctors' highly unethical behavior. Performing a 'castration' under the guise of the cancer scare is not only controversial from the medical perspective – as the cancer risk resulting from undescended testes at that age is not very high (Duhaime-Ross 2013) – but moreover incapacitates her body from producing estrogen on its own. As a result, Barbie will "have to undergo a chemically-induced puberty via HRT [hormone replacement therapy]" (an AIS 49 year-old, in an e-mail to NBC, AISSG 1998) – paradoxically, the surgical intervention into Barbie's body first destroys her capacity to 'naturally' perform a function only to medically intervene for a second time to 'fix' what has been destroyed by medicine's own means before.

13 Susan Sontag comments in *Illness as Metaphor* (1978) on how a specific rhetoric of illness draws on warfare metaphors.

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Yet on another level, the actions and statements made by the doctors function as commentaries on the question of gender. Against Dr. Edson's gender claims with regard to Barbie, her parents hold on to their daughter's femaleness. "I don't understand. I changed her diapers. I know every inch of her" (25:28), her mother exclaims desperately in another attempt to refute the doctors' claims, and her father asks, "she's a boy?" (25:33), not willing to let go of their girl's assigned birth gender. They are eventually reassured by Dr. Corday, who speaks for the first time in this scene and in the doctor-parent interaction: "The genetics don't matter. You've raised her as a girl. Barbie is a girl. It's what she looks like. It's her identity. Nothing will change that" (25:35). At first glance, Corday's statement contradicts the logics of the medical defining parameter for gender, i.e. genetics, and thus counters her colleague's medical opinion. She emphasizes the importance of the gender of rearing, i.e. the sociocultural significance for the constitution of Barbie's gender. However, her reasoning has two crucial implications: first, she fails to consider the interrelatedness of a person's corporeality and their sense of gender. Second, she seems to imply that Barbie's feminine appearance is a crucial signifier for her femaleness, as if less feminine or even masculine girls or women were somehow less female. Moreover, the statement "it's what she *looks like*" suggests that Barbie is not 'really' a girl/female, but only *appears* to be a girl, while 'in reality' her bodily condition proves otherwise (a lack of primary 'female' sex organs, the presence of 'male' chromosomes, etc.). In fact, Corday has announced earlier that "Barbie is a boy" (22:24), on the basis of the results of the biopsy.

Sure enough, Edson intervenes into Corday's assertion, pointing out again the cultural significance of Barbie's bodily 'failures' in medical terms: "But you have to understand that she'll never menstruate or bear children" (25:42). At this point, the parents finally break down, the mother starts to cry, the father is visibly disturbed. Corday, in closing the doctor-parent interaction, seeks to reassure them: "Obviously this has come as a shock. You'll need time to adjust. Barbie's recovering. We'll refer you to a genetic counselor. They'll help you decide when and how to tell her" (25:52). While it seems odd that the parents should be referred to a genetic counselor rather than a psychologist, further counseling is at least offered, and the prospect that Barbie will be eventually told the truth about her intersex variation seems like an ethical decision. The father nods and thanks the doctors, and the conversation between doctors and parents is over.

However the scene's last take shows Corday and Edson leaving the room and Edson complimenting Corday on the "nice job" she did, adding: "you forgot to mention that they'll have to change Barbie's name to Ken" (26:20). Corday's disapproving look does nothing to seriously challenge this final act of violence, the violence of language and of representation. The Barbie/Ken line, supposedly meant to be a joke, received widespread criticism within the AIS community. As the main argument for their anger, the commenters (mainly women with AIS) refer to the

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general misconception of AIS girls/women 'really' being male, or girls/women with AIS being not 'real' females: "Women with AIS often live in fear of such crass misunderstandings by society and some doctors (such as your medical advisors, perhaps) concerning this condition. The sort of cheap laugh invoked by your actor is an example and it will have done a lot of harm to the thousands of women with AIS, and their families and friends, who may have been watching," a 48 year-old AIS woman writes in an e-mail to NBC (AISSG 1998). It needs to be noted that not all individuals with AIS might identify as female, and that the opinions expressed in the viewer responses published on the webpage of the AISSG only represent a small number of persons with AIS. Yet these comments make the crucial point that the self-identification of persons with AIS is oftentimes completely ignored and overruled by medical authorities – or, in this case, the writers of *ER* and their medical advisors,[14] and by extension, their fictional doctors –, and medical or biological 'facts' are frequently considered more relevant in the determination of a person's gender than the person's own sense of gender identity. As another member of AISSG phrases it:

> "I realize that the Barbie/Ken comment was completely in character for Dr. Whathisname, the jerk. But you had a responsibility to counteract his cruel stupidity with some kind of epiphany on the part of Dr. Corday, a realization that chromosomes (and even undescended testes) do not in all cases a man make, and that the real locus of gender is in the individual's sense of self, not in the organs or the chromosomes." (An AIS 45 year-old, in an e-mail to NBC, AISSG 1998)

The insensitive and ethically problematic representation of AIS persons hence must not only be ascribed to a specific character in *ER*, who is known for his condescending and questionable ethical behavior, but needs to be considered as a structuring principle of intersex representation in the episode (as a part of the series).

This argument of a problematic intersex representation as a systematic mis-representation becomes even clearer in the context of the episode's framing, the Halloween theme. The Halloween theme of masquerading and disguise does not only come full circle at the end of the episode but also in the last scene of the intersex storyline. Corday checks on Barbie, who is apparently still unaware of her intersex 'diagnosis.' Barbie asks the doctor whether it is still Halloween, and that she will not be able to go trick-or-treating. She does however not feel too sorry about this: "The best part was making the costume anyway. Me and my mom made it together" (30:47). She then asks Corday for her tiara, which is part of her costume, at which Corday puts the tiara on Barbie's head. On Barbie's question, "How do I look?" she answers, "like a *beautiful* fairy *princess*" (31:16), accompanied by a smile that seems forced, but probably is meant to be reassuring. The scene concludes here and with it, the intersex storyline of "Masquerade," leaving open many questions, first of all the

14 In fact Joe Sachs, one of the writers of "Masquerade," is an M.D.

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question of whether Barbie will be told the truth about her intersex variation and how she reacts to the revelation.

Interpretations of this scene and the ending of *ER*'s intersex narrative prove to be ambivalent. The motif of disguise and putting on 'false' identities with costumes is very obvious in the last scene. Yet the meaning of Corday's final symbolic act can be interpreted as either reaffirming Barbie's female gender identification, or as 'exposing' Barbie's sense of gendered self as not 'real.' Corday's statement about Barbie's female gender as not defined by her genetics, which also reassesses her earlier comment that "Barbie is a boy" because of her testicles, is indicative that the doctor (now) advocates a non-biologist approach to the concept of gender. With this attitude she presents, at least to some extent, a counter-perspective to the traditional medical view that enforces a biological essentialist gender conception upon its subjects (i.e. patients). The latter, more conservative medical approach is represented by Dr. Edson (and other male doctors) in *ER*. It is probably no coincidence that the traditional medical, that is, scientifically legitimized and thus (more) relevant perspective is held by a male doctor, while the advocate of an approach influenced by gender and queer theory is a female doctor. While the latter seems to be the more progressive one, in 1998, gender/queer theory was still considered as not presenting scientifically valid results. The distribution of gender roles with regard to *ER*'s doctors is reinforced by the hospital hierarchy in which Dr. Edson and Dr. Corday are positioned in season five: he is her superior, after she was obligated to repeat her surgical internship in order to get a license to practice as a surgeon in the US, hence she experiences a career setback, and the tasks she has to fulfill are way below her expertise and considered as mostly trivial. As a consequence, it is questionable whether Corday's potential reaffirmation of Barbie's femaleness can prevail over the medico-cultural misrepresentations of AIS persons in "Masquerade."

The last 'intersex scene,' as pointed out, still conveys ambiguous messages. In an e-mail sent to NBC, a member of AISSG comments on the scene's equivocal narrative strategy:

"Was [Corday] affirming the girl's femininity, or was the director just going for some cheap, heart-tugging irony: Barbie looks like a girl, she thinks she's a girl, but Dr. Corday and you, dear viewer, knows that she's an impostor. I strongly suspect that you had the latter in mind. Shame on you." (An AIS 45 year-old, in an e-mail to NBC, AISSG 1998)

Another person with AIS voices a similar concern with regard to the producers' intentions:

"I thought the whole gist of that was: okay you folks out there in TV-Land, get the pathos – here's this kid who thinks she's a girl and looks like a girl, and even wants to wear her

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Hallowe'en tiara, but, by golly, she isn't *really* a girl. A little Hallowe'en trick for y'all." (e-mail reaction of an AIS 45 year-old, AISSG 1998)

This impression that the episode's narrative strategies represent Barbie as a 'gender impostor' refers to the widespread cultural notion of intersex individuals as taking on 'false' gender identities and so intentionally deceiving others.[15] Such a representation is highly problematic as it alludes to and reinforces interphobic and transphobic ideas and creates a dangerous atmosphere and precarious living conditions for intersex (and transgender) persons within society. The image of being 'gender deceivers,' which is inextricably linked with transphobia and homophobia, is the reason why gender nonconforming individuals are attacked and many are murdered at extremely high rates (Hammer). The constant threat of having their physical and emotional integrity damaged is a reality for everyone who supposedly violates the rules of the gender binary and heteronormativity. These severe consequences faced by many intersex persons are completely omitted in *ER*'s discussion of the topic. What is moreover ignored to a large extent is the fact that LGBTQI youth is very susceptible to being rejected by their families or even to experiencing violence in their families, and as a consequence make up approximately 40% of homeless youth in the US (Durso and Gates 2012: 3). "Masquerade" only vaguely hints at the parents' distress concerning Barbie's intersex variation, but it remains unclear how they will react on facing their child, whether they will be honest to her, or whether her AIS will remain a family secret.

Moreover, the episode not only neglects to address the fact that intersex individuals are highly susceptible to violent attacks by others, but also ignores the internal struggles many intersex persons have to deal with as a consequence of their medical treatment. "Masquerade"'s representation of intersex perpetuates the shame, secrecy, and stigmatization that are inherent factors in the traditional medical

15 The notion of intersex persons as gender impostors, willfully deceiving the public, dates back to the 17th century. Before the 18th century, the problem with gender ambiguous individuals was less the anatomical ambiguity but rather acts of 'gender deception' which threatened to disrupt the gendered foundation of American society. The state authorities who regulated gender-transgressive behavior were the judicial authorities rather than medical experts. 'Cross-dressing' was considered as a crime, as is best exemplified by the case of Thomas/Thomasine Hall (documented in the *Minutes of the Council and General Court of Colonial Virginia*, 1629), who throughout their life was crossing back and forth between male and female genders. While the court accepted Hall as a person embodying both sexes, Hall was ordered to wear a strange mix of clothes considered to be partly male and partly female "to preclude future acts of deception, to mark the offender, and to warn others against similar abomination. The dual-sexed Hall embodied an impermissible category of gender" (Reis 2005: 419).

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'management' of intersex persons; hence, in the view of several viewers with AIS, *ER* and NBC are held responsible for the harmful representation of intersex/AIS on mainstream television:

"Your representation of AIS was worse than insensitive....it was sensationalistic and ethically irresponsible. 'You should have told her [sic] (the parents) that they will have to change Barbie's name to Ken.' 'This girl is really a boy.' These are a few of the comments made during your program by people playing doctors. What do you suppose would be the response from a girl with AIS when she saw that on TV? On a show like ER? Pride? Validation? I don't think so. Try shame....embarassment [sic]....or just flat out horror. [...] This could have been a real turning point in getting the word out and ratifying the traditional handling of AIS. But as it turns out....you just continued the legacy of deceit, secrecy and shame. Frankly, you blew it." (An AIS 28 year-old in an e-mail to NBC, AISSG 1998)

It is debatable whether a popular fictional series like *ER* is to be held accountable for inaccurate portrayals and presentations of 'facts,' and for the possible consequences for and reactions of the persons or groups which are portrayed, and viewers in general. To deny the cultural power and influence of prime time programs and the ideological messages they convey would be irresponsible; and I argued earlier that in the light of severe violations of intersex persons' human rights, intersex representations (in particular representations that situate intersex persons in a medical context) cannot be disentangled from their ethical implications. The question that arises, however, is the question of how a fictional program can represent an intersex storyline in a critical, reflective way without perpetuating certain images, ideas, and strategies that are harmful. Furthermore, what is implied when asking for 'accurate representations' of intersex in a medical drama?

While the representation of an intersex/AIS 'case' in "Masquerade" is problematic in many ways, it is not overall inaccurate. In fact, it conveys specific aspects of the treatment of intersex patients which reflect the, often negative, real-life experiences of many intersex persons with the medical establishment. Performing surgery on intersex children or infants without informed consent – either of the child or their parents – is a case in point. The violation of an intersex patient's right of self-determination and bodily integrity is a major issue in intersex narratives and intersex activism. Doctors behaving in a condescending manner towards patient and parents, withholding critical information, and acting without consent has a long tradition in the (collective) intersex experience. Their disregard of an intersex person's own gender identification is a particularly striking example of doctors' routinely exerted violence against intersex patients.

The *ER* episode "Masquerade" aptly represents the medical authorities' tremendous power over their patients, although, I argue, without any indication of critical self-reflexivity. This assessment of the series' lack of self-reflexivity is

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substantiated by another storyline in the episode, which demonstrates that doctors are rarely held accountable for their actions in *ER*, even if these turn out to be mistakes. At the beginning of the episode, a woman is delivered into the ER who claims to be pregnant. As it turns out, she has been diagnosed with schizophrenia, and hence Dr. Greene, the attending physician, questions her credibility and prescribes her Haldol without further examination. When a pregnancy test later confirms the woman's actual pregnancy, Greene supports her in her considerations to end the pregnancy – albeit for different reasons: she wonders whether her schizophrenia and going off medication would enable her to be a good mother, and he is worried that the Haldol would result in a malformation of the baby's limbs, and that he and the hospital would get sued for mistreatment as a consequence. Although the storyline is not continued after this point and it is not known what happens afterwards, the way the conflict is presented strongly suggests that she will have an abortion and the doctor will be 'off the hook,' as his colleague notes. The apparently uncontested power of medical authority and their at times unethical behavior recurs at a later point in the intersex storyline, where the doctors are not held accountable for removing Barbie's testes without her or her parents' knowledge, let alone consent. What is more, this action is not even presented as ethically questionable in the series, in contrast to Greene's obvious mistake with the pregnant woman.

"Masquerade"'s intersex narrative remains largely unresolved in the end. The narrative's framing and structuring by the themes of Halloween and masquerading conveys a deeply problematic image of girls/women with certain bodily characteristics that are classified as male (XY chromosomes, testes) as being not 'real' girls/women. This representation fails to acknowledge that the sexing of bodies is a cultural act, and that particular body parts cannot entirely determine what a person feels about their gendered self. This image of a girl with AIS being 'really' a boy is reiterated throughout the narrative, thereby using several narrative strategies: both Dr. Edson and initially Dr. Corday claim Barbie to be a boy, even in the interaction with Barbie's parents; Barbie's alleged 'maleness' is accounted for in biologist-essentialist terms claimed to be scientific 'facts'; the fairy princess costume is used as a symbol for Barbie's femininity as a disguise (i.e. disguising her alleged 'male' body). The doctors are not held accountable for the sterilization of Barbie without her or her parents' consent or even knowledge, and their actions are not ethically questioned in the episode. There is no moment in which this representation is effectively counteracted, or at least challenged.

Moreover, "Masquerade" perpetuates specific narratives that construct intersex as a 'social emergency,' which is displaced to the level of and articulated in terms of a medical emergency in the episode, and which needs to be taken care of as soon as possible. The title of the series itself, *Emergency Room*, already connotes a dealing with only severe and urgent medical cases, generally matters of life and death. *ER*'s metanarrative is a narrative about the precariousness of bodies, and about the role of

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medical authority in restoring bodily integrity where it is in danger of being lost. To situate an intersex storyline into such a narrative context is difficult in itself, but it is particularly problematic when the narrative fails to critically interrogate its own representational mechanisms.

"Masquerade" fails not only to acknowledge the debates on gender performativity and the cultural constitution of sex that took place at the time, but to relate to current discussions of the medical treatment of intersex and the criticism voiced by intersex activists. The *Chicago Hope* episode "The Parent Rap," which was produced two years earlier, demonstrates that a more differentiated representation of intersex is possible when it integrates different discourses and critical challenges to the traditional medical protocol. Narrative closure of the intersex storyline in "Masquerade" is achieved by reaffirming the status quo of both hegemonic intersex narratives and of normative notions of sexed embodiment. Thus it offers a resolution of the intersex 'case' that is socially acceptable for many *ER* viewers and the mainstream. Critical commentaries by viewers with AIS however demonstrate that the episode's representation is not acceptable for everyone. "Masquerade" establishes conditions of intelligibility within its narrative framework that constrain the intelligibility of intersex to the point where 'intersex' is hardly recognizable. The narrative's dull negotiation of intersex raises the question of why the screenwriters and producers chose to include an intersex storyline at all, other than for sensationalist purposes, and for shaming girls and women whose bodies do not conform to medico-cultural standards of femaleness. I conclude my analysis with pointing once again to the reactions by viewers who are women with AIS and parents of girls with AIS, who voiced massive concern about the stigmatization of AIS girls/women perpetuated by the *ER* episode. Taking the criticism of those who are immediately affected by harmful representations of intersex/AIS into account, I hence conclusively argue that "Masquerade"'s intersex representation can be considered as the 'violence of representation' in the sense of Toni Morrison's claim that "[o]ppressive language does more than represent violence; it is violence" (Morrison 1993).

6.4 DECEIVING GENDER, REVISITED: INTERSEX FEMININITY IS ONLY "SKIN DEEP," OR: *HOUSE*'S CASE OF INTERSEX MISOGYNY

Almost a decade after *Chicago Hope* and *Emergency Room* each featured intersex storylines in one of their episodes, two extremely successful medical drama series, *House* and *Grey's Anatomy*, both took up the theme of intersex for their renegotiations of the topic in popular culture in the same year, 2006. Considering the

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timespan between the first two and the latter two episodes, one particular point of interest in my analysis is the question of how the shifts in intersex discourses and the developments of intersex activism have affected mainstream popular cultural representations of intersex. Between the mid-1990s and 2006, some major changes in North American intersex activism had taken place. I discuss the development of intersex activism and the shift in the movement's agenda in more detail in chapter two; hence I am content here with pointing to the most significant processes during that time period. The shift from activism that focused on self-help, to the challenging of medical treatment practices, to efforts to develop new health care guidelines, and eventually to the focus on human rights issues has occurred in less than fifteen years of contemporary intersex activism. My analysis of intersex representations in medical drama series hence continues with the questions of how popular culture reacted to these changes, and what other cultural discourses are interrelated in their intersex representations.

The episode "Skin Deep" of *House*'s second season (episode 13) originally aired on February 20, 2006 on the Fox network. In this episode, Dr. Gregory House and his team treat Alex, a 15-year-old girl working as a teenage supermodel, who displays symptoms such as double vision, cataplexy, twitching, and nausea, among others. The team comes up with several differential diagnoses – side effects from heroin withdrawal, neurological conditions, juvenile multiple sclerosis, Parkinson – and conducts tests to check and eventually dismiss their hypotheses. House is convinced that her symptoms prove she is suffering from posttraumatic stress disorder (PTSD) resulting from sexual abuse by her father. Although Alex's father eventually admits that he had sex with his daughter, further tests also rule out PTSD as a valid diagnosis which would explain the symptoms. Eventually House suspects that Alex must have cancer, and it is revealed that she in fact has a tumor on one internal testicle.

In commentaries provided by intersex community members, "Skin Deep" was unanimously received as unacceptable regarding its representation of intersex. The Androgen Insensitivity Syndrome Support Group (AISSG) calls the portrayal of AIS in the *House* episode "as ridiculous as the 1998 *ER [Emergency Room]* episode ["Masquerade"]" and attests the producers of House and the TV production company Fox substantial lack of thorough background research on intersex: "One can only assume they go out of their way to present as distorted a view as possible" (AISSG 2006). April Herndon of ISNA even describes "Skin Deep" as "painful" to watch and "without a doubt, one of the most offensive and hurtful portrayals of people with intersex conditions that I've ever seen" (Herndon 2006). In her opinion, "this episode mocks both people with Disorders of Sex Development and the work that the intersex community has done to end shame. [...] We believe that such wrongheaded and insensitive portrayals are harmful to individuals with Disorders of Sex Development

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and to our work to better educate the public" (Herndon 2006).[16] In the view of the intersex community's public voices, the series, as part of a larger mainstream television program, obviously has missed the opportunity to inform a broader public about intersex, by failing to provide a sympathetic and more accurate representation of an intersex person and her intersex variation, in favor of a sensationalist representation of a "pseudohermaphrodite," an archaic product of the cultural imagination.

The following analysis of "Skin Deep" will interrogate how intersex, embodied by the character of Alex, is constructed through the episode's narrative and visual representational strategies, and how cultural narratives of the sexed body and gender intersect with medical discourses on intersex.[17] The guiding question is if and how the intersex subject's (Alex) intelligibility is produced in the *House* episode, by investigating how the cultural norms and practices that condition gender intelligibility operate in "Skin Deep." The processes of producing intelligibility prove to be in a sense reversed or twisted in the episode's narrative, as will be discussed below.

I start my analysis with pointing out that the series *House* and its narrative strategies, and in particular the character of House, can be read on several levels, including an interpretation of *House*/House as being inherently self-reflective, ironic, and functioning as a popular cultural commentary on contemporary social debates and the state of US-American society. Such a reading is supported by the stylization of the figure of House as a sardonic, misanthropic, and narcissistic character whose antagonism and unorthodox behavior as a doctor is compensated by his ingenious medical skills. His mantra, "everybody lies," signifies the deconstructive strategy on which the narrative framework of *House* operates. The character of House enjoys great popularity, which can be, to a considerable extent, explained by the ideological messages he conveys, that it is acceptable to be unethical, to perpetuate all kind of ' -isms,' as long as it serves the 'greater good' (i.e. the saving of people's lives). However, I argue that despite a possible reading of specific narrative strategies as

16 Note here that Herndon herself uses the term 'disorders of sex development' to refer to intersex individuals and the term intersex 'condition' rather than intersex 'variation.' While the usage of the terms 'condition' and especially 'DSD' is highly controversial among the intersex communities, and even seems to contradict the logics of Herndon's argument, her claim about the damaging and counterproductive effects of "Skin Deep" on both intersex individuals and the communities' efforts of educating the public still appears valid.

17 The cultural and medical discourses exist, of course, not independently from one another, as medical discourses are always already cultural discourses. The distinction made at this point is to be understood as a distinction between medical discourses related to the medical realm of the hospital and broader cultural discourses that are (supposedly) unrelated to the institution of medical practice.

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intended to convey the series' irony and critical commentary, these and other narrative strategies ultimately undermine the series' own claim of self-reflexivity. Several of these strategies perpetuate harmful ideas, making them seem 'acceptable,' and hence can be considered as a form of narrative violence of representation. I will specify my arguments in the concrete analysis of "Skin Deep."

"Skin Deep" uses a double strategy working towards the tacit construction of intersex until the solution of the medical mystery, the eventual revelation of Alex's intersex variation. The typical scheme of *House* involves the presentation of a patient with strange, even 'mysterious' symptoms and the subsequent medical quest to find a solution to the problem in a Sherlock Holmes style,[18] and ultimately the saving of the patient's life. Several diagnoses having proved wrong and all medical interventions having failed, House, in the nick of time, has an epiphany which leads him to the correct diagnosis. The solving of the case usually occurs in the last few minutes of the episode, followed by a quick medical intervention without further discussion and (in the majority of cases) the last-minute saving of the patient. This formula however proves to be problematic in the case of representing intersex in "Skin Deep."

The double strategy employed in "Skin Deep" is to present the medical symptoms in a way that sets both the characters in the episode and the viewers on the wrong track with regard to the eventual solution, the tentative diagnoses assumed by the doctors being completely unrelated to intersex variations. The only time a faint hint is given in this direction occurs when the doctors wonder that she has not menstruated yet, but the issue is immediately explained by either a possible "drug addiction," "bulimia," or "her age" and not taken up again (7:45-7:51).[19] From the medical point of view, nothing seems to hint at a troubled sexed corporeality, let alone gender issues. Simultaneously, from the very beginning Alex is represented in a highly sexualized manner, her femininity is overemphasized throughout the episode, and her female body stylized as "the sexual ideal" (7:03). This strategic move of distracting the viewers' attention from any suspicions about intersex on a medical level, while on a parallel level drawing their attention to Alex's highly gendered performance serves to raise the viewers' expectations about the figure of Alex, only to shatter these very expectations in a final revelation at the climax of the plot.

The episode's representation of gender is informed by heteronormative notions of femaleness/maleness, by sexism, and by homophobia. "Skin Deep" opens with a scene at a fashion show, where Alex works as a model. She wears heavy make-up, a

18 For a discussion of the similarities between *Sherlock Holmes* and *House*, see *House M.D. Guide* and *House Wiki*.

19 All following timecode numbers in this chapter refer to the timecode of "Skin Deep."

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tight, short dress, has long, blond hair and definitely looks older than fifteen.[20] Although she is exhausted, anxious, and feels sick, she needs to 'function' as a 'woman,' which means, as a pretty object, in the service of the beauty industry, forced into this performance by her father who also acts as her manager, and if necessary with the help of drugs and alcohol. After she collapses on the runway, she is delivered to the Princeton-Plainsboro Hospital in New Jersey (the fictional hospital where *House* is set), where her sexualization continues perpetually.

House's use of the supermodel stereotype to represent a woman with Androgen Insensitivity Syndrome (AIS) was also most certainly influenced by the increased accounts of 'suspecting' several female supermodels of having AIS.[21] This stereotypical representation of AIS women as extraordinarily attractive and virtually embodying the female ideal is also a motif in *Middlesex*, epitomized by the character of Zora, whose AIS "created the perfect woman" (*Middlesex* 487). The description of Zora, as "blond, [...] shapely and full-lipped. Her prominent cheekbones divided her face in Arctic planes. [...] And then there was her figure, the milkmaid breasts, the swim champ stomach, the legs of a sprinter or a Martha Graham dancer. Even unclothed, Zora appeared to be all woman" (*Middlesex* 487), is reminiscent of the visual representation of Alex in "Skin Deep." The references to fashion models presumably having AIS, which is only sketchily touched upon in *Middlesex*, is practically the leitmotif in the *House* episode, in a most blatant and literal way as Alex's job is modeling. Obviously both the media's speculations about 'AIS models' and Eugenides' taking up of this idea might have served as an inspiration for the producers of *House*. In contrast, first-person accounts of individuals with AIS virtually never address the topic of modeling. Yet, the sexualization of people with AIS obviously is far more interesting than accounts of AIS persons pursuing 'ordinary' jobs and lives. It is the fascination with female supermodels 'really' being 'male' (i.e. having XY chromosomes and/or testes) or intersex, and the idea of 'exposing' what appears to be female beauty and perfection as in fact an 'illusion' (or, as 'skin deep,' as the *House* episode's title suggests), that have shaped the cultural imagination of intersex. The *House* episode reiterates a very specific representation of girls/women with AIS that is also employed in the *Emergency Room* episode "Masquerade" (the parallels of the two titles' signification is also striking).

When Alex's case is introduced at the hospital, she is immediately denoted as "teenage supermodel" (5:02); her symptoms – and thus her status as a patient – are obviously less important to House than her physical appearance. The term '(teenage)

20 The actress who plays Alex, Cameron Richardson, was age 26 at the time of filming. Richardson has also worked as a model and appeared on several men's magazines' top 100 "sexiest women" lists (*Stuff* 2002, *Maxim* 2005 and 2009).

21 Annie Richards' article "Androgen Insensitivity Syndrome" (2003) compiles various sources about the issue.

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supermodel' is more frequently used by the doctors to refer to her than her name, Alex, is used and even more frequently than the term 'patient' is used. On seeing Alex for the first time, House comments on her appearance with, "wow. You should be a model. Are you really fifteen? [...] I probably should stop staring and check out the file" (5:20-5:41). This remark already indicates that the doctor-patient-relationship is displaced to a sexual level, with the subject position of 'doctor' being occupied by the 'sexual predator' and the subject position of 'patient' being occupied by his 'sexual object.'

The whole process of finding a medical diagnosis is informed by unmedical and uncalled-for commentaries, rendered by both House and Dr. Chase, a younger male team member, about Alex's bodily characteristics: "The perfectly-sculpted, bountiful breasts" or "love apples" (House, 7:54, 8:06), which are in Chase's opinion "implants" (7:58) because they appear too big and too perfect. The only doctor who disapproves of the sexism is Dr. Allison Cameron, a younger and the only female member of House's team, who considers Alex actually as a patient and seeks to concentrate on her health, and also as still a child who needs protection from abusive actions.

When Cameron disapproves of House's sexual interest in Alex ("She's fifteen. [...] This is creepy, even for you"), he replies, "She's a fashion model, on the cover of magazines. We hold her up as the sexual ideal. The law says we can't touch her for three more years. How hypocritical is that?" (6:50-7:07). This statement already introduces the theme of sexual abuse and constructs Alex even more as a sexual object. In fact, the sexual use/abuse of her even seems to be justified by her embodying the 'sexual ideal,' and legislature which ensures her protection is debunked as allegedly 'hypocritical.' House's comment can be read as an ironic social commentary on the sexualization of girls and women in the US and its inherent double standards, what hence marks a moment of metacritical reflexivity in the episode. I argue that despite a possible reading of this instance as a metacritical commentary, the narrative's own strategies undermine its claim of self-reflexivity.

Child abuse is not only trivialized but becomes a tool in the quest of the right diagnosis. House's hypothesis that Alex suffers from PTSD as a consequence of her father sexually abusing her is, in House's view, substantiated neither by medical evidence (such as physical signs of rape), nor by Alex's statements or behavior, but rather by the fact that she is attractive: "You saw that tokus? Would the fact that she's your daughter really stop you?", House justifies his theory when discussing it with his team (16:04-16:07). He also obviously sees no point in handling the sensitive issue with more decency or even professionality, when he confronts Alex's father with his suspicion, screaming in front of other patients and medical staff: "Are you doing your daughter?" (18:14). Again, sexual abuse seems to be explicable by the victim's beauty: "She is a babe" (18:30).

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This becomes even more obvious when House talks to the father in private and tries to make him admit his sexual abuse: "Hard to imagine anyone not wanting to nail her" (19:24). The father's angry reaction is assuaged by House's insistence that "It's a compliment!" (19:27). The backward, heavily sexist assumption that men viewing and using women as sexual objects, commenting on their physical appearance and deeming them as 'fuckable' is to be considered a 'compliment' only reveals the inherent and blatant sexism of not only House the character, but *House*, the drama series. His assumption is in fact taken up later by the representation of Alex's reaction to the confrontation with the sexual abuse issue. For now, House gets the father to admit having had sex with his daughter "one time."

The trivialization and instrumentalization of child sexual abuse is temporarily countered when Cameron insists on calling Child Protective Services, against House's refusal to do so, because he wants the father to stay at the hospital in order to get more 'medically relevant' information from him. There seems to be a radical disagreement concerning the significance and the interpretation of child sexual abuse along gender lines: while the female doctors Cameron and Lisa Cuddy are not willing to accept the "shielding [of] a child abuser" (Cuddy, 24:57) and understand the necessity to protect Alex since she is still a child (Cameron, 25:20), the male doctors consider Alex not only to be mature enough to take care of herself, but even ascribe the responsibility for her being sexually used/abused to her (sexual) precociousness: "She dropped out of high school to make millions of dollars. Why does she need more protection than some crack whore shivering in the clinic waiting room?" (Chase, 25:21). Chase's comment is informed not only by sexist and violent language, but in equating Alex with what he refers to as "some crack whore" he simultaneously constructs Alex as a (depersonalized) sexual object who sells her body to men and for drugs, and discredits (female) sex workers as subhuman subjects not worth of being protected by either the law or by the medical establishment. Obviously, the blame for being sexual(ized) objects is in both cases on the women's side.

This inherently sexist attitude towards women in general and Alex in particular presented in *House* cannot be simply attributed to the character traits displayed by some individual characters in the series, most particularly House, but is revealed to be a structuring principle of the whole show by "Skin Deep"'s representation of the character of Alex. To begin with, the casting of a 26-year-old woman for the role of a 15-year-old girl is deeply troubling in itself. I argue that this visual representational strategy undermines and relativizes the seriousness of both the sexualization of Alex and the issue of child abuse. Even though her age is revealed, the visual image of Alex contradicts the information given about her age. The other characters in *House*, as well as the viewers, see an adult woman when they look at her. No 15-year-old girl, no matter what variations in sex characteristics she might have, has the body of a 26-year-old woman. This level of representation undermines any claim of irony or

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self-reflexivity *House* might make or be attributed. The repeated questioning of her age on a verbal level ("Are you really fifteen?") and the intentional overlooking of her age in her sexualization (by the male characters) is not only pointless, considering that the casting of Cameron Richardson was deliberate, but is misleading the viewers in their perception of Alex as a girl/woman – it is highly doubtful that the representation of Alex as it functions in the episode would have worked in the same way if a 15-year-old actress had been cast for the role.

The sentiment expressed by both House and Chase, that Alex herself is responsible for men sexually using/abusing her due to her beauty, is strongly emphasized by stylizing Alex as the manipulative, precocious 'seductress' who uses her attractiveness to reach her goals. In a conversation between Alex and Cameron about the sexual abuse, Alex gives an account of herself as a female subject. Butler notes that the "act of self-reporting and the act of self-observation take place in relation to a certain audience [...] for whom a verbal and visual picture of selfhood is produced" (Butler 2001: 629). On the plot level, Alex confides in Cameron, whom she considers as a confidant as she is also a young woman and whom she believes to understand and even associate herself with Alex's actions. Simultaneously, Alex's act of self-reporting implicitly takes place in relation to the viewers as the (implied) intended audience for whom her subjecthood is constructed. While Alex's self-reporting does not entail an explicit statement about her gender identification, it conveys implicit references to her gender, and to those gender norms that predispose her own sense of femaleness. The conversation between Alex and Cameron thus has the double function of presenting Alex's own narrative about her self-conception as a girl/woman and of legitimizing, on the basis of Alex's narrative, the use/abuse of her as a sexual object by men. This process is further substantiated by the moral commentary implicit in "Skin Deep"'s representational strategies, by juxtaposing Alex's sense of morality to Cameron's, marking Alex as the 'immoral' (in the sense of unchaste), tempting 'Lolita' type of woman.

While Cameron insists on the father's responsibility for the sexual abuse, Alex claims that she has seduced not only him but also her photographer, her financial manager, and her tutor for her own benefit. Alex is not only convinced that she is in the active role when having sex with adult men, but that it is alright, even justified that they have sex with her. Even when Cameron reminds her that she is smart and does not have to trade her sexuality, Alex's response, "I am not that smart. I am that beautiful" (34:20), exposes the ways in which Alex is predisposed by the cultural discourses on women. She has so deeply internalized the culturally established idea of women using their beauty and their bodies to get what they want from men, the notion of trading sex for other benefits, that the sexualization of women has become normalized (and trivialized) in her view, and consequently has been incorporated into her performance of femaleness. This scene is telling on many levels and reveals how closely intertwined the issues of sexuality, sexism, abuse, victim-blaming,

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femaleness, beauty, and power are in western culture – which are the defining parameters of 'rape culture' – and in cultural representations such as in a prime time drama series like *House*.

Shortly before the plot eventually is about to reach the climax, the 'epiphany scene,' the moment in the plot when House suddenly has a revelation about the solution to the medical problem, the correct diagnosis, takes place. This scene shows a clinic patient whom House has treated at an earlier moment in the episode, a man who displays symptoms of Couvade syndrome (a 'sympathetic pregnancy'), along with his pregnant wife who is about to give birth. When the woman complains about her husband, House comments: "You've got yourself the perfect man. A woman. He's got more estrogen coursing through his veins than…" (35:00). This is the moment which triggers House's epiphany regarding Alex's condition. In the following scene, House insinuates during a consultation with Cameron that something might be wrong with Alex's sex, substantiated by the fact that she has not much pubic hair and never had her period. When Cameron infers, "You're thinking this is hormonal?", House suggestively replies: "I'm thinking she's the ultimate woman" (35:20-35:30). The juxtaposition of the 'pregnant man' to a girl with AIS can be read as a comment on the prevailing and normative medico-cultural marker of femaleness, namely pregnancy/motherhood. The episode's strategy to juxtapose two hegemonic, normative signifiers for femaleness, beauty and motherhood, serves to simultaneously deconstruct and reaffirm cultural ideas of female sexed embodiment and its relatedness to gender. According to House's logic, the definition of the 'perfect woman' as having a body that has the capacity for pregnancy is negated (through the corporeality of Alex), but is at the same time replaced by a definition of femaleness that relies on aesthetic signifiers. Moreover, the definition of the 'ultimate woman' in terms of the amount of estrogens (and the degree of insensitivity to androgens) in the body relies on biologist-essentialist notions of sexed embodiment. Hence, the reiteration of normative concepts of femaleness in this scene does nothing to substantially challenge these very norms.

This short dialogue is immediately followed by a scene in which House and Cameron do an MRI of Alex's pelvis, and Cameron states that an oncologist already did an ultrasound and found that Alex's ovaries were 'undersized.' House replies, already anticipating the result, that "the ultrasound would be the way to go if you were looking for *ovarian* cancer." This scene is interposed between the 'epiphany scene' and the climax, with the double intention to substantiate House's assertion with medical 'evidence' and to intensify the suspense for the viewers before the final revelation, by presenting Cameron's shocked reaction to their findings, which are not yet given away to the viewers (35:50-36:16).

The revelation scene appears in the last few minutes (36:17-38:54), as is typical for *House*'s structure and strategic conception. House enters the hospital room where Alex lies in bed, in presence of her father. House confronts them with the results, that

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they found a tumor. On the father's question, "she has cancer?", House replies: "Technically, no. [...] It's cancer, but… *he* has cancer… on *his* left testicle." When Alex protests, "I don't have testicles," and her father objects that Alex is not male, House disputes Alex's (and her father's) gender claim in an authoritative and condescending, even sarcastic manner, resorting to medical verbiage, which is moreover inaccurate:

"His DNA says you're wrong. Frogs and snails and puppy dog tails. You've got male pseudohermaphroditism. You see, we all start out as girls and then we're differentiated, based on our genes. The ovaries develop into testes and drop. But in about one in every 150,000 pregnancies, the fetus with an XY chromosome, a boy, develops into something else, like you. Your testes never descended, because you're immune to testosterone. You're pure estrogen. Which is why you have heightened female characteristics, clear skin, great breasts. The *ultimate woman* is a *man*. Nature's cruel, huh?"

The 'solution' of the case is hastily followed by House's announcement of a medical intervention: "I'll schedule *him* for surgery." While the ostensible reason for the surgery, the removal of the testicles, is a medical one, namely to remove the tumor, the excising of the testicles is to be considered an act of cultural significance. In response to Alex's angry challenge, "No! You're wrong! I'm a *girl*!", House ultimately settles the issue with the knife so to speak: "We're gonna cut your balls off. Then you'll be fine." The actual diagnosis, cancer, is conflated with the intersex variation, and ultimately with gender issues. The surgical removal of the testes thus becomes not only the remedy for the medically relevant problem, i.e. the tumor, but also the 'remedy' for the intersex variation, and by extension, for the gender 'confusion' (ironically Alex did not experience gender issues before House's confrontation). The cancer motif is a frequently reiterated theme in intersex discourses, as can be also observed in the *Chicago Hope*'s representation of intersex; in both cases, the cancer becomes a metaphor for a form of 'punishment,' which is inextricably linked to the intersex variation.

This scene is problematic in many respects. House, as a doctor, acts not only unprofessionally and insensitively towards his patient, but his representation of intersex is offensive and inaccurate on several levels. House uses male pronouns to refer to Alex, insists that she is 'really' male, and refuses to accept Alex's claim that she is female. What is problematic here is both the disrespect and violence he displays towards Alex in that he rejects listening to her and defines her gender against her clearly stated disapproval of his definition, and of the basis on which his sex, or rather gender claims rest. By ignoring, or rather overruling her own gender identification, he denies her autonomy and the right of self-determination about her own sense of gendered self. After the revelation scene, when Cuddy asks House how Alex is doing after the operation, House's answer again proves to be ignorant about intersex issues:

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"They sent *him/her [him slash her]* up for a psyche visit." Cuddy's objection, "Calling her a 'him/her' [him slash her] isn't really helping" (39:00-:10), does not much to do justice to Alex's own claim of her selfhood, or to compensate for the lack of sensitivity and accuracy the episode has displayed by then, or to raise more awareness about intersex and related gender issues.

House's redefinition of Alex's gender relies on the notion that one's 'true' sex is based on one's chromosomes or DNA, and with the revelation of the undescended testes in her body, her 'true' sex, i.e. male sex, is allegedly 'revealed.' April Herndon, in her discussion of "Skin Deep" on the ISNA homepage, refers to House's description of Alex' condition as "what appeared to be an incredibly bungled and inaccurate explanation of AIS [Androgen Insensitivity Syndrome]" and also criticizes the under-estimated number of intersex variations he provides (Herndon 2006). The controversial and outdated term 'male pseudohermaphroditism' is used instead of AIS, which would not only be more accurate but moreover would acknowledge the efforts made by intersex activists to replace hurtful, outdated terminology with more adequate and respectful terminology.[22] House's representation of sex differentiation in utero is also utterly inaccurate, since it is wrong that every embryo is 'female' from the beginning and that, based on the genes, 'ovaries' differentiate into 'testes.'[23]

The gendering of 'sex' organs or tissue as 'female' (ovaries) or 'male' (testes) is a medico-cultural construction House/*House* fail to recognize; this failure to realize and to admit that medical ideas about the sexed body are heavily informed by cultural notions about gender and other factors such as 'race,' ethnicity, class, age, ability, etc., however, is persistent in western medical thinking.[24] House's reference to the early nineteenth century nursery rhyme "What Are Little Boys Made Of?", the line "Frogs and snails and puppy dog tails," adds to the cultural constructivist character of his notion of gender. It seems all the more paradox that this quote follows his insistence that the DNA determines 'sex.' The 'scientific' explanation of what he conceives as 'sex' is juxtaposed to a cultural (and traditional) representation of gender: the question, "what are little boys made of?" must be understood as a question that can only be posed and answered in the context of "those relations of power that circumscribe in advance what will and will not count as truth, that order the world in

22 See ISNA's FAQ entry "Is a person who is intersex a hermaphrodite?" for a discussion on intersex terminology and references to further information; and OII Australia's chairperson Gina Wilson's article "Intersex and Medicine: The Fourteen Days of Intersex."

23 It is rather the case that embryos develop by progressive divergence from an undifferentiated zygote, i.e. a genderless common point of origin (Fausto-Sterling 2000: 49f). Note how House uses the same rhetoric of explaining embryonic sex differentiation as the doctor in the *Emergency Room* episode "Masquerade," discussed in chapter 6.3.

24 See e.g. Fausto-Sterling (2000).

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certain regular and regulatable ways, and that we come to accept as the given field of knowledge" (Butler 2001: 621). The supposed defining parameter for 'sex,' i.e. DNA, hence turns out to be the defining parameter of gender.

House's/*House*'s negotiation regarding the 'truth' of gender contains a (probably unintentional) reference to the controversy about the paradigms of gender between early social constructivist theorists, most prominently John Money, who argues for the malleability of gender (Money and Ehrhardt 1972), and proponents of a 'natural' basis of gender, like Milton Diamond, who argues that the possession of a Y chromosome marks male sex (Diamond and Sigmundson 1997). Judith Butler has contended that in both cases, gender coherence yet needs to be forcefully implemented when subjects' gender intelligibility seems to be threatened: "the norms that govern intelligible gender for Money are those that can be forcibly imposed and behaviorally appropriated [...]. And the 'nature' that the endocrinologists defend also needs assistance and augmentation through surgical and hormonal means" (Butler 2001: 628).

"Skin Deep" seems to seize on these two seemingly conflicting ideas about the genesis and knowledge of gender, which is allegorized in the revelation scene. The construction of Alex's femininity is accomplished by the forceful imposition of gender norms, which culminates in the sexual use/abuse of her. At the same time, House's (re)definition of Alex's gender relies on the presence of a Y-chromosome, which is however followed by surgery to remove the testes – a seemingly paradoxical move, since the removal of the testes, as the marker for maleness, stands in opposition to House's gender claim made about Alex being a boy. While usually, surgery on intersex persons is to be understood as "the clinical enforcement of meaning upon intersexed bodies" (Holmes 2000: 100), aimed at medically constructing femaleness or maleness, in Alex's case the diagnosis and the treatment seem to be contradictory as well as internally invalid.

The medical authorities', most importantly House's investment in the intersex subject, Alex, does not strictly follow the usual medical protocol of intersex treatment. In the case of Alex, her (apparently) coherent personhood, defined along gender norms, is safely established. The medical inspections and inquiries exerted by the medical staff are aimed at finding the correct medical diagnosis (which is supposedly unrelated to intersex), but not, as is generally the case with intersex patients, at identifying the 'correct' gender. Ironically, House's and his team's scrutinizing of their patient does not lead to the accomplishment of Alex's coherent gender identity, but rather to the failure or breakdown of her gender coherence which was established in the first place.

Alex's femininity is under scrutiny, yet this scrutiny and practices of surveillance come from another, non-medical direction. As a fashion model, she is constantly monitored with regard to her embodiment of the female ideal in relation to a specific norm of femininity: is she beautiful enough, is she skinny enough, are her breasts

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perfect enough, do the dresses fit (or, does her body fit the dresses), and so on; in short: does she function as a woman, does she embody the female ideal properly? The gazes of the beauty industry are displaced to the medical realm, as Alex is scrutinized by the (male) medical authorities not as an intersex person but only as a model, as a sex object.

The inspecting gaze is reproduced on the level of the viewers, who mainly occupy the gazing position of the medical authorities, in particular that of House. Intersex bodies are generally defined in the medical discourse as 'inconceivable,' hence intersex subjects are considered as unintelligible and as such as no subjects at all. Since Alex signifies not merely normative femaleness, but, in exceeding or outperforming the norm, even 'ideal' or 'ultimate' femaleness, her intelligibility as a woman is unquestioned; in fact, it is the inconceivability of intersex which allows for Alex's uncontested intelligibility as female – that is, until the very end of the episode, the supposed 'deconstruction' of the 'ultimate woman' by the authoritative power of medicine.

The practices of doctors' surveillance of their intersex patients are in a way destabilized or subverted by Alex's demand, "look at me!", and the voluntary exhibition of her naked body. While usually intersex patients are forced to strip before the medical staff and to be exposed to the authoritative gaze, in order to be 'identified' as their 'true' sex/gender, in this scene House does not want to see Alex naked as a proof for her 'correct' gender. To the contrary, it is Alex who shows her naked body as to prove her perceived gender coherence, i.e. her femaleness. In doing so, and with the accompanying command directed at House to turn his gaze at her, she reclaims to some extent the authoritative role in the surveillance process, and for a brief moment the usually passive, looked-at object position becomes occupied by a more active, self-determined subject/agent. Her intervention however fails, as House declines to accept her rules of the surveillance game and hence the outcome of the surveillance as a valid basis of her female gender claim.

Alex's reaction to the revelation that she is intersex is a crucial moment in the episode, and crucial for the production of intersex intelligibility in *House*. The representation of Alex is ambivalent here in that it both affirms cultural notions of femaleness and challenges the medical definitory power regarding gender. When she, upset by House claiming her to be male, rips off her gown and presents her body as 'evidence' for her femaleness, and screams, "Look at me! How could you say I'm not a girl? See, they're all looking at me, I'm beautiful!", she refers to her femininity and her body which conforms to cultural beauty ideals as the ultimate signifier for femaleness. The perpetual stylization of Alex as the 'supermodel' seems to be internalized by her, and when her femaleness and her female gender identification become threatened by medical, allegedly scientific 'evidence,' the only strategy to counter this threat is to rely on the most obvious and most familiar markers of her femaleness.

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Alex's sense of being female is apparently drawn from her hyperfeminine physical appearance. While her claim "I'm a girl!" is to be considered as a valid self-description by which she seeks to be recognized as a woman/girl, to re-establish her intelligibility, it is "a description of a self that takes place in a language that is already going on, that is already saturated with norms, that predisposes us as we seek to speak of ourselves" (Butler 2001: 630). The norm which predisposes Alex's claim of femaleness, the norm of femininity, is already established before Alex speaks, even before Alex herself becomes a subject of language, and already has established her as a feminine subject or a subject who is able to live up to cultural expectations of femininity. Her statement, "how could you say I'm not a girl? [...] I'm beautiful," makes it clear that she is aware of the norm of femininity by which she has been constituted as a female subject. On the one hand, by referring back to this norm she reaffirms the western cultural discourses on normative femaleness. On the other hand, her claim signifies a refusal to the medical authority's definitory power over her gender identity. The renegotiation of different but interrelated normative claims signifies the attempt to maintain or reaffirm the individual's own version of an intelligible self, which inevitably needs to refer to a cultural point of articulation hinged on already accepted categories.

Alex's refusal to accept his medical definitory power and the correctness of his conclusion about her gender ("No! You're wrong! I'm a *girl*!") effects a moment of resistance to House's unquestioned medical competence and authority he usually enjoys. The structure of *House* generally allows for no further argumentation after the ultimately 'correct' diagnosis is reached by House, which is then quickly followed by a medical intervention that solves the case. Unfortunately, this holds also true for "Skin Deep," and despite the patient's insistence on the incorrectness of the resolution, she is left incapacitated by the medical authority embodied by House. With the "cutting off of her balls," everything "will be fine" – not only regarding the cancer but the 'gender trouble' – as perceived by House – in the first place.

"Skin Deep"'s intersex narrative remains ambivalent and fragmented. The episode's juxtaposition of medical discourses on intersex represented by House and the narrative of Alex's subject construction as the 'ultimate woman' functions as a reaffirmation of hegemonic discourses on gender and sexed corporeality, in that both discourses substantiate each other in their normative claims. The violence of language from which Alex suffers is a persistent structuring principle of "Skin Deep"'s narrative, and is exercised by House as its master user, his male team member Chase, Alex's father, and indirectly by Alex herself in/through her narrative about her own sense of female subjectivity. The ambivalence of Alex's narrative allows for a momentary destabilization of the hegemonic medical discourse; yet when Alex seeks to reclaim the tools of power/language, she is not able to dismantle the discursive mechanisms that regulate the conditions of her intelligibility. Alex, now marked as an unintelligible subject, lacks the subject position from where she is

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allowed to speak and to be heard (by the authorities). Her subjugation ultimately reaffirms House as the (medical) authority, and intersex remains an unintelligible category outside the normative framework of *House*.

House's obvious refusal to relate to and incorporate current intersex discourses from an intersex activist perspective into its own intersex narrative results in a representation that is not only not very differentiated, but moreover deeply problematic. The treatment of Alex by the medical staff could be read, albeit in a very restricted way, as an exaggerated representation of real life treatment situations, and thus as a possible reference to intersex individuals' personal experiences with the medical establishment. I argue, however, against this reading. First, in order to function as a critical commentary, it lacks the necessary self-reflexivity, which shows itself in the constant use of narrative strategies that produce an image of a girl with AIS as not 'really' being female, as a 'fake' woman, who only *appears* to be female but whose hyperfemininity turns out to be nothing more than "skin deep" – much to the dismay of all men involved. This kind of representation cannot be justified by declaring it as 'irony' conveyed through the character of House, but needs to be considered as being produced in an interplay of various narrative strategies, as argued above.

Second, if it is supposed to be a parody of the traditional medical protocol of intersex treatment, it misses the point of the 'normalizing' treatments, which are intended to bring the intersex person's body in coherence with a clearly distinct gender along prevailing norms; the logics of *House*, however, contradicts itself, as discussed earlier. Third, a reiteration of problematic aspects and practices per se does nothing to challenge them, even when they are claimed to be ironic. Quite to the contrary, the perpetuation of problematic images, without any instance that seriously challenges them or at least marks them as problematic and unethical, leads to the perpetuation of the very violence of representation a supposed parody seeks to deconstruct. And lastly, the intertextual intersections of intersex discourses and discourses of gender normativity, including sexist representations of women and using strategies that reiterate the mechanisms inherent in rape culture, produce a narrative about girls/women with AIS as fetishized objects, a narrative that further denies them any form of agency about their bodily integrity and self-determination concerning their gender realities, and thus perpetuates harmful misrepresentations of intersex individuals – more specifically, female intersex individuals. I conclude my analysis of "Skin Deep" with contending that the episode's featuring of an intersex 'case' serves exclusively sensationalist ends, and has no other value – as a parody it misses its intended purpose, for having an educational function it is too inaccurate, and its supposed critical social commentary is undermined by its own strategies. *House*'s representation of intersex is unnecessary and only contributes to the

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perpetuation of intersex misogyny,[25] hence its contribution to a cultural resignification of intersex remains highly problematic.

6.5 *GREY'S ANATOMY*'S ETHICAL DOCTORS AND RESISTANT TEENAGER, OR: RENEGOTIATING 'NORMALCY' IN "BEGIN THE BEGIN"

"Begin the Begin," the 13th episode of *Grey's Anatomy*'s second season, originally aired on January 15, 2006 on ABC. One of several cases featured in the episode involves the case of Bex, a 14-year-old teenager, who has been admitted to the (fictional) Seattle Grace Hospital for an ultrasound-guided biopsy on an enlargement of a pelvic lymph node. Bex is treated by Dr. Addison Shepherd, an obstetrician and gynecologist, and Dr. George O'Malley, a surgical intern, who takes a special interest in Bex and her[26] case. The enlarged lymph node turns out to be a tumor, which is first believed to compress an ovary, but further examinations reveal that the ovary is a testis. For the remainder of the intersex storyline, the focus is on the gender issues both Bex and her parents have to deal with, and on medical ethics with regard to the doctor-patient-parent-relationship.

The analysis of "Begin the Begin" takes a similar point of departure as the discussion of "Skin Deep," in that it will examine how intersex intelligibility, allegorized by Bex, is produced by the episode's narrative and representational strategies. A closer focus lies on the intersections between discourses on gender normativity and the medical protocol for intersex individuals. In contrast to the *House* episode, "Begin the Begin" juxtaposes from the start the questions of gender intelligibility to the medical treatment paradigm of intersex and the ethical questions that result from it. "Begin the Begin" seems to be informed not only by popular cultural representations of intersex or medical texts, but renegotiates narratives of intersex first-person experience and critical perspectives on the medical establishment's practices. *Grey's Anatomy*'s doctors in charge appear to pursue a

25 I borrow for my definition of 'intersex misogyny' from the concept of 'transmisogyny,' "the negative attitudes, expressed through cultural hate, individual and state violence, and discrimination directed toward trans* women and trans* people on the feminine end of the gender spectrum" (Kacere 2014).

26 I use the gender pronouns to refer to Bex as they are used in "Begin the Begin."

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more patient-centered approach to the treatment of their intersex patient and mostly refrain from an enforced imposition of gender norms on Bex.[27]

"Begin the Begin" is framed by the theme of new beginnings, symbolized by the literal beginning of a new year, as Dr. Meredith Grey's comment in voice-over indicates: "Put your past behind you and start over" (2:24).[28] The several storylines in the episode, both those focusing on medical cases and private affairs of the hospital staff, are bearing references to this theme: a patient waiting for a heart transplant, a patient who is a writer and ate his loathed novel in order to put it behind him, new clinic regulations on working hours, Dr. Bailey's pregnancy, Dr. Stevens' break-up with Dr. Karev, Dr. Grey getting over Dr. Shepherd, and Bex coming to terms with her gender issues. The motif of transitioning, leaving the old behind and beginning something new and changing in the process, is frequently found as a structuring principle in transgender narratives. Bex's narrative is not exactly a trans narrative, as her gender trajectory is not informed by her desire to transition from one intelligible gender (female) to another intelligible gender (male), but rather her (inner) transition is facilitated by the revelation that she is intersex, which will be discussed in detail below.

The character of Bex is introduced in the context of the presentation of her medical problem, an enlarged lymph node in her pelvic area which is assumed to be cancer. Bex is fourteen years old, her visual representation and the presentation of her behavior is age-appropriate:[29] she wears a hoodie, a ski cap over long hair, she is drawing a comic, and appears to be withdrawn and sad. She is accompanied by her parents who act concerned but loving. When O'Malley calls her Rebecca, Bex asks him to stop calling her this name, and her father explains that she prefers to be called Bex. Moments later, when O'Malley pulls up Bex's sleeve to take blood from her arm, he notices little cutting scars on her wrist. While the initial scene contains no explicit references to a (possible) intersex variation, the representation of Bex as sad, possibly depressive as her self-cutting suggests, and rejecting her 'female' name hints vaguely at some yet undefined gender trouble.

This intuitive sentiment is substantiated by medical clues in the next scene, when O'Malley informs Shepherd about Bex's lab results, namely that "her hormone levels, estrogen, progesterone are sky-high" (10:53). Shepherd assumes that Bex must have taken birth control pills, which would explain the unusually high hormone levels in her body, and this assumption is confirmed when O'Malley questions Bex about it. The question about her reasons to take the pill is triggered by a medical

27 ISNA has recommended such a patient-centered approach to intersex treatment, seeking to replace the traditional, what they call "concealment-centered model," with a new treatment paradigm ("Shifting the Paradigm of Intersex Treatment").

28 All following timecode numbers in this chapter refer to the timecode of "Begin the Begin."

29 Becca Gardner, the actress who plays Bex, was age 15 at the time of filming.

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cause, but is inextricably linked to the question of gender. Bex reveals that she wanted her breasts to grow: "I'm as flat as a board. I took like five of those pills a day, and nothing's different" (11:58). Her desire to make her body more feminine-looking translates as a desire to be more 'normal': "I wanted to be normal for once in my life" (12:12). This attempt at conforming to normative gender standards refers to her physical gender markers on the one hand and to her frustration of no one wanting to have sex with her on the other hand. Bex sees a causal relationship between the two aspects in that her perceived sexual undesirability results from her 'unfeminine' physique. When O'Malley asks her if she has been feeling different, her answer, "I feel like I always feel," which is accompanied by a shot to her scarred wrist from O'Malley's perspective, further indicates her troubled feelings that seem undoubtedly to be related to her perceived gender issues.

Shortly afterwards, another conversation between Bex and O'Malley takes place which is not related to medical concerns but again deals with Bex's sense of feeling 'different.' The sight of the scars on her wrist, mediated through O'Malley's gaze, is once more the trigger for addressing the theme of a problematic sense of self. The doctor appears to be more concerned with her emotional state than with her actual medical diagnosis. This representation of the doctor-patient-relationship marks a significant departure from the majority of first-person accounts of intersex persons' experiences with medical practitioners, who are presented as not being much interested in their intersex patients' emotional condition but almost exclusively focused on the medical 'fixing' of the intersex 'condition.' O'Malley's interest in Bex turns out to be motivated by his own (former) sense of being different.

The comic book Bex is drawing is about herself and her best friend Jen when they were kids. To O'Malley's question whether Jen writes it with her, Bex's answer that Jen has a boyfriend, "just like everyone else," again marks Bex as being different, and moreover being all alone with her perceived difference: "I get to be a freak all by myself" (16:15). Difference, or 'freakishness,' is repeatedly related to her perceived failure to live up to normative conceptions of gender and sexuality, which leads in turn to her feelings of being isolated and disconnected from others. This feeling of being the only one who is 'different' in terms of gender, sexed corporeality, and sexuality is a recurring motif in intersex narratives. In these narratives, the feeling of being isolated in such ways is usually resolved when the intersex individual meets other intersex persons and/or becomes part of an intersex collective. In "Begin the Begin," it is, quite ironically, the figure of the doctor who, at least to some extent, helps Bex out of her isolation, in solidarizing with her in her sense of being different.

O'Malley's statement, "A freak. That's not the easiest thing to be in high school, is it?" (16:20), alludes to the threat of unintelligibility for a subject who is not exactly outside the norms that govern intelligible gender, but who feels she cannot be represented by those norms available to her. The questions put forward by Butler, "Who can I become in such a world where the meanings and limits of the subject are

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set out in advance for me? By what norms am I constrained as I begin to ask what I may become? What happens when I begin to become that for which there is no place in the given regime of truth?" (Butler 2001: 621), are the questions that are troubling Bex, although she is, at the moment, not really able to grasp them in definite terms. Her reference to herself as a potential 'freak' denotes the only subject position she can envision for herself to occupy. Butler assumes that in the moment when a subject perceives themselves as "something nameless, freakish, something between the norms," they are "in question as a human, [...] the specter of the freak against which and through which the norm install[s] itself" (Butler 2001: 631). Thus the subject position of the 'freak' is one that is not representable by the norms, not recognizable by the norms or only as a 'deviation' from the norm, and consequently would mark the subject as unintelligible.

Yet Bex's apprehension, "I *get to be* a freak all by myself" (emphasis added), implies that she has not yet arrived at *being* a 'freak,' and thus signifies a possibility of becoming something different, something human, something intelligible. Her drawing of the comic of herself and her best friend Jen as kids signifies a desire to return to a (past) state of happiness, a state without gender troubles and a state in which Bex and her best friend could be united, and not separated by the non/conforming to gender norms. The production of the comic can be considered as her own (re)construction of an alternative space, in which 'difference' does not exist or has no significance. However, her attempt to escape the realities of her gender trouble is not quite successful, and she realizes that she has to establish her gender intelligibility in the 'real world.'

It is O'Malley's (retrospective) account of himself as 'freakish,' or 'different' when he was in high school, that serves as a point of reference for Bex's own subject reconstruction. Although O'Malley's narrative of his younger self does not contain explicit references to gender issues, his activities – being the secretary and treasurer of the Dungeons and Dragons Club, a Mathlete, and winner of the blue ribbon in the biology club – were presumably considered by others as not 'boyish' enough, as his failure with regard to dating girls suggests. O'Malley's narrative of being different ultimately conveys the hope of overcoming one's sense of not fitting in: "You just have to get through high school, because high school sucks for anyone who's the least bit different. But then there's college, and then out in the real world, you will find where you fit in" (16:52). Bex's hopeful question, "you think so?" is reassured by O'Malley's affirmation, "yeah, I know so." This positive affirmation of finding a place for oneself not despite, but precisely because of one's perceived difference makes Bex smile for the first time, as it conveys a silver lining for the reevaluation of her own subjecthood.

"Begin the Begin" alternates between medical and emotional or personal representations of intersex issues, both discourses reaffirming each other. The next scene of the intersex storyline again confirms the hitherto suggestive allusions to

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Bex's gender trouble with medical evidence. Shepherd and O'Malley discuss the results of Bex's biopsy, which they made to find out whether the tumor is cancerous in the first place. Shepherd asks O'Malley to arrange a meeting with Bex's parents and to request for the on-call psychiatrist to join them. She then reveals to him that the biopsied 'ovary' is in fact a 'testis.'[30] From this, O'Malley concludes, "Bex is a hermaphrodite?" (19:27), which Shepherd confirms. The use of the term 'hermaphrodite' by both doctors is irritating; however, this is the only time the term 'hermaphrodite' is used in the episode, and the psychiatrist later uses the accurate term 'intersex' when talking to Bex's parents. This scene is faintly reminiscent of the scene in *House*'s "Skin Deep" in which House shows Cameron the results of Alex's MRI, looking for a tumor, and find that her 'ovaries' are 'testicles,' which are subsequently considered as a marker for intersex. What is different is that in "Begin the Begin," the 'revelation' is given right away and the viewers have an information advantage on the intersex patient; the gender roles of the doctors are reversed as the female doctor is the male doctor's superior; and the doctors make sure that the parents get immediate professional counseling.

Next the doctor's meeting with the parents takes place, and a psychiatrist is attending. The parents are upset: "You're telling me that our daughter might actually be a boy?" (20:02). This statement denotes the implications for the following course of the conversation, which is informed by absolutist, biologist, and gender binary affirming claims. Shepherd explains: "Externally, Bex has female genitalia. She looks like a girl, but internally she has both female and male sex organs" (20:15). The classification of genitals as 'sex organs' according to a binary of male/female (ovaries are 'female,' testes are 'male' sex organs) is claimed to be a 'natural' fact, but is rather a medical construction informed by cultural gender norms that relies on a heteronormative gender classification of humans according to their reproductive capacities. The idea that one testicle might determine a person's gender or how the person identifies is grounded in a biological determinist claim about gender. Thus, while the finding of Bex's internal testicle and its social consequences seem overdramatized by both the doctors and the parents, their reactions are comprehensible in the light of their belief in a biological determinist basis for gender.

This absolutist and biologist notion of the constitution of gender identification is amplified by the doctor's comments made during the counseling session. The call in of a psychiatrist and Shepherd's recommendation of family therapy are first of all constructive moves. Several intersex organizations and specific self-help groups have pointed to the necessity of providing professional counseling for both the intersex

30 Some intersex variations involve gonadal variations, i.e. a combination of ovaries and testes, either the presence of both an ovary and a testis, or an ovo-testis, containing both ovarian and testicular tissue. Quite often, at least one of the gonads is functional (Fausto-Sterling 2000: 51).

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person and their parents.[31] However, the way the 'revelation' is represented in "Begin the Begin" evokes a sense of 'social emergency.' When Shepherd announces that "the best news is that the lymph node tumor is benign. So *physically*, Bex is going to be just fine, but *emotionally*, *psychologically*, I strongly recommend therapy" for the whole family (20:28), the announcement that their daughter does not have cancer is completely ignored by the parents. Their reaction is reminiscent of the scene in "Skin Deep," where the revelation of Alex having testicles outweighs the fact that she has cancer, for both Alex and her father.

This sense of dramatizing the finding of a testicle and stylizing this revelation as a social and psychological state of emergency is further reinforced when Shepherd tells the parents that the adjustment they and Bex will have to make is not going to be easy, and the psychiatrist explains: "Many intersex people begin to identify very strongly with one sex. And it's not necessarily the sex they've been raised" (20:50). So far, his comment appears valid. When he however states, in a deadpan and absolutist manner that "biologically and emotionally speaking, she has a choice to make" (21:05), the social imperative of gender binarism and having to identify and live as an 'unambiguous' gender (either male or female) becomes explicit.

Bex's parents emphatically seek to defend their daughter's femaleness, even by resorting to violent means. They conceive of their daughter's gender as an incontrovertible truth, a static state of being rather than a process that can be subjected to changes: "She is a *girl*. She looks like a *girl*. She has always been a *girl*" (20:55); "*Fourteen* years. *Fourteen* years, we have raised a daughter. And in one afternoon, you expect us to – what? What is Bex supposed to do? How is she supposed to go home and tell the other kids? What?" (30:03). Conforming to gender norms is phrased in terms of both a requirement for the individual's own emotional well-being and as mandatory in social relations. It seems as if the parents are more concerned with their own unease and the possible reactions of others to Bex being intersex than with Bex's right of self-determination.

Yet the justification for violently "fixing" (father, 23:26) their child's intersex body, and by that, her gender identification, is articulated by the parents in terms of Bex's own sense of being not 'normal,' as not 'fitting in': "All she's said all her life is that she wants to be normal. She doesn't feel normal" (father, 23:46); thus, the elimination of her "boy part" (mother, 23:38) is legitimated as to "put an end to her agony" (mother, 23:50). Bex's parents do not only want to keep the finding of the testicle a secret from Bex, they moreover ask Shepherd to "remove whatever boy part she has" (23:38) off-protocol during the surgery to remove the tumor, in order to "keep her more of a girl" (23:39). As intersex activists and many intersex people have argued, the idea of producing gender normalcy by surgical means is completely

31 See, for instance, ISNA's recommendations on their homepage, "What Does ISNA Recommend for Children With Intersex?", and in their *Handbook for Parents* (2006).

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absurd, as the results of these medical interventions often produce mutilated and dysfunctional bodies. The 'normalization' procedures are rather a response to the intersex body's disruption of gender norms, which is conceived as a threat to the social segregation of human beings into two distinct gender categories.

Shepherd however tells the parents in no uncertain terms that she will not perform "sexual reassignment surgery" on Bex: "To do surgery and alter her body permanently is… I just would never do that on someone who is unaware of the procedure, and you're gonna be hard-pressed to find a surgeon who will" (24:02). Shepherd's reaction to the parents' request marks a positive development in medical practice of treating intersex patients, as it signifies a departure from traditional medical treatment protocols. While until the 1990s, it was common for intersex infants or children to get their genitals surgically altered (or rather, mutilated) without their knowledge and consent, intersex activists have achieved some success in changing the traditional treatment protocol and practices of infant genital mutilation.[32] Both Shepherd's and O'Malley's behavior towards their intersex patient is informed by ethical standards, as they insist on the patient's informed consent to any treatment, and argue for the disclosure of the information regarding Bex's intersex variation to Bex. It is likely that the recent developments in how medicine views intersex and the achievements of intersex activists have had an influence on the writers of the *Grey's Anatomy* episode.

The idea that the revelation of having one testicle or a combination of ovarian and testicular tissue in her gonads might have an impact on Bex's gender identification is a structuring principle of the episode's intersex storyline. O'Malley, who tries to persuade the parents to reveal their findings to Bex, is convinced that "this at least helps explain why she feels so different" (20:59). It is suggested that Bex's knowledge about her intersex corporeality will certainly affect the way in which she experiences her gendered and sexed reality: "You're not gonna tell her? But this could help her. You can't not tell her *what she is*" (23:13, emphasis added). Again, an intersex variation supposedly accounts for 'difference,' both difference as to how the individual perceives herself and in the view of others. This (gender) difference is opposed to 'normalcy,' which is phrased in terms of Bex's own sense of feeling 'not normal' or 'freakish.' That this feeling of being 'not normal,' which has been integrated into the individual's self-understanding and self-reporting, is constituted within a regulatory power regime is not given any consideration. When Bex's parents request from Shepherd to remove Bex's testis with the intended aim of producing the conditions of normalcy for her own sense of self, and so ending her presumed

32 This relative success does not mean, of course, that the medical practice of surgically altering intersex infants' or children's bodies without informed consent is not in effect anymore today. The fight against infant genital mutilation has still top priority on intersex activism's agenda.

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"agony," the doctor answers: "removing her male sexual organs may not do that. In fact it could just do the opposite" (23:53). This statement has two crucial implications. First, it challenges the logics of a biological basis of gender, and the resulting conviction that with the elimination of Bex's "boy parts," the 'male' part of her gender identification will likewise be eliminated. Second, it points to the potential damage that genital surgery can inflict on the intersex person, both physically and emotionally. It is in particular the latter point which has been raised in almost all accounts by intersex persons, addressing explicitly the traumatic and harmful consequences of unwanted medical interventions.

The revelation scene, in which Bex learns about her intersex variation, perpetuates the notion of ovaries/testes as signifiers for gender. Shepherd, O'Malley, and Bex's parents have gathered in Bex's hospital room shortly before the surgery scheduled to remove the tumor. Bex senses that something strange is going on and is frightened. She asks O'Malley, whom she considers as a confidant by now: "I'm having surgery to remove a tumor that's compressing my ovary. Right, George?" (28:34). O'Malley experiences an ethical conflict about telling Bex the truth, as her parents decided against it, but he cannot reconcile the withholding of this information with his conscience: "What, am I supposed to lie to her?" (28:50). Shepherd asks him to leave the room, but Bex begs him to tell her the truth: "Tell me what's wrong with me. What is wrong with me?" Obviously the behavior of the adults, trying to keep Bex's intersex variation a secret, has produced a feeling of fear and insecurity in Bex, so that she even thinks she is going to die. "What is wrong" with her must be something so abominable that it is absolutely unspeakable, and inconceivable, and hence needs to be to 'dealt with,' i.e. 'fixed' clandestinely.

Yet her parents, feeling compelled by O'Malley's insinuation, eventually reveal to Bex that her tumor is not compressing an ovary but a testis. Shepherd wants to soothe Bex, but she does not seem upset: "I've had [the testicle] my whole life? Oh my God. Does this mean... does this mean I could be a boy?" (29:28). The adults look at each other and no one answers the question; but Bex knows the answer, and she flashes a contented smile as she whispers: "Yes." With this, the scene is cut and ends here, relatively unspectacular. Bex's reaction to the revelation that she has an intersex variation is completely different compared to Alex's reaction in "Skin Deep": while Alex perceives this revelation as a threat to her (gendered) subjecthood, for Bex it means a possible answer to the questions about her gender identity.

Later when O'Malley checks on Bex, she thanks him for making her parents tell her and asks: "Do I *have* to be a boy now?" (37:02). When O'Malley says she does not, she asks, "but I *can* if I want to?", and he answers, "Yeah, you can. If you want." Bex asks him to bring her some scissors. At that moment, Meredith Grey comments in voice-over: "Who gets to determine when the old ends and the new begins? [...] It's an event. Big or small. Something that changes us. Ideally, it gives us hope" (37:20-38:10). On the last sentence, the scene cuts back to Bex and O'Malley. Bex

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looks at herself in a mirror as George cuts her hair. Her parents enter the room, and her mother asks O'Malley for the scissors. She smiles and goes on cutting Bex's hair; this act apparently indicates an acceptance of her child's own gender identification. Meredith's voice-over fits the scene: "A new way of living and looking at the world." In the end of "Begin the Begin," the theme of new beginnings, of changing, is coming full circle.

The ending leaves open whether Bex identifies as a boy now, or still as a girl, or as in-between genders; the point of departure and, even more so, the place of arrival of Bex's gender trajectory are ambiguous, hence the question of gender identification remains unresolved within the confines of the *Grey's Anatomy* episode. Yet it appears as if Bex integrates her intersex difference into her sense of gendered self. She takes intersex as her point of departure from where she seeks to understand her own sense of being and feeling different, and from where she begins to (re)construct her intelligibility. Taking the presence of a testicle as a signifier or 'proof' of masculinity/non-femininity, and as a trigger for the subsequent readjustment of Bex's own sense of gendered self might seem like a biologist essentialist idea at first sight. However, in order to find an answer to the question that has been troubling Bex, put by Butler in terms of "What, given the contemporary order of being, can I be?" (Butler 2001: 621), Bex needs to relate to a social norm by which she can be recognized, and on which her intelligibility depends.

While intersex signifies traditionally an unintelligible subject position, as the medical history of intersex has violently demonstrated, in *Grey's Anatomy*, intersex becomes a knowable category. The doctors do not intend, even refuse to enforce gender norms upon the intersex subject in an attempt to erase the intersex variation. The intersex variation is preserved and thus functions as an "alternative, minority version of sustaining norms" (Butler 2004: 3). It is not really the testis which defines Bex's potential male gender identification, or the mixture of ovary and testis which would define her gender somewhere in-between female and male. When she seeks to position herself within the "contemporary order of being," she needs to refer to existing categories of recognition. The 'ovotestes' thus need to be understood as allegorizing the 'alternative norm' according to which Bex can be recognized as an intelligible person. But how does the articulation of such an alternative version of norms work here?

To rephrase Bex's gender trouble prior to the revelation once again in Butler's terms: "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). It is this double bind of recognition, and hence of intelligibility, that is troubling Bex. She is perceived as a girl by others, but feels misrecognized by the norms on which her intelligibility depends. At the same time, she is lacking the appropriate categories of recognition for her sense of self, the terms for her self-description. So what does intersex signify for Bex? It contains the *possibility* of gender transformation: being

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or becoming a boy is not a social imperative, but it is an option. The cutting of her hair symbolizes her inner change rather than marking her transition to a male subjectivity. This inner change refers to her coming to terms with her gender troubles: she realizes that 'difference' is not necessarily negative but can have a positive value for her own sense of self and the constitution of her subjecthood. In Bex's mind, the intersex variation opens up this possibility for her. Intersex is an intelligible category in "Begin the Begin," because it not only enables Bex to "figur[e] out how to live with and against the constructions – or norms – that help to form" her (Butler, in Williams 2014), but because her intersex body stays as it is, intact, and does not undergo a 'normalization' process.

To conclude the analysis, *Grey's Anatomy*'s intersex narrative seems at some points naive, in that it trivializes to some extent the consequences of the revelation of an intersex variation for the individual. However, the representation of doctors facing an 'intersex case' marks a positive development which relates to and negotiates intersex activists' accounts and demands. The representation of Bex as an intersex adolescent who has to deal with her gender issues and her troubles to meet social requirements of adult femaleness is sympathetic and quite convincing. While the resolution might come too easily, it subtly pleads for a more humanized, patient-centered medical approach to intersex variations and for the acknowledging and appreciation of sex and gender difference.

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7. “We Exist, We Are Human, We Are Everywhere among You”

A Conclusion

In the special issue of *Chrysalis, ‘Intersex Awakening’* guest editors Cheryl Chase and Martha Coventry write:

“When we first came together, we were still too filled with shame to allow our pictures to be published, or in many cases even our real names. Now, we are finding our pride and finding the strength to show our faces. [...] we have complemented this issue with a gallery of pictures of us. Pictures of our childhoods, of our lives today, and of the joyful changes that breaking silence has made possible for us. These pictures are our gift to ourselves and to our intersexual brothers/sisters and their parents who have not yet begun their healing journey. And to the world, to declare that we exist, we are human, we are everywhere among you.” (Chase and Coventry 1997/98: 4)

Narratives that renegotiate intersex lives, intersex experiences, and the cultural meaning of the category of intersex from an intersex person’s perspective have the power to challenge hegemonic medico-cultural narratives, to reject the definitions and terms through which intersex was and is understood, and to provide the conditions for a resignification of intersex. The intersex movement that began in the early 1990s has worked to give intersex a face, in fact many different faces, and has been gradually replacing dehumanized, depersonalized images and narratives of intersex subjects with personal accounts and representations. The strategy of providing intersex narratives with visual signifiers of humanness, intended to challenge the “conditions of intelligibility [...] by which the human emerges, by which the human is recognized, by which some subject becomes the subject of human love” (Butler 2001: 621), has been a significant strategy of resistance in the intersex movement. Personal accounts and other texts written by intersex individuals and activists, which have appeared in newsletters, magazines, articles, collections of

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essays, and guidelines for medical practitioners, parents and allies, are often accompanied by pictures of the narrators, mostly photographs that show them in a private context, which are meant to represent intersex persons as 'ordinary people,' as human beings. This strategy allows intersex individuals, in particular those who were subjected to nonconsensual, forced medical treatment, to reclaim their subjecthood and agency, to reinscribe themselves into history, into culture, to declare their existence, and their humanity. In fact, the intersex movement's recent declaration that intersex rights are human rights both implies and requires the recognition of intersex individuals as humans, as intelligible subjects. This means that since the early 1990s, the starting point of the shifts and processes of the resignification of the category of intersex, until today, processes that enable the conditions of intersex intelligibility must have taken place.

The autobiographical, literary, and visual cultural narratives about intersex that I analyzed in this book have effected, both individually and collectively, some to a greater extent and some to a lesser extent, significant processes of resignification and contestation of the category of intersex, through chronological and achronological, cross-referential, intersecting, interrelated movements. I have argued that the narratives offer different ways and strategies through which intersex becomes an intelligible category, how these different narratives provide, or at times constrain or prohibit, the conditions of intelligibility for (their) intersex subjects. Intersex intelligibility needs to be understood as always contextual and individual, but also as relating to an existing framework of norms and practices that govern the conditions of intelligibility of gender and sexed embodiment, and hence of intersex. Intersex intelligibility is a question of survival, a survival that takes place on several, interrelated levels: as a survival in a physical, bodily sense, as a survival on a cultural and linguistic level, and also as a survival in economic terms.

Intersex intelligibility can mean many different things. A clear indication of the unintelligibility of intersex is an attempted 'normalization,' which is considered as a requirement for producing an intelligible subject; this involves a gender assignment of an intersex subject as male or female, and the medical construction of a sexed body that is supposed to conform to this gender assignment according to prevailing cultural norms. Any narrative that rejects or challenges these processes of 'normalization' opens up the possibility for intersex to become intelligible. More specifically, an intersex protagonist or character can become intelligible *as intersex* when they do not have to undergo nonconsensual medical treatment to alter their bodies, when they are allowed to keep/have their intersex corporeality and at the same time to identify as the gender that they feel they are (male, female, both, neither, genderqueer, intersex, etc.), when they do not have their self-identified gender questioned by others on basis of their intersex corporeality, when they question and challenge the 'normalizing' procedures they were subjected to, when they reject the normative gender assignment that others made for them, when they become visible, audible, readable, and in a

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variety of other ways. Intersex individuals do not automatically compromise their sense of sexed and gendered selves when they reject to "willingly and gladly inhabit a space of resistant unintelligibility" (Holmes 2008: 16). I want to point once more to Morgan Holmes' contention 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).

In my work, I have investigated the narrative spaces that open up some "breathing room for difference," offered by the specific narratives under consideration, and the narratives' accomplishments regarding the development of new paradigms of intersex intelligibility. OII USA director Hida Viloria writes:

> "When our minds don't have a way to categorize new information, we'll either invent something or just try to ignore it. [...] I lacked the language to define myself to the outer world, but I *did* have ways that I secretly identified in the privacy of my own mind. And to my surprise, some of the intersex folks I've met over the years had the very same ones! Back when we were all roaming around a presumably male/female-only world, without a publicly recognized label, we sometimes thought of ourselves as 'mutants' or 'aliens.' These terms were obviously inaccurate and a huge exaggeration [...]. But this is what happens when you live in a culture where being you is socially unacceptable and unacknowledged: you become something else." (Viloria 2014)

Viloria's comment on the ways intersex people have always sought to find new terms for themselves in order to become recognizable in some way, to themselves in the first place, have sought, to put it in Butler's words, "to live with and against the constructions – or norms – that help to form" them (Butler, in Williams 2014), demonstrates that there have always existed counter-narratives to hegemonic narratives, whether they have existed in the "privacy of [one's] own mind," within a small group of other intersex persons, or within an intersex and/or queer community, or in larger social contexts. The refusal to accept categorizations made and vocabularies defined by others in accordance with prevailing social norms, Butler argues, "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). This refusal, and the simultaneous development of other constructions and terms for intersex subjectivities, thus can create points of reference for other intersex individuals or an intersex collective, and takes place in reference to other cultural movements with a similar trajectory, for instance the queer movement, as Viloria points out (Viloria 2014). Viloria comments that "way before the LGBTQIA community existed, we [queers] still had our own names for ourselves, in addition to the ones thrust upon us" (Viloria 2014). Viloria's assertion points to a multiplicity of narratives that exist and have always existed parallel and in intricate interrelations to each other.

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Iain Morland has likewise argued that there exists not one "correct story of intersex," where older intersex narratives are simply replaced by new ones, but rather a "plurality of [intersex] narratives" which is constituted through processes of interdependencies and intertextual references (Morland 2009: 193). Hence, the shifts in intersex narratives that have occurred since the early 1990s cannot be understood as processes of supersession of narratives, but as cross-referential movements of resignification of the category of intersex, through which hegemonic knowledge about intersex is not simply abandoned and replaced by new knowledge that is 'more right' or 'more accurate' or 'more ethical,' but through which hegemonic knowledge is scrutinized, challenged, and integrated into new forms of knowledge about intersex. The autobiographical, literary, and visual cultural narratives I analyzed in my study are inextricably involved in the production of such a 'narrative plurality.' These narratives and their representations of intersex reaffirm each other at times, are at times contradictory, but always acknowledge other existing narratives to which they relate and which they renegotiate.

The ways in which the intersex narratives under consideration provide, or constrain, the conditions of intersex intelligibility are diverse, as already pointed out. The early, short first-person accounts of intersex experiences started from the perceived need to speak out against the violence of medical practices the intersex narrators were subjected to. While this move also implies intersex persons' need of new narratives about themselves, the development of new narratives rather came as a result of the response to hegemonic narratives. These early intersex narratives positioned themselves in a clear relation to existing intersex narratives, i.e. medical narratives that prevailed and had become the dominant narratives about intersex, not only within medical discourses but within the cultural imagination of intersex. Thus, the new intersex narratives that relied on autobiographical, personal knowledge rather than on scientific knowledge still referenced the medical constructions and terminology of intersex for their own renegotiations of the category.

This becomes perhaps most obvious in their reclaiming and reappropriation of the term 'intersex' itself, which originally was and still continues to be a medical term. The fact that the medical term was not simply replaced by another, different term through autobiographical and activist intersex narratives demonstrates that a resignification of a hegemonic term is possible, and moreover, that different meanings of the term can coexist. These different meanings might challenge each other, contradict each other, or also reaffirm each other to some extent; yet, they always exist in interrelations to each other. Intersex individuals' and activists' reappropriation of 'intersex' ends, of course, not with the resignification of the medical term. Inherent in their narratives is not only a criticism of and a refusal to accept hegemonic medical definitions and constructions; their narratives have sought to affect, and have indeed affected, medical treatment practices, in particular the 'normalizing' procedures and the violation of intersex individuals' bodily and

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emotional integrity and their right of self-determination. Thus, the early intersex first-person narratives have not only effected discursive shifts, but can be considered as practical interventions into hegemonic practices that literally sought and seek to inscribe norms of sexed embodiment and gender into intersex bodies. The challenge of medical practices, which was in fact the primary motivation for raising intersex voices, and the challenge of terminology and definitions are hence inextricably linked.

The length of the first autobiographical intersex narratives that emerged in the 1990s, which rarely exceeded two or three pages, can be read as signifying the lack of words and terms available to intersex individuals for their own representations at that time. The texts' frequent references to medical terminology and medical practices did not only result from the narrators' intentions to criticize the medical treatment protocol of intersex, but from the unrecognizability of intersex itself. The narratives themselves point to the unavailability of words; the titles often contain an explicit comment on this unavailability: "Is Growing Up in Silence Better than Growing Up Different?" (Holmes 1997/98), "Finding the Words" (Coventry 1997/98), "Silence = Death" (Alexander 1997/98), and "Learning to Speak at 36" (Carden 1995), among others, hint both at the (threat of) unintelligibility that results from the silence about, or the unspeakability of intersex, and at the processes of developing new terms in order to speak their intersex realities. The narrative strategy of simultaneously stating the absence of vocabularies and concepts for representing personal, human stories of intersex experience, and reinscribing oneself into cultural discourse, produces in consequence a very specific kind of narratives that bear traces of the norms they reference and entail their narrators' emergence as speakable, linguistically recognizable, and hence intelligible subjects.

The fact that book-length intersex autobiographies are still rare, and that the only published modern intersex memoir in North America to date has only appeared in 2008, is an indicator for this lack of cultural and linguistic representation. In *Intersex (For Lack of a Better Word)* Thea Hillman seeks to find answers to the question, "what is intersex?" in a "search for self in a world obsessed with normal" (*Intersex* back cover). Her narrative endeavor is positioned in a context where the intersex movement had been active for about 15 years, where activist challenges to medical treatment practices showed first effects, and where activism began to articulate their demands in terms of human rights issues. Hillman's narrative thus provides (self-) critical reflections on the intersex movement and the shifts in paradigms of intersex discourses from a perspective that comes from within the movement itself. This shift in perspective, in that the intersex movement scrutinizes its own practices of intersex representations and of establishing the conditions of intersex intelligibility, hence creates an introspective narrative that both reaffirms and challenges the newly emerged personal and activist intersex narratives. Hillman's narrative interrelates and renegotiates other cultural and medical texts about intersex; for example, it

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interrogates the intersex representation of Jeffrey Eugenides' novel *Middlesex* not only on a content level, but also the conditions of the production of the novel and its reproduction of hegemonic knowledge about intersex through strategies of ignoring or silencing real intersex persons' voices. *Intersex* builds on several narrative strategies employed, as well as on the knowledge produced by earlier intersex first-person narratives, which in the process of narration are transformed and integrated into Hillman's introspective. Hillman's conclusion of her memoir with the insight that the processes of creating the conditions of (her) intelligibility as an intersex subject need to be constantly interrogated, reevaluated, and reestablished and are necessarily a collective endeavor makes it clear that 'intersex' was, is, and will always be a contested category, that no individual narrative can claim absolute truth about intersex, but rather that different intersex narratives have to be conceived as coexistent and inextricably interrelated.

Eugenides' *Middlesex* and Winter's novel *Annabel* picked up the theme of intersex at two distinct moments within the shifts of discourses of intersex. *Middlesex* was published in 2002 – Eugenides states having worked on the novel for nine years, which has the writing process coincide with the beginning and the early development of the intersex movement – and contains various intertextual references to specific intersex narratives and discourses, including medical texts, mythology, and accounts from *Hermaphrodites with Attitude*. Eugenides claims that he was inspired by Herculine Barbin's memoir (who lived 1838–1868), and wanted to write his novel to represent what, in his opinion, was missing from Barbin's account, namely details about her_his intersex corporeality on the one hand, and insights into her_his emotions on the other hand (Goldstein 2003). *Middlesex* is a fictional literary text that is informed by, and renegotiates different narratives on intersex, which themselves underwent processes of renegotiation and transformation. The juxtaposing of different genres (scientific texts, articles, memoirs, mythology, etc.) in the novel effects a multilayered narrative that reimagines intersex between phantasm and medical reality.

Annabel, too, integrates and renegotiates medical discourses, mythology, contemporary discourses on gender and sexed embodiment, and autobiographical narratives into its own intersex narrative. Published in 2010, it provides a more recent literary commentary on the category of intersex in the cultural imagination. Both *Middlesex* and *Annabel* temporally displace their starting points, the births of their respective intersex protagonists, to the 1960s. This temporal displacement enables literary reevaluations of the ways in which intersex was recognized and dealt with 40-50 years prior to the time of writing/publication, which are put into perspective in the light of contemporary intersex representations. Despite the two novels' similar intertextual references, they ways in which these texts are renegotiated, and integrated into the novels' production of the conditions of intelligibility for their intersex characters are quite different. I argued that fictional texts have possibilities

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of reimagining intersex that non-fictional texts do not have. I also discussed the questions of whether authors have a moral obligation to write a particular story of intersex, and whether an intersex story has the obligation to be subversive. I concluded my analysis of the literary representations of intersex with the observation that both novels offer, to some extent, conditions of intelligibility for their intersex characters. While *Middlesex* seems to choose a closure by 'normalizing' its intersex character along heteronormative notions of gender, in order to render him_her intelligible in the narrative and for the mainstream readers, *Annabel* allows its intersex character to refuse his_her normative gender assignment and to live in a nonconformatively sexed body. However, a clear-cut resolution of intersex differences in terms of a subversive/assimilationist dichotomy is problematized by the narratives' various strategies of representation. Yet, it is arguable that *Annabel*'s narrative closure might have been influenced not only by more recent debates of intersex persons demanding their human rights and the right of self-determination about their sexed and gendered modes of being, but also by contemporary cultural discourses on queer and trans issues, and by increasing media representations of genderqueer and gender nonconforming subjects.

My analysis of intersex representations in popular visual culture, exemplified by four episodes of primetime medical drama series, has demonstrated that despite similar points of departure, themes, and intertextual references, intersex representations in the cultural imagination are far from homogenous. I have argued for a certain degree of ethical responsibility on the part of the writers and producers of mainstream television programs for the ideological messages their narratives convey. Whether the series' narratives offer or prohibit their intersex characters' intelligibility as intersex, whether their representations of intersex are ethically acceptable or problematic, depends crucially on their narrative and visual representational strategies and the ways in which specific intersex narratives are intersected with other discourses in the episode. All episodes reference, in some way and to some extent, different intersex narratives, in particular medical texts, and juxtapose them to normative cultural ideas of gender and sexed embodiment. A direct comparison between the *Chicago Hope* and the *Emergency Room* episodes, which first aired in 1996 and 1998, respectively, reveals that while certain narratives and discourses were available at the time, from which their narratives could have drawn, only the narrative of *Chicago Hope* renegotiates intersex activists' criticism of aspects of medical treatment, and hence shows a level of (self-) reflexivity. As a result, the narrative is much more differentiated and closes with the parental acceptance of the intersex child. In contrast, *Emergency Room*'s narrative perpetuates harmful ideas of intersex bodies and intersex persons, hence reaffirming hegemonic medical narratives about intersex, which makes its intersex representation, as I argued, while acceptable for the mainstream, ethically irresponsible.

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A similar contrast can be ascertained when comparing the intersex narratives of *House*'s and *Grey's Anatomy*'s episodes, which both aired in 2006. The *House* episode closely interrelates its representation of intersex with discourses about normative femininity. I have argued that the episode's narrative and, in particular, its visual representational strategies perpetuate highly problematic ideas of female-identified intersex individuals, which results in narrative violence, which translates in actual violence against girls/women whose bodies do not conform to cultural norms of femaleness, also called intersex misogyny. I argued why this intersex misogynist representation cannot be accounted for in terms of irony and self-reflexivity. In comparison, *Grey's Anatomy*'s intersex representation clearly shows a renegotiation of the criticism of traditional medical treatment protocols, and provides a metatextual ethical commentary on medico-cultural 'normalization' practices. The episode's narrative strategies provide the conditions for the intersex character to become intelligible, as intersex, and allows for her self-determination regarding her sexed embodiment and gender identity. The narrative's closure consists in defying a definite closure of the intersex character's self-definition, which offers the option of several possibilities – possibilities that will be up to the character, and not defined by and within the narrative itself. In comparing all four episodes, what can be ascertained is that a linear, chronological development of popular cultural intersex representations, from ostensible 'ethically unacceptable' to more differentiated, 'acceptable' representations did not take place. Rather, the differences in intersex representations demonstrate popular culture's prevailing investment in normative resolutions of perceived gender and sexed 'difference' and the reaffirmation of the status quo, but also that resistance to these normative conceptualizations has always been possible. As a result, different intersex narratives coexist within popular culture, and coexist with other discourses about intersex.

In closing my final evaluation of my findings regarding the shifting paradigms of autobiographical, literary, and visual cultural intersex narratives between 1993 and 2014, I want to come back to the premise from which I started my analysis, namely the claim that these narratives produce new knowledge about or paradigms for understanding intersex, and thus effect processes of resignification of intersex in the cultural imagination. I combine my considerations here with the question of whether we are moving toward a 'post-intersex' moment. In his afterword to *Critical Intersex*, Robert McRuer asserts that the "spaces of intersexual futurity [...] are populous, even if the figures we will encounter there are, as Jacques Derrida might put it, not always or not yet recognizable. [...] for Derrida, this always-anticipated figure 'exceeds any determinism.' [...] The unforeseeable freedom that will arrive in a future-to-come, in other words, depends upon a relinquishment of determinism, which in turn allows us to risk welcoming the unexpected" (McRuer 2009: 245). McRuer goes on arguing that intersex activism and cultural studies work on intersex have consistently worked toward 'exceeding determinism,' where in the context of medico-cultural 'normali-

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zation' practices, 'determine' comes to signify both "to ascertain by investigation" and "to cause to come to a resolution" (Cheryl Chase, quoted in McRuer 2009: 246).

I argue that the autobiographical, literary, and visual cultural narratives about intersex discussed here, together with the many other existing intersex narratives and discourses, resist determinism, in that their different intersex representations, their various ways of providing the conditions for intersex bodies to become recognizable, and intersex subjects to become intelligible, effect constantly shifting processes of resignification of the category of 'intersex.' Hence, these intersex narratives, as a cultural body of work on intersex, renegotiate determinism on a metanarrative level. They also renegotiate determinism, in the two senses defined by Chase, within their narrative confines, yet always in interrelation with other cultural points of reference. In these processes, they arrive at different conclusions, which might reaffirm, challenge, or disrupt each other. Even when a narrative seems to arrive at a closure by establishing a seemingly coherent, or intelligible subject position for their intersex narrator, protagonist or character, this closure always needs to be considered in its historico-cultural contingency, which makes it susceptible to potential renegotiations and (temporal) shifts in meaning.

In consideration of the ongoing, continually shifting processes of the resignification of intersex, but also in the light of the human rights violations against intersex individuals that still take place, it seems difficult to imagine that we will arrive at a 'post-intersex' moment in the near future. Iain Morland contends that "intersex treatment in the present should always be considered, paradoxically, in the light of what may come after it" (Morland, quoted in McRuer 2009: 246), referring to the severe consequences for intersex individuals who are/were subjected to 'normalizing' treatments. Resistance to determinism needs to be effected in and through critical interventions into hegemonic – particularly medical and activist – narratives and practices; these interventions can take place on several levels and in many different ways. Every time an intersex individual survives, finds a mode of living that resists an assimilation to norms and still enables the individual to be recognized according to their sense of gendered self, against the odds, it is a moment of resistance. This survival is always directed toward a livable future. In fact, the "intersex future-to-come," as McRuer argues, does not only involve the exceeding of determinism, but the simultaneous "welcoming 'what may come after'" (McRuer 2009: 246).

I want to conclude my thesis with asserting the power of resistance of intersex, its potential to disrupt normative ways of thinking about sexed embodiment, and of gender, in, by and through diverse narratives that allow not only for a 'breathing room for difference,' but challenge and change the conditions for livable lives for gender nonconforming individuals in more fundamental ways. Morgen Holmes asks us to

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"consider adopting as a positive identifier/sign the 'ambi' in the 'ambiguous' character of intersex, and the *inter*sex as interjection, as interlocutor, and as many simultaneous interstices (of embodiment, gender, inter-subjectivity, interdependent deferral of meaning, etc.). It is an *inter* I aim to use to disrupt the male/female sex binary upon which the (hetero)sexual difference model is built [...]. [...] 'Intersex' then, is not a final term, nor the most appropriate term, but a powerful term whose historical, social and political import remains *critical* as a tool for interrogating heteronormative and bionormative presuppositions about proper embodiment." (Holmes 2009: 7)

I strongly agree with her claim that intersex is an intervention in normative ideas, and in 'normalization' practices. I end my work with expressing my wish for more of these (narrative) intersex interventions, narratives that will focus in the future, hopefully, on the intersections of intersex with other aspects of intersex persons' lived realities.

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