

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 underrepresentation in fictional popular culture formats, particularly in films and television

1 For an overview see Viloria's homepage at <http://hidaviloria.com/category/video>.

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.

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

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.

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

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

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).

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."

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

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.

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.

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 considered 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

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

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,

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

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

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

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.

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 medical 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

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."

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

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.

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.

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

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 misrepresentation 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.

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

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).

‘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....embarrassment [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

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

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

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

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.

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."

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.

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 professionalism, 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).

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

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,

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

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:

“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).

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

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.

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

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

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 her²⁶ 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."

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.

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

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

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).

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).

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.

“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

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

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.