

4. Challenging Dominant Narratives From Within

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

4.1 COMING OUT AS INTERSEX – AND WHAT NEXT?

INTERSEX AUTOBIOGRAPHICAL WRITING AGAINST THE LIMITS OF REPRESENTATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How far we have to travel to see ourselves reflected.
How far we have to travel from ourselves.

THEA HILLMAN, *INTERSEX*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.2.2 “A Password into a Secret Club”: Anxieties about the ‘Different’ Body, the Medicalization of Intersex, and Questions of Non/Conformity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

released a position statement about “‘ISGD’ and the appropriation of intersex” on their website (OII 2012).

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

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

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

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

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

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

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

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

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

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

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

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

4.2.5 The “Daily Work of Acceptance,” of Surviving as Intersex

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

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

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

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

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

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