



**The Historicisation of the Hermaphroditic/Intersexed
Body:
From Medicalisation to De-Medicalisation**

by

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Introduction

Does sex have a history? Does each sex have a different history, or histories? Is there a history of how the duality of sex was established, a genealogy that might expose the binary options as a variable construction? Are the ostensibly natural facts of sex discursively produced by various scientific discourses in the service of other political and social interests? If the immutable character of sex is contested, perhaps this construct called 'sex' is as culturally constructed as gender, indeed, perhaps it was always already gender, with the consequences that the distinction between sex and gender turns out to be no distinction at all.²

These questions posed by Judith Butler in 1990 of course require elaborate explanations and research. In recent years, this work has been taken up by academics who have become highly concerned with the history of gender, sex and science as the producer of 'truth' and 'knowledge' about bodies.³ This dissertation locates itself in the academic tradition of historicising the body. It investigates the connection between the evolution of sex/gender theories and the construction of the figure of the hermaphrodite/intersexual⁴. Analysing the construction of the category of hermaphroditism/intersexuality provides one approach for understanding the history of "sex/gender differentiation theories" and changing versions of the sex/gender model. Hermaphroditism/intersexuality is a category of a bodily "meaning" that has been perceived differently through time. Referring to it as a "condition", one immediately medicalises it. The best description might be termed "ambiguous appearance" since it reflects the position of the observer located in an established discursive formation. The label hermaphroditism /intersexuality marks a body that does not conform to expected features of the two-sexed/gendered world.

¹ Cited in Preves, Sharon E. *Intersex and Identity. The Contested Self* (London, 2003), p. 125.

² Butler, Judith *Gender Trouble* (New York, 1990), p. 7.

³ The distinction of sex and gender was central for the development of feminist theories. After having revealed that gender was a construction on the basis of sex, the imperative of deconstructing this basis was tackled. Feminist theory has now broadened its focus, concerned not only with the deconstruction of gender but also with the deconstruction of sex. As I situate myself in this tradition of rejecting sex as a foundation for gender, and that sex and gender are both constructions, I do not regard these terms as distinct. I therefore use the term sex/gender to refer to both anatomy and identity throughout my work. However, the terms are occasionally used on their own when the context requires this.

⁴ I use both terms, when there is no specific historical context that requires one or the other.

The body of this dissertation traces a history of shifts concerning the construction of the medical category of hermaphroditism/intersexuality and gender and sex divisions. This dissertation suggests that there is a continuous link between the ideas of the two-sex model of society at any given time and the emergence of the category of hermaphroditism/intersexuality within the constraints set by that model. Furthermore it seeks to trace the influences of intellectual, political and technological developments on a medicalisation and a subsequent de-medicalisation of hermaphroditic/intersex-identified people.

This research is organised chronologically, following the hermaphrodite/intersexual body through history from Ancient Greece onwards with a particular focus on the Nineteenth and Twentieth Centuries. It is mainly concerned with tracing the shifts in the definition of this “middleground”. These shifts can be interpreted as responses to social and cultural changes that occurred throughout the centuries and which threatened the hierarchical and dichotomous distinction between male and female from the notion of the *right sex* to *true sex* to *best sex*. This dissertation focuses on societal responses (which were mainly medical and scientific responses), tracing changes from the early modern period up until the middle of the twentieth century. Then it traces the shift in the perception of intersexuals as a minority group, initiated by the new social movements in the 1970s. The following contends an examination of newly developed theories that make possible a foundational critique of earlier perceptions of hermaphroditism/intersexuality, mainly by the historicisation of bodies and basic critiques of social organisation. This edges the recent discursive shifts that advocate *n-sex*,⁵ based on feminist and queer investigations which questioned gender and then sex. The theorisation of heterosexuality as the norm will also be discussed, as this debate has made the formation of the transgender movement possible. This is followed by an investigation of the shift from the medical object to the creation of a new subject position in the latter part of the Twentieth Century with regard to the creation of advocacy and political groups. It considers the dawning “Age of Post-Medicalisation“ based on resistance of hermaphroditic/

⁵ N –sexes, means numerous-sexes and can be replaced by any number, some advocated three sexes, Fausto-Sterling suggested five sexes, Martine Rothblatt came to a rather difficult calculation of 343 (7x7x7) genders.

intersex-identified people against medicalisation with regard to changing discursive formations and newly developed technology. Finally, the dissertation will highlight the benefits of *no-sex* as a basis of a “better world”. Notions of biological sex have always been the foundation for gender discrimination; therefore this dissertation advocates the total elimination of these categories from our social organisation.

I consider the organisation of our society as a structure of binary opposites in which inequalities of power are organised along axes. One of the most powerful of these axes is the sex/gender dichotomy, basic to our society and omnipresent in everyday life. We have clear-cut, binary opposed notions of male and masculinity, and female and femininity and any questioning of this concept is recognised immediately. As stated by Dreger:

Hermaphroditism causes a great deal of confusion, more than one might at first appreciate, because – as we will see again and again – the discovery of a “hermaphroditic” body raises doubts not just about the particular body in question, but about all bodies.⁶

Epstein sees the ‘phenomenon’ of hermaphroditism as a “foundational test case”⁷ for revealing and analysing constructions of sex/gender, because hermaphroditism/intersexuality challenges these constructions and social organizations in general. Given that our society grounds particular identities in particular anatomies, the hierarchical dichotomy of the two sexes/genders needs a middleground for negotiating this particular construction of distinction. Hierarchy can only be guaranteed by clearly defined categories. Sexual ambiguity threatens the possibility of the gender dichotomy that sustains the binary organisation of our society. Furthermore, hermaphrodites/intersexuals always threaten heteronormativity⁸ - they are always both, homosexual and heterosexual, with any partner of either sex. The response to that threat results in the uncompromising extinction by erasing ambiguity; the actual simultaneity can always be defined

⁶ Dreger, Alice Domurat *Hermaphrodites and the Medical Invention of Sex*. (London, 1998).

⁷ Epstein, Julia ‘Either/Or – Neither/Both: Sexual Ambiguity and the Ideology of Gender’. *Genders*, 7 (Spring 1990).

⁸ Warner coined the term *heteronormativity*. He used that term “to distinguish the political and cultural functioning of heterosexual norms from heterosexuality as a sexual practice.”; Warner, Michael *Fear of a Queer Planet*, p.xvii.

differently, according to the specific historical paradigms. The quest for a “true” sex in the hermaphroditic/intersexual body took different shapes. People became “heteronormalized”, according to their gonads, or their chromosomes, or their gender.

As a consequence of the constantly changing social and cultural surroundings (discourses), the hierarchy is threatened again and again; and it needs to stabilise itself. The borders in the sex/gender case are connected to the body – to restore the balance the lost body boundaries need to be fixed by new definitions. How malleable are bodies? How malleable are the bodily definitions? The “middleground” of hermaphroditism/intersexuality is the nexus between female and male bodies – it is the shock absorber between the shaky foundations of two sexes/genders. The distortion of the hermaphroditic/intersexed body shows how body definitions in general are at the mercy of circumstance. The changes that take place deform the original definitions and therefore the “middleground” needs to balance the other two. This effort to keep the balance can be read in the shifting definitions of the hermaphroditic/intersexed body.

The questions that arise are: How was the body of the hermaphrodite/intersexed invented to limit the boundaries of human bodies and therefore identities in specific historical periods? How was the meaning of hermaphroditism /intersexuality changed and used to define bodily differences and to coerce gender identity? What is the contribution of medicalisation to that process? How can the wide variety of human anatomical appearance be divided into two categories? If there is no clearly defined boundary between the sexes, how can gender distinctions be justified? Why is the hermaphrodite/intersexual so threatening to heteronormativity? Which scientific and technological tools were used to limit that threat?

From a wider perspective, this dissertation will consider the influences that cause discourses to emerge and change. A history of terms will provide the basis for tracing a history of categorization. The approach this dissertation takes is founded on a critique of science that perceives science as neither neutral nor objective but

as highly political. “Science“, especially the natural sciences, gained immense power throughout the last centuries.

Regrettably this account cannot evaluate, in full extend, the construction of the “norm”. Some authors⁹ have shown that hermaphrodites/intersexuals functioned through their construction as “freaks” and “marvels” for the affirmation and creation of the “norm”. The “anomalous” as the necessary opposite for the “normal” is discussed only to some extent in this dissertation.

This dissertation is primarily concerned with Western Europe (in particular, Germany, Italy, France and the United Kingdom) and the United States, focusing on the specific history of the body, sex and gender in Western Societies. Any outcome of this research may therefore not be applied to other differently organised societies. Kessler and Mc Kenna report, in their publication “Gender: An Ethnomethodological Approach”, that certain¹⁰ non-Western societies have a flexible third sex/gender category. Gilbert Herdt et al. have disclosed in “Third Sex/Third Gender”,¹¹ a cross-cultural study, that there is historical evidence for third categories even in Western societies. Herdt’s focus lies on New Guinea, where among the Sambia a third sex/gender is traditionally accepted. Such studies sometimes tend to idealise the Non-Western societies. However, these studies reveal that exclusive binary classifications of biological sex are social and legal productions and that societies exist in which there have always been recognised and lived *third sexes* or *third genders*. Unfortunately, the limitations of an MA dissertation prevent the substantial discussion of such societies.

This dissertation draws on a number of different academic traditions; the works of historians, philosophers, sociologists, feminist biologists, queer theorists and physicians. This research is therefore also occupied with the diverse approaches these different academic traditions represent. However, its aim is to depict the perspectives of the respective on hermaphroditism/intersexuality in relations to

⁹ For instance Fiedler, Leslie *Freaks. Myths and Images of the Secret Self*. New York, 1978. Or Grosz, Elisabeth ‘Intolerable Ambiguity: Freaks as/at the Limit.’. In *Freakery: Cultural Spectacles of the Extraordinary Body*, ed. Thomson, Rosemarie Garland, pp. 55-66. (New York, 1996).

¹⁰ For instance the Potok of East Africa, or the Nanda of India.

¹¹ Herdt, Gilbert *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History*. (New York, 1996).

their historical period. This dissertation is aware of gaps that occur when only portraying academic accounts – it does not demand to mirror “public” or “mainstream” perceptions of hermaphroditism/intersexuality. The following seeks to trace a process of medicalisation and therefore looks at the central discursive formations. This dissertation’s focus is the investigation of different kinds of texts and their associations with the specific historical period in which they are located. When one looks at hermaphroditism/intersexuality, one is forced to realize how variable sexual traits are. Considering the changing models that explain and investigate bodily features, one also needs to look at the discourses disciplining these sexual traits. Various “scientific” institutions are arguably responsible for these disciplining processes; hence they are historically interesting. This research surveys accounts of Plato, Aristotle and Hippocrates and the works of Ambroise Pare, an Early Modern Period physician and teratologist. For the following period it sketches mainly biomedical definitions of researchers like Neugebauer or Klebs. The subsequent period was dominated by sexologists, who represent their time’s occupation with sexuality in general; remarkable figures were Ellis, Hirschfeld and Krafft-Ebing. For the following decades, psychologist and physician, John Money gains and maintains authority over the issue of hermaphroditism/intersexuality. In recent years, with the advancing of the “histories of the body” and poststructuralist approaches, mostly feminist scholars and queer theorists became interested in hermaphroditism /intersexuality. However, Michel Foucault has become inescapable for historians of bodies, sex and gender.¹² The historicisation of the body and sex has been put forward by the account of Thomas Laqueur, who traces this process of anatomical dichotomisation which he calls the shift from the *one-sex model* to the *two sex-model*. Recent research on hermaphroditism/intersexuality acknowledges these accounts mentioned in the above. Alice Dreger, medical sociologist and historian, refers to these authors in her elaborate research. Dreger’s account “Hermaphrodites and the Medical

¹² Foucault shifted the attention from *language* to *discourse*. He regards discourse as a system of representation, and of language and practice. According to him, discourse produces knowledge which differs radically from one period to the next. In his later work, he focused on the relationship between knowledge and power and placed the body at the centre of the struggles between different formations of power and knowledge.

Invention of Sex”¹³ reveals the changing conceptualisation of the category of the hermaphrodite /intersexual and therefore historicises them. Dreger’s more recent publication “Intersex in the Age of Ethics”¹⁴ samples different accounts on intersexuality, like personal stories, academic approaches, recommendations for physicians, interviews, and medical accounts. This volume gives insight to the different discourses that constitute contemporary perceptions of hermaphroditism/intersexuality. The most remarkable characteristic of this book is the amount of personal histories included. Voices of intersex-identified people represent a change in the issue. Other research on hermaphroditism/intersexuality had been criticised for excluding the voices of “study-objects”. This is a valuable critique. Therefore this dissertation includes intersex-identified peoples’ voices. Interviews have been conducted and included in this dissertation’s outline.

The first part of the first chapter samples the mythological, religious and medical gazes of Ancient Greece and the Middle Ages at hermaphroditism. Its evaluation of Aristotelian and Hippocratic medicine mirrors this specific ancient approach to the phenomenon of the hermaphrodite by considering the medical constructions of female and male bodies. In the Middle Ages, hermaphroditism was viewed as miraculous and supernatural. Christianity fostered the perception of hermaphrodites as omens and signs of divine wrath. The second part of this chapter investigates how these specific medical conceptions of the body wove themselves into the Early Modern Period in which previous religious and mythological perceptions were slowly replaced by “scientific” explanations of bodily conditions. The crucial shift in the Early Modern Period was the beginning of the medicalisation. Ambroise Paré’s publication of “On Monsters and Marvels”¹⁵ reflects the tendency of changing perceptions of bodies and their relation to the social order. During the early modern time social forces in Europe have created the privileging of coerced dualism. Later publications than Paré’s used the figure of the hermaphrodite to reveal the significant differences between male and female rather than to make an argument for one sex (male). Therefore this chapter argues

¹³ Dreger, Alice Domurat *Hermaphrodites and the Medical Invention of Sex*. (London, 1998).

¹⁴ Dreger, Alice Domurat *Intersex in the Age of Ethics*. (Maryland, 1999).

¹⁵ Paré, Ambroise *On Monsters and Marvels*. (London, 1982).

for the close connection of the evolution of gender theories to the figure of the hermaphrodite.

The first part of the second chapter entitled “The Age of Gonads”¹⁶ surveys the shift from a still rather “social problem category” to an exclusively medicalised and pathologised category. This chapter is centred on physicians’ growing interest in hermaphroditism and the categorizations they advocated. While Foucault discovered the emergence of the identity of the homosexual, a further category materialized in the medical establishment, the pseudohermaphrodite. By renewing groupings of hermaphroditism and even rewriting old cases of *true* hermaphroditism, medical professionals eliminated the possibility of a double-sexed individual. The *one-body one-sex rule* came to life. The final indicators for the *true sex* were the gonads. This seems quite plausible for a time that was threatened by a declining birth-rate, an increase in women who never married and an unprecedented international feminist cooperation. The solution to this problem came from new sciences and, in particular, Charles Darwin’s evolutionary theory. The focus in this theory was on reproductive marital sex: everything else was aberrant and bad for the nation or the species in the Darwinian notion of sexual dimorphism.¹⁷ This needed to be matched with the perception of the hermaphrodite – at the expense of the hermaphrodite.

“Sexology at the Turn of the Century”, the second part of this chapter gives an impression of a newly developed discipline. This period was marked by the “homosexual threat” that needed to be reduced. Sexology became the academic discipline responsible for meeting this threat. However, by contributing to the pathologisation of the hermaphrodite/intersexual, it surely represents a continuous link between the construction of norm and anomaly. The deviant body of the homosexual is of high importance concerning the category of the hermaphrodite in this period. Sexology as a discipline centred its investigations on the connections between the body and the psyche. Prominent scholars, such as Havelock Ellis in England and Richard von Krafft-Ebing and Magnus Hirschfeld in Germany, all

¹⁶ This term was coined by Dreger, Alice Domurat ‘Doubtful Sex: The Fate of the Hermaphrodite in Victorian Medicine.’ *Victorian Studies*, 38, (1995), pp.325-370.

¹⁷ The core of Darwin’s thought was that the higher the organism on the ladder of life, the more exquisitely differentiated the male and the female of the species.

stood in the Darwinian tradition. Their main attempt was to gain acceptance for the homosexual by naturalizing him/her. Biological determinism was installed as a tool to define differences. Hermaphroditism served as a tool to describe homosexual desire. Common terms were “hermaphroditism of the mind” or “psychic hermaphroditism” although there was growing evidence for totally “normal” bodies of homosexuals. However, the hermaphrodite became the signifier for two different kinds of deviance: first the disturbance of clear sex/gender distinction; and second, the trouble this phenomenon caused to the clear split between hetero- and homosexuality.

The “Age of Surgery” described in chapter three profited from this knowledge. The central figure in this period (from the 1950s to the 1990s) was John Money, a surgeon, physician and psychologist at the John Hopkins Hospital in the United States. The paradigms of his gender assignment became dominant. Nearly every account on intersexuality was written or co-written by Money¹⁸. Hardly any other approaches can be found in the years between 1950 and 1980. The new ideology Money represents was assisted by the development of new technologies. However, in the middle of the twentieth century, physicians had gained sufficient power to delete social *unruly bodies* from the whole. Technologies were installed to preserve the ideology that was disguised as the most natural. Moreover, certain discursive strategies had to be invented to keep that socially very important notion alive. This paradox would reach its zenith in the middle of the twentieth century when physicians would be able to produce artificially what is considered as the most natural thing on earth: the two sexes, either male or female. New technologies and modes of surgery, which gave physicians the power to become the creators of the *best sex*, were established. The “intersexed” were materially forbidden to exist by surgically erasing their bodily features. Bodies, which provided evidence for the artificial construction of the distinction between two contrary constructed bodies, would be ‘fixed’ artificially. Science would therefore invent effective instruments, some kind of discursive gymnastics, in order to do this. Anne Fausto-Sterling’s social-constructivist and biological analysis of medical

¹⁸ Money’s works, only to mention a few Money, John *Sex Errors of the Body*. (Maryland, 1968). Money, John, Ehrhardt Anke A. *Man & Woman, Boy & Girl: Gender Identity from Conception to Maturity*. (Northvale, 1996), or Money, John, Tucker, Patricia *Sexual Signatures: on Being a Man or a Woman*. (Boston, 1975).

categorisations of hermaphroditism/intersexuality provides essential information on the way how the biomedical establishment worked and still works. Moreover her account represents a basic critique of the dominant empiricist and positivist scientific paradigm. Significant as well has been Kessler's *Lessons from the Intersexed*.¹⁹ This account is based on interviews with physicians and reveals contradictory medical practice. Kessler gives evidence of the social constitution of sex assignment procedures and she elaborately reveals the contradictory paradigms and gender assignment procedures that shaped management of intersexuality in these decades.

Chapter four provides an approach to a newly developing theorization of hermaphroditism/intersexuality: that is feminist and queer theory in its first part. The seventies and eighties witnessed immense political, social, and also theoretical shifts. The new social movements emphasised struggles against institutions and cultural representation rather than class struggles. The theoretical tools for a basic critique came to be poststructuralism and deconstructivism. Feminist politics and theory had a great impact on these new theoretical forces. Feminism not only offered a basic critique of science, but also questioned the stability and constancy of identities in general. Who was deemed to be a woman, and who had to judge? The works of Judith Butler²⁰, Michael Warner²¹, and Steven Seidman²² have been crucial for the development of queer theory. The questioning of identities, located in these works, has paved the way for political activism, such as the transgender movement, *Queer Nation*, and the intersexual activism. The theorization of heterosexuality has equally advanced a basic critique of exclusive societal systems and normative structures. Anne Fausto-Sterling participates in the growing group of feminist biologists who became concerned with social constructivist ideas. In *Sexing the Body*²³, she elaborately reveals how social paradigms disguise themselves in biological terms and also how

¹⁹ Kessler, Suzanne *Lessons from the Intersexed*. (London, 1998).

²⁰ Butler, Judith *Bodies that matter: on the discursive limits of "sex"*. (New York, 1993). And *Gender Trouble*. (New York, 1990).

²¹ Warner, Michael (ed.) *Fear of a Queer Planet: Queer Politics and Social Theory*. Minnesota, 1993.

²² Seidman, Steven *Queer Theory / Sociology*. (Cambridge, 1996).

²³ Fausto-Sterling, Anne *Sexing the Body. Gender Politics and the Construction of Sexuality*. (New York, 2000).

heteronormativity serves gender assignment procedures. The extension of these theories resulted in an adjustment to the needs of the transgender movement.

The second part of chapter four investigates newly emerged intersex activist groups. In the last few years, different intersex groups have installed several web sites.²⁴ A huge increase in the numbers of intersex stories, histories, views and accounts can be found on the World Wide Web. Statements like the following appear on several pages:

Intersex activists and our allies believe that the practice of "correcting" children's genitals is not based on the actual health needs of the child, but is an expression of institutionalised homophobia within the medical establishment. And for good reason: the very existence of intersex people threatens the idea that women and men are naturally distinct and made for each other.²⁵

This chapter evaluates the different angles from which intersex activist groups approach their aims. It reveals the Internet as an adequate medium to facilitate informed consent and to challenge medical practice. Two interviews form the basis for the characterisation of Internet-based activism. A crucial point of this chapter is the portrayal of the *voicing* of a group. Oppression works with the tool of silence; by making someone quiet, hegemony can be secured. Intersex-identified people speak out, tell their stories, and interrupt the medical establishment. Activist groups aim at ending secrecy and shame. The medical establishment's authority is challenged by the empowerment of intersex-identified people. Thus, a process of de-medicalisation can be observed.

²⁴ See bibliography for reference of web sites.

²⁵ <http://eminism.org/readings/glma-bornqueer.html>

1. The Development of Medicalisation

1.1 The Age of Pre-Medicalisation

1.1.1 Ancient Greece

Deriving from Greek Mythology the term hermaphrodite can be considered as one of the oldest parts of Western culture and society. The actual name Hermaphroditus was carried by a mythological figure. Hermaphroditus was the son of the gods Hermes and Aphrodite. While he bathed in a fountain, the nymph Salmacis fell in love with him and wished to be united with him. The gods heard her desire and fulfilled it by joining the two together for ever. Plato for example saw the hermaphroditic nature as the origin of our race. In “The Symposium” he states that

(F)irst of all, the races of human beings were three, not as now, male and female; for there was also a third race that shared in both, a race whose name still remains, though it itself has vanished. For at that time one race was androgynous, and in looks and name it combined both, the male as well as the female; but now it does not exist except for the name that is reserved for reproach.²⁶

Some interpretations of Plato even state that all human beings were hermaphroditic until they were split by the gods because they were so perfect, powerful and self-confident that they forgot to sacrifice to the gods. Hippocrates assumed that sex existed along a continuum from the extreme male to the extreme female and hermaphrodites were located inbetween these two states. Of particular importance to the Hippocratic view of hermaphroditism was the idea of “being in between the sexes”. Hermaphrodites were therefore intermediate and regarded as neither male nor female. Hippocrates regarded the sex of the foetus as determined by two opposites: the maternal and the paternal principles which generated different seeds. The foetus would inhabit a position on a sexual spectrum depending on its own position in the womb and the dominance of the seed. This sexual spectrum

²⁶Bloom, Allan and Benardete, Seth (eds.) *Plato's Symposium*. (Chicago, 2001), p. 19.

Another translation reads quite different:

First of all you must learn about human nature, and what had happened to it. Long ago, our nature was not the same as it is now but quite different. For one thing, there were three human genders, not just the present two, male and female. There was also a third one, a combination of these two; now its name survives, although its gender has vanished. Then “androgynous” was a distinct gender as well as a name, combining male and female; now nothing is left but the name, which is used as an insult. Gill, Christopher *The Symposium / Plato*. London, 1999, p. 22.

Note especially the use of “gender” in this translation, which shows how the interpretation of a text is dependent on the translator’s time or intellectual environment.

ranged from the unambiguously female to the unambiguously male, which were both located on different sides of the uterus. Female offspring were situated on the left side and males on the right side. In addition, both were produced by either female or male seeds, donated by both parents. Every other combination was thought to produce an intermediate sexual nature on the spectrum, either effeminate and fragile males or strong and masculine females. In the event of balanced male and female components, the foetus was located truly in the middle of the uterus and therefore hermaphroditic.

Aristotle on the other hand did not consider the hermaphrodite as a being of intermediate sex but as a being with redundant or double genitalia. Aristotle, who denied the existence of female seed, declared that the hermaphroditic foetus was produced when the matter contributed by the mother was more than enough for one but insufficient for two foetuses.²⁷ Therefore, for Aristotle, hermaphroditism was a condition only of genitals, “like extra toes or nipples, in that it represented an overabundance of generative material.”²⁸ These two very influential ideas had a great impact on their followers through time which will be explored later on. However, from many accounts of this period it can be concluded that hermaphroditic beings were a recognised, if not fully accepted, part of ancient Greek and Roman societies.

1.1.2 The Middle Ages

In the following centuries, Teratology, the science of monsters, emerged. It was a discipline occupied with hermaphroditism. Grosz describes this study as “almost as old as our culture itself”.²⁹ Teratology regarded “monstrous births” as omens, predictions or divine warnings. The Middle Ages witnessed an alteration in the

²⁷ The hermaphroditic birth appeared when either the maternal or the paternal seed had not been fully mastered by the other; but if one seed mastered the matter in one part but not in the other, then the foetus would have both sets of genitals.

²⁸ Dreger, Alice Domurat *Hermaphrodites*, p. 32.

²⁹ Grosz, Elisabeth ‘Intolerable Ambiguity’, In Thomson, Rosemarie Garland *Freakery: Cultural Spectacles of the Extraordinary Body* New York 1996, p.57.

perception of “monstrosities”, away from the consequences of carnal indulgence and bestiality to “divinations, forebodings, and examples of the wrath of God, as well as forms of glorification of God’s might and power.”³⁰ In the Middle Ages, the conceptions of sex differences and gender hierarchy were produced by religion (Christianity), which was the hegemonic discourse. Therefore, the gendering of human beings and even of the wider world was engendered and justified through the Bible. These monstrous beings were often put to death with the reasoning as Dreger reveals that “the “monster” was surely a supernatural portent, a messenger of evil, a demonstration... of bad happenings, and as such it deserved and even required prompt annihilation.”³¹ In the Middle Ages, the body was regarded as an instance of the sacred whole, a register of the cosmological order. Every being was considered to have a place in the logic of the world. The body was essentially seen as a rational one, which replicated the larger cosmology and was both sacred and universal. The characteristics of the following Early Modern Period are surely the attempt to understand the body empirically – mostly through making it profane. The anatomical body, understood in structural terms, emerged in that period. Levin and Solomon state, that

(t)he once sacred body, surrounded by cultural taboos, suddenly became a worldly machine, a matter of interiority, a profane flesh to be seen into and seen through, a presence conceived as if its mechanisms would eventually be transparent for technological knowledge.³²

Although a shift took place, suddenness of change, implied here, is arguably misleading. The sometimes slow and very contradictory changes have to be examined very carefully. Moreover, the social and cultural shift that gained influence on the biomedical discourse needs to be investigated as the shaping framework.

³⁰ *ibid.*

³¹ Dreger, Alice Domurat *Hermaphrodites*, p. 33.

³² Levin, David Michael and Solomon, George F. ‘The Discursive Formation of the Body in the history of medicine’. *Journal of Medicine and Philosophy*, vol.15 (1990), p. 519..

1.2 The Early Modern Period

The basic transformation that took place in the 'order of things' in the early modern period occurred at several levels of culture and society. The social order became highly unstable, due to changes of socio-economic organisation, banking and trade, and changes in the demand for capital and credit. The Reformation, the breakdown of rural community structures and other factors had a great influence on a new individualising process. The unifying ideological structure of the past was thus replaced by new and significant individual integrational concepts. From the middle of the sixteenth century³³, a series of complex and contradictory events occurred, which seemed to indicate the emergence of gender as a crucial site for ordering and reordering knowledge about society and nature. The gendered individual emerged in this period, and hermaphrodites surely played a part in this new definition of subjects as regards to their 'natural' role in society. In the early modern period, medicine did not exercise hegemony over other discourses like literature, politics, religion and jurisprudence. Furthermore medicine itself was hardly unified on this theme. Rather, a coexistence of alternative conceptions of the body and heterogeneity within these accounts characterised the sixteenth, seventeenth and eighteenth centuries. However, the most basic distinction one can make is between the Hippocratic and the Aristotelian schools. Both these schools differed in their theories of hermaphroditism as well as their notions of sexual differences as mentioned above. Their ancient and contrasting accounts of hermaphroditism were transmitted to the early modern period and were woven into the fabric of medieval and early modern medicine. As such it is necessary to take a short look at these two influential medical theories, which were both widely believed in the early modern period.

Many accounts of hermaphroditism were written in the early modern period.³⁴ Hermaphrodites were objects of intense speculation and interest and there was a

³³ With the publication of Ambroise Paré's *On Monsters and Marvels* in 1573 (London 1982).

³⁴ Only to mention a few : 1600 *De Hermaphroditum monstrorumque partum*, Caspar Bauhin; 1612 *Discourse on Hermaphrodites*, Jean Riolan; 1614 *Treatise on Hermaphrodites*, Jaques Duval; 1614 *On the Nature of Births of Hermaphrodites and Monsters* Bauhin; 1642 *Monstrorum Historia*, Ulisse Aldrovani; 1653 *Questionum medico-legalium*, Paolo Zacchia; 1671 *The Midwives Book*, Jane Sharp; 1692 *Discursus juridico-philolocus de hermaphroditis*, Jacob Möller.

broad discussion of cases, causes, classifications and especially status. Daston and Park suggest a unique fascination with hermaphroditism in the early modern period. In their article *The Hermaphrodite and the Orders of Nature.*, they place the hermaphrodite “within new explanatory frameworks and linked with new fields of gender associations during this period”.³⁵ The various written accounts can be read as the expression of a moral and social urgency concerning hermaphroditism but these can also be placed within the tradition of ancient (later revived in the Renaissance) and medieval reflections on reproductive and sexual differences. Older models still exerted great influence on the mode of investigation into hermaphroditic bodies, but were increasingly undermined by modern methodologies.

Sixteenth century thinking was still dominated by the Aristotelian notion of gender and reproduction, although a revival of Hippocratic medicine developed towards the end of this century. These two medical authorities, which can both be described as naturalistic, had different implications for sexuality and gender. Galenic medicine, which was located in the Hippocratic tradition, regarded heat as the central determining concept.³⁶ Within this theoretical framework, female organs were described as a version of the penis. The “female hermaphrodite” was generally understood to be a woman whose “member” enabled her to penetrate another woman’s vagina.³⁷ This member was explained as a vagina which ‘popped out’ because of increased body heat. Sex/gender was therefore a manifestation of heat. In this tradition, sex/gender was not necessarily fixed at birth, but was unstable and could be changed during a person’s life. Despite the explicit insistence of this model on male supremacy, this unisexual model served to unfix the body of *two-sexed/gendered* categorial restraints. Men were understood as having passed through a female developmental phase. In short, the absence of manifest biological differences between the sexes/genders precluded a system of sexual dimorphism in the early modern period. The revived authority of the Aristotelian notion of gender is found in another dominant medical model of the early modern period. The most

³⁵ Daston, Lorraine and Park, Katharine ‘The Hermaphrodite and the Orders of Nature. Sexual Ambiguity in Early Modern France’ in *GLQ: A Journal of Lesbian and Gay Studies* (Summer 1995), p.419.

³⁶ This medical tradition derives from Claudius Galen Pergamum (131-201 AD)

³⁷ This capability will remain its significance for the following centuries’ irritation, as will be discussed later on.

notable difference between these two perceptions is that Hippocraticists saw the cause of hermaphroditism in the entire organism whereas writers in the Aristotelian tradition saw hermaphroditism as the product of a local excess of matter and imbalance of male and female principles. For them male and female were not points on a spectrum but bipolarities with the impossibility of mediation. In conclusion, one could say that the Hippocratic model posed a potential challenge to the male-female bipolar dichotomy, and therefore to the whole social order, while the Aristotelian model never questioned this order by viewing the existence of ambiguous bodies as superficial and leaving the dichotomous order intact. The revival of the Aristotelian model undermined the dominance of the Hippocratic model, even though both adapted elements from each other.

The mixture of these two different medical models can be observed in Ambroise Paré's *On Monsters and Marvels*³⁸. He operated with both approaches to the human body to explain the case of a woman who suddenly 'changed' into a man. Transgressing the bounds of gender, with resulting inappropriate behaviour, could cause a change of sex. This is observable in different recorded cases, for example that of Marie who turned into Germaine. This happened during Paré's lifetime in France, in Vitry-le-Francois, are even got to know that person. Marie had lived and dressed like a girl until the age of fifteen, then in the heat of puberty, the girl who had "no mark of masculinity" was chasing pigs and jumped across a ditch and "at that very moment the genitalia and the male rod came to be developed in him, having ruptured the ligaments by which previously they had been held enclosed and locked in."³⁹ After attending physicians and surgeons, who "found that she was a man, and no longer a girl", Marie became Germaine, she put on men's clothes and from then on lived as a man. For Paré

the reason why women can degenerate into men is because women have as much hidden within the body as men have exposed outside; leaving aside, only, that women don't have so much heat, nor the ability to push out what by the coldness of their temperament is held as if bound to the interior.⁴⁰

³⁸ Paré, Ambroise *On Monsters and Marvels*.

³⁹ *Ibid.*, p. 32.

⁴⁰ *Ibid.*

The term *degenerate* does probably not imply, that men were less perfect than women, yet bodily boundaries are described as fluid. However, at this point, Paré refers to the Hippocratic (Galenic) notion that heat causes the interior female genitals to externalize into male genitals. Yet in the following explanation he clearly uses the Aristotelian understanding of the female to be an imperfect or defective male:

Now since such a metamorphosis takes place in Nature for the alleged reasons and examples, we therefore never find in any true story that any man ever became a woman, because Nature tends always toward what is most perfect and not, on the contrary, to performing such a way what is perfect should become imperfect.⁴¹

In this case, it was jumping which allowed the internal genitals to drop out; other cases describe the reasons as puberty or active sex, or anything which was inappropriate to the female gender and increased heat in the cold bodies of women. Thus all women were potential men. However, the threat which derived from this interpretation of the body did not yet have its full power: it would gain this later on. That possibility of women, crossing the gender line, maintains its threat through the centuries although the responses will vary, as will be analysed in the following chapters. A bit more heat or acting the part of the other gender could suddenly bestow a penis, which entitled its bearer to the mark of the phallus, to be designated a man. According to Laqueur, these changes

in corporeal structures, or the discovery that things were not as they seemed at first, could push a body easily from one juridical category (female) to another (male). These categories were based on gender distinctions – active/passive, hot/cold, formed/unformed, informing/formable – of which an external or an internal penis was only the diagnostic sign. Maleness and femaleness did not reside in anything particular. Thus for the hermaphrodites the question was not “what sex they are really”, but to which gender the architecture of their bodies most readily lent itself.⁴²

Laqueur’s explanation of this period could surprisingly also be adapted to the “Age of Surgery” (see chapter 3). Neither of these periods was searching for the true sex, yet they both determined the appropriate gender, with the exception that the later period would intervene and alter bodies, whereas in the Early Modern Period only gender attributes were altered. The question remains, if Laqueur’s distinction

⁴¹ Paré, Ambroise *On Monsters and Marvels*, p.33.

⁴² Laqueur, Thomas *Making Sex*, p. 135.

between gender and sex is appropriate for the Early Modern Period, or if this constructs a notion not embraced in this time.

Hence, intense attention was devoted to the phenomenon of hermaphroditism and it became associated with sexual, moral and theological issues, clearly linked to the subjects of sodomy, transvestism and sexual transformation. These subjects became tremendously threatening in the early modern period because they blurred the social distinction of hierarchical gender roles, which were necessarily to be upheld in all these ruptures of the 'order of things'. Paré formulates this threat:

For some of them have abused their situation, with the result that, through mutual and reciprocal use, they take their pleasure first with one set of organs and then with the other: first with those of a man, then with those of a woman, because they have the *nature* of man and of woman suitable to an act.⁴³

After his remarks about hermaphroditism, Paré moves immediately to a discussion of sex between women. This shows how the term of hermaphroditism became clearly associated with sex/gender related subjects like male and female sodomy⁴⁴ and transvestism. It seems as if the term "hermaphroditism" became associated with all practices that appeared to blur or erase the lines between the sexes/genders; and it became emblematic of all kinds of sexual ambiguity. Nevertheless, during the sixteenth century it was still assumed that "nature" would show itself in the mature hermaphrodite by attraction to the "opposite" sex. Therefore it was left to the individual in question to decide; no medical or other authoritative consultation was required. Gender identity was not yet fixed through body boundaries based on medical investigation. There was no fixation of sex/gender for lifetime but a temporary examination of appropriate gender behaviour excluding sodomy. According to Laqueur, it was during this time that the shift from the *one-sex model* to the *two-sex model* took place.

⁴³ Paré, Ambroise *On Monsters and Marvels* p.27.

⁴⁴ note that "female sodomy" is a synonym for the term "lesbianism", which itself did not exist in this time

During much of the seventeenth century, to be a man or a woman was to hold a social rank, to assume a cultural role, and not to *be* organically one or the other of two sexes. Sex was still a sociological, not an ontological, category.⁴⁵

Therefore a hermaphrodite could be regarded as having two sexes, between which he/she could make a social and juridical choice; there was no true, deep essential sex that differentiated cultural man from woman. The former treatment of hermaphrodites was thus based on behavioural rather than anatomical criteria.

Paolo Zacchia insists in his treatise “Questionum medical-legalium” (1653) that hermaphrodites are not dangerous but people with ambiguous genitals who raise legal questions.⁴⁶ He goes on to classify hermaphroditic ‘deformations’ into six categories; three categories of male hermaphrodites, one of female ones, one of true hermaphrodites, who have both sets of organs, and one of apparent hermaphroditism in which an enlarged clitoris, or a prolapsed uterus is mistaken for a penis. In this mode of classification, different explanatory systems are still visible. Zacchia still treats organs as certificates of status: “members conforming to sex are not the causes that constitute male or female or distinguish between them...Because it is so, the members of one sex could appear in someone of the opposite sex.”⁴⁷ In her article, “Either/Or – Neither/Both: Sexual Ambiguity and the Ideology of Gender”, Epstein cites Zacchias as the first writer who classified hermaphrodites “as beings without sex, “des ambiguus” (the ambiguous ones)”⁴⁸. Here the translation is crucial: “Ambiguous” implies for Epstein that Zacchias meant “beings without sex”, I suggest that her interpretation is wrong. Looking up the term “ambiguous” in the Cambridge Dictionary brings one to “having or expressing more than one possible meaning “. This actually implies that something ambiguous has more meanings, is indistinct or blurry. This does not say that ambiguous means no meaning, or something “without”.⁴⁹ The latter is the one, which creates our contemporary notion of hermaphroditism, which implies something different. If one

⁴⁵ Laqueur, Thomas *Making Sex*, p. 142. Note that Laqueur’s quote needs to be read not as implying that sex/gender is not a sociological category anymore, because it surely is.

⁴⁶ Laqueur, Thomas *Making Sex*, p. 140.

⁴⁷ Cited by Laqueur, Thomas *Making Sex*, p. 140.

⁴⁸ Epstein, Julia ‘Either/Or – Neither/Both: Sexual Ambiguity and the Ideology of Gender’. *Genders*, 7 (Spring 1990), p.108.

⁴⁹ Epstein ignores this when she interprets the term from her modern point of view, as somebody who is familiar with the term intersexuality that was created by Richard Goldschmidt in 1920 which will be discussed in chapter 2.

tries to analyse the deeper meaning of these terms, one could come to the conclusion that a hermaphrodite of the early modern period is someone who owns something more than other people; the hermaphrodite of the seventeenth century still has two sexes although he/she has only one body.

With the seventeenth century, however, came an increase in the reliance on outside testimony to determine the hermaphrodite's predominant sex/gender. The threat that derived from this cross-mixture of sex/gender boundaries is obvious in the case of Marie/Marin that appeared in 1601 in France⁵⁰. The woman Marie publicly declared at the age of twenty-one that she was in fact a man, changed her name to Marin, put on men's clothing and declared his intention to marry another woman. The subsequent prosecution and sentencing to death, based on the accusation of sodomy, was then relaxed after examination by a physician who argued that the member, which was initially defined as an "enlarged clitoris", was rather a "small penis". The death penalty was commuted on the condition that Marie/Marin wore women's clothing and remained celibate until the age of 25. This case thus is located exactly at the peak of the shift from the system of distinguishing gender by social factors to the system of scientific authority. According to Long, Bauhin and Duval (both publications dated 1614) insisted on medical procedures and invasive examinations to assign the proper sex related to reproductive functions and therefore the specific role in society.⁵¹ Thus, the seventeenth century brought a shift in the representation of sex/gender accompanied by a shift in the modes of scientific discourse.

Regarding the accumulation of medical accounts of hermaphroditism during the sixteenth century, it is observable that the fear of sexual fraud surrounding all forms of sexual ambiguity needed to be prohibited by investigation, definition and classification. Daston and Park suggest that "it was the fear of sexual fraud and malfeasance, surrounding all forms of sexual ambiguity that disqualified the

⁵⁰ Discussed controversially by Duval and Riolan, as cited in Jones, Ann Rosalind and Stallybrass, Peter 'Fetishizing Gender: Constructing the Hermaphrodite in Renaissance Europe'. In *Body Guards* the cultural politics of gender ambiguity. Ed. Epstein Julia and Kristina Straub, pp. 80-111. (New York, 1991).

⁵¹ Long, Kathleen Perry 'Sexual Dissonance: Early Modern Scientific Accounts of Hermaphrodites'. In *Wonders, Marvels, and Monsters in Early Modern Culture*. Ed. Platt, Peter G. pp.145-163. (London, 1999), p. 157.

hermaphrodite's own testimony and demanded that of doctors, surgeons and midwives instead."⁵² The growing anxiety over sexual ambiguity demanded a new system of classification and categorisation to that which featured in ancient and medieval times. Numerous different explanatory systems were drawn together to find new ways of defining individual status, hierarchical relationships, constraints, responsibilities, and to install a new social order founded on the production of scientific knowledge. Many historians make the point of a "scientific revolution" during the seventeenth century⁵³.

The Enlightenment coincided with and helped to produce immense shifts in Western society. With the "arrival" of the Enlightenment, the power of religion and religious authority began to decline concerning sexual matters and the "power of the Church was challenged by new elites armed with an authority drawn from the growing prestige of natural science."⁵⁴ Robert Nye arguably gives three main characterisations of this shift:

First, the family unit continued to be recognised as the primordial sexual space, with procreation and child rearing as its principal task. Second, the divine ordinance that made all humankind into the sons or daughters of Adam and Eve was firmly sustained by the findings of modern natural science on the differences between the sexes. And third, the newly emergent liberal and democratic order readily embraced this new knowledge and legitimised it in law, much as medieval and early modern politics had used dogma to deepen and extend their power.⁵⁵

The heroic age of the scientist was dawning, which claimed that the power of human reason was sufficient to identify laws of science that would lead to human progress. From 1700 onwards, sexuality became tied to natural biological processes. The Enlightenment inaugurated the science of the two sexes/genders. This shift can be regarded as the development of a 'scientific gaze', which from now on should become *the* authority in sexual matters.

⁵² Daston and Park 'The Hermaphrodite and the Orders of Nature', p. 425.

⁵³ Nym, Laura E. 'Feminism', pp.45-54. In *Encyclopaedia of European Social History*. From 1350 to 2000. Vol. 4. ed. Stearns, Peter N. (New York 2001).

⁵⁴ Nye, Robert (ed.) *Sexuality*. (Oxford, 1999), p.67.

⁵⁵ *Ibid.* (Yet Nye ignores that the family unit also changed its profile, due to the former salvation of agricultural societies, families became smaller (fewer generations in one household, no servants), see Honegger, Claudia *Die Ordnung der Geschlechter. Die Wissenschaft vom Menschen und das Weib. 1750-1850*. Berlin, 1992.

By 1750 the increased medicalisation was clearly visible in George Arnould's *A Dissertation on Hermaphrodites* in which he categorises the phenomenon of the hermaphrodite. He divides individuals into perfect, imperfect, predominantly male and predominantly female.⁵⁶ Hereby he focuses on genitals, and explains that a swollen clitoris can appear in many women, but only in the female hermaphrodite does it become erect and free itself from the labia. In many cases the hermaphrodite was declared to be a woman suffering from, "macroclitorideus" (enlarged clitoris). So we are talking about women who were discovered as not staying in their appropriate place of the gendered society, but were trying to get access to another status in society.⁵⁷ Furthermore this new definition implies how a "normal", heterosexual woman has to look. Clear anatomical borders became installed for the first time while the figure of the hermaphrodite served as the abnormality that helped define what the norm should look like. Hermaphroditism was from now on defined through "deformed" anatomy and clearly connected to transgression of sex/gender boundaries. Daston and Park see

rather a conjunction of changing medical ideas with a general climate of acute male anxiety about the very issues brought to prominence by the new interpretation of the hermaphrodite as a being of intermediate sex – especially the issues of sodomy and other sexual crimes, and the proper relationship and boundaries between men and women.⁵⁸

From now on it was possible to explain anomalous beings in terms of variations of normal development. Many historians make this point, which can be called the "domestication of the monster" through natural science. This made it possible to conquer and to gain power over the extraordinary body by defining it. By transferring hermaphroditism and other "monstrosities" from mythology into the category of pathology, the medical discourse and medical practice became the source of judgement. "Monsters" were understood in terms of an "analogical" relationship with respect to the norm. Now it was medicine, which gave the grounds for tolerance or intolerance against people classified as abnormal. Hermaphrodites could now serve as an anomaly, which reassured the norm. Medical professionals

⁵⁶ As cited in Donoghue, Emma *Passions between Women: British lesbian culture, 1668-1801*. (London, 1993), p. 51.

⁵⁷ As the case of Marie/Germaine has shown; Marie's "enlarged clitoris" had to be redefined as a "small phallus", to let her live.

⁵⁸ Daston, Lorraine and Park, Katharine 'The Hermaphrodite and the Orders of Nature', p. 430.

were now starting to claim the *true sex* of an individual. Medicalisation was therefore on its way with the “conqueror” science advancing through human bodies. Now that the natural “phenomenon” was named as such, it was necessary, and possible, to control and discipline it.

During the following decades, medical professionals became more prestigious and more aligned with science. More people were seeing doctors; biomedicine was on the rise, including gynaecology. More and more people had access to medical care and became subject to genital examinations. This was the time when an increasing number of hermaphrodites were ‘discovered’. The opportunities to document these cases were given by the increasing number of medical publications at that time. The consequence was that medical practitioners became aware of the phenomenon of hermaphroditism and that it was not as rare as previously thought. As Foucault suggests:

The years from around 1860 to 1870 were precisely one of those periods when investigations of sexual identity were carried out with the most intensity, in an attempt not only to establish the true sex of hermaphrodites but also to identify, classify, and characterize the different perversions.⁵⁹

Charles Darwin, amongst others, laid the foundation for this shift. In the Darwinian model, sexual behaviour focused on reproduction and the natural selection of males and females according to their role in both reproduction and resource competition. Nineteenth century sexologists viewed people attracted to the same sex/gender as members of an *intermediate* or *third sex*. This theoretical biological background influenced the notion that a *third gender* or a *third sex* is simply deviant.

⁵⁹ Foucault, Michel *Herculine Barbin : being the recently discovered memoirs of a nineteenth-century French hermaphrodite; translated by Richard McDougall*. (Brighton, 1980), p xii.

2. The Development of Biological Determinism

2.1 The 'Age of Gonads'

Before that "Age", crucial reorganisations took place in Europe. Secularisation, industrialisation and warfare demanded new structures to guarantee social stability. A key unit of Western society was (and still is) the nuclear family within which the future workforce would be produced. Within this reproductive framework, same-sex desires and practices were a problem to be dealt with, aberrations from the procreative norm. The family was viewed as the place of reproduction, every disturbance of this institution had to be revealed. Sexuality as the palladium of reproduction came under observance. The late nineteenth century was an anxious time in Europe. Politicians were discussing the declining birth-rate and the increasing numbers of women who never married. The first Women's Movement and Suffragettes expanded political activism and brought up the 'Woman Question'⁶⁰, but what was one to do if one could not exactly say what a woman was? The recently named 'homosexual' was being widely discussed and physicians "were already feeling rather worried about the instability of political-sexual identities".⁶¹ Edward Carpenter's writing about "The Intermediate Sex" (1896) depicts these social changes at the turn of the century:

In late years (and since the arrival of the New Woman amongst us) many things in the relation of men and women to each other have altered, or at any rate become clearer. The growing sense of equality in habits and customs – university studies, art music, politics, the bicycle, etc. – all these things have brought about a *rapprochement* between the sexes. [...]

But exceptionally he argued for a different interpretation of these circumstances than his contemporaries. He actually argued for equality between men and women and seems more or less immune to the Darwinian notion of exclusive sexual dimorphism. Carpenter goes on:

⁶⁰ The Woman Question is a general term for the political challenge of feminist movements.

⁶¹ Dreger, Alice Domurat *Intersex in the Age of Ethics*, p.6.

It is beginning to be recognised that the sexes do not or should not normally form two groups hopelessly isolated in habit and feeling from each other, but that they rather represent the two poles of one group – which is the human race; so that while certainly the extreme specimen at either pole are vastly divergent, there are great numbers in the middle region who (though differing corporeally as men and women) are by emotion and temperament very near to each other.⁶²

But Carpenter's courage to handle these new social challenges must have been very rare. There is enough evidence that anxiety about sex/gender roles made many physicians sensitive, especially to sexual/gender identities and therefore also to their patients' anatomy. Feminists and homosexuals who challenged sexual/gendered boundaries at that time caused biomedical experts to search for tighter definitions of norms. The categories of female and male had to be defined clearly and non-overlapping to safeguard the two-sexed/gendered, heterosexual social system. Therefore more bodies were discovered in their "nonconformity" and "fell into the "doubtful" range".⁶³ People who had no obvious and permanent *true sex* threatened "natural sex/gender borders". As described by Foucault:

Biological theories of sexuality, juridical conceptions of the individual, forms of administrative control in modern nations, led little by little to rejecting the idea of a mixture or the two sexes in a single body, and consequently to limiting the free choice of indeterminate individual. Henceforth, everybody was to have one and only one sex. Everybody was to have his or her primary, profound, determined and determining sexual identity; as for the elements of the other sex that might appear, they could only be accidental, superficial, or even quite simple illusory.⁶⁴

Dreger regards 1870⁶⁵ as what she terms the beginning of the 'Age of Gonads'. From this time, the gonadal definition of sex/gender provided "a rather extraordinary, uniform sex classification system according to which every body's *true sex* would be marked by one trait and one trait only, the anatomical nature of a person's gonads: the ovaries or testicles."⁶⁶

Physicians were becoming unhappy with the idea that so many *true* hermaphrodites existed. The biomedical professionals gradually decided to tighten up the classification of hermaphroditism, as Dreger notes in her article about

⁶² Bland, Lucy and Doan, Laura (eds.) *Sexology Uncensored: the documents of sexual science*. (Cambridge, 1998). p. 48.

⁶³ Dreger, Alice Domurat *Hermaphrodites*, p.26.

⁶⁴ Foucault, Michel *Herculine Barbin*, p.viii.

⁶⁵ Dreger, Alice Domurat *Hermaphrodites*, p. 29.

⁶⁶ *Ibid.*, p 11.

Victorian Medicine⁶⁷. A reconfiguration of the category of *true* hermaphroditism became necessary in order to reduce the possibility of its existence in humans. Each case of doubtful sex had to be resolved in a diagnosis of *true* female and *true* male, which allowed the reduction of *true* hermaphroditism. Redefinition of old cases of *true* hermaphroditism as *pseudo* hermaphrodites became fashionable amongst professionals⁶⁸. *True* hermaphrodites were literally extinguished not only from history but also in their physical appearance and ability⁶⁹. As the physician Jonathan Hutchinson declared in 1896:

whenever this [true hermaphroditism] is the case, the organs are never developed in perfection. The testes do not secrete semen, or the ovaries do not attain their functional activity, and thus being who is in a sense bisexed is in another sense unsexed, and never attains the full development of either.⁷⁰

This perspective was founded on the differentiation of men and women by their reproductive capabilities, which originated in Darwinist theories. If people had both testes and ovaries, they would be *true* hermaphrodites. The gonadal definition meant that every body could officially be only one sex, which was a contribution to the strict separation between males and females and hence to the enforcement of the biologically defined *one-body-one-sex* rule.

More and more physicians became interested in the phenomenon of hermaphroditism. The most outstanding figures were the Polish Franz Neugebauer and the German Theodor Albrecht Edwin Klebs. By 1903, Franz von Neugebauer (1856-1914), Director of the Gynaecological Section of the Evangelical Hospital of Warsaw and a founding member of the British Gynaecological Society, had collected and analysed more than 930 accounts of hermaphroditism. His collection was published in 1908 in "Hermaphroditismus beim Menschen" (Hermaphroditism in Man) and also included recorded cases "since the beginning of history from around the world."⁷¹ For his contemporaries, the most striking outcome of his research was that he discovered sixty-eight

⁶⁷Dreger, Alice Domurat 'Doubtful Sex', p.35.

⁶⁸ For example G.F. Blacker and T.W. P. Lawrence, see Dreger 'Doubtful Sex', pp. 34-37.

⁶⁹ given that biopsies were not performed until 1910 the only true hermaphrodite was a dead and dissected one.

⁷⁰As cited in Dreger 'Doubtful Sex', p. 363.

⁷¹ Dreger, Alice Domurat *Hermaphrodites*, p. 63.

marriages between persons of the same “medical” sex. Reflecting the prevailing theories of the time, the gonads were the final arbiters of the true sex. “It seemed as if the crystal-clear gonadal definition of sex would restore order on the laboratory, in the surgical clinic, in marital beds, in military barracks, on the streets.”⁷²

The German pathologist Theodor Albrecht Edwin Klebs (1834-1913) created a classification system published in 1876 in the “Handbuch der Pathologischen Anatomie”, which served to drastically decrease the number of people who could be defined as hermaphrodites. In Klebs system, the ‘Age of the Gonads’ became manifest: True hermaphrodites had to have both at least one ovary and at least one testicle. Moreover, he divided them further into “true bilateral hermaphroditism” (with one ovary and one testicle on each side), “true unilateral hermaphroditism” (with one side ovary and testicle and the other side one of them) and “true lateral hermaphroditism” (a testicle on one side and an ovary on the other). Finally, “false hermaphroditism”, the so-called *pseudohermaphroditism*, was defined as “doubling of the external genital apparatus with a single kind of sexual gland”. This false hermaphroditism was further divided into two separate categories, the “masculine pseudohermaphrodite” testicles and female genitals, and the “feminine pseudohermaphrodite” ovaries testicles and female genitals and masculine genitals. This attempt to ban the threat could be called the actual “elimination of *true* hermaphroditism”⁷³. (my emphasis). He thus reinforced the popular conception that there were two and only two sexes/genders, with a very rare and unusual exception in the case of *true* hermaphroditism.

Dreger quotes Halliday Croom who emphasised the “importance of making early discovery of such cases, in order to save the miserable consequences, unhappiness, and divorce suits, even suicides, which may follow if they are not recognised and are allowed to proceed in error.”⁷⁴ The question remains if this was really meant to be for the sake of “the patient” and the partner or something else. The “essential” characteristics of “true” malehood and “true” femalehood of that

⁷² Ibid., p. 154.

⁷³ Dreger, Alice Domurat *Hermaphrodites*, p. 146.

⁷⁴ Cited in Dreger, Alice Domurat. ‘Doubtful Sex’, p. 341.

time obviously mirror the concern with reproduction of this time. In general, there were only a few recorded cases that included surgery. Sometimes testicles or ovaries were removed according to the patients' former sex/gender roles under the condition that they wanted to remain in that role. Physicians regarded the treatment they performed as the removal of incongruous organs. That meant that for the treatment of adults, physicians relied on traits other than the gonads, such as appropriate behaviour, the timbre of the voice, breasts, haircut and so on.⁷⁵The surgical tools of that time definitely limited physicians' influence.

The case of Alexina Herculine Barbin⁷⁶ (1838-1868), edited by Foucault, is probably the most famous case of hermaphroditism in the nineteenth century. Alexina Herculine Barbin was raised as a girl and became a female teacher in his/her early twenties. Her medical discovery as *truly male* actually only happened after his/her suicide, but medical attention was devoted earlier. This medical attention was caused by her search for support concerning his/her desire for her virginal girl friend Sara. After the publication of Barbin's autobiography in 1874, "readers could not but reach the conclusion that Sara's sanctity might have been saved had a medical man intervened sooner and forced the reification of Barbin's *true* and social sex."⁷⁷ The seduction of Sara only came to be possible through medical misdiagnosis of Barbin's sex/gender. Contemporaries assumed that it was the inappropriate social role that enabled Barbin to get access to female spaces and it was Barbin's testes that made him/her desire Sara, a woman. Hence it was not the size of an organ but the use of it that was the problem. As Barbin insisted on behaving as the possessor of the phallus he/she could only be accepted through a reassignment as an appropriate possessor of such power; a man. With the growing acknowledgement of the definition of *true* hermaphroditism, Barbin came to be "legally" redefined as a *true* male and seen to be just a hypospade⁷⁸. Again, as shown in the first chapter, an "enlarged clitoris" was redefined as a "small penis", due to threat posed by a "woman" profiting from male benefits. The following chapters will also deal with that phenomenon, as it seems to be persisting through time. Therefore, it was not really Barbin's anatomy that was of

⁷⁵ See Dreger, Alice Domurat. 'Doubtful Sex', p.

⁷⁶ Foucault, *Herculine Barbin*.

⁷⁷ Dreger, Alice Domurat *Hermaphrodites*, p. 76.

⁷⁸ Deformity of the penis.

interest for the medical establishment; it was more Barbin's crossing of gender boundaries and the consequential deviant behaviour. The signifier of the *true* sex/gender (the position of "possessing the phallus" in this case was having testes; later on, as will be shown in chapter 4, the phallus possessor will be judged after the appropriate size of its signifier).

With the redefinition of the "essentials" that made a *true* hermaphrodite, the "essentials" that made true males and true females were also changed. The emphasis on reproduction⁷⁹ during the end of the nineteenth century brought immense attention to issues of *sex* and *sexuality*. The "anatomical hermaphrodite" challenged the traditional image of two distinct sexes/genders and the newly construed "invert" – the "hermaphrodite in the soul" – threatened the social heteronormative order of the nuclear family.

2.2 Sexology at the Turn of the Twentieth Century

According to the high concern with sex(uality) during this time and a general professionalisation of the sciences (such as medicine, biology, psychology and so on), sexual science became a scientific discipline. Sexology could in modern terms be described as interdisciplinary. Scholars of this field come from different backgrounds and approach sex(uality) from different angles. The pioneers of modern sexology⁸⁰ were Magnus Hirschfeld, Havelock Ellis and also Richard von Krafft-Ebing. They were highly concerned with sexology in general⁸¹ and homosexuality⁸² in particular. Interestingly, most of them tried to foster public acceptance of homosexuality. Unfortunately, the way they chose to reach this goal

⁷⁹ Especially in Germany the Protection of the "Volkskoerper" (the nation body) was discussed as a threat for the public order, but this concerned also economical productivity in general.

⁸⁰ Actually Aristotle, Hippocrates and other can be described as sexual scientists as well, therefore I prefer the term modern Sexology for the nineteenth century and the following decades.

⁸¹ Sexology developed expertise on subjects such as venereal disease, eugenics, sexual psychopathology, prostitution.

⁸² The „homosexual“ that time was only discussed as appearing in men, lesbianism was hardly discussed, although Havelock Ellis presumed that homosexuality was more common than in males but it was not regarded as a „social evil“ as it was in men.

was that of naturalizing homosexual desire. Modern Sexologists explained homosexuality as a “hermaphroditism of the soul” and this “in turn anticipated the construction of the homosexual/heterosexual dualism in which we still live.”⁸³

The category of “sex” became the foundation for sex/gender dichotomization and the stabilisation of heteronormativity. The “psycho-sexual hermaphrodite” became a category of a mental state and was used to construe an invert. “The psycho-sexual hermaphrodite earned her/his title precisely from the idea that s/he had not a unique sort of desire, but a doubly natured desire, part “masculine” and part “feminine”.⁸⁴ When Karl Heinrich Ulrichs published his first accounts on “Uranism” in 1890,⁸⁵ he spoke about a *third sex*, which was hermaphroditic in the soul not in the body. But growing evidence of homosexuals’ anatomical normality increasingly challenged the hermaphroditic model imposed by advocates of the *third sex/gender* and the emphasis laid on the body shifted to the mind. In the following decades, the terms hermaphroditism and homosexuality became intermingled. The notion of the anatomically deviant transformed into the psychologically deviant. Homosexual inverts came to be seen as inhabiting the status of either a masculine woman or an effeminate man according to their sexual orientation. In the notion of Darwinism, hermaphrodites *and* homosexuals were considered to be unfinished specimens of stunted evolutionary growth.

The rise of a new era of explanations of the world order had begun. Social phenomena and the development of civilisation became located in a natural order of things. At the end of the Nineteenth Century, the acceptance of Darwinism was completed. Human beings became connected with the smallest entity⁸⁶ and the idea of evolution with man on top was established. Every being was considered to have a place in the evolutionary process of creation. Progress was signified by the greatest degree of sexual difference, as well as procreative heterosexuality. The notion of sexual dimorphism as the pride of creation makes these ideas so crucial for the perception of hermaphroditism. In the tradition of Darwinian theories on the

⁸³ Herdt, Gilbert, *Third Sex, Third Gender*, p. 23.

⁸⁴ Dreger, Alice Domurat *Hermaphrodites*, p. 135.

⁸⁵ Ulrichs coined that neologism for homosexuality.

⁸⁶ Which over the years and centuries should become smaller and smaller, now we have reached hormones, genes and chromosomes.

evolution of organisms through natural selection, the differentiation between the sexes became a sign of an evolutionary progress towards civilization. Havelock Ellis suggested therefore, that located in that tradition “since the beginnings of industrialisation, more marked sexual differences in physical development seem (we cannot speak definitely) to have developed than are usually to be found in savage societies.”⁸⁷ Working within the Darwinian tradition of sexual dimorphism, late Nineteenth Century sexology developed the concept that “male” and “female” were innate structures in all forms of life, including human beings, and that heterosexuality was the teleological necessary and highest form of sexual evolution. Ulrike Klöppel concludes that hermaphrodites were therefore regarded as “atavistic monstrosities”⁸⁸

The very influential and widely read “The Evolution of Sex” by Patrick Geddes and Arthur Thomson in 1889, stated that “hermaphroditism is primitive; the unisexual state is a subsequent differentiation. The present cases of normal hermaphroditism imply either persistence or reversion.”⁸⁹ The notion of natural selection made it possible to view hermaphroditic bodies as anomalous “throwbacks”. Therefore the hermaphrodite came to be seen as atavistic, as unfinished in its development. Although Havelock Ellis noted that „[s]trictly speaking, the invert is degenerate,”⁹⁰ he did not like the term and made clear that he only used the term in the most scientific sense, which meant that the hermaphrodite “has fallen away from the genus”⁹¹. Iwan Bloch stated in “The Sexual Life of Our Time” (1907) that “(t)he contrast between the sexes becomes with advancing civilisation continually sharper and more individualised, whereas in primitive conditions, and even in the present day among agricultural labourers and the proletariat, it is less sharp and to some extent even obliterated.”⁹² Declarations of this kind can be read as a response to the empowerment of women, and the blurring of heteronormativity, by homosexuals. Medical authority

⁸⁷ Cited in Bland, Lucy and Doan, Laura (ed.) *Sexology Uncensored*, p. 67.

⁸⁸ Klöppel, Ulrike “XXOXY ungelöst. Störungsszenarien in der Dramaturgie der zweigeschlechtlichen Ordnung” in *(K)ein Geschlecht oder viele? Transgender in politischer Perspektive*, ed. Polymorph, (Berlin, 2002). p. 161.

⁸⁹ Cited in Bland, Lucy and Doan, Laura (eds.) *Sexology in Culture: labelling Bodies and Desires*. (Cambridge, 1998), p. 67.

⁹⁰ As cited in Dreger, Alice Domurat *Hermaphrodites*, p. 138.

⁹¹ Ibid.

⁹² Cited in Bland, Lucy and Doan, Laura (ed.) *Sexology Uncensored*, p. 31.

was cemented – a social ambiguous bodily condition was altered into a pathological threat that can be classified, categorised and therefore banned through medicalisation.

Richard von Krafft-Ebing presented congenital sexual inversion in his famous “Psychopathia Sexualis” (according to Rosario the grand encyclopaedia of sexual perversities⁹³) in four graduations. His classification system depicted the mixture of two concepts – the anatomical one and the psychological one. He distinguished between: (1) psychical hermaphroditism, where subjects are mainly homosexual but traces of heterosexuality remain; (2) homosexuality, where there is an inclination towards members of the same sex only; (3) viraginity (in women) and effemination (in men) which means that the inverts psychical character corresponds completely with the inverts sexual instinct; and (4) hermaphroditism or pseudo-hermaphroditism, where men’s bodies become feminized and women’s bodies masculinised and the subject’s physical form begins to correspond to the inverted sexual instinct.⁹⁴

The influence of this kind of concept of hermaphroditism is also apparent in Magnus Hirschfeld’s theories. Hirschfeld, a practising homosexual, was informed by debates over Darwinism and in the scientific paradigms of his time. Hirschfeld founded the “Scientific Humanitarian Committee” (Wissenschaftlich-Humanitäre Komitee (WHK))⁹⁵ in 1897 and used it as a medium to bring his struggle for homosexual emancipation to the fore. He published the “Jahrbuch für sexuelle Zwischenstufen” (Annual for sexual intermediaries), which advocated the theory that all subjects were, to varying degrees, bisexual and/or transgendered and that sex was impossible in any oppositional sense. The clear-cut split between body and identity, between sex and gender, was threatened by these newly formed theories. Mental and physiological issues became intermingled. Ambiguous desire and ambiguous bodies came to constitute different forms of *inverts*.

⁹³ Rosario, Vernon *Science and Homosexualities*, p. 15.

⁹⁴ Cited in Bland, Lucy and Doan, Laura (ed.) *Sexology Uncensored*, p. 80.

⁹⁵ Which only existed until 1933 Hitler’s political victory, Hirschfeld was German-Jewish.

The rise of the homophile movement advanced the circulation of modern sexologist theories. The main attempt was to seek tolerance for homosexuality, for instance by linking it to hermaphroditism or inventing the category of the *third gender*. The problem was that hermaphroditism itself was considered intolerable. Early sexologists viewed homosexuality as an innate constitutional condition, but not all of them considered it pathological. “Their most pronounced scientific legacy was the idea that the homosexual was an inherently different type of person, endowed with somatic and characterological features that distinguished this creature from normal people.”⁹⁶ This newly developed kind of science was concerned with the belief that certain socially disadvantaged groups of people were intellectually inferior by nature.⁹⁷ The invention of categories of distinctive sexual types (as Foucault has shown for the end of the Nineteenth Century) was continued in this tradition. Richard von Krafft-Ebing, in particular, brought the notion to the fore that same-sex desires were not just behaviours but inherent in the individual. He believed in the hereditary basis of inversion but he also thought it should and could be cured. His actual intention was to strengthen the natural status of homosexual men and women. Ellis⁹⁸ also proclaimed “the organic nature of inversion” yet he assumed it to be curable. This was in contrast to Krafft-Ebing, the first to “[treat] homosexuality as neither a disease nor a crime”.⁹⁹ Therefore, sexologists tried to fight the pathologisation and criminalization of homosexual desire by naturalizing it. Sexologists described homosexuality as a product of hereditary degeneration and presented it as a harmless variation in human sexual behaviour. The effects of this scheme extended into the following decades; biological determinism came to be a central issue in regards to homosexuality and hermaphroditism/intersexuality.

⁹⁶ Terry, Jennifer and Urla, Jaqueline *Deviant Bodies*. (Bloomington, 1995), p. 137.

⁹⁷ Thus the bodies of, for example, the poor, criminals, non-white people and women were assumed to be primitive and diseased. After the invention of the category of the homosexual, the body that expressed deviant sexual desires joined this group of suspected degenerates.

⁹⁸ Ellis was in contact with Freud. Although they hardly ever agreed Freud's theories of sexuality influenced the scientific community and shifted the focus from the body to the psyche (although the notion of somatic qualities of the homosexual is still held up). Freud stated that the homosexual identity was not based on bodily characteristics but on the choice of sexual object. Freud's further theories on gender and sex would prove central for later perceptions of the sexes/genders and the construction of the category of the hermaphrodite/intersexual. Freud is to blame for the everlasting centrality of the phallus. Freud's theories of penis envy and the castration complex were essential for our societies' focus on the male genital and of course its absence. The influence of his theories was maintained during the following decades and remained connected to the medical community's subsequent “common sense”.

⁹⁹ Grosskurth, Phyllis *Havelock Ellis. A Biography*. (New York, 1985), p. 185.

In 1917 the German physician Richard Goldschmidt¹⁰⁰ invented the term intersexuality to refer to a wider range of sexual ambiguities as a replacement for the mythological term hermaphroditism. In his article on “Intersexuality and the Endocrine Aspect of Sex”, he discussed several new possible stages of intersexuality and suggested that homosexuality might be considered as one form of intersexuality. The foundations for this new mode of labelling were new medical investigations and the growing knowledge about endocrinology. Goldschmidt suggested that all hermaphrodites were “intersexes” as they have “begun life as one sex or the other only to undergo a sex reversal as an embryo”.¹⁰¹ Although both terms refer to the same anatomical condition, they signal different ways of thinking. Intersexed literally means that someone with an ambiguous identified body is *inbetween* the sexes. The term hermaphrodite implies (mythologically) that someone has attributes of both sexes. Therefore one could refer to intersexuality as *no sex* and to hermaphroditism as a sort of *double sex*. I would suggest that this removal was in fact the beginning of a construction of another system. The less frightening *one-body-no-sex* category for intersexed persons was created, which would be the primary one from the 1950s.

Unfortunately there is little evidence of further investigations into this field during the following two decades, which seems quite surprising as there seems to be a gap between the 1920 and the crucial change that happened in the 1950s. However, this is probably due to the Second World War and the worldwide economic crisis. In Europe there was probably a vast amount of sources destroyed, nevertheless, one research study conducted in the United States will be discussed in the following chapter.

This chapter has shown how the foundation of heteronormativity became justified by science. With the rise and spreading acceptance of biological determinism, what Michel Foucault described as *biopower* was now institutionalised. The knowledge about embryology, biochemistry, endocrinology, psychology, sexology and surgery enabled physicians to control the matter of sex in every meaning of social organisation. The institutional authority over deviance was now clearly

¹⁰⁰ Cited in Hausman, Bernice *Changing Sex*, p. 78.

¹⁰¹ *Ibid.*

located in-between the medical establishment. As the waxing discourse of bio-power gained influence, the hermaphrodite became fully naturalised¹⁰². Unfortunately, the aim of sexologists to make homosexuality accepted only reinforced the dichotomy between normal and abnormal, between heterosexuality and homosexuality, between “natural” and “unnatural”. The hermaphrodite played an important role, used either as a bodily condition or as a mental condition (newly defined, and modified according to the newly appeared emergencies of social and cultural changes). The body of the hermaphrodite was the playground on which scientists fought their battle. The perception and importance of hermaphroditism has, as a result of social circumstances, shifted into the field of sexual inquiry. A new dichotomy was created at the cost of the hermaphrodite. Since then, we do not only have the dichotomy between male and female, but also a new one: the dichotomy between homosexual and heterosexual. In the following decades, the hermaphrodite suffered two fights, one against the blurring of the genders and one against the blurring of “straight” desire and “straight” sexual practices. The term intersexuality was coined and freed the hermaphrodite from any mythological or religious background for “its scientific investigators”. Medicalisation was completed.

The quest to define homosexuality as an inherited bodily attribute continued through the thirties and peaked with the investigations of the Committee for the Study of Sex Variants.¹⁰³ (conducted from 1935-1941) in New York. The participants of the study were volunteers with a history of homosexual relationships. The subjects were sent through various psychological and physiological examination processes. Jennifer Terry describes this very interesting case concerning the construction of the lesbian body. Dickinson believed that genitals revealed masturbation, frigidity, promiscuity or lesbianism. He investigated and drew graphic sketches of female genitals to prove that the deviance shows itself in the bodily condition. Terry concludes that genitals became “indices of moral character”¹⁰⁴. Dickinson depicted the “lesbian clitoris” as a clear threat to the actual “natural phallus” in males as similar in size and shape by using the term

¹⁰² Naturalisation means that natural science is the medium that can explain the *natural law* in which the hermaphrodite is settled.

¹⁰³ See Terry, Jennifer, *Deviant Bodies*, p. 138.

¹⁰⁴ *Ibid.*, p. 143.

“hypertrophy” which should remain to describe intersexual appearance throughout the following decades. This specific case reveals how the heterosexual matrix wove itself into the perception of somatic features. It was founded on the questions of: What is acceptable concerning the make-up of genitals? Where is the border that can be drawn by the shape of genitals and the supposedly inherent deviance? How does abnormality in mind show itself in the constitution of the body? This study revealed the changing status of the body as scientific proof of homosexuality and was important because it tried (successfully for the following decades) to fix identity on bodily features. Beside others¹⁰⁵ this study managed to give those genital features the status of a signifier for the threat of the normal heterosexual world. Surprisingly the following decades fractured the notion of biological determinism in a bizarre way. Some of the concepts remained and some were destroyed.

3. The Age of Surgery

After the Second World War, family and patriarchal structures had to be reinstated, especially in America, Britain and Germany where men came back from war and women were pushed out of the jobs they had occupied during the men’s absence. The self-confidence women achieved, due to their ability to be the breadwinner of the family, during this period, had to be controlled. The nuclear family became highly unstable as the smallest cell of successful capitalism.¹⁰⁶ Deborah Findlay describes the 1950s as a

¹⁰⁵ See Terry, Jennifer *Deviant Bodies* or Vernon, Rosario *Homosexualities and Science*

¹⁰⁶ Not to say that communist societies were not patriarchally organised and did not have an interest in keeping this institution alive.

time of moral anxiety about ideals of femininity and masculinity ... a time when gender socialization was lauded with unusual force and when men and women were strongly encouraged to follow a pattern of prescribed traits and behaviours.¹⁰⁷

The fascination of the medical establishment with biological categories of sex and gender was both part and carrier of a wider cultural politics designed “to delimit and contain the threatening absence of boundaries between human bodies and among bodily acts that would otherwise explode the organisational and institutional structures of social ideologies”.¹⁰⁸ The following decade of medicalisation of intersexuality underlaid crucial political and social shifts. The second wave of the feminist movement starting in the sixties has also influenced the perception of gender in the sense that it has questioned the valuation of women according to strict reproductive functions. Further implications of the feminist movement will be explored in chapter four. As a result, the “Age of Gonads”, based on the notion that the final arbiters of the true sex were reproductive organs, could no longer exist. In the 1940s, Albert Ellis studied intersex births and came to the conclusion that nurture is more important than nature. In his article on “The sexual psychology of human hermaphrodites”, he stated that “while the *power* of the human sex drive may possibly be largely dependent on physiological factors...the *direction* of this drive does not seem to be directly dependent on constitutional elements”¹⁰⁹ [original emphasis]. Natural inclination came to be questioned and surprisingly flexible *gender theories* emerged. For that reason John Money’s gender identity paradigm gained influence.

The characterization of this new era still contained the belief of a *true* sex that can be discovered - but the attempt to create the *best* sex became central to the theorisation and treatment of intersexuality from then on. Hausman states that this shift only became possible through the technologisation of medical intervention.¹¹⁰

¹⁰⁷ Findlay, Deborah ‘Discovering Sex: Medical Science, Feminism and Intersexuality’ in *Canadian Review of Sociology and Anthropology*, vol. 32, (1995), p. 36.

¹⁰⁸ Epstein, Julia and Straub, Kristina eds. *Body Guards: The Cultural Politics of Gender Ambiguity*. (New York, 1991), p. 2

¹⁰⁹ Cited in Fausto-Sterling, Anne *Sexing the Body*, p. 46.

¹¹⁰ In some ways I can agree with Hausman; it is definitely true that new abilities and technological facilities have enabled new “(de)formations” of bodies and therefore new identities – but there is

This period was characterised by the improvement of surgical technology that enabled physicians to actually alter bodies that would not conform to socially construed anatomical categories. As will be shown in the following, most of the new technologies to identify the “true sex” were superfluous anyway – what counted was the external genital appearance and the operation performed to fit the individual into one (or the other) social category. The ‘Age of Surgery’ was gaining ground.

The main instrument that gained influence was the genetic test for the nuclear sex chromatin. Hormones also came under consideration merely as sex hormones not to mention the fact that anaesthesia made it possible to open living bodies. All these tools were instrumentalised to define the actual *true sex*. Several different combinations of these ‘sex determinants’ were extracted to classify different kinds of intersexuality. Physicians first name intersex bodies and then they physically alter them, according to what they think is the *best sex*. Several distinct medical categories have been created in these decades (and still exist). This classification system contains roughly six main categories, but they all can vary to great extent. There is Congenital Adrenal Hyperplasia (CAH), Androgen Insensitivity Syndrome (AIS), Gonadal Dysgenesis, Hypospadias, Turner Syndrome, and Klinefelter Syndrome.¹¹¹ These categories are all based on a “medically incorrect-identified” mixture of the appearance of the genitals and the hormonal and chromosomal state.

In the 1950s, John Money, a psychologist at Johns Hopkins Hospital,¹¹² came to prominence. Up until then, hermaphroditism/intersexuality had been studied with the presumption that an innate instinctive basis would determine sexual orientation and behaviour. Money denied biological determinism and developed psychosocial theories about rearing processes that determined gender role and gender identity. He and his colleagues appeared to deny the notion of natural inclination but never questioned that there were only two sexes. The key case of Money’s investigation

the point: if the ideology was a different one wouldn't we have used the technology for some different aims?

¹¹¹ Anne Fausto-Sterling, Sharon Preves, or Suzanne Kessler provide tables and figures, that give insight in this system of classifications

¹¹² The world's largest clinic for the study of intersexual conditions.

became known as the John/Joan case in which he tried to prove that the rearing of the child overwrites any 'biological' preconditions.¹¹³

Much of the literature on intersexuality from the 1950s onwards has been written or co-written by Money. In "Sex Errors of the Body" (1968) no corroborating research is referred to. Kessler notes that Money's success in promoting his theories merits a separate analysis. During the years, Money published more than 30 accounts on intersexuality and was hence rendered *the* authority – this can be considered as textbased science that reached the status of "truth". The "Money case" is surely proof of the power knowledge can gain. Most of the cases he recorded were "lost to follow-up".¹¹⁴ The most crucial one, the John/Joan case, has been recently discovered and proved wrong. Kipnis and Diamond note that thousands of sex reassignment procedures have been performed although "there have been no systematic large-scale studies done to assess the outcome of these procedures."¹¹⁵ Why Money had been so independently successful is worth a "separate substantial analysis",¹¹⁶ as Kessler suggests.

In "Sex Errors", Money construed 10 developmental variables of sex that remained the crucial characteristics for the coming generations of surgeons to treat 'medical emergencies':

1. Genetic or chromosomal sex (7 pages)
2. Gonadal sex (2.5 pages)
3. Fetal hormonal sex (2.5pages)
4. Internal morphologic sex (1 page)
5. External morphologic sex (13 pages)¹¹⁷
6. Hypothalamic sex (1,5 pages)
7. Sex of assignment and rearing (3 pages)
8. Pubertal hormonal sex (8 pages)
9. Gender identity and role (3.5 pages)
10. Procreative sex impairments (6 pages)

¹¹³ Bernd Vogenbeck elaborately analyses the current discursivation of Money's key case the John/Joan or recently known as the Bruce/Brenda case. He observes 'demonization' of the socialconstructivist sciences by equating it with 'moral decadence'. The produced dichotomy between science and nature becomes a 'antagonist fight' for the 'truth'.

¹¹⁴ Kipnis, Kenneth and Diamond Milton 'Pediatric Ethics and the Surgical Assignment of Sex'. In ed. Dreger, Alice Domurat *Intersex in the Age of Ethics*. (Maryland, 1999), p.179.

¹¹⁵ *Ibid.*, p.178.

¹¹⁶ Kessler, Suzann *Lessons from the Intersexed*, p.34.

¹¹⁷ Note the conspicuous difference of amount of pages written on each chapter; Money never tried to hide his actual focus which will be discussed later on.

It was Money who invented the term *gender* and became widely credited as the man who coined the term *gender identity* to describe a person's inner sense as male or female.¹¹⁸ Money describes his concept of *gender identity* and *role* as the following: "Gender identity... is your sense of yourself as male or female. Gender role includes everything you feel and think, everything you do and say, that indicates – to yourself as well as to others – that you are male or female".¹¹⁹ He goes on to explain this in such terms as "extreme sissy", or "extreme amazon"¹²⁰. He concluded that gonads, hormones or chromosomes did not automatically determine *gender role*, rather children were born psychosexually undifferentiated. However, this did not imply that the categories of sex had no biological basis, because, in Money's terms: "Nature herself supplies the basic irreducible elements of sex difference which no culture can eradicate."¹²¹ Therefore it can be said, according to Kessler:

The nonnormative is converted into the normative, and the normative state is considered natural. The genital ambiguity is remedied to conform to a "natural", that is, cultural indisputable, gender dichotomy.¹²²

Money's approach is firmly located within a two-sex model and traditional assumptions about gender and sex, with heterosexuality as the norm. Kiira Triea describes Money's gender assignment procedure in her essay "Power, Orgasm, and the Psychohormonal Research Unit"¹²³. Triea was already fourteen years old, when she first met him. He had asked her if she "wanted to fuck someone or if [she] wanted to be fucked by someone else?"¹²⁴

As scientists in the Money tradition wanted to find out more about "normal sexual development" (they never questioned that there were only two sexes), they studied intersexuality with the basic assumption of its abnormality. In Money's words:

¹¹⁸ According to Dreger, Alice Domurat *Hermaphrodites*, p. 182.

¹¹⁹ Money John, Tucker, Patricia *Sexual signatures : on being a man or a woman*. (Boston ,1975), p.9.

¹²⁰ Money John, Ehrhardt Anke A. *Man & woman, boy & girl : gender identity from conception to maturity* (Northvale, 1996), p.17.

¹²¹ *Ibid.*, p. 13.

¹²² Kessler, Suzanne 'The Medical Construction of Gender: Case Management of intersexed Infants. In *Signs: Journal of Women in Culture and Society*, vol 16, no .1, (1990), p.24.

¹²³ Triea, Kiira 'Power, Orgasm, and the Psychohormonal Research Unit'. In (ed.) Dreger, Alice Domurat *Intersex in the Age of Ethics*. (Maryland, 1999), p. 142.

¹²⁴ *Ibid.*, p. 142.

“(H)ermaphroditism means that a baby is born with a sexual anatomy improperly differentiated. The baby is, in other words, sexually unfinished.”¹²⁵ Working within preconceived ideas of the two sex/gender- model, there was no room for homosexuality, celibacy, or even non-penetrative heterosexual relationships. According to Myra Hird Money’s work can be described as testifying

to both the discursive gymnastics required to sustain a two-sex model, and the profound impact this reductionist model has had on the lives of intersexuals. Money developed a vocabulary that combined biology and sociality, allowing the medical community to sustain the belief that ‘sex’ consists of two exclusive types despite *the medical community’s own evidence* that this is not the case.¹²⁶ (original emphasis)

It was Sigmund Freud who first stated that a child’s healthy psychological development as a boy or a girl rested largely on the presence, or absence, of the penis, a notion that became central to Money’s theory of sexual development. Therefore echoing Freud, Money surmised that the presence or absence of the penis was the critical anatomical factor for assigning a sex; he even described the penis as “the final arbiter”¹²⁷. The penis should become the *material signifier* for sex and therefore gender. The (“appropriate”) presence of the penis as the source for decision for the *right sex* had already had its golden age in the Early Modern Period. Obviously the “Age of the Gonads” with its specific accent had not enough “potency”, to keeps its narrator of the *true sex* alive. However, in the “Age of Surgery” Successful male performance depends upon the ability to engage in heterosexual penetrative intercourse, and to urinate standing up, which in Money’s terms can only be guaranteed by a certain lengths of the penis. As Money stated “The chief problem of masculinizing surgery in hermaphrodites, however, is repair of the hypospadiac penis so that the boy can stand to urinate.”¹²⁸ A male who could not perform penetrative sexual intercourse would be in a much worse psychological position than a female who could not perform properly. Basic criteria for which *gender* an individual should be was whether they could have penetrative

¹²⁵ Money John, Ehrhardt Anke A. *Man & woman, boy & girl: gender identity from conception to maturity*. (Northvale, 1996), p. 5.

¹²⁶ Hird Myra J. ‘Gender’s nature: Intersexuality, transsexualism and the ‘sex’/‘gender’ binary’ *Feminist Theory*, vol. 1, no. 3, (December 2000), p. 350.

¹²⁷ Money John, Ehrhardt Anke A. *Man & woman, boy & girl*, p.14.

¹²⁸ Money, John, ‘Hermaphroditism’, pp. In. *The Encyclopedia of Sexual Behaviour* (eds.) Ellis, Albert and Abarbanel, Albert. (New York, 1973), p. 481.

sexual intercourse successfully or not and whether the penis was too small to permit satisfactory copulation. The precondition for a normal *gender identity* and *gender role* was therefore a “normal” looking genital provided by surgery. Here it becomes clear that Money actually never took his own list of variables seriously, because points one to six (despite point five which actually carried the crucial decision) were superfluous.

Surgery performed on intersexuals destroyed sexual sensitivity (also fertility). Therefore one could say that Money’s guiding principle was penetration without pleasure is better than pleasure without penetration. Money’s recommendation for practice of *gender assignment* included surgery on infants and later hormonal treatment. His denial of informed consent (and his homophobic attitude) becomes clear in the following quote:

It is utterly different for a woman to be told bluntly that she has testicles than to be told that, under the microscope, an abnormally formed sex gland with a cell structure resembling a testis has been found. The horror of most people learning of a contradictory sex variable in themselves or their offspring stems from their impulsive assumption that this contradiction will induce perverse desires and homosexuality – that is falling in love with a person of the same declared sex. That such is not the case needs to be aired in frank discussion.¹²⁹

In her essay, “The Medical Construction of Gender: Case Management of intersexed Infants”, Kessler interviewed six medical specialists in paediatric intersexuality to produce an account of the medical decision-making process. Kessler found it important to look at the “language” of genitals. Physicians would rather talk about “underdeveloped” phalluses than “overdeveloped” clitorises. “In the case of the undersized phallus, what is ambiguous is not whether this is a penis but whether it is ‘good enough’ to remain one.”¹³⁰ She described the processes by which cultural assumptions about sexuality in effect superseded objective criteria for gender assignment. Kessler concluded that the key factor in making a decision was whether or not the infant had a “viable” penis. This revealed the phallocentrism of the medical discourse. Kessler was able to discover the contradictory attitude of contemporary physicians, and quoted one in her essay:

¹²⁹ Ibid., p. 479.

¹³⁰ Kessler, Suzanne ‘The Medical Construction of Gender’, p. 13.

Nevertheless, doctors today, schooled in the etiology and treatment of the various intersex syndromes, view decisions based primarily on gonads as wrong, although, they complain, the conviction that the gonads are the ultimate criterion “still dictates the decisions of the uneducated and uninformed”. Presumably, the educated and informed now know that decisions based primarily on phallic size, shape, and sexual capacity is right.¹³¹

Surprisingly, reproductive capacity was not of primary importance. For instance, due to the surgical correction of "microphallus", individuals could be sterile. Alternatively, for the female it was only sufficient to be able to be penetrated. Conceptual and practical treatment of hermaphroditism was and is still based on the assumption that heterosexuality is the only natural, moral and normal form of sexuality. Thus any surgery, whether feminizing or masculinising, is implicitly heterosexualising. Indeed, the basis of heteronormativity can be examined by looking at the medicalisation of hermaphroditism/intersexuality. As Fausto-Sterling puts it:

Whatever treatment they [physicians in the Money tradition] choose, however, physicians who decide how to manage intersexuality act out of, and perpetuate, deeply held beliefs about male and female sexuality, gender roles, and the (im)proper place of homosexuality in normal development.¹³²

The characterization that Dreger uses for this period is that the physician “would be the determiner or even the creator of it [only a single true sex for each body]”. This creation was more or less¹³³ reduced to the surgical alteration of the genitals: a *proper* penis would make a male, and a *proper* vagina would make a female. The criteria for adequacy based on heterosexual penetrative sex will be discussed later on. Actually Money's recommendations meant that the vast majority of intersexual children, regardless of their chromosome status, would be turned into girls. The guidelines, still in use, dictated that to be assigned as a boy, the child must have a penis longer than 2.5 centimetres; a girl's clitoris was surgically reduced if it exceeded one centimetre.¹³⁴ John Gearheart¹³⁵ well known in the field and quoted in many accounts on intersexuality said once: “it’s easier to make a hole than build a pole.” Therefore most children born with genital ambiguities

¹³¹ Ibid., p. 20.

¹³² Fausto-Sterling, Anne *Sexing the Body*, p. 48.

¹³³ Hormonal treatment to guarantee the proper development of secondary sexual characteristics like breasts or facial hair was applied during puberty.

¹³⁴ Cited in Fausto Sterling, Anne *Sexing the Body* p. 60.

¹³⁵ Cited in Holmes, Morgan ‘Queer cut Bodies’, p. 101.

would be assigned female. Clitorodectomy was the common practice, in Money's words: "Feminizing surgery almost always involves amputation of an enlarged clitoris."¹³⁶ Yet, this is not everything, because "(l)n addition to clitorodectomy, feminizing surgery may require vaginoplasty as well."¹³⁷ Surgery, Money advised, should be performed "very early in life"¹³⁸ to eliminate "potential psychological problems".¹³⁹ ISNA, the Intersex Society of North America, a political initiative gives a quite different comment on Money's (and collaborateurs') recommendations for performing surgery on infants and not telling them, or the parents the actual situation:

This "conspiracy of silence"---the policy of pretending that our intersexuality has been medically eliminated---in fact simply exacerbates the predicament of the intersexual adolescent or young adult who knows that s/he is different, whose genitals have often been mutilated by "reconstructive" surgery, whose sexual functioning has been severely impaired, and whose treatment history has made clear that acknowledgment or discussion of our intersexuality violates a cultural and a family taboo.¹⁴⁰

But statements of this kind will only become public about forty years later, as will be discussed in the last chapter. That there was and still is a vast number of people who suffer from traumatic experiences caused by surgery in early infancy was never of interest for Money. Physicians' understanding of biology's complexity does not inform their understanding of the sex/gender complexity. The fact that they medically (re)construct sex does not lead them to see that gender is always constructed. The very idea of sex consists of two exclusive types: male and female. Kessler claims physicians' failure to imagine that each decision they do in such a 'case' is a moment when "a specific instance of biological sex is transformed into a culturally constructed gender."¹⁴¹ As Hausman puts it:

They were able to produce a discourse about the body and human identity in sex that became powerful, both as a justification for medical practices and as a generalized discourse available to the culture as large for identifying, describing, and regulating social behaviours.¹⁴²

¹³⁶ Money, John, 'Hermaphroditism'. In. p. 481.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Ibid

¹⁴⁰ <http://www.isna.org/library/recommendations.html>

¹⁴¹ Kessler, Suzanne 'The Medical Construction of Gender', p. 26.

¹⁴² Hausman, Bernice *Changing Sex.*, p.107.

Until now there has been no actual “post-Money” period; physicians still rely on his investigations (proved wrong or not at all) and line up with their surgeries. Most of them have not yet understood how highly contradictory this whole thing is. Money’s theories became the foundation for paediatric surgeons and endocrinologists to surgically and hormonally classify intersexual newborns into whichever sex the doctor wished and which one he or she considered as the best sex. The goal of sex assignment in intersexed children was and is to assure proper psychosexual development as either a straight male or a straight female at any cost. Money’s ideas are still accepted in obstetric practice today.

Money’s “medical arrogance” and his deficiency of historical awareness made it possible for him to state that “(H)ermaphroditism has not been, and probably will never need to be, the subject of test cases brought before federal or state courts for judicial decision”.¹⁴³ This presumed superiority of medicine concerning the treatment of hermaphroditism/intersexuality will be challenged in the following years. Chau and Herring (two lawyers!) note, in their article “Defining, Assigning, and Designing Sex”¹⁴⁴ of 2002, that Money’s paradigms came to be challenged. They give five particular sources of challenge. First, there had been further research in the Joan/John case (which came out to be a disaster for the child and the adult); second, research into intersexual people who could escape surgery (which came out to be a fortunate incident); third, intersexual people’s complaints about their surgery; fourth, claims that Money’s approach was phallo-centric; and fifth, that intersex conditions generally challenge gender differences. The following chapter will expand points three to five by examining how social and cultural circumstances and the development of new theoretical approaches to gender, sex, and norm made the notion of n-sexes possible.

¹⁴³ Money, John, ‘Hermaphroditism’, p. 484.

¹⁴⁴ Chau P.-L.; Herring Jonathan ‘Defining, Assigning and Designing Sex’. *International Journal of Law, Policy and the Family*, vol. 16, no. 3, (2002), pp. 327-367.

4. The Dawning Age of Post-Medicalisation

4.1 The Impact of Feminist and Queer Theories

Cheryl Chase, an intersex activist from America, compares the coming out of an intersexual in the 1990s with the coming out of a homosexual in the 1950s. That was the time when early activists proposed considering homosexuality not as an illness, a sin or a crime, but as a valid difference. Since then, a lot has changed; the 1970s and 1980s witnessed immense political and social changes. Both the feminist movement and the gay and lesbian liberation movement should be viewed as highly influential regarding the issue of hermaphroditism/intersexuality. This chapter will explore the influence of feminist and queer critiques on the perception of hermaphroditism/intersexuality, not only on subsequent social shifts but also the development of new theoretical impulses. According to Preves it can be stated that the intersex movement is based on the accomplishments of earlier activists like those in GLBT (gay, lesbian, bisexual and transsexual) movements.

The increasing visibility of GLBT-identified people has clearly provided an expanded level of social tolerance for those with nonbinary genders and sexualities, ultimately paving the way for the intersex movement to take shape. Both queer theory and GLBT activism parallel the politics of earlier difference movements, such as the disability rights movement, which caused understandings of disability to *shift from moral to medical to minority concepts of difference*.¹⁴⁵ [my emphasis]

This awareness of shifting paradigms, which has its origin in poststructuralist and postmodern thought, should be applied to the issue of hermaphroditism/intersexuality. The following will evaluate the theoretical threads in the 1970s and 1980s that gave rise to social constructivism, deconstructivism, poststructuralism and postmodernism. This chapter concentrates on queer theory and the connection of the transgender movement to poststructuralist and postmodernist thinking. This will result in a basic critique of the construction of “scientific knowledge” and the adaptation of the issue of hermaphroditism/intersexuality by feminists, queer theorists and the transgender movement.

¹⁴⁵ Preves, Sharon E. *Intersex and Identity. The Contested Self*, (London, 2003), p. 88.

The beginning of the second wave of feminist thought arguably coincided with Simone de Beauvoir's "Le Deuxieme Sex"¹⁴⁶ (1949), in which she states the famous sentence "one is not born a woman, one is made a woman".¹⁴⁷ This statement initiated the feminist concern with the construction of gender¹⁴⁸ and the distinction between the biological sex and the social gender. The second wave of the feminist movement peaked in the 1970s, accompanied by several other new social movements (NSM).¹⁴⁹

The social fracturing of left politics was accompanied by a theoretical decentring. This entailed not only the narrowing of Marxism to a local socio-political and discursive project but a broader strategy of historicizing and politicizing all social discourse, including the disciplinary discourse of the human sciences.¹⁵⁰

The 1970s and 1980s provided the foundation for a postmodern critique, as people already viewed science as ideology-laden. Science was seen as a normative and social force, drawing moral boundaries, producing social hierarchies and, most significantly, creating identities. Science was made visible as a "culture-bound social practice that bears the mark of its sociohistorical embeddedness and the social interests of its producers."¹⁵¹ Theory does not develop within the confines of a political vacuum; it is rather forced to recognise and interact with the circumstances of contemporary politics and activism. Postmodern and poststructuralist thinking was the response to socio-political changes and vice versa. Thus theory depends on the preconditions society provides and political activism mirrors and reflects theoretical development.

With the rise of poststructuralism and postmodernism (and its critique of the discourse of the human sciences), biological sex came into question as well.

¹⁴⁶ Beauvoir, Simone de *Le deuxième sexe*. (Paris, 1949).

¹⁴⁷ See Lorenz, Maren *Leibhaftige Vergangenheit. Einführung in die Körpergeschichte*. (Berlin, 2000), p. 72. I actually prefer this translation to "one is not born a woman, one becomes a woman", because it emphasises the process and the forces from outside.

¹⁴⁸ The actual term of "gender" was ironically coined by John Money as worked out in the previous chapter.

¹⁴⁹ Unfortunately this dissertation does not allow tracing politics of Marxism for example as well as many other traces of social critique will remain untouched. The concept of "the personal is political" changed the focus from the aim to reform the state to the aim to reform cultural representations and exclusions.

¹⁵⁰ Seidman, Steven 'Identity and Politics in a "Postmodern" Gay Culture: Some historical and Conceptual Notes'. In *Fear of a Queer Planet. Queer Politics and Social Theory*. (ed.) Warner, Michael, pp. 105-142. (Minnesota, 1993), p. 108.

¹⁵¹ Seidman, Steven 'Identity and Politics', p. 109.

Feminists revealed that biology, with its scientific constructions of women destined for certain duties as a result of their biological make-up, was not neutral at all, but was highly political¹⁵². Lesbians and gay men have also started to question the medico-scientific constructions of their desires as unnatural or abnormal¹⁵³. Both movements aimed at the institutions carrying the scientific constructed models of identity and therefore oppression and social norms.¹⁵⁴ The struggles against the authority of scientific- medical representations have their roots in the NSM and were necessary for the later postmodern critique. Postmodernism can be seen as a broad cultural and intellectual standpoint that is suspicious of systematising, theory-building projects and that therefore pictures science and all claims to knowledge, as moral and social forces.

In fact, a central struggle of the NSM has been against science as a discourse that carries cultural and institutional authority. The ways in which women, gays, lesbian, people of colour, and the differently abled are oppressed, are closely tied to stigmatizing public discourses and representations. (...) the oppression of the NSM is anchored in cultural representations. In particular, the human sciences – psychiatry, psychology, criminology, sociology have played a key role in shaping the way Americans think about the body, self-identity, and social norms.¹⁵⁵

Seidman, who notes the special issues with which NSM are concerned, is broadly correct. However, the absence of biology and medicine in his list is still symptomatic of a belief that they are more neutral or objective than the others mentioned. Seidman wrote this account in 1993. As such, it appears that the postmodern attack on biology and medicine has not yet peaked. However, Fausto-Sterling, a biologist herself, was the first to engage with the topic of hermaphroditism/intersexuality in the same year. Her groundbreaking article in *The Sciences* called “The Five Sexes” reads like this:

The treatment of intersexuality in this century provides a clear example of what the French historian Michel Foucault has called biopower. The knowledge developed in biochemistry, embryology, endocrinology, psychology and surgery has enabled physicians to control the very sex of the human body. (...) *Hermaphrodites have unruly bodies*. They do not fall naturally into a binary classification; only a surgical shoehorn can put them there. (...) Inasmuch as hermaphrodites literally embody

¹⁵² See for example Kessler, Suzanne and McKenna, Wendy *Gender. An Ethnomethodological Approach*

¹⁵³ As discussed in previous chapters as the main approach to homosexuality in prior centuries

¹⁵⁴ For a history of these movements, see Seidman, Weeks, Katz, Feinberg, etc.

¹⁵⁵ Seidman, Steven ‘Identity and Politics’, p. 109.

both sexes, they challenge traditional beliefs about sexual difference; they possess the irritating ability to live sometimes as one sex and sometimes the other and they raise the specter of homosexuality.¹⁵⁶ [my emphasis]

In 1993, shortly after the publication of this article, Cheryl Chase (an intersex activist and scholar) founded ISNA (Intersex Society of North America). She initially announced ISNA's existence by publishing a letter to the editor in response to Anne Fausto-Sterling's article. The society actually did not exist yet but from then on Chase received letters from intersexuals around the world, and ISNA was brought to life.¹⁵⁷

Fausto-Sterling provocatively advocated the categorisation of sexual conditions into five states:

the so-called true hermaphrodites, whom I call herms who possess one testis and one ovary...; the male pseudohermaphrodites (the "merms"), who have testes and some aspects of the female genitalia but no ovaries; and the female pseudohermaphrodites (the "ferms"), who have ovaries and some aspects of the male genitals but lack testes.

Supposedly, the last two sexes are male and female, which Fausto-Sterling appears to take for granted. Fausto-Sterling has been criticised by several feminist researchers for her acceptance of the Victorian definition but, nevertheless, she was the first to question the clinical "management" of intersexuality. Fausto-Sterling locates herself clearly in the Foucauldian notion of power and was therefore able to approach the topic from a different angle than others before her. Fausto-Sterling more or less initiated the whole intersex movement.

Poststructuralist thinking has had a great impact on the formation of the new theoretical framework of feminist and queer theory. It has provided the possibility to approach the subject of sexuality by the historicisation of all sexual identities. As this dissertation is limited in space, it will focus on one case study of this theoretical framework: the influence of Michel Foucault. Foucault contributed to a new methodology for the diagnosis of our society and our histories. His original thinking concerned the concept of power, which Foucault understood as a matter

¹⁵⁶ Fausto-Sterling, Anne 'The Five Sexes: Why Male and Female are not enough'. *The Sciences*, 33 (March/April 1993), pp. 24.

¹⁵⁷ In winter 1994 the first issue of the newsletter *Hermaphrodites with Attitude* came out and in January 1995 support groups were started. ISNA went on-line in January 1996.

of complex relationships rather than a property inherent in a particular individual or class. A central question he posed in his later work was: How did power circulate through the production of knowledge about sex? Foucault's work was not the origin of queer theory, nor was queer theory the culmination of Foucault's thinking. However, his analyses of the interrelationship of sexuality, power and knowledge was the most important intellectual catalyst of queer theory. Halperin even states that "if Michel Foucault had never existed, queer politics would have had to invent him"¹⁵⁸

However, Foucault's groundbreaking "History of Sexuality"¹⁵⁹ unsettled many accepted ideas about sex. Before Foucault, people used to assume that Victorian taboos repressed the discussion of sex. But Foucault pointed out that these taboos did exactly the opposite: they made sex seem even more important, turning the confession of sexual detail into something akin to a religion or a compulsion. Before the nineteenth century, for instance, sodomy was an act not a discourse. Morgan Holmes, writing about "Queer Cut Bodies" draws the connection between the shifts concerning homosexuality and hermaphroditism/intersexuality.

Working from Foucault's now famous argument that prior to the nineteenth century there were heterosexual and homosexual practices but not heterosexual and homosexual people, it is possible to see that the movement of the management of hermaphrodites from the courts to the clinics coincides with the construction of stricter identity categories, pathologies and norms. The intersexual, like the homosexual, came to be identified under a disease category for which a culture might be found and imposed, thus maintaining and privileging the industrial age's organization of the family, and of the roles of men and women within it.¹⁶⁰

Alice Domurat Dreger wonders if it is a coincidence that Foucault found the "emergence of the homosexual" at the same time that she found the "virtual extinction of the hermaphrodite"¹⁶¹. Dreger's statement could be read as a contradiction: on the one side we have the origin of a new category; on the other we are confronted with the abolition of a category. But Dreger actually talked about the creation of several intersex categories at the expense of the extinction of "true hermaphroditism". These different new categories paved the way for

¹⁵⁸ Halperin, David *Saint Foucault. Towards a Gay Hagiography*, (Oxford, 1995), p. 120.

¹⁵⁹ Foucault, Michel *The History of Sexuality*. New York, 1985-86.

¹⁶⁰ Holmes, Morgan 'Queer Cut Bodies', p. 97.

¹⁶¹ Dreger, Alice Domurat *Hermaphrodites*, p. 153.

medicalisation and pathologisation. The more something was investigated and categorised the more it could be controlled. The same phenomenon, observed Foucault, concerned the categories of sexual orientation: the more we “Other Victorians”¹⁶² talked about sex the more we were able to control it.¹⁶³

Essentialist thinkers believe that sexual identities are transcultural and transhistorical. The poststructuralist conception of the self is positioned in contradiction to the Cartesian subject (who has an innate or essential identity), as a socially constructed fiction and as a product of language and of specific discourses. Michel Foucault rejected the view of a fixed identity. For Foucault, people do not have a 'real' identity *within* themselves. Identity is just a way of talking about the self - a discourse. An 'identity' is communicated to others in interactions. Identity is a shifting, temporary construction. Foucault suggests the subject “is not a substance; it is a form and this form is not above all or always identical to itself.”¹⁶⁴ Identity therefore is the effect of discourses.

In the context of hermaphroditism/intersexuality, this approach to identity implied the notion that no one was inherently “deviant” or “normal”. These characteristics came to be seen not to lie objectively within a person; rather they were culturally variable, akin to that which was considered normal or abnormal. Morgan Holmes also refers to Foucault as the most famous advocate to argue that “medical discourse has shaped and controlled the way in which people think of, approach and experience “the body”.”¹⁶⁵ Intersexuality ought to be demedicalised because it is not in itself pathological. Pathology *per se* always lies in the social system and its strict adherence to gender binarism. Deviance and stigma are social products that emerge from social encounters and negotiation. The “pathological” is not an objective or isolated phenomenon, but it is extracted from what is defined as the

¹⁶² See first chapter in Foucault, Michel *The History of Sexuality*.

¹⁶³ There has to be noted a parallelism with the creation of the category of the homosexual to the creation of the category of the hermaphrodite. The hermaphrodite/intersexual as a category becomes as clear as “Foucault’s emergence of the category of the homosexual”. Foucault does not deny that there was “homosexual practice and desire” all through the time. Concerning the hermaphrodite/ intersexual, there were bodies that looked like those we know nowadays as hermaphroditic/intersexed; this category similarly only emerged at the end of the Nineteenth Century. We have records of Ancient Greek history that are interpreted as descriptions of homosexual acts and lives, and we also have evidence for “ancient bodies” that can be read as hermaphroditic: but they neither had their place in one and only one category.

¹⁶⁴ Cited in Halperin, David *Saint Foucault*, p. 212.

¹⁶⁵ Holmes, ‘Queer Cut Bodies’, p. 86.

“physiological”. Vernon Rosario states that “...the “normal” and the “pathological” – in their very quantitative arbitrariness – disguise the cultural and moral values they perpetuate”.¹⁶⁶ Our culture is one where childbirth, sexuality and normalcy are within medical purview. As such, the social response to sexual ambiguity is primarily medical.¹⁶⁷ Medicalisation describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders.¹⁶⁸ Once a phenomenon comes to be seen through a medical lens, medical treatments may seem logical, if not necessary, and in most cases remain unquestioned (at least from outside the medical establishment). Because language and cultural perception tend to reflect and reinforce one another, adoption of a medical perspective makes it difficult for lay people to question medical authority, or to seek alternative care. As many queer researchers emphasise, it is the social context which marks bodies as deviant not the body itself. Stigma is always temporary and unstable. As Preves notes, it is always related to the norm,

because Western cultures place such strong emphasis on sexual (and other forms of) categorization, intersex ambiguity causes major social disruption and discomfort. If there were less concern about gender, there would be less concern about gender variation. Because intersex is often identified in a medical setting by physicians during childhood or during childbirth or during a paediatric appointment in later childhood, the social response to intersex “deviance” is largely medical.¹⁶⁹

The word *queer*¹⁷⁰ was initially a sign of homophobic abuse, used to insult and harm people who were discovered to have an “abnormal” and “aberrant” sexuality. Later, in the 1980s, it was “refunctioned”¹⁷¹: *queer* came to be used differently, sometimes as an umbrella term for a coalition of culturally marginal sexual self-identifications and/or as a proud self-designation and a medium for political fight.

¹⁶⁶ Rosario, Vernon (ed.) *Science and Homosexualities*, p. 6.

¹⁶⁷ See Foucault, Michel *Birth of the Clinic*.

¹⁶⁸ Preves, *Intersex and identity*, p.209.

¹⁶⁹ Preves, Sharon *Intersex and Identity*, p.13.

¹⁷⁰ The term queer was coined by Teresa de Lauretis at a conference on the theorising of gay and lesbian sexualities that was held at the University of California, Santa Cruz in 1990. De Lauretis wanted to question the implicit homogeneity of gays and lesbians. The main problem that arose in gay and lesbian studies was the exclusion they created themselves. De Lauretis was the first one who brought that problem up. How do categories like “gay” and “lesbian” emerge? From what do they differentiate themselves? What are the discourses which produce them? Are these discourses dominant or dominated? Are they *reverse discourses* or are they a product of normalization? In what way does an adoption of homosexual identity reinforce a hetero/homo split? Homosexual identity is always produced in the framework of heterosexual hegemony.

¹⁷¹ Butler explains this process at length in *Bodies That Matter*.

For example, “We’re here, we’re queer, get used to it!”¹⁷² Gay and lesbian studies, which were institutionalized at the time, preferred the term and assumed that name: “queer studies” was born. Academic inquiries into these subjects and the settling of queer studies crystallised a certain theory - queer theory. Queer theory represents a conceptualization of sexuality which sees sexual power embodied in different levels of social life. Queer theory can be considered as trans- and interdisciplinary and as generally sharing a common concern with the politics of representation and the analyses of written and visual culture. Despite the diversity of the material that has been called queer theory, there are a few basic tenets common to all. Queer theorists agree that sexuality is a historically specific construct that society uses to systematically oppress those outside its categories of sexual normalcy. As such, homophobia is a structural, rather than an individual problem. This approach would be the most challenging critique for the medical establishment “managing intersexuality” throughout the 1990s.

Because the logic of the sexual order is so deeply embedded by now in an indescribably wide range of social institutions, and is embedded in the most standard accounts of the world, queer struggles aim not just at toleration or equal status but at challenging those institutions and accounts. The dawning realization that themes of homophobia and heterosexism may be read in almost any document of our culture means that we are only beginning to have an idea of how widespread those institutions and accounts are.¹⁷³

Foucault’s critique of naturalised sexuality and identity has extended to feminist work on the naturalisation of gender and queer theory’s investigation of transsexualism and transgender. Judith Butler is most famous for her study “Gender Trouble”. Butler develops Foucault’s ideas in relation to gender theories. Butler argues that ‘sexuality’ is discursively produced and extends the argument to include gender. She explores naturalised and normalised models of gender and heterosexuality. Gender for her is not the cultural extension of biological sex but an ongoing discursive practice currently structured around the concept of heterosexuality as the norm of human relationships.

Sexual ambiguity is disruptive in a world where only two sexes are thought to exist. Western assumptions about sexual identity are based on a belief that

¹⁷² ACT UP (political activist group) printed T-shirts with that sentence.

¹⁷³ Warner, Michael *Fear of a Queer Planet*, p. xiii.

anatomical sex causes gender development, which in turn causes sexual desire: an individual will naturally be attracted to individuals whose genitals are different from their own. Gender classifications are socially important and the criteria for membership in one gender category are inflexible. As such, any variation of sexual anatomy is of great concern. Kessler recalls her earlier adaptation of John Money's gender paradigm.

Those of us who are social constructionists and have postulated the primacy of gender attribution or gender performance should have been more critical of Money's theory for putting so much emphasis on the genitals as evidence of gender. We should have asked a number of questions, among them, Why did the twin boy [Kessler refers here to the John/Joan case] have to be a girl if he did not have a penis?¹⁷⁴

This statement can be read as clearly located in the feminist tradition of revealing misogynist practices. In short, it offers traditional critique of the notion that female bodies are bodies *without*. But it can also be viewed as paving the way for the critique of genital centred distinctions between people or as a general critique of sexual distinctions.

Butler remains in the Foucauldian tradition of the body being a surface on which history imprints cultural values. She reads the body as a *signifying practice* and develops a theory of 'performativity'. This does not mean choosing gender is like selecting from a wardrobe, as is mistakenly inferred in some German texts¹⁷⁵. Butler rather argues that gender is 'performative', meaning that the sexes have no intrinsic, ontological validity, that gender is not a natural part of a person but something they have to constantly enact. This theory has been extended by some researchers. Many reveal the astonishing contradictions of medical practitioners. Morgan Holmes analyses the production of the "natural" and its conflation with technology and statistics.

We tend to overlook the technical constructions of bodies and posit them as "natural"; therefore, when doctors make a gender assignment, they somewhat paradoxically believe that they are simply aligning intersexed bodies with natural categories and not with social constructions. The ability to diagnose intersexed

¹⁷⁴ Kessler, Suzanne *Lessons from the Intersexed*, p. 7.

¹⁷⁵ See for example Barbara Duden 'Die Frau ohne Unterleib: Zu Judith Butlers Entkörperung'. *Feministische Studien*, 2 (1993).

conditions as deviations depends upon a conflation of the idea of the “natural” with statistical norms – that is, that a majority of babies are born with typical genitals, therefore, binary sex categories are “natural”.¹⁷⁶

Heterosexuality constantly seeks to deny its status as notable or visible through its claim to be normative.¹⁷⁷ One is not expected to see heterosexuality since it is the norm. Instead it is the aberrant and the transgressive which are marked by visibility, and which exist to be seen and condemned. It is the status of queerness as visible that guarantees the normative invisibility of the straight. Here the Foucauldian notion of power becomes crucial again, as he defined power’s success as “proportional to its ability to hide its own mechanisms.”¹⁷⁸ The heterosexual - homosexual binary is regarded as the master category of a modern regime of sexuality. Queer theory exploits the exclusion, which is already inherent in the distinction between heterosexuality and homosexuality.

If it is possible to become a gender than the necessary conclusion should actually be that there is no natural gender. Gender has been naturalized on the body, disguised as an essence,

The medical obsession with constructing pseudo-male and female bodies from intersexed bodies is driven by a heterosexual imperative. If we are to understand that gender serves as a regulatory mechanism of heterosexuality, then by extension, it is clear that heterosexuality is itself a regulatory mechanism; of reproduction.¹⁷⁹

When analysing heterosexuality as a construction, one should also consult the work of Jacques Derrida.¹⁸⁰ Derrida offers a different perspective on

¹⁷⁶ Holmes, Morgan ‘Queer Cut Bodies’, p. 90.

¹⁷⁷ The influence of Foucault’s works on queer theory is seen in the adaptation of his concept of normalisation to the topic of heteronormativity. The conclusion that was drawn from Foucault’s work was that if homosexuality has a history, so must heterosexuality. Homosexuality is as much a cultural product as heterosexuality. Heterosexuality and homosexuality underlie the process of naturalization that results in it being viewed as the natural and the normal. It is never questioned as the essential basis of human existence in general. Foucault describes his understanding of normalisation in *Discipline and Punish* He distinguishes five operations and comes to the conclusion that “the power of normalization enforces homogeneity; but it individualizes by making it possible to measure deviations, to set levels, to define specialties, and to render differences useful by calibrating them one to another.” (pp. 182-84).

¹⁷⁸ Foucault, Michel *The History of Sexuality*, p. 86.

¹⁷⁹ Hird, Myra; Germon, Jenz ‘The intersexual Body and the Medical Regulation of Gender’, In: Backett-Milburn, Kathryn; McKie, Linda *Constructing Gendered Bodies* (New York, 2001). p. 172 ff.

¹⁸⁰ According to Derrida, a supplement is that which appears to be an addition to the apparent original, but on which the original depends to define itself as the original and natural and very first.

poststructuralism than Foucault. Diane Fuss intertwined the ideas of both Foucault and Derrida in her efforts to theorize heterosexuality. Fuss applies the Derridaean notion of the necessary binarities to the theorization of heteronormativity. So heterosexuality is as much the product of homosexuality as homosexuality is the product of heterosexuality. Fuss comes to the conclusion that heterosexuality and homosexuality work like any other opposition and support each other in that symbiotic framework. Queer theory studies the dilemma that the adaptation of a homosexual position strengthens heterosexuality itself.¹⁸¹

Applying this notion on the issue of intersexuality one could say that the categorisation of intersexuality as a third gender only strengthens the binary opposition of male and female. Even the notion of a sexual continuum with the different intersex states as located in the centre and maleness and femaleness as the two poles only confirm the dichotomous sexual distinction. This can be paralleled with the paradox, that

the “ghosting” of homosexuality coincides with its “Birth”, for the historical moment of the first appearance of the homosexual as a “species” rather than a “temporary aberration” also marks the moment of the homosexual’s disappearance – into the closet. That the first coming out was also simultaneously a closeting;¹⁸²

The demand to be recognised in the specific form of homosexual identity inevitably reaffirms a binary and unequal opposition between hetero and homo.

However, the social context of queer theory’s rise was framed by a backlash against homosexuals, energized by the AIDS epidemic, which prompted a renewal of radical activism. With the onset of AIDS, this already fractured collective experienced a challenge to its identity-based politics. AIDS might be viewed as having a great impact on conventional understandings of subjectivity and sexuality. The impact of safe-sex education focused discussion on agency - what you *did* rather than what you *were* became the crucial issue. This is a new

Therefore heterosexuality needs homosexuality as a supplement to be able to define itself at all. Homosexuality has to be everywhere where heterosexuality is; otherwise it would lose its existence if there was nothing to draw the line against. Homosexuality is produced inside the dominant discourse of sexual difference as its necessary outside.

¹⁸¹ As discussed in chapter “Sexology at the Turn of the Century”.

¹⁸² Fuss, Diane *Inside/Out: Lesbian Theories, Gay Theories*. (New York, 1991), p. 4.

emphasis on practices rather than identities. Social constructivism challenged essentialist or universalist understandings of homosexuality and identity in general.

The foundation of *Queer Nation* in 1990 represents a crucial shift. The self understanding of this movement, according to Seidman, “edges into a postidentity politics, its exquisite intellectual and political gesturing draws its power more from its critical force than any positive program for change.”¹⁸³ *Queer* was used as an affirmative self-description for the first time. *Queer Nation* paved the way for the transgender¹⁸⁴ movement. In the 1990s transgender activists mobilised and created an identity-based social movement and gained significant attention. Transgender-identified people (people who cross or live beyond the binary categories of gender) do not attempt to conform to or adapt to normative expectations of gender roles and sexual norms, instead they seek to blur the norm *per se*.¹⁸⁵ Transgender warrior Leslie Feinberg concludes hir¹⁸⁶ paragraph on intersexuality with: “Each person has the right to control their own body. If each individual doesn’t have that right, then who gets to judge and make decisions?”¹⁸⁷ Feinberg goes on to describe the political goals: “We have to fight for the right of each person to express their gender in any way they choose. Who says our self-expression has to match our genitals? Who has the right to tell anyone else how to define their identities? And who has the right to decide what happens to each of our bodies? We cannot let these fundamental rights be taken away from us.”¹⁸⁸ As will be outlined in the following chapter, there has been some achievement in recent years, as more and more intersex-identified people gain

¹⁸³ Seidman, Steven ‘Identity and Politics’, p. 111.

¹⁸⁴ The term transgender was first introduced by “trans warrior” Virginia Prince in 1987 for people who *trans the gender barrier*.

¹⁸⁵ I do not agree with Preves, who describes that movement as trying to normalise transgenderism, as transgender seeks to destroy the conceptual power of norm.

¹⁸⁶ Note the conflation of *her* and *his*, Feinberg uses *hir*, because she refuses both distinct identities

¹⁸⁷ Feinberg, Leslie *Transgender Warriors : Making History from Joan of Arc to RuPaul*. (Boston, 1996), p. 105.

¹⁸⁸ *Ibid.*, p. 107.

“the strength to “come out of the closet” and speak up. This is done quietly with those we see reaching out more and more to others in a mentoring type of relationship. By seeing other IS people with that strength, it is reinforcing people to break down their own closet door”¹⁸⁹.

Transgenderism unites many identities, such as transsexuals, transvestites, bigenders, drag queens and kings, masculine women, feminine men, androgynes, cross-genders, passing women and men, gender-benders, gender-blenders, bearded women, many more and intersex-identified people. Every single one experiences different oppression – how to form a powerful movement, that can make history? Donna Haraway found an adequate slogan for a solution of this dilemma of not experiencing a common oppression but uniting to fight a common enemy; she calls it *affinity instead of identity*.¹⁹⁰ Most important for the perception of the hermaphroditic/intersexual body is that the transgender movement “challenges the necessity of matching one’s genitals to one’s gender, thus effecting a paradigm shift in the way transgender identities are conceptualized.”¹⁹¹ According to Epstein:

Since gender definitions offer one of the primary differentiating principles by which binary structures are socially initiated and maintained as hierarchical relations, ambiguous gender identities and erotic practices such as those manifested in transvestism, transsexualism, and intersexuality offer a point at which social pressure might be applied to effect a reevaluation of binary thinking.¹⁹²

In the medical establishment, genitals are regarded as an essential sign of gender. One endocrinologist quoted in Kessler’s study asked rhetorically, “Why do we do all these tests if in the end we’re going to make the decision on the basis of the appearance of the genitalia?”¹⁹³ Kessler concludes:

The equation of gender with genitals could only have emerged in an age when medical science can create genitals that appear to be normal and to function adequately and an emphasis on the good phallus above all else could only have emerged in a culture that has rigid aesthetic and performance criteria for what constitutes maleness.¹⁹⁴

¹⁸⁹ See APPENDIX A, interview, Betsy.

¹⁹⁰ Haraway, Donna *Simians, Cyborgs, and Women : the Re-Invention of Nature*. (London, 1991).

¹⁹¹ Preves, Sharon *Intersex and Identity*, p. 88.

¹⁹² Epstein, Julia ‘Either/Or – Neither/Both’, p.4.

¹⁹³ Kessler, Suzanne *Lessons from the Intersexed*, p. 20.

¹⁹⁴ *Ibid.*, p. 26.

Kessler argues from a feminist perspective and focuses on the inherent sexism which underlies vaginal reconstruction:

If heterosexuality underlies the criteria for a successful vagina, then it is obvious that a woman needs a vagina in order to satisfy the man's penis. If however, the belief in two genders grounds both heterosexuality and genital surgery decisions, then the relationship between sexual intercourse and genitals is reversed. The reason a woman needs a man's penis is so that she can have a vagina and thus be a woman¹⁹⁵

The only criterion that makes a woman therefore is the ability to match a penis. There is no consideration of fertility, sensual ability or sexual pleasure; just the making of a hole. Therefore, successful vaginoplasty is based on heterosexism, androcentrism and of course phallocentrism. As discussed in the previous chapter, one rationale for performing surgeries on males is that it allowed them to urinate in a standing position. This culturally sanctioned position served as justification for both surgery to prevent a male that could not urinate standing, and surgery to create a male who could urinate all over the toilets that women have to clean afterwards. Kessler cites one well published paediatric surgeon: "The decision to raise the child with male pseudohermaphroditism as a male or a female is dictated entirely by the size of the phallus."¹⁹⁶ This quote clearly shows how deeply intrinsic the social- phallogentric (Freudian) notion is to our culture. As another quote reveals unambiguously: the most serious mistake done in gender assignment is to create "an individual unable to engage in genital [heterosexual] sex."¹⁹⁷

The mere fact that physicians refer to the genitals as an "underdeveloped" phallus, rather than an overdeveloped clitoris, suggests that the infant has been judged to be, at least provisionally, a male. In the case of the undersized phallus, what is ambiguous is not whether this is a penis but whether it is "good enough" to remain one. The marking of maleness by the penis is so implicit that it need not even be mentioned; gender attribution is penis attribution. Brought to the point: "good penis equals male; absence of good penis equals female".

¹⁹⁵ Ibid., p. 108.

¹⁹⁶ Ibid., p. 25.

¹⁹⁷ Ibid., p. 26.

Money's treatment paradigm stands as an example of the effects of misogynist practice in medicine. Considering the poststructuralist notion of language constructing subjects and identities and producing "reality", Kessler, criticises physicians' uses of the term. Kessler uncovers language as highly emotional: enlarged clitorises are described as offensive, embarrassing, or troubling. These terms imply an aesthetic and moral violation and represent value judgements.

The vocabulary used to describe penises is less emotional: too small penises (micropenises) are inadequate, unsuited, or inappropriate. This shows the threat that the "inappropriate clitoris" poses to patriarchy and heteronormativity. Kessler herself unfortunately still uses terms like "malformed"¹⁹⁸ genitals that reproduce the pathologisation of intersexed bodies. However, Kessler shows that if one compares the medical terminology and the "lay", one could say: deformed genitalia can also be named intact genitalia which are not created, but destroyed, the outcome would not be named corrected or normal, but damaged and unnatural.¹⁹⁹

4.2 The Inter(net)sex Movement

The theoretical and political developments traced in the previous chapter have provided the social basis for intersex people to reappropriate their own experiences and bodies. Equally, it has given them the courage to voice their opinions, not only in terms of giving accounts of their lives, but also in terms of demanding rights and recognition. This evaluation does *not* try to unify the recently developed movement; it rather seeks to trace different forms of resistance against medicalisation. The groups characterised in the following, work towards change in different ways. However, intersex-identified people began to reclaim their "body narratives"²⁰⁰ from the medical establishment. The biomedical, academic discussion is interrupted by the newly emerged possibility to criticise. Intersexuals now gain influence in how the knowledge and technologies that come from the

¹⁹⁸ Ibid., p. 13.

¹⁹⁹ Ibid., table, p. 40.

²⁰⁰ See Nahman, Michal Rachel *Embodied Stories, Pragmatic Lives: Intersex Body Narratives on the Net*. (Unpublished Master dissertation. York University. Toronto, Ontario. August, 2000)

study of their bodies will be used. In terms of intersexuality, medical hegemonic definitions and (mal)treatment form a specific case, which requires a certain kind of resistance and political activism.

Intersex initiatives have taken different routes but all of them chose the Internet to bring their targets into reality. In recent years, a noticeable shift has occurred in the discourse about intersexuality, mostly due to the Internet, which has provided a totally new basis for communicating the issues of intersexuality. Through the Internet, it is possible to undermine mainstream paradigms and to create change in biomedical protocols. The Internet is an interactive medium, which allows minority groups like intersex people to communicate and articulate collective identities. One has to be aware that Intersexuals “are still widely scattered, and planning in person support outlets would be extremely difficult to travel and budget limitations”.²⁰¹ Slevin describes the power of the internet as having “the potential to enable individuals and organisations to interact with distant others on an unprecedented scale, creating new modes of exercising power and new modes of underwriting the legitimate use of that power.”²⁰² The Internet has challenged the ways we seek to manage openness and visibility in modern culture. Initiatives that chose the Internet as a medium share one thing in common. They are not aimed merely at providing one-way channels for funnelling official information, but rather establishing two-way interfaces for facilitating dialogue, sharing knowledge and giving participants an opportunity to make a difference.²⁰³

The issue of intersexuality became connected with silence, shame and secrecy as shown in the previous chapter. Since Internet users cannot see each other, and are not obliged to reveal their real name or physical location, there is considerable scope for people to reveal secrets and discuss certain problems. Additionally, as discussed in the above, queer theory indicates that people do not have a fixed 'essence', and that identity is a performance. The Internet breaks the connection between outward expressions of identity and the physical body, which (in the real world) makes those expressions. Therefore it can be seen as a space where

²⁰¹ See APPENDIX A, Interview, Betsy

²⁰² Slevin, James *The Internet and Society*. (Cambridge, 2000), p. 7.

²⁰³ *Ibid.*, p.48.

queer theory's approach to identity can really come to life. The Internet's capacity for anonymous interaction is significant for the way in which it fits in with queer theory.

One of my interview partners, Deb, states that she became aware of the AIS²⁰⁴ support group through the Internet, and that most of her contact with other members has been by e-mail. She describes the Internet as having enormously facilitated communication. Deb doubts that the group would have developed *without* the Internet as rapidly as it has *with* the Internet. She thinks that “(i)t might have existed, but on a smaller scale and with more limited operations.”²⁰⁵ Betsy, another interview partner, even let me know, that “(e)ach of our founders actually met through the internet within the past couple of years. Previously, we believed that we were the only ones like ourselves out there because that is something that had been told to us. It was the power we recognised by our own experiences that led to the formation and planning of Bodies Like Ours”²⁰⁶.

The ability to speak and not to be spoken about can be fulfilled through this special medium. Writing and revising personal histories enables the reclamation of those histories of the medical establishment that previously had the monopoly on defining and determining bodies as ill, ambiguous, or unfinished. Advice can be given not from a non-professional perspective but a concerned one.

Prior to the internet, support was difficult to obtain due to the secrecy of IS conditions by physicians and families. That is changing, quickly. Physicians realize they can no longer hide the truth of an IS condition from the family, nor can they say that the condition is so rare, there is no one else to talk to.

The following characterises three main Internet sites of intersex groups. This will concern two groups founded in the United States, ISNA and “Bodies Like Ours”, and one in the United Kingdom, named AISSG.

²⁰⁴ AIS stands for “Androgen Insensitivity Syndrome”, which is a medical term.

²⁰⁵ See APPENDIX B, Interview, Deb

²⁰⁶ See APPENDIX A, Interview, Betsy

4.2.1 ISNA

Founded by Cheryl Chase in 1993, the Intersex Society of North America (ISNA) is the oldest general intersex-supportive activist organisation in existence. From its beginning, ISNA has worked to create change in the medical community through activism and education in order to bring an end to intersex genital mutilation. ISNA's targets and tactics are highly political – it considers itself as a peer-support, activist and advocacy group. This organisation forms an important body that supports much of the activity of the intersex community in general. The most important characteristic is that it offers people alternative sources of information to that provided by physicians and clinicians. A “Medical Advisory Board” was recently established.²⁰⁷ ISNA's website also includes timely news and updates on the medical community's reactions to the movement. This movement speaks out against the harm of genital surgery and of the secrecy and taboo surrounding intersexuality; ISNA's aim is to abolish cosmetic genital surgery on infants. ISNA presents itself as advocating a patient-centred model of care.²⁰⁸

ISNA advocates for complete disclosure and support for patient autonomy and states that it is “imperative that intersexuals learn of their status in a properly supportive emotional environment and have access to a peer support group.”²⁰⁹ This model is mainly based upon avoiding harmful or unnecessary surgery, qualifying professional mental health care for the intersexual child and family, and enabling the intersexual to understand his/her own status before accepting (or rejecting) any medical intervention. ISNA advocates that no surgery should be carried out unless it is absolutely necessary for the physical health and comfort of the intersexual child. ISNA believes that any surgery that does not meet these criteria is “essentially elective cosmetic surgery which should be deferred until the intersexual child is able to understand the risks and benefits of the proposed surgery and is able to provide appropriately informed consent.”²¹⁰ ISNA is the only organisation, which has the counsel of three professional sexologists who serve on its Board of Directors. Alice Domurat Dreger is a member of ISNA. Important

²⁰⁷ See APPENDIX C

²⁰⁸ See APPENDIX C

²⁰⁹ <http://www.isna.org/library/recommendations.html>

²¹⁰ www.isna.org

characteristic of ISNA's political activism is, that it does not pathologise intersex-conditions and that it aims at the eradication of heteronormativity.

4.2.2 AISSG

The AIS²¹¹ Support Group of the UK (AISSG) started developing its site during 1996/7 and is hosted by medhelp.org . The page gets 25,000 hits a month and approximates to 100 people per day looking at the home page. On the contact e-mail address, the site gets about one contact per week. The page contains the stories of how people from different continents learned about this organisation and started initiatives in their own countries, in particular the USA and Australia. There is a newsletter (ALIAS) published in the UK and a new US-based newsletter is planned. The group has a national meeting and several regional meetings, each year, which focus on support, not activism.²¹² The rapid development of the transnational network can be seen in the following description:

The number of overseas groups has steadily increased. By 1996, 1998 and 1999 we had German, South African and Spanish representatives respectively. In May 1999 a group of 10 women in Germany held their first meeting. [...] In late 2000 group members in Norway, Italy, France, The Netherlands and Greece, who had attended UK meetings, agreed to act as contact points for people in their countries. By Spring 2001 we also had a Swedish representative. The fledgling Dutch group held their first official meeting in May 2001. The first meeting of the Spanish group took place in Dec 2001. By early 2002 there were representatives in Iceland, New Zealand and Poland.²¹³

The AIS Support Group expresses its aims as reducing silence and providing information. It demands psychological support and seeks to improve medical treatment.²¹⁴ AISSG has been able to achieve most of its aims by providing links to other sources of information, publishing several accounts written by intersex people themselves, and providing a private e-mail circle. Unfortunately, no medical professionals have written anything specifically for the web site.²¹⁵ AISSG is interested in contacting academics who approach the topic from a sociological or

²¹¹ This group adopted the medical term to form an identity.

²¹² see APPENDIX B, interview, Deb

²¹³ <http://www.medhelp.org/www/ais/>

²¹⁴ see APPENDIX D

²¹⁵ see APPENDIX B, interview, Deb

philosophical angle. From 1998 to 2002, a number of AISSG members in the US were interviewed for a research study entitled „Intersex and Identity” by Sharon Preves.²¹⁶ This account examined individuals' personal experience and perceptions of being intersexed.

4.2.3 Bodies Like Ours

Another influential and widely known organization is “Bodies Like Ours” (USA), which was founded in January 2002. “The site is updated continuously and frequently and will always be a work in progress.”²¹⁷ It is a volunteer-based, nonprofit organization working to create peer support for intersex people. During weekdays, the site gets about 500-700 and on weekends about 250-400 different visitors a day. “Bodies Like Ours” is primarily social and educational in its goals. It provides education about intersex conditions to the intersex community, the medical community, and the wider public. Their “goal is to provide a place where others could do that [getting information] without having to dig through several medical related sites.”²¹⁸ It also seeks to make the scientific and academic research easier to understand. Part of their goal is putting the word intersex into our vocabulary, mirroring the use of words like gay, lesbian, bisexual, and transgender.²¹⁹ The site was set up to be a virtual community that is internet based, and has formed an international support organisation with members throughout the world. This organisation can be considered as a prime information resource for the intersex community, as the site supports a message board for intersexuals. The site also contains a list of publications and several links to other sites, like ISNA, IPDX.org. Furthermore, speakers from Bodies Like Ours attend and speak at many conferences and seminars. Recent speaking and workshop events include Sex Week at Robert Wood Johnson Medical School, NOW National Conference, PFLAG, and NGLTF's Creating Change, among many others.²²⁰

²¹⁶ Preves, Sharon *Intersex and Identity*

²¹⁷ See APPENDIX A, Interview, Betsy

²¹⁸ See APPENDIX A, Interview, Betsy

²¹⁹ See APPENDIX A, Interview, Betsy

²²⁰ <http://bodieslikeours.org/whoweare/introduction.htm>

Is it possible to interrupt a discourse, which is as powerful as the biomedical one? Patients' voices can question surgeons' authority. The current biomedical and academic discourse has been interrupted by intersexed individuals who claim their right to criticise and desire a say in the way that the knowledge and technologies that come from the study of their bodies is used. In January 2000, the North American Task Force on Intersexuality (NATFI) was established by leading physicians, such as pediatric urologist Ian Aaronson of the Medical University of South Carolina, psychologists, as well as several people from intersex groups. Authorized by the American Academy of Pediatrics and many other medical associations, NATFI is charged with creating new guidelines for treating intersex children. NATFI's mission is to improve the standards and experience of medical treatment in addition the group's aims are to address the formerly ignored legal and ethical issues of informed consent. In many ways, therefore, something, which could be called the "Age of Postmedicalisation", has begun. The Internet gave intersex people the opportunity to form a social movement, which has interrupted isolation and invisibility. Objectification is no longer possible. Invisibility cannot continue. This process of Postmedicalisation, as I would describe it, gives intersex people the chance to tell their own stories, like the following:

I was born physically intersexed and was medically assigned as male. If you like, I transitioned at an early age, without my consent. Like many intersexed people, neither I nor my parents were given any information regarding my condition or treatment ("trust us, we're doctors, this is all for the best, you wouldn't understand the big words we use"), I was one of those who slipped through the net of follow-up medical care and only uncovered the truth in later life, slowly and painfully, after a lifetime of confusion and conflict and undiagnosed health difficulties as I refused to go anywhere near anyone in a white coat for several decades.²²¹

Political influence has furthermore been provided by the recent development of advocacy groups. Intersexuality as a particular category of victimisation can no longer be upheld. Instead, individuals gain pride in their stigmatised identities through political activism, autonomy, and visibility. In recent years, the possibility of non-conformance in academic and political thinking has come to the fore.

²²¹ http://www.ukia.co.uk/voices/is_gi.htm

Conclusion

The history of the medicalisation of the hermaphrodite/intersexual speaks for itself. As a consequence of the constantly changing social and cultural discourses, the “meaning” of the figure of hermaphrodite/intersexual also changes. The history of the medicalisation of hermaphroditism/intersexuality and subsequent definitions have shown how malleable bodies are. Among other things, this dissertation traced how the body of the hermaphrodite/intersexed was “scientifically” invented to limit the boundaries of human bodies and therefore identities in specific historical periods. The flexibility of the category of hermaphroditism/intersexuality and how it was used to define bodily differences and to coerce gender identities has been discussed.

Furthermore, this dissertation followed the scientific construction of the hermaphrodite/intersexual through the centuries. Bodies, identified as belonging to this category were killed, mutilated and deformed. In the “Age of Surgery”, the signifiers for the threat were literally erased *just* to preserve the “natural and biological dimorphism”. This dissertation’s concern was centred on the discourses that created medicalisation and pathologisation, but it also examined discursive forces that can negate these processes and in a way “reverse” them. The spreading of ideas, such as queer theory has advanced a de-medicalisation or a de-pathologisation of the category of the hermaphrodite/intersexual. Additionally, the Internet has facilitated a *voicing* where there was silence. This dissertation has given an impression of how the Internet has the ability to challenge hegemonic discourses.

As Sedgwick and many others have pointed out, the category of the homosexual is needed as the opposite *Other* to construct the heterosexual normalcy or the heterosexual matrix in Western societies.²²² Adapting this way of thinking onto the issue of hermaphroditism means to view this newly emerged category as the necessity that helps construct and manifest the male and female dichotomy. Only after the waxing discourses of medical science had settled their power, sexual

²²² See e.g. Fuss, Diane *Inside/Out: Lesbian Theories, Gay Theories*. (New York, 1991).

identities became fixed. Western societies' obsession with creating categories is immense. The centre of attraction to sex(uality) derives from the unfortunate connection between sex(uality) and the reproductive, nuclear, heterosexual family. Still, replacing a *two*-“sex” model with an *n*-“sex” model does not in itself secure the abolition of gender discrimination; only the mental gymnastics required to justify such discrimination becomes more complex. Placing male and female on two ends of a sexual spectrum still implies the importance of the differentiation of human beings *per se*. How important is this distinction concerning sexual functions inherited in human bodies? Why not advocate a *no-sex model*? Shouldn't we try to overcome this fundamental irritating distinction, which is not adequate or appropriate at all in our times anymore? In the age of in vitro fertilisation and cloning, where people decide to have children and people decide to have no children; where people use contraception and people adopt children (even if they are fertile); people have no sex at all; people have no vaginal penetrative sex but care for children of other people - family structures need new definitions - the nuclear family does not exist in its traditional composition anymore. Furthermore, a pregnant person is a pregnant person, what do we need the label woman for? Why do we still need a distinction based on sexual characteristics even though the rhetoric aims at equality between the “sexes”. Where is the justification located to distinguish the sexes, if we know that they are socially constructed? Which social effects are these distinctions supposed to produce? If we assume that all that remains in the notion that sex is the basis for distinguishing human beings, then sex becomes the foundation of gender discrimination. Well, we obviously need a way to distinguish individuals, but what do we need the distinction *qua* sex/gender for? Identification (we still have to cross the male or female box in official papers) could be much easier in our times and would make more sense if we used sources such as fingerprints, or DNA profiles.

Appendix A

From: "Betsy Driver" <betsydriver@bodieslikeours.org>
To: "annalena eckert" <caecke@essex.ac.uk>
Sent: Tuesday, June 10, 2003 10:46 PM
Subject: RE: MA dissertation/Annalena Eckert

Lena, thoughts about your questions are below. I'm sure I will think of more and if/when I do, will respond with it.

In the meantime, I hope I have answered everything thoroughly enough for you to use. If not, please don't hesitate to ask for clarification or further thoughts. If you have any question about a particular word or anything, also please ask. I know that the translation can sometimes be difficult so I will do my best to explain what I meant.

Good luck, and I would love to read the paper when it is done.

Oh...you may also want to read the following Hester articles:

<http://www.bodieslikeours.org/research/psychologicalresearch.htm>

Betsy

-----Original Message-----

From: annalena eckert [mailto:caecke@essex.ac.uk]
Sent: Tuesday, June 03, 2003 6:58 AM
To: betsydriver@bodieslikeours.org
Subject: Re: MA dissertation/Annalena Eckert

Hello Betsy,
here are my questions again and I also added the proposal. (stupid computers, I know that problem)
Thank you very very much.
Lena

How did the internet influence your discourse on the issue?

The internet and it's growing availability is important in intersex activism. Prior to the internet, support was difficult to obtain due to the secrecy of IS conditions by physicians and families. That is changing, quickly. Physicians realize they can no long hide the truth of an IS condition from the family, nor can they say that the condition is so rare, there is no one else to talk to. Each of our founders actually met through the internet within the past couple of years. Previously, we believed that we were the only ones like ourselves out there because that is something that had been told to us. It was the power we recognized by our own experiences that led to the formation and planning of Bodies Like Ours; our goal is to provide a place where others could do that without having to dig through several medical related sites. We set Bodies up to be mainly a virtual community that is internet based. Although IS births are about

1:2000, we are still widely scattered and planning in person support outlets would be extremely difficult to travel and budget limitations. However, using the internet, we literally have formed an international support organization with members throughout the world.

With that international aspect in mind, we also recognized the need to keep the content simply written and easy to understand. Additionally, we needed to make sure the pages loaded relatively quickly because many people throughout the world have very slow dial-up connections and we wanted to make sure they could also access the group.

Eventually, we would like to enlist translators to mirror the site in other languages.

Was the internet crucial for the formation of your group?

Absolutely. It enabled a diverse group of people to meet and enact our plan of action without having to travel extensively.

The other big aspect here is it allows us to reach a big audience without having to spend too much money on printed materials and physical offices. We are literally based out our living rooms and do not even have a physical office. Although I would like to see this change at some point in the future, for right now it allows us to use our funds on actual outreach and not paying rent.

We are very grassroots in that sense.

Is the group growing due to the internet or are there other reasons as well?

I think the internet is the main reason but that is how we set it up...to be a virtual community. Another key part of this involves the shame and secrecy that has been standard protocol for IS people. Overcoming this shame and secrecy is extremely difficult because many of us have been told that we should never tell anyone about our intersexuality. Because of the net's inherent anonymous nature, people who are shy can slowly begin the coming out process while in the comfort of their own living room without fear of exposing themselves.

We also speak publicly whenever we can. One of our key programs when speaking out is called "Tell5!" Tell5! is a simple concept that is easy for anyone to master and understand. We simply ask each person we come in contact with to tell 5 people they know about intersexuality. We provide people who may feel uncomfortable doing this with simple, easy to understand handouts to aid them. Many of our members heard one of us speak, or had a friend who heard one of our presentations. Seeing another IS person speak out gave them the strength to start doing the same.

Are you using the internet to build up networks with other groups?

Yes...mostly through linking and sharing of events.

Do you have the feeling that the internet gives the freedom to communicate more openly and makes it easier for people to get in contact with one another?

Absolutely! As I explained above, one of the hardest parts of being IS is the shame and secrecy we have been taught. The internet gives people a 'safe' way to meet others without exposing themselves. One of the phenomena with Bodies that we see happen is people contact through our forums and then become close email or phone friends, and eventually meet. This is especially true with parents. They may not want to discuss issues about the IS children that anyone can read, but through our forums, they other parents of IS children and form their own loosely connected e-support group. We also encourage people who contact us via phone or email to explore the forums and use that as a basis for meeting others. The first time we hear from people, they almost always are in need of simply knowing they are not alone in the world. The forum gives that to them...a place to read the stories from many, diverse IS people throughout the world and hopefully eventually establish some type of relationship with each other. With the nature of the internet, it can be as "open" or as "secret" as they choose.

When was your site set up?

We launched our site in January 2002. Our forums went up in March 2002. The site is updated continuously and frequently and will always be a work in progress.

How many hits do you get?

Weekdays...we get about 500-700 unique visitors.

Weekends...we get about 250-400 unique visitors a day. I imagine this is because many access us from work or the library.

We don't count hits as they aren't reflective in actual traffic.

Do you keep records of your "old" web pages?

No. There is a site out there that archives cached pages of sites for historical purposes. I think the address is <http://www.archive.org/>

What is the main purpose of your web site? Information, networking, chat, contact, etc?

"Peer support and information for people born with atypical genitalia and their friends and families" In most of our content, we don't focus on the word intersex because we are intended to be a first step in someone's

journey. When people find out that they have a medical condition that falls under the intersex umbrella, they sometimes get 'freaked out', particularly if they feel vested within the binary. Much of this has to do with not completely understanding the word. Once they see others using it (in our forums) it becomes a bit easier to understand and accept.

We also try to keep the site easy to understand and softly welcoming based upon this assumption. Once they get familiar with "the concept", they can move on to better understanding their own situation and overcome any fears or misconceptions about the word. It is our belief that having this first step will make understanding the scientific and academic research easier to understand.

Another purpose is to give other IS people the strength to "come out of the closet" and speak up. This is done quietly with those we see reaching out more and more to others in a mentoring type of relationship. By seeing other IS people with that strength, it is reinforcing people to break down their own closet door.

Who else contributes to your web pages? Scholars, physicians, politicians, etc?

For now, mostly me. Dr. Nina Williams, Psy.D wrote the short section about sex because she is a sex therapist. I do link to most research that is out there or attempt to get permission to reprint it on the site. However, we are open to including pretty much anyone who would like to contribute to the site. One of our members has written a couple of pieces about living as IS to his local GLBT paper and has asked if we will include them on the site. Once he sends them, they will go up.

Other IS people also share their own personal stories and we are always soliciting more of them.

We just launched a youth initiative that is also web-based for now at <http://www.queerbodies.org>. The site was put together solely by people within our target demographic of 16-27 or so. You may want to contact Asher about his opinions on using the net to advocate. His email is <mailto:asher@queerbodies.org>

Do you see any limits or problems of the use of the Internet?

We occasionally get some 'bad' people who are not IS but are what we call "wanna-fucks" Because of the widespread belief that we are like Hermaphrodite and fake "hermaphrodite porn" on the internet, bad people develop a fantasy about having sex with one of us.

The other issue is that while the internet is widespread, it isn't quite as widespread as we often think it is. It's not unusual for us to hear from people on the phone who do not have internet access. This presents us with

a difficult situation because we were set up to be primarily internet based. We attempt to connect them with someone else that is geographically nearby but that isn't always possible and they end up remaining isolated.

Beside the internet, how does your activism take shape? Conferences, printed publications, seminars, etc?

Yes...we attend and speak at many conferences and seminars. Part of our goal is putting the word intersex into our vocabulary much like gay, lesbian, bisexual, transgender, etc. Intersexuality is still thought of something freaky by people who don't understand it, and the in-person presentations tend to blow that away because they see and meet real intersexed people who are just like their friends and neighbors.

We also provide easy to understand handouts to anyone who asks for them, although we do ask them for a donation in exchange (while we ask, it is not required)

Appendix B

From: <drk@valley.net>
To: "annalena eckert" <caecke@essex.ac.uk>
Cc: <drk@valley.net>
Sent: Monday, May 26, 2003 3:56 PM
Subject: communication (was: your MA dissertation) ~

Hi Annalena,

you wrote,

>...I also want to appologize for my english which may as well
> be the reason why my proposal appears "unintelligible"...

I think your English and the way you express yourself is fine. What I meant was that the vocabulary and concepts used in discussions of gender theory are unfamiliar to me.

I have posted your questions to our discussion group and invited anyone interested to write to you.

In my other message are the rules for our discussion group, which have been worked over somewhat during the five years it has existed.

You may find my signature quote, which I use at the end of my posts to our discussion group interesting. I used it to close this message. It is an allusion to the fact that lack of communication is at the root of many of the social problems of AIS women.

BTW, my signature quote is actually completely removed from the original context. "Cool Hand Luke" is a "classic" movie hat most Americans have seen. It is about a insolent and strong-willed prisoner who continually defies the prison warden. One day he is called to the office of the warden, who says, "What we have here is a failure to communicate!" (Meaning that Luke, the prisoner, does not seem to understand that he is supposed to be obedient. I adopted this quote from a friend who used to use it with ironic intent to comment on all kinds of situations where people do no communicate well.

Here are my answers to your questions.

>How did the internet influence your discourse on the issue?

I became aware of the AIS support group through the Internet, and most of my contacts with other members have been by e-mail. The Internet has enormously facilitated communication.

>Was the internet crucial for the formation of your group?

The group would probably not have developed nearly as rapidly as it would have without the Internet. It might have existed, but on a smaller scale and with more limited operations.

>Is the group growing due to the Internet or are there other reasons as well?

The Internet is the main reason.

>Are you using the internet to build up networks with other groups?

To a small extent. We do communicate by e-mail with other groups.

>Do you have the feeling that the internet gives the freedom to communicate
>more openly and makes it easier for people to get in contact with one
>another?

Yes, very definitely.

> When was your site set up?

1997

>How many hits do you get?

The web site is currently administered by AISSG-UK, so you would have to ask them (www.medhelp.org/www/ais)

On our contact e-mail address, aissg-usa@hotmail.com, the one you wrote to, exclusive of "spam" we get about one contact per week. About 1/3 are persons with AIS or related conditions, 1/3 are parents, and 1/3 are researchers like yourself or students writing papers, etc.

>Do you keep records of your "old" web pages?

Not sure. Again, ask the UK group.

>What is the main purpose of your web site?

> ...Information...

Definitely

> ...networking...

We use the contact address to give people an easy way to make initial contact, but we don't use that public address as our working e-mail address.

Appendix C



Intersex Society of North America

Search Site

- Home
- About
- News
- Store
- Library
- FAQ

What is ISNA?



Make a Donation to ISNA | *Help end Shame, Secrecy & Unwanted Genital Surgeries!*
CLICK HERE TO HELP NOW!

The Intersex Society of North America (ISNA) is devoted to systemic change to end shame, secrecy, and unwanted genital surgeries for people born with an anatomy that someone decided is not standard for male or female.

We urge physicians to use a model of care that is [patient-centered](#), rather than concealment-centered:

Upcoming Events -

»Film "[Being Normal](#)", San Francisco International Asian American Film Festival. Sunday Mar 7, Monday Mar 8, Wed Mar 10.

Subscribe to ISNA E-News

Subscribe

Home

- »[What's New?](#)
- »[Search ISNA Site](#)
- »[ISNA en español](#)

About

- »[Contact Info](#)
- »[Board of Directors](#)
- »[Medical Advisory Board](#)
- »[Volunteers](#)
- »[Staff](#)
- »[Jobs](#)

»... *and more...*

News

- »[Intersex & ISNA News](#)
- »[Newsletter](#)
- »[Press Releases](#)

- Intersexuality is basically a problem of stigma and trauma, not gender.
- Parents' distress must not be treated by surgery on the child.
- Professional mental health care is essential.
- Honest, complete disclosure is good medicine.
- All children should be assigned as boy or girl, without early surgery.

ISNA Establishes Medical Advisory Board; Nation's Top Experts to Provide Guidance and Support

(Seattle, June 22, 2003) -- The Intersex Society of North America is extremely pleased to announce the creation of a new Medical Advisory Board whose members will offer support and guidance in the pursuit of ISNA's mission. The inaugural members, who will serve a two-year term, include some of the nation's leading experts in pediatric endocrinology, urology, general pediatrics, nursing, psychiatry, psychology, social work, and bioethics. Dr. Vernon Rosario, Chair of the Medical Advisory Board and a member of ISNA's Board of Directors, stated that "the MAB will help guide ISNA's increasingly successful efforts to improve intersex treatment by promoting patient-centered care and by supporting research on functional outcomes of various approaches to treatment." [Click [here](#) to see list of members.] [read more...](#)

Store

- » [Make a donation](#)
- » [Video tapes](#)
- » [Reading materials](#)
- » [Teaching Kit](#)
- » [... and more...](#)

Library

- » [Read Online](#)
- » [Medical Information](#)
- » [Legal](#)
- » [Bibliography](#)
- » [Newsletter](#)
- » [Web Links](#)
- » [... and more...](#)

FAQ

- » [Definitions](#)
- » [Frequency](#)
- » [Treatment](#)
- » [Language](#)
- » [History](#)
- » [Writing Guidelines](#)
- » [... and more...](#)

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Intersex Society of North
America

Comments & feedback to:
info@isna.org

Dr. Ellen Feder, "Doctor's Orders: Parents and Intersexed Children"

Dr. Ellen Feder, of American University, has written an excellent and important chapter on parents and intersexed children in a volume on care and dependency. The work is significant in that it is the first account of intersex based on interviews with parents. Dr. Feder argues that the isolation of parents and medicine's failure to take account of their experiences is unfortunate; but more than that, parents' isolation and confusion are built into the treatment process itself. [read more ...](#)

Sharon Preves "Intersex and Identity"

In *Intersex and Identity*, sociologist Sharon Preves explores how people with intersex conditions experience and cope with being labeled sexual deviants in a society that demands sexual conformity. By demonstrating how intersexed people manage and create their own identities, often in conflict with their medical diagnosis, Preves shows that medical intervention into intersexuality often creates, rather than mitigates, the stigma these people suffer. [read more ...](#)

Appendix D

Androgen Insensitivity Syndrome Support Group (AISSG)

[this page last updated 28 July 2002]

UK Group

Registered UK Charity No. 1073297

Affiliated to *Contact a Family, Rare Disorders Alliance-UK, Genetic Interest Group (GIG), Long Term Medical Conditions Alliance* and *International Alliance of Patients' Organizations (IAPO)*

US Group

Registered IRS [501(c)3 Organization] No. 37-1407648

Canadian Group

Charitable Business No. 88977 6142 RR0001

Spanish Group

Fiscal Identification (C.I.F.) G63220958



*Before meeting others affected....
(Picasso - 'On the Beach')*



*.... After meeting, and much talking
(Picasso - 'Three Bathers')*

The Androgen Insensitivity Syndrome Support Group (AISSG) is a consortium of worldwide support groups that owe their origins to the UK-based group which was started in 1988.

We provide information and support to young people and adults with complete and partial Androgen Insensitivity Syndrome (AIS) - old name Testicular Feminization Syndrome or Testicular Feminisation Syndrome (TFS) - and to parents of AIS youngsters. We also support those affected by Swyer's Syndrome (XY Gonadal Dysgenesis), 5-alpha Reductase Deficiency, Leydig Cell Hypoplasia, Mayer-Rokitansky-Kuster-Hauser (MRKH) Syndrome, Mullerian Dysgenesis, Mullerian Duct Aplasia, Vaginal Atresia, and other related conditions.

Aims of the Group

The AIS Support Group has the following aims:

- To reduce the secrecy, stigma and taboo that has existed around AIS and other intersex conditions, by encouraging doctors, parents and society to be more open.
- To encourage the provision of psychological support within the medical system, for young people with AIS and their parents.
- To put parents and people with AIS in touch with others and to encourage them to seek support and information.
- To increase the availability of information on AIS both verbal (from the health professionals) and written (from the support group and other sources).
- To encourage improvements in treatment for vaginal hypoplasia, and research into why the extent of vaginal development can vary in AIS.
- To encourage retrospective studies on genital surgery, so as to evaluate whether it is an effective treatment for the patient.

Literature and Group Meetings

The UK group started developing literature in 1993. This comprises a factsheet/brochure (in several languages) and a journal/newsletter (*A^LT^AS* - *Looking At AIS*), 2-3 issues per year since 1995, free to subscribers to the UK group. A sample newsletter (A^LT^AS No. 6) can be viewed/printed from this web site at no charge (see [Literature/Subscriptions](#) <http://www.medhelp.org/www/ais/13_ALIASES.HTM>). Some of the more established groups (e.g. UK, USA, Canada, Germany, Holland and Spain) hold regular group meetings. See [Group Meetings](#) <http://www.medhelp.org/www/ais/14_MEETINGS.HTM>.

Where to Go from Here?

You can click on any of the links on the left to navigate the site but here is a suggested action plan:

1. Download some documents to read later, as follows:

To download a free factsheet, sample newsletter, and our 'basic information' and 'recommended books' documents, go to [Literature/Subscriptions](#) <http://www.medhelp.org/www/ais/13_ALIASES.HTM>.

2. Start exploring the rest of the site:

- a) For an introduction to the site, go to [About this Site](#) <http://www.medhelp.org/www/ais/02_ABOUTSITE.HTM>.
- b) For medical details about AIS, start with [What is AIS?](#) <http://www.medhelp.org/www/ais/21_OVERVIEW.HTM> and move on to other pages.
- c) Don't forget to check out the [Personal Stories](#) <http://www.medhelp.org/www/ais/41_STORIES.HTM> page.
- d) For details of the various national groups, see [How to Contact Us](#) <http://www.medhelp.org/www/ais/11_GROUP.HTM>.

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed it is the only thing that ever has."

Margaret Mead (anthropologist)

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