

# **Are you a boy or a girl? Foucault and the intersex movement**

**Stephen Kerry**

## **Abstract**

The world's first intersex organisation, the Turner's Syndrome Association of Australia, formed in 1983. It is at that time, a year prior to Foucault's death, we witness the first stirrings that echo Foucault's articulations. The intersex movement coalesced around an articulation of the voice that challenges modern medicine's power to name and diagnose counter-normative bodies. This author is not the first to argue that the intersex movement's call to arms is the literal embodiment of post-structuralism, queer theory and Foucault. The interplay between lived experiences, biopower and theory has been articulated within the narratives, actions and theorisation of intersex individuals and their peers. In the author's recent study of intersex Australians one individual locates Foucault in their life and their re-conceptualisation of sex and gender: Foucault 'taught me that binary classifications are only one means to order the world'. This paper will explore how the intersex movement has reclaimed the subjugated knowledges of their bodies.

Intersex is a contemporary term that encompasses what has historically been referred to as hermaphroditism. Although by no means a cohesive mass, in the early 1990s the contemporary intersex movement coalesced around a common challenge to the medical management protocols that inscribe and surgically suture onto their bodies a 'lie' of gendered normalcy. Despite this being a paper celebrating the life and contributions of Foucault one must pause. A language and a way of looking in on a system that is language specific does, at least to some extent, reduce our viability to make a real change. The intersex movement (and its constituent parts) is built upon and employs the tools of its forebears of feminism and gay liberation (Kessler 1998; Chase 1998; Holmes 1998). Caroline Ramazanoğlu has already cautioned that Foucault's work (and postmodernity in general) 'has been characterised by intellectual elitism, and a level of abstraction from experience which makes it far removed from most English-speaking feminist work' (1993, p. 1). It is with this in mind that I undertake this paper. Thus rather than dissect the relevance of Foucault's musing on 'biopolitics', 'panopticon', 'power/knowledge', 'subjugated knowledge' and/or 'subjugated bodies' this paper locates its focus on several ways in which the work of Michel Foucault and the intersex movement intersect.

On the one hand Foucault (1980) published the memoirs of Herculine Barbin, a nineteenth-century French hermaphrodite, and on the other hand what Foucault has done is enabled contemporary intersex individuals a scaffold onto which they hang their questioning, deconstruction and reconceptualisation of sex, gender and sexual identities. This latter project is articulated by Pat, a participant in a recent study of Australian intersex individuals conducted by the author: 'the works of Foucault taught me that binary classifications are only one means to order the world'. It is principally at birth that intersex bodies are rendered a 'medical emergency'. There is immediacy to the assemblage of a team of medical professionals to determine as soon as possible a 'true' sex and gender assignment (American Academy of Pediatrics 2000, p. 141). This medical audience peering intently at the ambiguous genitals between spread-eagled legs are complicit agents in a 'conspiracy of silence' (ISNA 2002) and a 'paradigm of deceit' (Grovesman 1999, p. 27). What is witnessed is a tension between medical professionals and intersex individuals. The former are attempting to 'do no harm' and reduce what they perceive as psycho-social trauma allegedly caused by having an intersex body. The latter decry the surgical procedures as causing the psycho-social trauma. Intersex individuals have coalesced into a movement that offers peer support and challenges the medicalisation of intersex. What this paper does is employ

Foucault to review the ways in which the modern world has marked the intersex body as a medical subject to be looked at, medicalised and surgically erased.

Foucault's preface in *Herculine Barbin* (1980) addresses the brutal reality of the conflation of body and identity. Foucault articulates the discursive fields of law, religion and medicine that attempt (and fail) to confine one to a static sex and gender identity.

Brought up as a poor and deserving girl in a milieu that was almost exclusively feminine and strongly religious, Herculine Barbin, who was called Alexina by her familiars, was finally recognized as being 'truly' a young man. Obligated to make a legal change of sex after juridical proceedings and a modification of his civil status, he was incapable of adapting himself to a new identity and ultimately committed suicide.  
(Foucault 1980, p. xi)

These few sentences from Foucault draw attention to the fact that emphasis is being placed upon Barbin's state-enforced assignment (and unsuccessful assignment) of identity. Subsequently Barbin's story illustrates that one's sense of self and subjectivity is not easily written onto a body. Foucault was well aware of this when he stated that Barbin was both 'incapable of adapting himself to a new identity,' and 'was one of those unfortunate heroes of the quest for identity' (Foucault 1980, p. xii). Alice Dreger's *Hermaphrodites and the medical intervention of sex* (1998) considers the situation of late nineteenth and early twentieth-century French and British hermaphroditism beginning with the suicide of Herculine Barbin in 1868. In it Dreger argued that the significance of Barbin's death comes not just from the fact that the memoirs were the only ones of their kind from a nineteenth-century hermaphrodite (p. 23), but because 'Barbin shaped the biomedical treatment of human hermaphroditism for years to come' (p. 28). This position echoes Foucault who suggested that the 1860s and 1870s were a period of intense investigations into different types of perversions including the attempt to establish the 'true' sex and gender of intersex people (Foucault 1980, pp. xi-xii). Not much has changed. In the twentieth and twenty-first centuries the state continues to claim a 'true' sex and gender by looking at the genitals and the medical diagnosis of chromosomes, gonads and hormones. The operating room is a birthing panopticon.

That intersex exists at all as a discursive field from which to build a diagnosis, movement or identity is interdependent of this birthing panopticon. In it the ambiguous bodies of intersex individuals are the inmates who are looked at, regulated and prevented from escape. One intersex individual refers to ‘the many horrible, tense visits to the pediatric endocrinologists to have my genitals gawked, fondled and stared at by hordes of what I perceived to be nasty, despicable men’ (Anger 1997, cited in Holmes 2002, pp. 169–170). Hale Hawbecker concurs:

Doctors seemed to be perversely fascinated with my genitals. They would make me sit in frog-legged position, and invite teams of earnest interns to come in and look at me while I was naked on the cold metal examination table, the shame on my face unnoticed by them as they talked about me in the third person and looked at me close, peering at me as if I were a bug under a microscope. (Hawbecker 1999, p. 112)

The current intersex medical management protocols are predicated on John Money’s gender role theory and the (in)famous John/Joan case in the 1970s. Rather than recount these positions here what is reinforced by these protocols is that a failure to ‘correct’ genital ambiguity or assign a definitive sex or gender, as Dreger articulates, will ‘result in depression, suicide, and possibly “homosexual” orientation. Intersexed genitals must be “normalized” to whatever extent possible if these problems are to be avoided’ (2004). This normalising project is highly skewed as 90 per cent of these infants are assigned the female sex (Preves 2003, p. 56). This statistic is a feature of not only the power to name but the power to suture. That is, there is an inherent limitation in surgical techniques. As one oft-quoted physician expressed it, ‘you can make a hole but you can’t build a pole’ (Chase 1998, p. 192; Holmes 2002, p. 169; Preves 2003, p. 56). The birth of an intersex child is referred to as a ‘social emergency’ (Meyers-Seifer & Charest 1992, cited in Dreger 2000, p. 162; Coran & Polley 1991, cited in Holmes 2002, p. 159), a ‘neonatal psychosexual emergency’ (Kessler 1998, p. 34) and a ‘neonatal psychosocial emergency’ (McGillivray 1992, cited in Holmes 2002, p. 159). Yet the immediacy to the call-to-arms is disproportionate as ‘ambiguous genitals’ rarely pose a threat to a child’s life.

The intersex movement literature is replete with narratives similar to Anger and Hawbecker’s above. These narratives are unapologetically emotional reactions and resistant to the power to name and suture. Despite the ubiquitous surveillance of the birthing panopticon, escapees

exist and have argued that having ambiguous genitals is not all that bad. Fausto-Sterling supports this position by stating that it is ‘clear that children adjust to the presence of anomalous genitalia and manage to develop into functioning adults, many of whom marry and have active and apparently satisfying sex lives’ (Fausto-Sterling 2000, p. 95). Moreover, rather than reactively rejecting the medical gaze the intersex movement acknowledges this power and they have articulated a position that looks back at them. While criticised for wanting to raise children as ‘radical gender experiments’ the intersex movement has responded by arguing:

The necessity of a clearly defined social role is not at issue. The medical insistence that the gender assignment of the intersexed children has to be *sutured* down surgically is, however, very much at issue. (Holmes 2002, p. 160, original emphasis).

Conversely there is evidence that suggests that intersex adults are experimenting with sex, gender and sexual identities. It is here that Foucault has another role to play. Reading Foucault has importance for lived experiences. Despite the suggestion by Ramazanoğlu (1993) cited above that Foucault has an ‘intellectual elitism’ and a ‘level of abstraction’ there are some real-world applications for the development of self. Pat, a participant in a recent study of Australian intersex individuals conducted by the author, declares: ‘the works of Foucault taught me that binary classifications are only one means to order the world’. Thus there is an argument to suggest that Foucault offers a scaffold onto which we can hang considerations that exist outside of the normalising ‘binary classifications’. Intersex individuals are reconsidering male–female, man–woman and straight–gay and intersex individuals are pluralising their sex, gender and sexual behaviours and identities. As one activist argues:

We have been denied our gender-blending identities – and (often) bodies – to ‘make our lives easier’ (i.e. more like theirs), rather than helping to create a space where we can be safely more fully ourselves. (Shorona 2000)

Anthony Briffa, the president of AISSG Australia, has reported that 5–10 per cent of intersex individuals have issue with their gender assignment. He goes on to say that some of them ‘identify as having a gender that is both male and female. Hence, they are intersex in both sex

and gender' (Briffa 2003, p. 12). It is clear that intersex remains a space of contestation. Foucault's language has had and will continue to have a pivotal place in articulating the multiple positions within the discourse.

**Stephen Kerry** employs feminist, gender and queer theories to understand and give a voice to those people who live on the margins of sex, gender and sexuality. As a queer-identifying Buddhist Trekkie, Stephen has brought theory into practice through 20 years of participation in student and queer activism and volunteering for not-for-profit peer support organisations. Stephen is a senior lecturer in the Sociology Department at Flinders University.  
[sckerry@lycos.com](mailto:sckerry@lycos.com)

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