

INTERSEX IDENTITIES

Locating New Intersections of Sex and Gender

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This article analyzes the sex and gender identity rhetoric of members of the Intersex Society of North America, which is a self-help and advocacy group whose main goals are to stop unnecessary genital surgery in ambiguously sexed infants and make medical histories available to adult intersexuals. By examining the organization's indebtedness to feminist and gay/lesbian/transperson theory and practice, the article shows how these political movements have progressively challenged the equation of sex with gender and how intersexuality exemplifies the theoretical and practical problems of identity politics.

On October 26, 1996, 26 members of the Intersex Society of North America (ISNA) made history in health care activism by staging their first demonstration at the annual meeting of the American Academy of Pediatrics in Boston. Proclaiming themselves "hermaphrodites with attitude," their agenda calls for a new treatment model for babies born with ambiguous genitalia: They demand avoidance of unnecessary genital surgery, family counseling with regard to the child's future medical needs and options, complete disclosure of medical files, referral of the adolescent intersexual to peer support, and the fully informed consent of the intersexual youth to any and all medical procedures.¹

Ostensibly, ISNA's purpose is to advocate for patient autonomy among a narrow segment of the population, but from its inception the group has assumed responsibilities beyond advocacy and support. Declaring in its first newsletter that "it is time for us to . . . assert our identity as hermaphrodites," ISNA has adopted a tone more confrontational than other patient advocacy groups.² Its participation at the Second National Gender Lobbying Day in Washington, D.C., on May 6, 1997, to educate members of Congress about intersex genital mutilation further attests to its intent to enter the political arena based on its sense of belonging to a new sexual and gender identity. In light of its collective identity and political aims, ISNA seems to be an inevitable product of gender theory and identity politics in the United States. The

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potential for a group of patients with such a wide ranging assortment of sex differentiation diagnoses to realize their common plight as both victims and violators of heterosexist norms within the medical establishment can be attributed in part to recent feminist, transgender, and queer theory and activism.

Feminist and other critiques of the complex relationship between sex and gender (Butler 1990; Feinberg 1996; Herdt 1996; Kessler and McKenna 1978; Stone 1991) have challenged the biological binary of sex and argued for the fluidity of gender, locating new intersections of sex and gender. One significant example is Butler's (1990) description of gender as a "performance" of sex, which she later (1993) refines as contributing to the construction of the sexual body itself. The power relations that provide normative guidelines for gender behavior also provide normative guidelines for the material aspect of the body; in other words, how it is made. In Butler's analysis, the only "bodies that matter" are those that can easily be categorized "within the productive constraints of certain highly gendered regulatory schemas" (1993, xi). The case of intersex exemplifies Butler's view. Intersexed bodies can matter (i.e., can only exist socially) only if they can be made to fit within the dimorphic sex schema that follows from concepts of what male and female persons should look like and how they should act. Medical intervention is almost always deemed necessary in order to make the unruly intersexed body conform to one or the other gender, whether it be the male-associated appearance of muscle mass or the female-associated act of reception in heterosexual intercourse (both of which can be hormonally or surgically engineered).

Yet, intersexed persons insist on having bodies that matter outside of this schema. Embodying what they feel is a failure of medicine to make them what they cannot be in the first place, they envision a wholly new intersection of sex and gender, a kind of "third sex" that evades gender determination yet also somehow solidifies into a category of identity. As Herdt argues, divergent sex and gender categories arise from "special conditions—demographic, symbolic and historical—[that] combine to create the necessary and sufficient basis for the conventionalization and historical transmission of the third sex or gender" (1996, 22). As a case in point, intersexed people are continuing a theoretical and strategic trajectory begun by feminists, gays and lesbians, transpersons, and queer theorists with regard to questions of sexual and gender identity. Thanks to the work of these groups during the last 25 years, intersexuals have an intellectual foundation that permits them to resist being reduced to the normative categories of sex and gender. As a result, they are better able to establish their intersex identities on their own terms.

In addition to challenging the relationship between sex and gender as it is currently understood, the appearance of an intersex movement on the American political scene illustrates anew the contradictions in identity categories that, on one hand, rely on a concept of an "essential" self and, on the other hand, acknowledge the social forces that "construct" that self (Epstein 1987). In many ways, the intersex agenda resembles the strategic essentializing that Epstein describes as the "ethnic/minority group model" in gay and lesbian movement politics. In addition to "protest[ing] a socially imposed categorization . . . by organizing around th[at]

category” (1987, 19), the intersex movement appeals to mainstream American values of fair treatment for all people, including future generations of intersexuals. In this sense, intersexuals try to render their difference benign, similar to the way that gays and lesbians have sought to represent themselves as not unlike “the people next door.” According to Epstein, the ethnic identity model works for gays and lesbians because it resolves contradictions in the essentialist/constructionist debate (1987, 43).

However, feminists and queer theorists like Whisman (1996) have criticized the ethnic identity model for reasons that apply, as well, to my examination of the contradictions in intersex identities. According to Whisman, the ethnic model fails by leaving unquestioned heterosexuality as the standard. In this deterministic model, which relies heavily on “born that way” logic, if one did have a choice in the matter of what sex to be attracted to, it would be the opposite sex. Obviously, this is not really a choice. By contrast, the lesbian-feminist model begins by critiquing heterosexuality as the default. In doing so, it challenges the essentialism of the ethnic model by emphasizing what Whisman calls the “pleasures and dangers of choice” (1996, 18). Since these choices for women are often qualitatively different than they are for men (1996, 46, 116), Whisman’s alternative analysis allows for a critique of not only heterosexuality but also the system of gender inequities that impinge on choice. For gays and lesbians, the choice has to do with affectional behavior, but for intersexuals, the choice also encompasses sexual being and, thus, is more problematic; it seems to require a description of identity that relies on essentializing language. Although their claim to minority identity status hinges on having a choice in how their bodies look and function (albeit from Butler’s point of view a forced choice in terms of culturally constrained models), intersexuals strongly uphold a kind of essentialism. They desire a restoration of the “essential,” indeterminate intersexed body, the one that existed prior to “correction” through surgery or hormones. To achieve that, they seek recognition of their prior indeterminate status in a third sex category even while living as either males or females. On the other hand, intersexuals resist the social constructionism of sex and gender just as strongly. They strenuously object to having been adapted to fit one of the two “standard models” for the sexual body that are based on the heterosexual default. Perhaps more than any other identity group, by embodying essentialist biological arguments, intersexuals literally see through their inconsistencies. By rallying for acceptance of the nonnormalized—in effect, the queer—body of the intersexual, their personal and political aims reflect the title of Whisman’s book, *Queer by Choice*.

Whisman’s thesis about choice suggests the possibility of an alternative to the ethnic model for intersex identity formation: “Claiming choice is, consciously or not, a way to refuse to place oneself into the homosexual/heterosexual binary. It is the wedge that disrupts one of the most powerful concepts structuring sexuality in the modern West” (1996, 122). What she is suggesting is not an identity politics but a politics of difference in which the critique of sex and gender views the subject through another set of eyes—the eyes of those whose views, up to now, have been

disregarded. Such a paradigm shift is already taking place. The lobbying and advocacy coalition GenderPAC, for example, claims to comprise such "genderqueers" as the transgendered, transsexual, intersexed people, those who do drag, and anyone else whose genders have yet to be named (Wilchins 1997). Similarly, the direct-action group Queer Nation (although now defunct), by participating in, subverting, and then reappropriating "heterosexual culture," "transform[ed] the range of reference 'queer' has by multiplying its specifications" (Berlant and Freeman 1992, 153). Seidman and Nicholson regard this evolution as a movement away from the "repressive politics entailed in asserting a unified gay subject" toward a "celebration of multiple, composite identities . . . a queer politics of difference" (1995, 45). In large part, the rhetoric of ISNA reflects this increasing tendency to react against a "unified subject." Such a strategy is not explainable by the ethnic identity model. At the same time, however, intersexuals' insistence on a unique history of oppression (Heike Boedeker, personal correspondence, October 10, 1997) and a particular vision of a future free from that oppression mark them as an identity group in the liberal tradition.

It is in this shifting terrain that those involved in the intersex movement seek not only to change medical practice but to revise concepts of sex and gender. By refusing to "do gender" according to the interactional rules, intersexuals complicate West and Zimmerman's formulation of gender as a "routine, methodical, and recurring accomplishment . . . undertaken by women and men whose competence as members of society is hostage to its production" (1987, 126). I argue in this article that the case of intersex visibility exemplifies the inconsistencies between sex as biological and gender as the socially mandated range of signs and acts indicative of sex. Such an examination requires a feminist framework in order to describe the various "productive constraints" (Butler 1993, xi) on agency that make the formation of intersex identities seem both promising and self-contradictory as models for the further development of feminist and queer theories.

The emergence of ISNA, therefore, points to productive tensions in gender theory and identity politics by raising some challenging new questions about sex and gender identity as categories. In addition to the fundamental question (i.e., How is it that intersexuals can occupy an intermediate space in a body politic that insists on a polarity of sex and gender?), another obvious but problematic question arises: How do intersex identities differ between female and male intersexuals? More broadly, what can an analysis of intersexuality as a new sexual and/or gender identity contribute to the development of feminist critiques of misogynistic practices in medicine and of the unexamined heterosexual standard in identity politics—in particular, the limitations of both essentialist and constructionist approaches? If intersex is a third sex category, as Herdt (1996) alleges, what are the implications for desire and the heterosexual/homosexual binary of affectional behavior? Queer theory offers a way to address the new intersections of sex and gender that intersex identities seem to locate; how do the specific contradictions of emerging intersex identities in turn contribute to queer theory? By examining the rhetorical strategies of self-identification among intersexed people in light of recent sex and gender theory,

this article seeks to give credence to the idea that contemporary identity politics thrives on disruption while continuing the liberal tradition of striving for self-determination through collective action.

DATA AND METHOD

The ISNA is a nonprofit organization formed in San Francisco in 1993 to offer peer support to intersexed people, to educate their friends and family members, and to advocate for changes in the medical diagnoses and treatment of intersexed infants. Among ISNA's advisory board are founder and executive director Cheryl Chase and three sexologists, William Byne, M.D., Ph.D., Howard Devore, Ph.D., and Marty Malin, Ph.D. Paid membership in the organization is slightly more than 200 individuals, not all of whom are intersexuals. Most ISNA members are white, educated, and between the ages of 30 and 45. Although most members reside in the United States and Canada, the list includes individuals from the United Kingdom, Germany, and New Zealand (Kiira Triea, personal correspondence, September 16, 1997). Figures vary,³ but by ISNA's own account, 1 of every 2,000 babies is born with ambiguous genitals due to various etiologies. These include androgen insensitivity syndrome and partial androgen insensitivity syndrome, progestin-induced virilization, congenital adrenal hyperplasia, Klinefelter's syndrome, hypospadias, and variations in gonadal differentiation. It is estimated that six or more surgical interventions are carried out on such children each day in North America (Mulgrew 1997). Significantly, the vast majority of these intersexed infants—90 percent—are designated as "female" following surgery to reduce the size of the clitoris and/or create a vaginal canal (Chase 1998).⁴ As Kessler (1990) indicates, this percentage suggests the underlying sexism of the medical establishment: It devalues the female body and female sexuality by emphasizing form over function—an aesthetically acceptable "phallus" (a term applicable to the erectile tissue of both males and females) over a functional one (i.e., one capable of sensation). Equally significant is that most intersexed women self-identify as lesbians. Although from their point of view this self-identification complicates the oppression they face, from the perspective of theorizing sexual identity politics, such multiple oppressions may offer a rich site for further analysis (Whisman 1996, 123).

The creation of an interactive site on the World Wide Web in January 1996 has contributed significantly to carrying out ISNA's mission of providing introductions to intersexed people on an international scale. In addition to publishing a quarterly newsletter, *Hermaphrodites with Attitude* (also available on paper by subscription), the site has initiated a small but growing mailing list available only to intersexuals, consisting largely of those who found out about ISNA via the Web site and wrote for more information. However, according to Web site coordinator Kiira Triea, for every intersexed person who e-mails her requesting more information, she receives approximately 100 e-mails from transsexuals and fetishists. Since February 1996, the site, located at <http://www.isna.org>, has been visited more than 140,000 times,

with as many as 1,000 visits a week (Tria, personal correspondence, September 16, 1997). Information about intersex is available through five sets of links on the ISNA site.⁵

My analysis of the identity rhetoric on this Web site and its links took place over a 10-month period, during which time I examined news of ISNA's activism on the site, which I supplemented with stories about intersex from the mass print media and personal stories from ISNA contributors. Also, between October 1997 and July 1998, I followed various threads of an Internet discussion group comprising approximately two dozen intersexuals and academics. I begin the analysis with Tria's account as it appears on the Intersex Voices link from the ISNA Web site; hers is one of eight intersex narratives at this site. Tria is one of the more high-profile members of the ISNA, and her story is important enough to her that she continues to add to and refine it. To ensure that my rendering of her story accurately reflects her experiences, I solicited her comments to an earlier draft of this article. Heike Boedeker, another intersexed person, also responded to this draft. I include some of their comments below (Tria, personal correspondence, October 10, 1997). In addition to Tria's story, I briefly analyze the self-descriptions in four similar accounts from intersexuals Derek, David, Sam, and anonymous that appeared in four issues of the ISNA Web site newsletter, *Hermaphrodites with Attitude*, in 1994, 1995, and 1996. The rationale for choosing these particular stories is the narrative elements they had in common. These include (1) a period of relative isolation (as evidenced in the individuals' retrospective use of rhetoric of "the closet"), (2) self-discovery as intersexuals and a growing awareness of others who fall into that category ("coming out"), and (3) anger at physicians and surgeons who have altered their bodies to fit socially acceptable sexual types and at family members who were not only complicit in those medical decisions but also reluctant to discuss them with the intersexuals afterward. Quite often, this meant that as medical cases, these individuals were lost to follow-up (Walcott 1995). Although these stories are not interactive in the same way that conversation on a listserv tends to be, their similarities to each other put them into a sort of dialogue.

Discussion topics on the intersex listserv "inter-act" included analyses of gender and sex, dialogue with regard to intersex in a cross-cultural context, critiques of the medical establishment, questions and answers about current medical treatment options, speculations about the future of intersex activism, and critiques of "affinity politics"; that is, the advantages and disadvantages of intersexuals working in coalition with other sex- and gender-based identity groups. I include data from the listserv with regard to the efficacy of coalition politics below. Other literature analyzed in this study includes mass media coverage of ISNA that illustrates the organization's identity politics strategies, such as individuals finding connections between their personal histories and their common grievance, the development of an agenda for progressive change, and collective actions undertaken to effect that change. Such media attention is on the increase, and ISNA adds this material to its Web site regularly.

As a highly interactive medium that allows for quick revision, the Internet speeds up the process by which emerging minority groups can articulate their collective identities. Whether fast or not, however, this process is essential for both personal and political reasons. With regard to the use of personal accounts in her research on gay and lesbian identity formation, for example, Whisman notes that such accounts help individuals to create life stories that cohere with those of similar others and serve to “connect the individual with the collective as part of a political strategy” (1996, 9, 107). By writing and revising their personal and collective histories, intersexuals reclaim those histories from the medical establishment and clarify their goals as a group. Tria’s autobiography, for example, underwent significant revision during my analysis; she continues to write it, as I discovered in my correspondence with her during the last two months of my research (Tria, personal correspondence, September 20, 1997). At the same time, she continued to refine the Intersex Voices Web site and soon after was instrumental in starting the Internet discussion group.

Considering the unstable identity category in which intersexuals are now locating themselves, the hypertext capabilities of the World Wide Web and the electronic “salon” of the Internet discussion group seem fitting spaces in which to explore issues of sex and gender identities. Contradictions may be more greatly tolerated on the Internet than in other communication media. Indeed, the question has arisen of whether gender itself is even “meaningful” on-line (Kendall 1996). One participant of real-time role-playing spaces on the Internet observes that “in virtual reality, mind and body, female and male, gay and straight, don’t seem to be such natural oppositions anymore, or even natural categories to assign to people” (McRae 1996, 245). The relative safety and freedom to play with sexuality and gender on-line is especially important to women, who are still vastly outnumbered by white, heterosexual males in all areas of the Internet. Also, the Internet may provide a greater opportunity for coalition building than the slower, one-way medium of printed mass media.⁶

On the other hand, the Internet is not without limitations to both participants and researchers. Although gender may seem to be less oppositional and more a matter of choice on-line, “standard expectations” for gendered appearance and behavior prevail there, just as they do in the rest of society (Kendall 1996, 218; McRae 1996, 249-50). Like the claim Butler makes about the real body, gender precedes the construction of the virtual body in cyberspace (McRae 1996, 258). Furthermore, access to the World Wide Web is not universal, despite its name; its use is limited at this point to geographic areas and populations with the economic means to take advantage of it. Populations that suffer stigma of whatever sort, it should be noted, tend also to be economically disadvantaged. Thus, it is not unreasonable to speculate that intersexuals may actually be underrepresented on the Internet, since most of them also self-identify as women and lesbians. Finally, for the researcher, certain practical and theoretical problems manifest when relying on Web sites as a primary source, such as a lack of direct contact with individuals (unless e-mail or postal

addresses are included in links) and the question of how to interpret evolving personal histories.

In the following sections, I will first describe the exemplary “coming out” experience of Tria in light of ISNA’s concept of an “intermediate morphology” for sex. By reviewing feminist theory with regard to sex and gender binaries, I attempt to reconcile the contradictions between the biological and social details in her story. I suggest that intersexuality as both a biological and social category reconstitutes the relationship between sexual difference and sexual desire. I then examine the constraints imposed upon language by sex and gender binaries among intersexuals who are trying to understand their experience and articulate it to others. From this analysis, I consider the efficacy for intersexuals of working with transsexuals in increasing social tolerance of sexual and gender ambiguity. In the final section, I propose that intersexuals’ willingness to sustain contradiction in their self-identification strategies may contribute to their success in finding common ground with a wide range of groups adversely affected by medical treatment practices.

DECONSTRUCTING SEX AND GENDER: LOCATING EMPTY SPACES IN THE “GAME OF BINARY ROULETTE”

On February 28, 1993, “something happened” to “wake up” Tria from a coercive vow of silence. As she puts it,

I awakened to the knowledge that I was different; when I was thirteen I learned that I was not “a boy”—I was actually “a girl.” Now I know that I am an intersexed person. Before this . . . I rarely thought about sex, gender, or relationships. My “hermaphroditism” was completely off limits as a topic for introspection. (1994, 1)

The time and knowledge slippages in Tria’s account are puzzling. Why did this awakening to self-knowledge not occur when, at age 13, learning of her intersex “diagnosis” (she is an XX individual who was exposed to virilizing hormones prenatally), she was forced to choose her sex “in a game of binary roulette at Johns Hopkins”? And why did the knowledge that must have come from having been diagnosed and making a choice apparently leave her with “too dark a secret even for me to contemplate”? Raised as a female until age 2, then as a male until age 13, she was compelled by her diagnosis at that time to choose a sex more appropriate to her XX karyotype. Only much later did Tria “wake up” to the “social and political import of [her] history as a medicalized intersexed person” (personal correspondence, October 10, 1997). Only at that point was she able to think, talk, and behave as a sexual person. With its uncomfortable mix of the discourse of the biologically essentialized and the socially constructed body, her story resembles those of other intersexuals.⁷

As Tria’s story makes clear, finally realizing the medicalization of her identity is what awakened her. So too did the possibility of occupying a third sexual

category—both/and, or perhaps neither/nor. But Tria first needed to recover from the effects of medicalization before she could think of herself as an intersexed person: “It was surgical and psychological trauma which kept me from synthesizing an ‘intersex identity’ until I was 32” (personal correspondence, October 10, 1997). Although she understood the term “intersex” to be “inaccurate taxonomically,” she found it “usable personally and politically to mean ‘something else’” (personal correspondence, October 10, 1997). Realizing that she was “something other” than what medicine would have her be, she was then able to identify others like herself and join with them to take political action, in effect to make new meanings of their bodies. Thus, she did in fact claim choice in her sexual identity, but only at the cost of realizing the constraints on that choice arising from the binaries of sex, sexuality, and gender. As a brief review of some recent feminist critiques of the relationship between sex and gender will show, the “third category” explanation is problematic—an empty space in the game of “binary roulette.”

Parallels between the dilemma of sex/gender binaries and the self-contradictory rhetoric of intersex have at their basis certain tendencies in the biological sciences. Noting that “biological factors tend to be seen as the most basic and primary of causes,” and that these factors tend to be interpreted as fixed, the ways things are supposed to be, Kessler and McKenna (1978, 42-80) suggest how sex and gender become conflated. First, biology associates sex with sexual reproduction; from there, sexual reproduction becomes associated with a consistent, predictable dimorphism. However, since sex is not only a matter of form but also a matter of function, an individual’s outward sexual appearance (i.e., genitals) may differ from his or her inward sexual functioning (e.g., hormonal secretions). Such a situation, which is usually the case in intersex conditions, complicates the dimorphic model. In an effort to evade the dimorphic model, ISNA frames these conditions in terms of “intermediate morphology”:

Genitals develop from a common precursor, and therefore intermediate morphology is common, but the popular idea of “two sets” of genitals (male and female) is not possible. Intersexual genitals may look nearly female, with a large clitoris, or with some degree of posterior labial fusion. They may look nearly male, with a small penis, or with hypospadias [urinary opening located on the underside of the penis]. They may be truly “right in the middle,” with a phallus that can be considered either a large clitoris or a small penis, with a structure that might be a split, empty scrotum, or outer labia, and with a small vagina that opens into the urethra rather than into the perineum. (ISNA “Frequently Asked Questions”)

Significantly, ISNA’s attempt in this passage to write a noncategorizing description of intersex merely emphasizes just how pervasive the dimorphic model is. Form is primary in this model. As such, it tends to emphasize the genitals and omit details about the function of the reproductive system; that is, the question of fertility. Historically, sexist and heterosexist biases in the medical management of hermaphroditism have contributed to the primacy of this model. As Hausman (1995), Dreger

(1998), and Epstein (1990) observe in their historical analyses of intersex, the greater emphasis on genital form over reproductive function has served to uphold male social status and maintain heterosexuality despite the existence of the sexually ambiguous body. For example, in a historical examination of the legal treatment of hermaphroditism, Epstein (1990) clarifies how the “legal fiction of binary gender” has been linked to laws pertaining to property ownership, voting rights, fraud, and, above all, marriage. Underlying this framework of sanctioning and prohibiting privileges based on sex differentiation, Epstein argues, is the social fear of sexual perversion, which “virtually always refer[s] to homosexual acts.” Thus, an intersexual’s reproductive potential is deemed less important than his or her sexual proclivity. The code term in the contemporary treatment protocol is “successful adjustment” in the gender role:

Genetic males (children shown to have Y chromosomes) must have acceptable penises if they are to be assigned the male gender. If their penises are determined to be “inadequate” for successful adjustment as males, they are assigned to the female gender and reconstructed to look female. . . . Surgeons refashion phalluses to look like clitorises . . . build vulvas and vaginas if necessary, and remove any testes. This is done even if it means risking a child’s only real chance at becoming a biological parent. (Dreger 1998, 182)

Considering the powerful social forces underpinning the sex and gender binaries, ISNA’s development of the concept of “intermediate morphology” seeks a radical revision of social mores; its literature is also characterized throughout by an effort to revise the concept of intersex as a pathological condition. For example, the organization advises that the internal medical complications for which surgery and hormone therapies are routinely indicated are probably not as threatening as the intersexed individual’s ambiguous genitalia. Furthermore, the percentage of those who may require surgical removal of the gonads to prevent cancerous tumors is low, and this complication does not typically occur in infancy but rather becomes an issue later, at or after puberty.⁸ According to ISNA, medical complications occur in only a small percentage of the intersexed; for the remainder, the recommended “treatment” serves merely a cosmetic purpose. For this reason, ISNA claims, the pediatric patient is better served by undergoing minimal treatment—if any—until able to decide for himself or herself how, or even whether, surgery or hormone therapy is needed. This recommendation, the keystone of ISNA’s agenda, suggests that perhaps the pediatric patient is not really a “patient” after all. Thus, the ISNA literature resists pathologizing intersex at every turn.

Not so easy to resist is the binary of gender. Given the conflation of form and function, the biological criteria for sex easily becomes the social criteria for gender, with the former being “constructed to support the latter” in what Kessler and McKenna (1978) call the “natural attitude.” Feminists have long criticized this tendency of gendered behaviors to seem like the natural consequences of biology;

contemporary feminist writing has debunked the presumed innateness for scores of gendered behaviors, including aggression in males, intelligence, employment discrimination, and lesbianism (Fausto-Sterling 1992; Hubbard, Henifin, and Fried 1982).

The natural attitude can also be seen in the medical treatment of intersexuals. The birth of a baby with ambiguous genitals constitutes a “social emergency” (Holmes 1995, 2) in the delivery room; unless the baby’s sex is immediately determined, its gender, which directs the child’s future relationships, cannot be established. Despite the generally accepted idea that a child’s concept of his or her own gender—his or her “gender identity”—is not really fixed until around 18 months of age (Money and Ehrhardt 1972), gender must be attributed at once. Only in this way can the child’s parents, siblings, and other relations know how to cue the child’s performance of one gender role or the other. Since assigned male and female gender roles are a key to social conduct, gender becomes linked to sex, which becomes its biological “cause.” In the “unnatural” event of an ambiguously sexed child, a decisive—and naturalizing—gender assignment derives from the pediatrician’s apparent “discovery” of the child’s “true, natural ‘sex,’” (Kessler 1990, 8).

No doubt the “natural attitude” toward gender based on the dimorphic model of sex differences contributed to keeping Tria from acknowledging herself as intersexed for so long. Could her awakening then be attributed to her realization of what was, for her, the *real* pathology of her condition; that is, the silencing of her ambiguously sexed identity imposed by the natural attitude and the traumatizing of her body and mind by the doctors at Johns Hopkins University Medical School? Or was it due to the insufferability of the third category into which she had fallen—that is, “people like me”—where she felt she was the only member? In fact, Tria recounts, it was the black-and-white bible of the natural attitude, the medical textbook, that awakened her:

Staring at a medical gynecological textbook in the public library, I actually *felt* the crash in my head, the trainwreck of truth, my world accelerating into a blur of understanding. I was an hermaphrodite. (Intersex Voices)

With these two oddly contradictory metaphors—the “trainwreck of truth” and “a blur of understanding”—Tria was at last ready to claim choice in her identity: “I was an hermaphrodite.”

In practice, however, it is much easier to disregard the no-win game of sex binary roulette. Tria’s “awakening” to the empty chambers in the binary roulette contrasts sharply with the story of John (formerly known as Joan), for whom a continuing unconsciousness to the coerciveness of the sex binary seems more comfortable. The victim of a botched circumcision as an infant in which his mutilated genitals were refashioned into the organs of a female, Joan was raised as a girl. However, in the rhetoric of the natural attitude, Joan always “felt different,” his “real” sex as yet

undiscovered by him. Learning of the surgical disaster at age 14, Joan became John with the help of surgery to construct a phallus and is now "the happily married father of three adopted children" (Gorman 1997, 83).

This narrative received broad coverage in the media (Colapinto 1997; Holden 1997; Peyser 1997), possibly because it contains so many elements of the familiar genre of "coming out" of the closet of socially constructed "passing" behaviors and into one's "essential identity," albeit in this case an essentially heterosexual identity. It suggests the strong appeal of essentialist accounts of sexual identity formation and the importance of social context in cueing the individual as to the expected behavior for that identity (West and Zimmerman 1987, 135). Additionally, "the true story of John/Joan," with its anachronistic name reversal in the popular press, no doubt hit a sympathetic nerve in a society that places a higher premium on male anatomy and social status. Despite its heterosexist and misogynistic subtext, this case had the potential to support ISNA's agenda to allow genitally ambiguous children to sort out their sexuality for themselves so that they would not have to "rebel" against their parents and doctors, as "Joan" did. The case also brought to light the importance of medical follow-up in treating intersex. For the most part, the news coverage was received favorably by members of ISNA. Coventry, for example, wrote: "As an intersexed woman, I am grateful to [*Rolling Stone*] for telling the truth about how genital surgery affects children's lives. . . . Though performed out of a genuine desire to help, such surgeries in fact cause great harm" (1998, 10). In a curious twist, however, the *Time* magazine article (Gorman 1997) skewed the ideology of the natural attitude. Framing John's story as an apparent cover-up of the failure of the medical establishment's "prevailing theory" that "babies are born gender neutral" and can be "made anything you want," the report ignored the sexual hegemony involved in medical decisions about sex assignment at birth, that of the assignment being predominantly female (Castro-Magana, Angulo, and Collipp 1984; Holmes 1995b; Kessler 1990). The John/Joan case might have helped to publicize ISNA's agenda but, risking no "trainwreck of truth," it contributed little to interpreting what Butler (1995) describes as the "highly gendered regulatory schemas" underlying medical decision making, including that of form over function.

Butler's (1995) analysis of desire is helpful in examining the impact of these "regulatory schemas" on the intersexed person as a sexual being in a social context. Observing that heterosexuality is "presumed in the founding scenario of desire," she posits that the hermaphrodite subject falls outside of this scenario. In effect, this renders intersexuals as being incapable of desire (1995, 379). However, as the data from intersex narratives below suggest, this is hardly the case. Intersexuals work both with and against sex and gender binaries to make being "something else" intelligible on the periphery of Butler's "founding scenario." As West and Zimmerman put it, "'ambiguous' sex indicators are sex indicators nonetheless" (1987, 145).

A CLOSER LOOK AT THE LIMITS OF LANGUAGE

The instability of gender categories is evident in the ISNA literature, which is typified by language that at once tries to avoid the counterlogical third category of “intersex” and language that at the same time tries to describe it as meaningful. For example, the group does not engage the binary categories of “true hermaphroditism,” “male pseudohermaphroditism,” and “female pseudohermaphroditism,” linguistic holdovers from the 19th century (Dreger 1998, 36-39, 140-50). Instead, ISNA members prefer to use the term “intersexual” to describe themselves; they use the term “hermaphrodite” ironically—“hermaphrodites with attitude”—both to invoke and reject the medical establishment’s codification of their bodies. However, one of ISNA’s feminist proponents in academia, Fausto-Sterling, falls back on the sex binary by referring to “intersex” as a “catch-all” category and using “three major subgroups”—what she calls the “herms,” “merms,” and “ferms.” Even if she had resisted the temptation to rename these categories and limited her description of intersex to “some mixture of male and female characteristics,” she still would not have avoided contradicting ISNA’s mission to be inclusive in what counts as “intersex” (1993, 21). Her language has the unfortunate result of recreating a site in between the poles of male and female that is proscribed by this binary. Members of ISNA understand these labels as arbitrary (Triea, personal correspondence, October 10, 1997). Still, such recycling of quaint medical terms has the detrimental effect of sustaining a pathologized portrayal of intersexuals in the mass media. Cowley, for example, uses Fausto-Sterling’s terms, citing one study as indicating that “surgical complications were the main reason for the ferms’ lower quality of life” (1997, 66).

More pointed instances of the difficulty inherent in the use of binary terms occur in the comments of ISNA members writing in the newsletter. Derek, demonstrating a radical reconstitution of desire, writes in with the question: “Being XXY, would a[nother] XXY be a match for me?” (Klinefelter, lots of questions 1995, 9). David recounts how he managed to overcome his earlier difficulty with intersexuality being “an all-or-nothing proposition.” He has somehow become able to “say ‘yes’ [to his intersexual identity] without having to say ‘no’ to other aspects of my reality”—namely, that he was raised to think of himself as male (Talking about it 1995, 4-5). In other words, David has found a way to reconcile apparent contradictions in his identity by refiguring the difference between sex and gender, which are, after all, both “aspects of [his] reality.” This is the “sameness-in-difference” to which Epstein (1987, 40) refers in describing the relationship between the members of the gay “ethnic” community and heterosexual society at large. What makes this phenomenon more complicated for intersexuals is that they must locate sameness-in-difference within themselves, as a matter of stabilizing their sense of who they are. Only from that standpoint can they be in a position to claim choice outside the heterosexual/homosexual binary.

The intersexuals enjoying the most success navigating contradictions in sex and gender binaries are those who elect to suspend the language of the natural attitude and enter the realm of cultural critique. One anonymous author, in a response to Money's recent second edition of *Sex Errors of the Body* (1968), "beg[s] to differ" with Money: "The error was not in my body, nor in my sex organs, but in the determination of the culture, carried out by physicians with my parents' permission, to erase my intersexuality" (Whose sex errors? 1994, 2). According to Triea, it is intersexuals who have not undergone surgical intervention who "seem to find some balance of identity pretty well, despite [dichotomous] cultural models" (personal communication, October 10, 1997). For most intersexuals who have "come out of the closet" of silence and shame, the promise of escape from the medicalized discourse of sex seems to lie in their critical observations about the cultural construction of gender—and especially about who has the authority to construct it.

However, some of the more complex apparent contradictions occur in the examples that explicitly take up the issue of gender. David, for instance, seems to acknowledge the natural attitude as the source of the problem without quite finding a cultural vantage point from which to surpass it:

Though I have tried for decades to fit a gender role (with the "aid" of surgery and hormones), I still cannot feel comfortable with it. Finally I am forced to face the truth, my truth, which is this: I am who I am, no more and no less, and I am not who I am not. I cannot be altered in such a fundamental way as gender. (I am not alone! 1994, 5)

Obviously, for David there is something essential about gender, even though he ends up making an important decision about how to be gendered. Sam comes closer to associating gender with culturally proscribed behaviors when he remarks, "I am becoming totally gendered, which is more a state of mind and spirit in process than a doctrinal static social precept" (Becoming totally gendered 1995, 3). The idea of "becoming totally gendered" seems all the more intriguing coming from an individual raised as male given that maleness, as the default gender in our society, tends not to think of itself in gendered terms.

These four excerpts serve as a snapshot of these people at a particular point in their process of self-recognition and their growing awareness of what they have in common with like others. ISNA's recognition of its theoretical common ground with transgendered people begins to shift the sexual identity analysis into the framework of a politics of difference, which is helpful in examining the new intersections of sex and gender presented by intersex identities.

SEXUAL AND GENDER AMBIGUITY AS A SITE OF RESISTANCE

Some intersexuals see a strategic advantage in coalition politics and, indeed, stake out intersexuality as one among many sites of resistance in contemporary

identity politics. In their article "Natural Allies," Nevada and Chase recognize the indebtedness of the intersex movement to established identity movements:

The emergence of a vocal intersex community follows a natural progression in the evolution of civil rights struggles. Race was followed by sex (feminism), then sexual orientation, and identity (transgender movement). The newly emerging intersexual minority carries the battle to the ground of embodiment. (1995, 1)

In their examination of the "ground of embodiment," Nevada and Chase pinpoint the problem for both intersexuals and transsexuals: With the medical establishment so clearly implicated in the erasure and formation of their respective identities, both groups are fighting for the "right of the individual to choose" surgical and hormonal treatment. Furthermore, the social constraints on the right to choose implied in the coercive binaries of sex and gender are similar for both groups. Medical treatment, although seemingly available to all individuals seeking "sex reassignment" who can afford it, has been "offered only to those who conform to culturally determined gender standards" (Nevada and Chase 1995, 11). (And, of course, it is out of the question that the sex to which one sought reassignment would resemble anything but the standard male or female model.) Nevada and Chase are referring to the medicalization of transsexualism instigated by Benjamin (1954). A process that entailed distinguishing transsexualism from transvestism via the natural attitude, sex reassignment presumed the necessity of surgical and hormonal correction of a "disharmony of [the] endocrines" (Benjamin 1954, 226). As Kessler and McKenna explain, the medicalization of transsexualism ensured that gender identity would remain fixed; genitals could be "corrected" to match it (1978, 112-41). Furthermore, the individual seeking surgical and hormonal correction could qualify for such treatment only by "performing" his or her gender identity to certain specifications. Stone (1991) ironically refers to this performance as a "narrative of redemption," noting its codification in the 1980 *Diagnostic and Statistical Manual*. For a transsexual seeking medical treatment, "getting the story right" has meant making it clear that changing sex is necessary for the proper expression of heterosexual desire (see also Hausman 1995, 141-74). This scenario resembles the homophobic medical treatment protocol for the intersexed baby.

However, as is the case with intersexuals, the heterosexism of the surgical mandate is increasingly coming under fire from transsexuals. Not only do transsexuals often end up queering desire anyway after surgery by assuming a postoperative gay or lesbian identity, they have also begun to contest the terms of sex reassignment (Califia 1997, 223-25). Thus, by challenging the natural attitude toward sex and gender, transsexuals and intersexuals seem to have become "natural allies." However, intersexuals stress the political necessity of articulating their own "discrete goals" (Triea, personal correspondence, October 10, 1997), and they occasionally express outrage at what they consider to be opportunistic, mere legitimating strategies on the part of groups like GenderPAC to establish common ground with intersexuals. The problem, once again, hinges on the question of choice, which

intersexuals rightfully declare has not been available to them as it has to transsexuals (Tria, personal correspondence, January 2, 1998). In other words, whereas adult transsexuals can choose from a range of surgical and hormonal treatments for a "condition" that begins with their own self-diagnosis, intersexuals face the opposite scenario: mandated medical treatment prior to the age of consent. From the point of view of intersexuals, who want acceptance of their sexually ambiguous bodies, it is difficult to find "common ground" with individuals who want to change into one or the other definitive sex.

Discerning a colonial tone in the medical discourse on transsexualism, Stone suggests a recuperative project to treat the transsexual body "as a genre of texts" in order to "map the refigured body onto conventional gender discourse and thereby disrupt it." By doing so, transsexuals can regain their lost past, the personal history they ignored in telling the obligatory narrative of redemption. Transsexualism will then cease to exist as a class (1991, 293-99, 303). This project is being carried out in ways that substantiate Stone's call for a "posttranssexual," using language that indeed confronts the medical colonization of the body. The "International Bill of Gender Rights" is an example. Among the rights it proclaims, the "right to control and change one's own body," the "right to competent medical and professional care," and the "right to freedom from psychiatric diagnosis or treatment" especially pertain to the common ground between the colonized bodies of transpeople and intersexuals (Second International Conference on Transgender Law and Employment Policy, August 28, 1993, cited in Rothblatt 1995, 167-70). Such emancipatory rhetoric signaling the realization of "pansexual potential" (Holmes 1999) seems an inevitable outcome of the disruption of gender binaries that scholars such as Butler (1990) and Herdt (1996) advocate.

So what of the uniqueness of intersexuality as an identity category? The title of an article by Holmes, "I'm Still Intersexual" (1994), answers the question. As I suggest in the above example of David's successful confrontation of contradictory "aspects of his reality," resolving apparent sexual and gender identity conflicts does not necessarily mean banishing them. Indeed, Sam's becoming "totally gendered" seems to have expanded the grounds for contradiction, not unlike the propensity among some intersexuals to seek coalitions with other genderqueers. In similar fashion, Gamson's description of "queerness as a logic of action" rebukes the claim that constructing a collective identity is the most important goal in contemporary social movements. In fact, he says, "Secure boundaries and stabilized identities are necessary not in general, but in the specific" (1995, 402). By this he is referring to the strategic essentializing that redeems Epstein's (1987) otherwise flawed argument for an ethnic minority model.

FROM IDENTITY POLITICS TO A POLITICS OF DIFFERENCE

Claiming intersexuality as a particular category of victimization has, gradually, brought about a change in the way intersexuals are perceived, but not without

resistance among the medical and legal communities. In April 1996, ISNA activists Holmes, Coventry, and Chase were refused participation in a patients' panel on "life after genital reconstruction" in conjunction with a pediatric surgical symposium at Mount Sinai Hospital in New York. Their aim was to explore the long-term psychological and physical harm done to intersexed individuals on whom unnecessary sex reconstruction surgery was performed during infancy. Although they eventually managed to get on the program in a compromise gesture, they met with resistance from their former physicians. "Nothing you have said has changed our minds at all," said one surgeon (ISNA, "ISNA and Intersex in the News" 1996). This attitude has been pervasive throughout the medical community despite repeated and articulate arguments to the contrary from organized intersexuals (Chase 1998).

A similar view extends beyond the medical profession as well. Holmes (1999) notes the disparaging reaction to the intersex movement's efforts to equate pediatric genital reconstruction with the practice of female genital mutilation common to some African cultures. For example, a recent bill passed by Congress banning female genital mutilation in the United States "explicitly permits surgical reconstruction for intersexuals." In the realm of academic publishing, Holmes cites the repeated rejection of articles that call for a revision of treatment protocols. Similarly, ISNA executive director Chase (1998) has observed an uneasiness with the intersex movement's political agenda among some feminists, which she attributes to intersexuality's destabilization of the category "woman."

However, the very tension of its early encounters with pediatricians hinted at ISNA's potential for "hitting a nerve" in the medical establishment and, perhaps, society at large. Presumably it was the group's early lack of success in initiating a dialogue with the medical community that compelled it to demonstrate outside the American Academy of Pediatrics convention in Boston later that year, a more high-profile effort to force the hand of the medical establishment and garner sympathy beyond the medical community. Still, an even more successful attempt to open a dialogue with doctors had already begun in *Hermaphrodites with Attitude*, and prior to ISNA's failure at Mount Sinai Hospital, the mass media had caught wind of a new identity movement (Angier 1996). Since these early demonstrations and internal efforts, intersexuals have received attention in such mass media sources as National Public Radio's *All Things Considered*, Fox-TV, and *Mademoiselle* (Moreno and Goodwin 1998).

But could the sex- and gender-based emancipatory agenda unique to intersexuals be compromised by a fixed category of self-description? The answer is both "yes" and "no." On one hand, it is important for the intersex movement to avoid seemingly coercive strategies intended to advance its cause at the expense of individual members' comfort and safety. For example, out-of-the-closet intersexed people in several states have attempted to self-identify as "I" (intersexed) or "O" (other) rather than "F" or "M" on legal documents such as a driver's license (Batz 1996). Although this strategy may work to raise awareness about intersexuality, it could be viewed as threatening by intersexuals who prefer to self-identify as either female or male. On the other hand, it remains important for the intersex movement

to engage in strategies that distinguish "intersexuality" as an identity option so that closeted intersexuals can have a better chance at filling in the gaps of their personal histories by gaining access to their own medical records. (It is important to note that these people, who may wish to remain more or less closeted, as well as the parents of intersexed children, are also served by the movement.)

Self-descriptive labels may always be problematic for identity groups, since by establishing a set of criteria for membership, they invariably leave some people out. But the trouble they cause in raising awareness of a distinct group of people can also bring about transformative political strategies. The linguistic shift from "transsexual" to "transgender" and finally to "transperson" that transsexuals are now undertaking suggests their success in moving beyond the constraints of binary language. The once strictly derogatory label "queer" is now being used by many people as both a self-identity and a political strategy to describe a range of sexual and social expressions expressly intended to counter the heterosexual norm, thereby calling into question its totalizing effects. However, intersexuals' analogous reclamation of the word *hermaphrodite* as a way to break the silence of medicine's erasure of their polymorphic physical reality is not an effective strategy for claiming choice. Based on a two-sex model, the word *hermaphrodite* applies to intersexuals only in the ironic sense that it tries to call attention to the binary- and deviant-defiant range of sexual possibility in the body. Thus, strictly speaking, the hermaphrodite model closes off the possibilities of queerness. This is because, unlike the hermaphrodite body, a queer body—one that is "totally gendered"—throws into question even the possibility of surgical and hormonal "correction." "Hermaphrodites with attitude" may need merely to emphasize attitude more than body to situate themselves within a queer logic of action. By doing so, they queer not only their own identity but their desire.

Locating the sources of desire and delineating their trajectory, as Butler observes, are paramount in analyses of sexual and gender identities. Reporting on her interviews with intersexuals for *The New York Times*, Angier raises that all-important question in a society constrained by heterosexual norms: "What sex do you sleep with?" (read "desire"). The answers emphasize the radical revision presented by intersexuality and the threat it poses to intersexuals themselves: "[Some intersexuals] talk of a rich and stimulating sex life that defies definition as either straight or gay." However, one individual, "whose ambiguous genitals were never surgically modified and who was raised as a girl, said she has slept with both men and women but has never had sex with another intersexual. 'I'm a heterosexual in the truest sense of the word,' she said" (1996, E14). Given this paradoxical self-identification among intersexuals, the power of the term "queer" to claim choice, with all its "pleasures and dangers," cannot be underestimated.

As seen in the self-reference to being a "true heterosexual" that is contradicted by both genitals and behavior in the above example, the self-naming strategies of intersexuals can easily backfire, rewriting them into heteronormative language. However, ISNA has achieved a more productive tension by engaging the gay and lesbian identity movement strategy of searching for historical precedents and

cross-cultural common denominators. The goal of intersexuals using the “we are everywhere” strategy is to locate themselves across time and place—be it as hermaphrodites, cross-dressers, or queers—and thereby legitimate their identities. For example, in a letter to *Hermaphrodites with Attitude*, David is enthusiastic about at last finding among other intersexuals the “long forgotten family who speak in my native tongue. . . . We have a history and a very profound mythology” (I am not alone! 1994, 4-5). The mass media’s representation of intersexuals via mythic images or statues contributes to the historicizing strategy. For example, Angier’s *New York Times* article leads with the Hermaphroditus story, accompanied by an engraving, and Fausto-Sterling’s article in *The Sciences* opens with a photo of a second-century B.C.E. Roman statue of a sleeping hermaphrodite. Although such mythical contextualizing obscures the contemporary agenda of changing the medical treatment of intersexuals, it does provide for intersexuals a sense of belonging and for nonintersexuals an appreciation that this condition is neither particularly new nor all that uncommon.

More important, this historical/cultural broadening in self-conceptualizing signals the beginning of a coalition-oriented politics of difference and a rhetoric through which intersexuals can identify and rally their allies. Writers besides Holmes have noted the link between intersex genital mutilation of intersexed infants in developed countries and female genital mutilation among girls in third world countries and immigrants. Articles written for the *Utne Reader* (Bauerlein 1996) and *Sojourner* (Klausner 1997) refer to the investment that some feminists and transpersons have in the outcomes of these debates. Medical decisions made by predominantly male authorities about the bodies of Others—the poor and nonwhite, who are often women and children—must be critically examined for the hegemonic production of oppressive cultural values that such decisions perpetuate. Another promising dialogue is occurring between ISNA and other groups concerned with “children’s rights,” including those involved with issues of pediatric informed consent and those opposed to male circumcision, many of whom are themselves physicians (American Academy of Pediatrics 1997; Johnson 1997; Shaffer 1995; *Urology Times* 1997). Because of ISNA’s early recognition of the necessity to self-identify and strategize from within a coalition framework—a politics of difference—it has managed to surpass the constraints of an identity politics based on biologically essentialist notions of sex and gender.

CONCLUSION

In this analysis of the rhetoric of intersexuality as an emerging third sex identity category, I have traced three broad tendencies in contemporary identity politics. First, I have shown identity politics to be a cumulative phenomenon by examining intersexuals’ indebtedness to feminist theory and gay/lesbian/transperson activism. Second, I have described contradictions in the formation and maintenance of intersexual identities arising from a heterosexual/homosexual binary, arguing that a

combined feminist and queer theoretical approach provides the most productive interpretive framework. And third, I have posited that the case of intersexuality does not solve contradictions in sex and gender binaries but rather opens them up for a closer critical analysis, especially in the larger context of intersexuality's relationship to other sexual identity categories.

Such an analysis emphasizes the distinct challenge that intersexuals and ISNA pose for sex- and gender-based identities, as well as public policy, in a postidentity politics of difference. Questions about the relationship between sex and gender that arose in conjunction with feminist, gay/lesbian, and transperson political theory and practice have been articulated anew with the emergence of intersexuality. Who is female and who is male? What are the combined biological and social forces that bring about one or the other? What is sexual desire; what are its objects? In view of a theoretical, if not actual, third sex/third gender, these seemingly simple questions serve to refigure notions of sexual and gender identity as a complex phenomenon—both product and process—underpinning all social relations.

Thus, despite the apparent finitude of their agenda to retrieve medical history for intersexuals who are now adults and transform medical treatment for those yet to be born, intersexuals are demanding nothing less than indifference toward sexual and gender ambiguity. At the present time, such indifference defies the imagination. For this very reason, their agenda requires a response, suggesting the potency of their force in the political arena. Genitals and genders that evade categorization invite sexual desires and behaviors that also resist description and, thus, regulation. Intersexuality constitutes an affront to heteronormativity that allows for no neutrality: How can such ineffable desires be mapped? How close is this unknown territory? How will we be able to recognize it when we get there? As the case of intersexuality makes clear, much work remains for feminists, queer theorists, and others concerned with sex and gender to determine what exactly are the “productive constraints” in sex and gender binaries.

NOTES

1. ISNA's “ISNA and Intersex in the News” and “Recommendations for Treatment” are available at <http://www.isna.org>. All further references to ISNA literature, including the newsletter *Hermaphrodites with Attitude*, are available at this Web site URL.

2. Compare the often indignant tone of *Hermaphrodites with Attitude*, for example, with the placating tone of the promotional rhetoric of the on-line advocacy and support group Hermaphrodite Education and Listening Post, “a source of medical information, literature, and personal experiences” whose “goal is to connect persons affected by [sex differentiation] disorders, to educate the public and medical profession, and to offer emotional support and understanding to those facing the decisions involved with these disorders.” Available at <http://users.southeast.net/~help/>.

3. Trying to determine what percentage of the population is intersexed highlights the limitations of the scientific fiat to “know by number”: The percentage depends on how “intersexuality” is defined. Fausto-Sterling (1993) cites Money's 4 percent figure, noting that it represents those who are intersexed at birth and does not necessarily apply to adults whose intersex condition was detected later and surgically or hormonally treated. In her interviews with physicians specializing in pediatric intersex, Kessler

notes that "it is impossible to get accurate statistics on the frequency of intersexuality," and only one of the specialists in her study would "venture a guess" (1990, 4n. 4). The literature of ISNA emphasizes a range of anatomic sex differentiation with chromosomal, hormonal, iatrogenic, and unknown etiologies, including percentages per live births, if known. ISNA also stresses the discrepancy between documentation in medical records and the intersexual's not-infrequent lack of complete knowledge of personal medical history, which suggests still another complicating factor in efforts to calculate the percentage of intersexed adults. See ISNA's "Frequently Asked Questions."

4. The medical criteria for phallus size is <.9 cm = female, >2.5 cm = male; those infants with phallus size in between this range are candidates for surgery. For an analysis of variability in phallus size, see Kessler (1997).

5. Among the first set of links are the requisite "Frequently Asked Questions" page, ISNA's "Recommendations for Treatment" of babies born with intersex conditions, and four bibliographies, last updated in September 1998. A second set of links takes the user to an archive of news articles about ISNA and intersex; a third set to "Materials Available from ISNA," including the ISNA newsletter *Hermaphrodites with Attitude*; a fourth set to "Books of Interest"; and a fifth set to other sites on the Web pertaining to intersex, including other support groups. With the exception of the two bibliographies, information on the site is updated regularly.

6. Not only do hypertext links from the ISNA Web site take users to various support groups and medical sources, but links from other Web sites, such as the Genital Mutilation Survivors' Support Network, the Alliance of Genetic Support Groups, the Virtual Community Center, Anything That Moves (a resource for bisexuals), and Mental Health Net lead Web browsers to ISNA's home page. Search engines also demonstrate the impact of the intersex movement on the Web. Alta Vista, for example, one of the more comprehensive and academic search engines, located 203 documents in which the term "Intersex Society of North America" appears, often with contact information.

7. See also *Intersex Voices*, available at <http://www.qis.net/~triea>.

8. According to the "Frequently Asked Questions" page, "In general, the likelihood of gonadal tumors is small (~5%) before mid-twenties, and increases thereafter, with lifetime probabilities of 30 percent for partial or complete gonadal dysgenesis."

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