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Fractured Masks

Voices from the Shards of Language

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... why are there so many transsexual and so few intersex activists ...

Intersexuality – in the sense or the phenomenon of people being born with ambiguous biological gender presentation – is something which has been recorded

throughout history; and it is something of a cliché to suggest that during that time it has been given a wide variety of meanings. In this paper I want to explore how the experiences of intersexuals have been erased in the modern conceptual frameworks which are used to position them in this society, today. In other words, how the voices of intersexuals have been silenced and continue to be silenced by and in theoretical discourses of gender and sexuality. This endeavour is made more bitter by knowing that in these discourses intersexual people are 'present' in their absence. That is, they are often talked about but in such a way that intersexual people

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are not able to read themselves or their stories in these discourses. I will look at how this situation has come about, describe its current effects, and hopefully try to point to some future directions which might help to remedy it.

One question which has preoccupied me, and which was the inspiration for this paper is why are there so many transsexual and so few intersex activists, especially since even the most generous figures on trans incidence in the population — given at 1 in 9,000 for Australia — is significantly less than Intersex incidence (given at 1 in 2,000 by Intersex activist groups) by a factor of four. Such a discrepancy may be the result of some or all of the following reasons:

- 1 in 2,000 includes many people whose genital ambiguity was slight or includes A.I.S. and Turners Syndrome people who don't necessarily feel outraged by their experience of the medical profession;
- a number of people do feel 'cured' by early medical intervention (although I've yet to meet one);
- many people have passed away due to complications of their condition, suicide or some other accident/misadventure.

I find none of these 'explanations' convincing however, and feel we need to look elsewhere to find the reasons for the absence — with a few notable exceptions — of intersexual activists or an activist network. In doing this it may be best to start at a significant moment in the development of modern medical practice, specifically that period when forensic medicine slowly became the discipline of sexology as we know it today.

Hermaphroditic substitutions

Proto-sexology, like medicine, generally seemed fascinated by intersexual people (the medical journals of the time record medical society meetings where intersexual corpses were dissected, cases were discussed and argued over as to origins and diagnoses). Of course there was nothing new here — intersex people had been studied, commented on and assigned to their 'correct' genders for many centuries previously. Indeed, by the time of the nineteenth century the desire to attribute the true sex of a person was tuned to a fine art and seen as the duty of the medical and legal professions. The example of Adelaide Herculine Barbin is the obvious reference point. At one point in her commentary of Alexina's memoirs Auguste Tardieu, says:

To be sure, the appearances that are typical of the feminine sex were carried very far in his case, but both science and the law were nevertheless obliged to recognise the error and to recognise the true sex of this young man.

At another point the doctor who first diagnosed Alexina's condition, Dr. Chesnet, after finding what she considered enough markers of masculinity declares:

We can now conclude and say: Alexina is a man, hermaphroditic, no doubt, but with an obvious pre-dominance of masculine sexual characteristics.

Significantly this bracket of quotes shows how there is no hermaphrodite (in the social sense) in modern medicine, only hermaphroditic — what was once a noun is now only an adjective — and the specificity of being born with ambiguous genitalia is subsumed unproblematically into the category of abnormal male or abnormal female. There is no doubt in the mind of the doctors that the person is on a particular side of the gender divide; the trick is to find it.

However while hermaphroditic bodies had to be fixed there was a push to have hermaphroditic behaviour recognised as a form of specificity based on an hermaphroditic essentialism (i.e., neither/both sex/genders), especially through the work of Karl Heinrich Ulrichs. In his work as an activist trying to achieve legal recognition for same sex desire Ulrichs coined the term 'a female soul enclosed in a male body' as the definition of a Uranian — his term for homosexual. In other words, Uranism was conceptualised as a type of psychological hermaphroditic condition. Ulrichs' focus was on a psychic gender inversion or a hermaphroditism of the mind.

And if intersexual people were denied a right to a specificity then that right — to be recognised as a third sex — was taken up and demanded from the new wave of homosexual activists of the period. This can be seen most clearly with how the term intersexual itself was used. Coined, according to the *Oxford Dictionary*, by J Grote in 1876 to describe, in what seems to be a metaphysical way — that which the sexes have in common or share, it did not take up its modern endocrinological meaning until R. Goldschmidt used it in a journal publication of 1915 and in the 1917 edition of *Endocrinology*. In the *Endocrinology* entry zie says 'We have proposed the use of the terms intersexe, (sic) intersexual, intersexuality instead of sex-intergrades.'

Several years earlier than Goldschmidt's usage it was taken up as a synonym for 'psychic hermaphrodite' by Xavier Mayne (a pseudonym) in his 1910 book, *the Intersexes*, where zie argues that homosexuals are a third sex positioned psychically between male and female. This formulation of homosexuality — following Hirschfeld and Ulrichs — as gender inversion was very influential and was a common line of argument of the time (Earl Lind also uses the same rationale in his own work).

However while this usage of the term intersexual was soon superseded by 'homosexual' to describe sexual desire and acts between adults of the same gender, its use to describe people born with ambiguous genitalia grew and it became the dominant term. However it was still a pathological label in that one could only be intersexual as the condition a person had but one could not be an intersexual as a personal identity (much less an hermaphrodite except in 'Side-Show Alley' and its successor in the public imagination — the tabloid press). One was either male or female with an underlying condition which made the determination of correct gender 'difficult' but not 'impossible'.

Jorgensen – thoroughly Modern Hermaphrodite

Now we quickly move to the 1950s and Christine Jorgensen. When news of his sex realignment became public there was some speculation in the media that it was a correction of a 'biological' mistake — in other words that zie was intersexual. When it was revealed that zie had presented with normal male genitalia then the media tide turned against him in a big way. In the public imagination Jorgensen moved into that abject space previously occupied by hermaphrodites — the freak show spectacle of being neither man nor woman but both/neither.

Jorgensen's struggle to move away from this social recognition as transgressive hermaphrodite is important because it defined transsexuality for the next thirty years. Also, it was around this time that early childhood surgical intervention really started to be used to render intersexuals invisible and his story pivots around the way that the concept of hermaphrodite was transferred onto transfolk in the public imagination. If society has rid itself of 'old style' hermaphrodites by consigning them to the medical cabinets then medicine was able to provide new hermaphrodites for public consumption. The publicity surrounding his case borrowed and rewrote the hermaphroditic myth as read through the contemporary medical theories about the nature of gender difference. Indeed Jorgensen set the seeds for the 'classic transsexual story' by writing his story as a rebuttal to this perspective. With the backing of some aspects of the medical profession and because zie was so presentable — a charming, normal, clean-cut, clean-living gal — zie tried to present transsexuality as the 'girl next door' who was tragically and unfortunately trapped in the wrong body. In other words, rewriting and echoing the old formula used to discuss homosexuality.

Writing the self

Stories are important because it is by the stories we tell, and the way they are received, that we are able to 'write' ourselves into existence. Each of us takes or adapts the available language and, according to how the conceptual meanings of a language or word-set resonate for us, position ourselves within its framework in order to co-exist in a given society. This process is dependent on the language being able to provide or be easily moulded into a conceptual framework which is adequate to describe and express our life situation and feelings. As Seyla Benhabib says:

The self is both the teller of tales and that about whom tales are told. The individual with a coherent self-identity is the one who succeeds in integrating these tales and perspectives into a meaningful life history. When the story of a life can be told only from the perspective of others, then the self is a victim and sufferer who has lost control over her existence.

In Jorgensen's case, as well as those trans storytellers who have come after her, this story has flexed and changed to reflect the changing social circumstances of transfolk. Still, what was set down as the classic or canonical transsexual identity provided a framework where one could begin to enter discourses about trans subjectivity. Even now, given all the current debate over the

meanings of a trans identity — i.e., transitional, third gendered, non-gendered or floating gender — the classic story written by Jorgensen and others of that era provide an important starting point of self-definition, even as that point is ultimately written against and rejected by writers such as Kate Bornstein or Ricky Anne Wilchins.

Re-Writing Intersexual Stories

When we look at the possibilities of writing a 'core' or "classic" intersex story we are confronted with a number of serious difficulties trying to locate a central story by which we can understand our situation.

First is the fact that many intersexual conditions do not necessarily entail genital or gender ambiguity (mild forms of hypospadias associated with a range of conditions, or C.A.H.).

Secondly, the diversity of genital ambiguity possible means that trying to locate a common experience of the body or feelings about the body are made very difficult.

Thirdly, the story given to us by the medical profession — when indeed we are given one — is shrouded in concepts of lack, abnormality, incompleteness and freakishness; if we are to believe the stories told about us then we have to assume the mantle of the abject.

Finally, if we try to reappropriate the social stories of hermaphrodites and androgynes in this society we find those stories alien and strange. Because of the aspects I've discussed in this paper, even this story is no longer our own, it belongs to others and now has different reference points (e.g. the mind rather than the body, or a focus on its transgressive sexual nature).

However, there are some gaps and silences where some intersexuals are able to find common cause and begin the process of writing the self. The most important example has been how we have found parallels with, and adapted, the 'genital mutilation' story. What began as a western commentary and critique of non-western religious cultural practice found resonance with the experience of intersexuals and we have used it as a way to understand our feelings about the childhood medical treatment and surgery that many of us have undergone. In other words, the story of genital mutilation finally gives us one key into the language which can begin to explore our experience.

I believe another important entry point to be found exploring the psychologically traumatic nature of the silences, lies and betrayals which intersexuals have been subjected to by this process. Because we were subjected to these medicalised procedures and therapies, without our consent or even knowledge, at an age when we were too young to do anything but 'trust' those 'looking after' us, and at the time it was 'impossible' to hate them (not being able to understand the reasons for our treatment), we directed that discomfort and hatred inwards towards ourselves. This profound level of trauma and violation during the formative years of childhood not only destabilises our sense of ourselves but also makes it more difficult to recover from those traumas because we've rarely had an unproblematic sense of ourselves — deemed essential by Benhabib — as a reference or even as a starting point.

This leaves the last, probably the most important point. Our stories must focus on the healing processes which we are able to enact in our own lives or are able to borrow from other peoples lives and experiences. The severe nature of the traumas we've faced mean that the healing processes which we are able to implement in our own lives must always have priority over any other aspect. Unless we are able to create a 'safe space' for ourselves as a foundation from which we can venture out into the 'battlefields' of activism then we risk doing more damage to ourselves and not helping the 'cause', those we love, those who love us and ourselves (our true 'cause').

It is these aspects — more than any notion of third or fluid gender identity — which I believe is crucial to the project of writing an 'intersexual self' at this point of time. Maybe at some stage it will be possible for a number of intersexuals to write of the joys of being both sexed/gendered but now it is so important to rewrite those stories which have been written into our bodies, not at birth, but during our infancy and childhoods by others. Until those stories are addressed it is difficult, if not impossible, to be what seems to be expected of intersexuals in this society (not the least by some gender theorists and some transfolk), that is, to be happy hermaphrodites. Indeed the way some transfolk re-read the hermaphroditic story back to intersexuals, ignoring the trauma we've been through, only adds to the trauma and drives intersexual people away.

Conclusion

Stories about the self are the main way that humans position themselves with regard to others and the way that they rationalise their behaviours, actions and reactions. In this paper I have looked at how one story based on the presence of intersexual people — hermaphroditism — has been taken by others and applied to a range of situations. While some people find comfort in these stories, when they are read back into the lives of intersexuals they seem foreign, strange and for a large number, only tend to confirm our alien-ness. In the face of this I believe intersexual people need to focus and privilege other aspects of their stories. Anyone who wishes to write an Intersex story would be well advised to use the starting points suggested here rather than any utopian notion of gender fluidity.

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