

CRIPPING INTERSEX

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Introduction

Intersex and/as/is/with Disability

Intersex activist and co-founder of Organisation Intersex International, Vincent Guillot (in Lohr 2016), recounts that after his mother gave birth, she was told that “she had given birth to a monster.” She had given birth to a supposedly aberrant, shameful, disordered baby with intersex traits that defied the sacrosanct male-female sex dyad. Or, in more medicalizing terminology, Guillot was born with a disorder of sex development (DSD) that demanded a medical “cure.” Rather than being given the truth about his diagnosis, Guillot was lied to. At the age of seven, told that he had appendicitis warranting surgery, Guillot underwent the first of several surgeries to exorcise his body of the “monstrous” intersex characteristics. “They wanted to make a boy out of me,” Guillot explains, “so they simply cut away whatever they didn’t like ... After all, I was a monstrosity.” Guillot’s undeniably tragic, painful experiences of pathologization, shame, and deceit are unfortunately not unique. Given that most medical professionals across the globe insist that intersex variations are medical emergencies – innate pathologies, disorders, diseases, or disabilities – that require curative interventions, countless people with intersex characteristics are routinely subjected to, to borrow from disability studies scholar Eunjung Kim (2017, 10), “curative violence”:¹ gratuitous cosmetic surgeries, hormone replacement therapies (HRT), medical surveillance, and so on. Given the violent nature of these procedures, they typically result in myriad short- and/or long-term disabilities such as depression, anxiety, suicidal ideation, loss of genital sensation

or ability to orgasm, incontinence, anesthetic neurotoxicity, chronic infection, and genital pain.

Guillot's and other intersex people's stories have largely remained outside of popular cultural consciousness due, in part, to medical professionals' insistence that intersex traits, diagnoses, and medical interventions must remain secret. In some cases, medical professionals have explained to parents/proxies that their intersex infants or children must never know of the diagnosis. Knowing about their "monstrous" difference would be too traumatic. Others have instructed parents/proxies to tell their children that they must never speak of their differences and diagnoses, why they were in the hospital, or why medical interventions took place. This approach has prevented intersex people from knowing their own bodies and medical histories, as well as from taking pride in their bodies, connecting with other intersex individuals, and developing trusting bonds with their parents/proxies and doctors. Additionally, these secrets and these instances of routine curative violence that aim to exorcise intersex have resolidified the sacred cultural belief and investment in the idea that there are only two sexes, "female" and "male." However, many intersex people have learned the truth and spoken the truth. After fighting to get hold of their medical records, they were finally told the truth, and they shared their stories and formed invaluable bonds and alliances with other intersex people. The Intersex Rights Movement was born, along with intersex studies, a field that radically challenges interphobic curative violence and all forms of interphobia.

Due to the tireless and successful labour performed by intersex activists like Guillot as well as intersex advocates and intersex studies scholars, intersex human rights issues are entering mainstream conversations like never before. The ostensible intersex monsters are coming "out of the shadows" (Caplan-Bricker 2017). The "I" is apparently "no longer silent" in "LGBTIQ" (S. Richards 2018). The "I" is "speaking" about the harms of pathologization, lies, and curative violence, and many people are ready and willing to listen and ready to question medical professionals' exalted cultural reputation and supposed investment in "first do no harm." In an effort to resist curative violence, many intersex activists, advocates, and intersex studies scholars counter medical professionals' claims that intersex traits are pathological, maintaining that intersex variations are not a disability, disorder, or disease.

That is, according to medical professionals, intersex characteristics are innate disabilities, disorders, or diseases that must be cured – eradicated. On the contrary, many intersex activists, advocates, and intersex studies scholars posit that intersex traits are *not* disabled, disordered, or diseased.

They insist that intersex characteristics are normal, natural, or simply atypical human variations that do not require a cure. Rather than nonconsensually and irreversibly altering intersex people's biological traits to make them "fit" the sex dyad, medical professionals must do away with the sex dyad. There must be radical shifts in how biological sex is understood and in how medical practitioners approach, interpret, and "treat" intersex variations. If, for instance, intersex traits were not construed as disabilities, disorders, or diseases – if they were not deemed heretics of the female-male sex binary that demand exorcisms – Guillot and countless other folks with intersex traits would not have been understood as monstrous; they would not have been subjected to disabling curative violence.

There is evidently a warranted debate over what intersex is and how medical professionals respond to intersex characteristics. And this debate over what intersex means clearly hinges on what disability, disorder, and disease mean. As this debate continues and as conversations about intersex, the consequences of intersex medical management, and intersex human rights issues become more mainstream, it is vital to reflect on how intersex is understood and what specific understandings accomplish. If pathologization calls for curative violence, does insisting that intersex traits are not pathological disabilities, disorders, or diseases successfully combat said violence? Are intersex characteristics really or really not disabilities? Does claiming that intersex variations are not disabilities, disorders, or diseases help to undermine the sex dyad? To answer these questions, this book explores the political, discursive, and embodied connection between intersex and disability. To investigate this connection, I place intersex studies in conversation with disability studies to see if, how, when, and why intersex and interphobia intersect with, collapse into, or become indistinguishable from disability and ableism. In doing so, I propose and demonstrate the need for a new field of study, *crip intersex studies*, as well as a *crip approach* to intersex activism.

Integrating disability studies into intersex studies and effectively transforming it into *crip intersex studies* offers the tools required to break down the traditional sex binary and what I term "compulsory dyadism": the instituted cultural mandate that people cannot undermine the sex dyad by possessing intersex traits or housing "the spectre of intersex" (Sparrow 2013, 29). The spectre, according to this mandate, must be exorcised. Distancing intersex from disability by insisting that intersex is "not that" reproduces ableist discourses and prevents intersex studies scholars, activists, and advocates from using the necessary tools offered by feminist disability and *crip*

studies to successfully combat the ableism that underpins compulsory dyadism. Effectively undermining compulsory dyadism is impossible without also resisting ableism and undermining “compulsory able-bodiedness” (McRuer 2013, 369). Given that people with intersex traits who “fail” the sex dyad are deemed disabled, disordered, or diseased and are often subjected to medically unnecessary interventions to “cure” that which is supposedly out of order, studies and activism regarding intersex and disability must be actively politically linked.

One may consider analyzing intersex issues through disability frameworks to be inappropriate or odd given that intersex traits are not immediately legible or understood as disabilities outside of medical contexts. Given that intersex variations concern one’s biological sex, intersex is typically presumed to be under the jurisdiction of gender, queer, and sexuality studies. As a result, a crip intersex project or field of study may seem out of place. Nevertheless, as noted by Emi Koyama (2006), a multi-issue social justice activist and the founder of the advocacy organization Intersex Initiative (IPDX), “gender and sexual frontlines are not distinct from the battleground of disability politics.” Sex, gender, sexuality, and disability – indeed, any part of one’s embodiment, experiences, or identities – do not exist in isolation.

Moreover, it is important to keep in mind that socio-medical “body-mind” (Clare 2017, xvi) categories and diagnoses are constantly in flux and contested. As a result, there is very little reason to debate whether intersex variations are “really” or “really like” disabilities. How intersex and/as/is/with disability are understood is a discursive process, not an objective assessment. Actively resisting association with disability – or attempting to demonstrate that intersex is not “really like that” – is counterproductive given that ableist ideologies are exploited to justify compulsory dyadism and interphobic curative violence. Intersex traits that breach compulsory dyadism are understood as simultaneously violating compulsory able-bodiedness.

Disability studies scholars Anna Mollow and Robert McRuer (2012, 13) write that “what is interpretable as disability” – or a disability issue – “need not be tethered to a disability identity.” Likewise, drawing connections between intersex and disability does not require that intersex people understand themselves as disabled or claim disability or crip as identities. This anti-essentialist and post-identity-politics approach “enables sitings of disability,” as well as intersex and/as/is/with disability, “in multiple, often unexpected, locations, rather than solely in the bodies and minds of a few

individuals” (Mollow and McRuer 2012, 13).² Ultimately, intersex is a disability issue because intersex characteristics are increasingly being integrated into conventional, ableist notions of disability, disorder, and disease to justify curative violence and other forms of cultural violence, erasure, and exclusion.

In the 1990s, many people in Deaf communities attempted to resist pathologization and to celebrate Deaf culture by claiming that Deaf people are not disabled but a linguistic subgroup. Disability studies scholar Lennard J. Davis (1995, xix–xx), however, endeavoured to draw a political link between Deafness and disability at this time:

There has been too little examination of the connection between Deafness and disability. Because many Deaf activists have strongly defined themselves as a linguistic minority and not disabled, political bonds and political activity have been discouraged between the Deaf and people with disabilities ... I want to move through issues of Deafness to general statements about disability. While I understand that such a move will displease some in the Deaf community, I ask that they forbear in order to see what benefits, if any, may accrue from such a method.

Critical projects like Davis’s have outlined overlaps between Deafness and disability and have shown the advantages of these camps forming political bonds. In response, many (but not all) Deaf people have productively and positively engaged with disability. Rather than espousing “stigmaphobic distancing” from disability, many Deaf people have gotten involved in reinventing disability not only by resisting the ableist, medical model of disability – the idea that a person’s disabilities or impairments are an innate problem and, therefore, must be cured and avoided at all costs – but also by celebrating Deaf culture and disability (McRuer 2006, 85). The idea of being a valuable linguistic minority and the idea of being disabled were no longer understood as mutually exclusive within Deaf communities.

Similar to Davis’s (1995) acknowledgment that there was too little examination of the relationship between Deafness and disability, *Crippling Intersex* remedies the lack of examination of the fraught relationship between intersex and disability. At this particular moment, when the Intersex Rights Movement has been deemed the “next civil rights frontier” (Andrews 2017) and when there is evident distancing from disability, this analysis of the connection between intersex and disability will perhaps result in some discontentment. Analyzing said connection may trouble some people who view

intersex characteristics as entirely normal or who conceptualize intersex people as a sex/ual minority, queer, or the third sex, not as disabled, disordered, or diseased. Nevertheless, like Davis's bold request, I ask possible discontented readers to forbear in order to see what benefits emerge from crippling intersex studies.

Dis/association with Disability

Amid the cultural battle over what intersex means, Morgan Holmes (2009b, 5–6) claims in the introduction to her edited collection *Critical Intersex*, “Intersex studies draws as much from the impulses, theoretical frameworks and critical lens of *disability studies* as from the development of queer theory/studies and gender studies informed by feminist theory” (emphasis added). In addition to Holmes, a handful of other intersex studies scholars, activists, and advocates enthusiastically and liberally draw from disability studies.³ Yet, to the detriment of their work, many do not implicitly or explicitly engage with disability scholarship. For instance, although Tiffany Jones and colleagues (2016) suggest in their book, *Intersex: Stories and Statistics from Australia*, that intersex issues could be folded into disability studies and activism, they note that there are disputes about whether that should actually happen.

One of the main points of contention concerns dissociation with or “stigmaphobic distancing” from disability, disorder, or disease (McRuer 2006, 85). Queer and disability studies scholar Abby L. Wilkerson (2012, 185) notes that given dominant ableist ideas about what it means to be disabled, be diagnosed as disabled, or live with a disability, some intersex activists “vehemently refuse any association with it.” Due to these ableist perceptions, and in the attempt to resist pathologization, some intersex individuals do not align or identify with disability. Perhaps their perceptions of disability or diagnosis do not align with their lived realities. This resistance is evidenced by some intersex people's disidentification with intersex medical nomenclature that emphasizes disability or disorder, specifically the diagnostic term “disorder of sex development” (DSD).

When DSD terminology was introduced, it caused considerable, warranted anger. In October 2005, fifty experts from various fields, including urology, genetics, endocrinology, gender studies, and activism, gathered to revise the medical treatment guidelines for people with intersex traits (G. Davis 2015; Greenberg 2012; Karkazis 2008). This meeting was the first (but not the last) of its kind. The results of the meeting were published in *Archives of Disease in Childhood* and titled “Consensus Statement on Management

of Intersex Disorders” (I.A. Hughes et al. 2006). In re/medicalizing fashion, “intersex” was replaced with DSD terminology; the idea that intersex is a disorder was effectively solidified. Even though the statement claims that having intersex anatomy is not shameful, the practice of “normalizing” surgery, particularly for children assigned female, is still endorsed. Despite the misleading use of the word “consensus” in the article’s title, the meeting participants were not all in agreement, and the article was not met with general accord. Many intersex activists and intersex studies scholars rightly note that the statement does not do enough to prevent nonconsensual and irreversible medical procedures. Others, such as intersex studies scholar and activist Georgiann Davis (2015, 54), argue that introducing DSD terminology enabled medical professionals “to reclaim their jurisdiction over intersex” just as the Intersex Rights Movement was gaining considerable ground and attention (also see Holmes 2011).

Since the advent of DSD nomenclature, there has been significant conflict concerning the discursive relationship between intersex, disability, disorder, and disease. For example, a participant in Davis’s (2014, 19) study argues, “DSD is not ... something a lot of people want to identify with ... nobody wants to be a disorder ... Who wants to be a fucking disorder? ... I don’t.” Likewise, summarizing an interview with Marissa Adams, an intersex person, Nora Caplan-Bricker (2017) writes in the *Washington Post*, “The Intersex Rights Movement has a message for the world: We aren’t disordered and we aren’t ashamed.” Susannah Cornwall (2013, 373), quoting Intersex Human Rights Australia (IHRA) (then known as Organisation Intersex International Australia), similarly draws readers’ attention to the fact that some intersex activists reject disability: “INTERSEX is *not* a medical condition or a disorder or a disability or a pathology or a condition of any sort.”⁴ These kinds of declarations are intended to combat pathologization and curative violence. One may assume that an association with disability will fuel medical interventions and stoke stigma. Nevertheless, perhaps unwittingly, such declarations reproduce the cultural perception that disabilities or disorders are inherently inferior or undesirable. Even if one does not personally maintain that disability is innately wrong or degenerate, such assertions distance intersex from disability because of the belief that “such an association” may “worsen” intersex people’s position (Cornwall 2013, 373). However, fuelling medical interventions and stoking stigma are not the inevitable or logical conclusions of aligning with disability or crippling intersex. Rather, doing so reproduces ableism and does not effectively undermine the ableist intersex-as/is-disability medical model. A crip intersex approach

ensures that ableist ideologies do not underpin intersex human rights claims and proves that disability ought to be important to intersex studies and to intersex human rights projects.

The critiques about DSD terminology and curative violence are unquestionably valid and needed. The institutionalization of DSD terminology and the “Consensus Statement on Management of Intersex Disorders” ultimately highlight the medical community’s resistance to conceptualizing intersex traits as anything other than disordered pathologies that require a cure. DSD terminology and the “Consensus Statement” also clearly illustrate the discursive solidification of intersex-as/is-disability – the interconnectedness of compulsory dyadism and able-bodiedness. As a result, an approach rooted in crip intersex studies is required both to productively address this connection and to ensure that an anti-ableist framework is mobilized. Resisting pathologization and critiquing DSD language need not involve rejecting disability or entail stigmaphobic distancing from disability, disorder, or disease.

Crippling intersex also grants intersex studies scholars and intersex activists and advocates access to disability and crip knowledges, philosophies, and methods that can effectively dismantle compulsory dyadism. The sophisticated theorizations of, for example, “normality,” the deployments of ableist discourses and metaphors in medical and nonmedical contexts, interdependency, and self-determination that have emerged from disability studies and activism can only bolster intersex projects as intersex studies scholars and activists grapple with the ableist intersex-as/is-disability medical model. Moreover, forging an alliance with disability groups may provide many intersex people with more much-needed space to share their experiences of medicalization and living with various traumatic – indeed, disabling – outcomes created by medical interventions (Cornwall 2009). Ultimately, without wielding the unique tools that disability studies provide, projects that combat compulsory dyadism and interphobic curative violence will fall short in some respects.

That being said, in addition to emerging intersex studies literature that integrates disability studies, there are some promising steps being made and alliances being formed between intersex and disability activist communities. For example, Koyama (2006) has for some time now recognized that disability politics must be important to intersex human rights projects. Further, IHRA’s statement – “INTERSEX is *not* a medical condition or a disorder or a disability or a pathology or a condition of any sort” – is no longer featured on the organization’s website. In line with this removal,

Morgan Carpenter (2012), intersex activist and president of IHRA, writes that “the intersex experience, and the intersex movement, has many intersectionalities with experiences of disability ... Intersex people are medicalised, stigmatised and suffer discrimination due to our distinctive biological characteristics.”

This consideration of disability gestures to a productive and much-needed collaborative relationship between intersex and disability activism and studies. Given the dominant ableist intersex-as/is-disability medical model, the interphobic violence that intersex people experience is inextricably tied to and supported by ableism. The fact that interphobia and ableism are fundamentally intertwined systems of oppression must be underscored and centralized. Without full acknowledgment that interphobia and ableism are interwoven – and not, for example, merely tangential – a crucial and detrimental distance between intersex and disability is maintained. By unequivocally stating that disability is an intersex issue, scholars, activists, and advocates alike can better address and resist the ableist intersex-as/is-disability medical model and, in turn, can conceptualize an intersex-with-disability politics – a crip intersex politics.

Interestingly, some disability studies scholars, typically without explanation, narrate intersex as a disability or a disability matter. For instance, Rosemarie Garland-Thomson (2005, 1558) asserts, “Feminist disabilities studies acknowledges communities of all people based on shared disability experiences, and it recognizes the differences among the wide variety of stigmatized forms of embodiments that constitute disability in its broadest conceptualization – from blindness to *intersex* to dyslexia” (emphasis added).⁵ This sort of inclusion of intersex in disability studies literature signals an openness and commitment to the porousness of disability experiences as well as to disability as a cultural concept, discourse, creation, identity, and embodiment. The inclusion of intersex in some disability literature – even if a brief mention – is a promising acknowledgment of the ableist oppression that intersex people face, a form of oppression that goes largely unrecognized. Such inclusion also calls other scholars, from a variety of fields, to regard intersex and disability as intertwined.

Crippling Intersex Studies

In stark contrast to the many biomedical and bioethics professionals who take essentialist, pathologizing approaches, intersex studies scholars from across disciplines often root their studies in feminist and queer theories, aptly underscoring the fact that sex and gender binaries are a farce.⁶ “Male,”

“female,” and “disordered” sex are not essential characteristics or essences; and there are no stable or objective positions from which to make assertions about biology, sex, gender, or sexuality. As Suzanne J. Kessler (1998, 44–45) explains in *Lessons from the Intersexed*, “how hard one ‘looks’ at genitals and what one ‘sees,’” or does not see, “is not constrained by the optic nerve but by ideology.” Rather than comprising innate attributes, sex is culturally, discursively, and literally re/constructed and performed. Intersex studies scholars use these sorts of theories to illustrate how and why dominant discourses, practices, and institutions “administer” (Ezie 2011, 141) or prescribe sex in order to uphold the epistemological myth of sex, sexuality, and gender dimorphism. Given that the sex binary is an untenable myth, intersex studies scholars demonstrate that medical interventions that are aimed at fitting intersex people’s body-minds into the fiction that is dyadic sex are violent human rights violations.

Crippling intersex by integrating disability studies, specifically feminist disability and crip theories, pushes these intersex analyses further. Feminist disability studies, Kim Q. Hall (2011, 1) explains, is not “simply a combination of feminism and disability”; rather, “it transforms both fields” by denaturalizing and reimagining disability, sex, and gender. A crip intersex approach, therefore, brings into focus precisely how compulsory dyadism and able-bodiedness are intertwined as well as how pathologization and curative violence can be resisted alongside the reimagination of the relationship between inter/sex, gender, sexuality, and disability. A feminist disability lens prompts one to interrogate the ableist, intersex-as/is-disability medical model – how disability is deployed by medical professionals to maintain compulsory dyadism. Such a lens identifies and opposes the ableism used to justify curative violence. A crip intersex approach, therefore, advocates for an intersex-with-disability approach and pushes analyses about intersex characteristics further than feminist and queer theory alone.

Given intersex studies’ commitment to queer theory and the contemporary articulation of intersex-as/is-disability, crippling intersex is only logical. Crip theory (McRuer 2006) emerges from disability studies and uses queer theory to nuance and develop new analyses. It recognizes that queer and disability activism and theory have overlapping and collective interests, such as challenging pathologization and medical “expertise.” Crip theory explores the ways that queer and/or disabled embodiments are conceptualized – how we make meanings of queerness and disability – under neoliberal capitalism. Rather than focusing on identity politics – indeed, crip

theorists are critical of said politics – crip theory is attuned to the ways that compulsory heterosexuality and able-bodiedness are institutionalized in intersecting and mutually constitutive ways. Additionally, crip theorists aim “to crip or destabilize categories of meaning” (Rinaldi and Halifax 2016, 245). In understanding the critical edge of crip theory and remaining vigilant to the ways that all compulsory modes of being intersect with compulsory dyadism, crippling intersex can effectively consider how intersex figures into the political project of crippling and subverting hegemonic, heteronormative, queerphobic, ableist, and racist discourses and categories.

Feminist disability and crip studies enable radical new articulations of the profound problems with and effects/affects of compulsory dyadism. The analytical capacity of crippling intersex is, for example, demonstrated when one considers queer social justice movements and how some movements reproduce ableist discourses, collude with violent institutions, and come at the expense of people with disabilities, including intersex people. Consider the push for same-sex marriage. Same-sex marriage has been framed as fundamentally liberatory and liberal, but the project colluded with historically violent institutions: marriage, capitalism, heteronormativity, and neoliberalism (Duggan 2002; Van Eeden-Moorefield et al. 2011). Moreover, some arguments for institutionalizing same-sex marriage reproduce homonormative, queerphobic, and ableist narratives. As McRuer (2006) notes, same-sex marriage was sometimes justified on the grounds that instituting it would be an adequate remedy to the spread of HIV/AIDS, a highly stigmatized disabling chronic illness. Conflating queerness with the supposed horrific spread of disability, disease, and degeneracy, queer folks and (queer) people with HIV/AIDS are unnecessarily re/stigmatized. Justifying same-sex marriage need not include re/stigmatizing already marginalized groups. A crip intersex approach sharpens the critical edge of this analysis even further: the often-celebrated institutionalization of same-sex marriage ignores and erases the fact that “disabled” intersex people’s body-minds are literally cut up to fit into the dyadic same-sex/different-sex marriage model.

A crip intersex lens also nuances, for example, Iain Morland’s (2009, 296) claim that queer theory demonstrates and underscores the value of pleasure and, therefore, “lets us argue that desensitization is not an acceptable side effect of normalizing surgery, because genitalia are for touching.” Genitalia are for touching, exploring, licking, urinating, and so on; they are not for performing nonconsensual surgeries on. Crippling this intersex analysis brings into focus the ableist ideologies that fuel this violent, curative model. Moreover, a crip intersex approach highlights the tragic irony of

this situation: in the attempt to “fix” or “enable” apparently disabled intersex people, medical professionals perform procedures that typically result in various short- and/or long-term body-mind disabilities. Medical professionals gratuitously and violently create disabled subjects.

Gesturing to the social model of disability – the idea that one is disabled by literal, legal, and ideological barriers in society, not by one’s impairments or disabilities themselves – Koyama (2006) implicitly reveals some of the benefits of crippling intersex projects:

To a disability theorist, disability is not simply a characteristic of one’s body, but the product of social institutions that divide human bodies into normal and abnormal, privileging certain bodies over others. In this view, the physical condition that necessitates the use of a wheelchair in order to move about is not itself a disability; social and architectural structures that deprives [sic] a wheelchair user of full participation in the society is what disables her. Similarly, intersex activist Esther Morris’s observation that “not having a vagina was not my problem; having to get one was,” can be paraphrased to say: not having a vagina was not a disability; the social expectation that she needed to get one in order to live a happy and productive life marked her body disabled.

Koyama claims that, rather than body-minds themselves, society disables people; this is essentially the social model of disability. The social model of disability can help intersex scholars and activists to better articulate that assessments of sex “ambiguity” or “disorder” are ideological allegations, not objective facts. By situating intersex activism alongside disability, Koyama implies that crippling intersex ought to be centralized; an effective, radical intersex politics requires an intimate relationship with disability politics and theories.

However, more nuanced disability theories strengthen this analysis and better reflect many intersex people’s lived realities of living with impairments and desiring medical interventions, as well as the disabling consequences of curative violence. Feminist disability and crip theorists have been thinking beyond the social model of disability as well as the binary social-medical model of disability. Alison Kafer’s (2013, 4) “political/relational model” (P/R model) of disability is particularly well suited to leaving room for such complexities and lived realities. Kafer, like so many other disability studies scholars, is suspicious of the medical model of disability as well as the social model of disability. The former places the entire presumed problem of

disability in people's body-minds, frames disabilities as entirely negative and undesirable, and therefore seeks to eradicate disabilities entirely. The latter, although it productively challenges the medical model and advocates for literal, legal, and ideological changes, can ignore how impairment and pain structure many people's lives and how some people with disabilities, disorders, and diseases require or want medical interventions.⁷ As a result, Kafer (2013, 4) proposes a "hybrid" model, the P/R model. There is much to appreciate in Kafer's (2013, 8, 7) model: as "a direct refusal of the widespread depoliticization of disability," it posits that disability and impairment should not be conceptualized as separate from "social meanings and understandings."

There are a number of ways that integrating the P/R model into intersex studies and effectively crippling intersex can bolster and nuance analyses and rights claims. To illustrate, I will outline three ways. First, the P/R model underlines that anti-essentialist arguments about sexual "ambiguity" and disorder are socially and relationally constructed. Second, the P/R model reframes and politicizes conversations about the disabling and impairing effects of curative violence that many intersex people live with. For instance, reconsider Morris's observation that "not having a vagina was not my problem; having to get one was." Although the effects of "having to get one" are not explicitly outlined, extending this line of reasoning is judicious given that so many intersex people testify to the disabling consequences of curative violence. The "problem" of having to get a vagina (or penis) too often involves then living with various short- and/or long-term impairments, pain, or disabilities. Third, using the P/R model to acknowledge impairments can recalibrate one's relationship with intersex people who want medical intervention because, for instance, their intersex traits, in and of themselves, cause impairments, disabilities, distress, or dysphoria. The fact that intersex traits in and of themselves rarely cause pain, impairments, or health issues is often stressed and used as evidence that medical interventions are unnecessary. Rather than minimizing, ignoring, or possibly shaming intersex people with these experiences that stem from their anatomical characteristics, crippling intersex via the P/R model allows intersex studies scholars and activists to openly and unashamedly acknowledge that some intersex people may desire medical interventions in order to comfortably live in and move through the world. Arguing against nonconsensual interventions need not involve distancing from disability or ignoring impairments, pain, distress, or dysphoria, even if uncommon. Crippling intersex via the P/R model enriches and offers up more nuanced theorizations

about exactly how intersex people are rendered disabled as well as how they experience and live with disabilities.

A few intersex studies scholars and activists pose compelling and clever analyses that intersex and disability ought to be considered in tandem. Or, as Holmes (2008b, 169) explains, approaching intersex with disability in mind is crucial given that “the medical presupposition that intersex characteristics are inherently disabling to social viability remains the taken-for-granted truth from which clinical practice proceeds.” Without feminist disability and crip studies, compulsory dyadism will not wholly or successfully be challenged. The critical edge of intersex projects, theories, and rights claims will not be fully realized without crippling intersex.

The Language of Disability and the Consequences of Curative Violence

Whereas this book strategically employs the language of disability – actively iterating that the discursive and literal consequences of pathologization and curative violence are disabling – intersex studies scholars and activists typically employ other terms and discourses. For instance, the language of mutilation, including the expression “intersex genital mutilation” (IGM), is often used to emphasize the damaging consequences of various medical procedures (see Chase 2002, 2006; Ehrenreich and Barr 2005; and Pagonis 2017b). IGM underlines the fact that these interventions are similar to, the same thing as, or sometimes more harmful than female genital mutilation/cutting (FGM/C). That is to say, like FGM/C, IGM is a cultural practice, not “objective” medicine. Medical projects and their consequences have also been referred to as “medical rape,” sexual assault, torture, and queering by scholars, activists, advocates, nongovernmental organizations (e.g., StopIGM.org), and intergovernmental organizations (e.g., United Nations) (Monro, Crocetti, and Yeadon-Lee 2019, 789).⁸ Although the disabling consequences of curative violence are evidently implied by these narratives, I maintain that explicitly naming the outcomes as disabilities is an important and useful means to illustrate the connection between intersex and disability as well as to capture the lived realities of so many intersex people who have been subjected to curative violence.

I have come across one case that explicitly frames the effects of curative violence in disability terms. This case involves M.C. (pseud.), an intersex child. In 2017, Pamela and John Mark Crawford, on behalf of their adopted son, M.C., filed a ground-breaking lawsuit against the Medical University of South Carolina, South Carolina Department of Social Services, and Greenville Hospital System for facilitating and/or performing medically

unnecessary genital surgery on M.C.⁹ The language of disability, specifically impairment, was used to defend M.C. and to explain the effects of said surgery. “The Order Approving Settlement on Behalf of a Minor,” signed by the presiding judge, DeAndre Gist Benjamin, states that “plaintiffs in this case allege that Petitioner M.C. has incurred medical bills, pain and suffering, psychological damages, and permanent impairment.” That is, M.C. incurred body-mind disabilities. Although the defendants denied all claims, M.C. was awarded US\$440,000. This may be just one instance, but it is clear that framing the consequences of medical intervention as disabling or impairing is not only representative of the injuries incurred but also a pragmatic rhetorical strategy. This case indicates that using the political power of disability discourses can aid in legal battles and can help articulate the violence of the current medical protocol.¹⁰

Narrating the consequences of curative violence as disabling is not a rejection of the other narratives used to understand and combat compulsory dyadism. Rather, conceptualizing the effects as disabling is a constructive discursive tool that can be used to hold medical professionals accountable and that can help to alter policies about intersex medical protocol. Additionally, referring to the effects as disabling illustrates the connection between intersex and disability and, in many circumstances, accurately reflects intersex people’s experiences of living with body-mind disabilities caused by medical protocols and procedures.

That being said, one cannot ignore the potential political dangers of referring to the consequences of unnecessary medical interventions as body-mind disabilities or impairments. Doing so could be misinterpreted as or twisted into what disability studies scholar Eli Clare (2017, 129) refers to as “cautionary tales.” In such tales, disabilities become symbols and are used as justification for advocating against unjust, violent practices and against oppressive circumstances. Noting that medical violence enacted on intersex people produces body-mind disabilities could be misread as or repurposed into a cautionary tale. Such a tale would read something like this: medical interventions need to be stopped because they produce disabilities; disabilities are inherently inferior, bad, and undesirable; therefore, they ought to be avoided at all costs. One could even argue that ableism and disability were used in this symbolic manner during M.C.’s legal battle or is reflected in Morland’s (2009, 296) observation, “desensitization is not an acceptable side effect of normalizing surgery.” Rather than focusing on the fact that these medical practices are unjustly violent, violate the Hippocratic oath (Ford 2001; Pagonis 2017b), and are rooted in the unsubstantiated and

indefensible ideologies of compulsory dyadism and able-bodiedness, a cautionary retelling of this narrative relies on ableist ideologies to oppose violent practices.

Nevertheless, we must also ask how we might ethically account for and “bear witness to body-mind loss,” a loss that is often profoundly felt and embodied (Clare 2017, 60). Clare suggests that, although critiquing and avoiding ableist cautionary tales is crucial, we also need to bear witness to, acknowledge, and ethically foreground body-mind loss created by oppressive systems. Indeed, many intersex people describe in detail these painful, disabled aspects of their body-minds, note that they are resentful of having to live with these consequences, and use them as reasons for why unnecessary medical interventions need to be outlawed. Hence, not only do intersex testimonies of body-mind loss need to be respected and centralized, but rejecting oppressive systems and ideologies must also be centralized to avoid reproducing ableist cautionary tales.

Kim’s (2017, 10) expression “curative violence” allows me to hold both of these threads together. As Kim (2017, 27) states, “I use ‘curative violence’ to describe the exercise of force to erase differences for the putative betterment of the Other. Curative violence occurs when cure is what actually frames the presence of disability as a problem and ends up destroying the subject in the curative process.” Applying Kim’s (2017, 14) terms to intersex medical management, we can say that the curative violence to which many intersex people are subjected involves body-mind and discursive violence that often destroys the subject. Hence, “cure and disability coexist as a process” (Kim 2017, 9).¹¹ Rather than reproducing cautionary tales, Kim’s expression “curative violence” emphasizes the instituted, violent nature of “cure” and simultaneously leaves room to bear witness to intersex people’s acquired body-mind disabilities and profound sense of loss. The “violence” in “curative violence” captures the visceral nature and consequences of medical intervention. The “curative” in “curative violence” foregrounds a tragic paradox: in an effort to “cure” or “enable” apparently disabled intersex people, medical professionals subject people with intersex traits to disabling violence that often leads to short- and/or long-term disabilities. Importantly, the term “curative violence” does not use disability as a symbol but instead emphasizes where blame lies by showing that many intersex people experience body-mind loss due to policies and practices that institutionalize compulsory dyadism and able-bodiedness.

Moreover, the expression “curative violence” does not foreclose on the fact that intersex individuals can and/or do take pride in their body-mind

disabilities, even though they were created in brutal circumstances. Although violently acquired body-mind disabilities cause many intersex people to experience loss and suffering, their disabilities and intersex characteristics themselves are not innately wrong. Indeed, intersex pride as well as community cohesion and self-love, despite or perhaps because of violence, are evidently palpable within intersex activist communities. “Bodily and/or psychic ... scars,” to quote disability and queer theorist Karen Hammer (2014, 160), “become not only evidence of wounding but also a new surface on which to form community,” self-love, and identity. Although difficult at times, it is possible to acknowledge and “balance loss and pride” (Clare 2017, 131).

What follows from negotiating this balance and from centralizing disability and the violence of cure is restoration, justice, or restorative justice.¹² Restoration includes instituting an “age of ethics,” as posited in the title of Alice Domurat Dreger’s (1999b) edited collection *Intersex in the Age of Ethics*. Such an age would involve, for instance, deinstitutionalizing compulsory dyadism and able-bodiedness; outlawing violent, coercive medical practices; ensuring that intersex people who have undergone curative violence receive the body-mind care that they need; attending to the wounds and scars that haunt many intersex people; listening to intersex individuals and bearing witness to their stories on their terms; granting intersex people body-mind autonomy and full civil and citizenship rights; holding medical professionals and institutions legally accountable; compensating intersex people who have undergone such procedures; and creating diverse, positive, and destigmatizing representations of intersex people in medical and popular cultural contexts. Crippling intersex studies is an effective way to achieve this goal. Doing so offers the means to undermine the ableism that underpins compulsory dyadism, strengthen human rights claims, bear witness to intersex people’s trauma and disabilities, and advocate for restorative justice.

Compulsory Dyadism

I propose the expression “compulsory dyadism” to describe the instituted cultural mandate that people cannot violate the sex dyad, have intersex traits, or house “the spectre of intersex” (Sparrow 2013, 29). Said spectre must be, according to the mandate, exorcised. However, trying to definitively cast out the spectre via curative violence always fails. The spectre always returns: a new intersex baby is born; one learns that they have intersex traits in adulthood; and/or medical procedures cannot cast out the

spectre fully, as evidenced by life-long medical interventions, routines, or patienthood status. And the effects of compulsory dyadism haunt in the form of disabilities, scars, memories, trauma, and medical regimens (e.g., HRT routines). Compulsory dyadism, therefore, is not simply an event or a set of instituted policies but is an ongoing exorcising process and structure of pathologization, curative violence, erasure, trauma, and oppression.

Why this expression? “Dyad” – meaning two – is often employed in gender and sexuality studies to name the two (contested) sexes and genders. Some intersex activists and organizations also employ dyad nomenclature to describe, as intersex and trans activist and scholar Cary Gabriel Costello (2009) aptly puts it, the “myth of dyadic sex.”¹³ Further, “compulsory dyadism” draws inspiration from many other scholars’ use of the term “compulsory” to underline the ways that modes of being – able-bodiedness, heterosexuality, motherhood, reproduction – are culturally mandated and instituted.¹⁴ The phrase “compulsory dyadism” is a useful theoretical tool with which to name and identify the myriad ways that the epistemological fiction of sex dimorphism is institutionalized as well as to resist the cultural demand that people must not have intersex traits.

Dyad terminology, however, is contested within intersex communities, where some intersex people use “dyad” and “dyadic” as synonyms for non-intersex people. Intersex activist Karin Plattner (2011) explains, “‘Dyad’ is a noun used by some intersex people to refer to non-intersex people ... ‘Dyadic’ is the adjective used in reference to non-intersex people.” Put simply, dyad is to intersex as cisgender is to transgender, enabled is to disabled, and heterosexual is to homosexual. Although there are benefits to having a name for non-intersex people, some fear that its usage could reinforce problematic male-female and dyad-intersex binaries. These contested grounds must be attended to in order to fully define and contextualize the use of “compulsory dyadism.”

Intersex activist and biological anthropologist Claudia Astorino describes some of the benefits of dyad nomenclature. The benefits accrued mirror those of the academic and mainstream proliferation of “cisgender” or “cis” terminology. Astorino (2012) elucidates,

Having a term like “intersex” without an opposite serves to identify an individual as intersex, but doesn’t really help you understand what a non-intersex person is. The implication is that non-intersex people are just “normal,” and because they’re “normal,” they don’t need to have an extra word applied to them. The extra-word burden is on those people that are

different. But having an opposite-word can be really important, because instead of having the “normal” state of being and the weirdo one with the funny name, having two words means that for this state of being, there’s more than one way to be. There’s no value judgment implicit in having multiple terms for different states of being like there is in having a term only for the less-typical one.

For Astorino, “dyad” and “dyadic” help to abate the “extra-word burden” that renders intersex people pathological deviants and upholds the male-female sex binary. These terms resist defining intersex individuals as Other and defining “dyadic” people as normal, and they productively identify compulsory dyadism and interphobia.

In addition to Astorino’s (2012) point, having a word for non-intersex to pair with intersex positively complicates cis-trans rhetoric, effectively resisting the linguistic erasure that “cisgender rhetoric facilitates” (Viloria 2014). As explained by queer, intersex, and Latinx activist, writer, and consultant Hida Viloria (2014), who acknowledges the benefits of cis nomenclature,

if you are born intersex, this [cis-trans discourse] doesn’t actually apply to you because there *are* no gender norms attributed to your biological sex as society doesn’t even acknowledge that it exists. Indeed, as “cis” means “on this side of,” and “trans” means, “on the other side of,” those of us who are not on *either* side of this binary framework of sex are inherently excluded from cisgender rhetoric. And note, we [intersex people] didn’t used to be, back when people simply said “trans*” or “non-trans*.”

In an effort to prevent the intersex erasure that the promotion and adoption of cis rhetoric unwittingly produces, Costello (2014a, 2014b, 2015) proposes adding the expression “ipso gender” to trans and cis discourses. “Ipso” simply means “self”; and to clarify, “inter” means “between.” “A cis gender intersex person would be one with an intermediate gender identity, since that ‘matches’ their birth sex,” Costello (2014b) posits; “an ipso gender intersex person would identify with the binary sex they were medically assigned ... And a trans gender intersex person would be one who identifies with the binary sex other than the one they were assigned by doctors.” Explaining Costello’s proposed term in *LGBT Weekly*, Autumn Sandeen (2014) writes, “In chemistry, which gives us the language of cis and trans isomers, there are chemicals based upon a ring structure, called arene rings. When a chemical substitution is made in the same place on the rings, this is referred to as

‘ipso’ substitution.”¹⁵ According to Costello’s suggested terminology, ipso gender intersex people identify with the male or female sex that they were socio-medically assigned; their gender identity remained “in the same place,” so to speak. Although there are disadvantages to “ipso gender,” insofar as it “does not resolve the challenges that intersex people pose to successfully discussing ‘cisgender privilege’” (Viloria 2014), these linguistic devices and conversations are vital in combatting intersex erasure and are integral to intersex people’s self-determination and narration.

Returning specifically to dyad nomenclature, there are concerns that it will reinforce binary thinking (Marquez 2019a). Astorino (2012) outlines these worries:

I don’t think that dyadic is the greatest choice. The term dyadic means “two” – a dyad, a pair. By calling a non-intersex person a dyadic male or female, you’re basically saying that everyone who’s not intersex fits nicely into that binary of male, female. But the fact that intersex people exist at all means that there is, and never was, dyadic sex ... By using the term dyadic to refer to non-intersex people, it totally glosses over the implications of intersex people existing: that binary sex is actually real.

If biological sex isn’t binary, then using a term like “dyadic” to describe non-intersex makes about as much sense as saying we’ve got a binary color wheel that’s composed of red and blue, when we know full well that there’s purple and orange and magenta out there, being awesome.

The colour wheel, spectrum, or kaleidoscope of body-mind and identification differences is not fully represented by the male-female or intersex-dyad binaries. “Dyad” could problematically reinforce binary thinking.

As a result, although some people still use dyad terminology, other terms have been proposed, debated, and used. For example, “perisex” (“peri” meaning “about” or “around”) has been used to name non-intersex people. On the online Tumblr discussion board “Fuck Yeah Sex Education,” the term “perisex” is endorsed by one of the forum’s contributors, Mod H, who writes that “it does not imply a sex binary nor does it imply non intersex people strictly fit a binary system, rather it suggests that there are people who are closer to” – they are about or around – “what has been constructed (in western culture) to be ‘male’ and ‘female’ and those people do not fall into the intersex umbrella.” The term “perisex” avoids reproducing the idea that sex is dichotomous. Nevertheless, another contributor, Mod C, rejects “perisex” and prefers “dyad” on Tumblr’s “Actually Intersex” forum:

I don't remember who exactly coined it ... but it happened after a certain intersex blogger made a post (intended for the intersex community only!) criticizing the word "dyadic" and while I didn't necessarily agree with their opinions, I understood their point of view. However, dyadics took the opportunity to coin their own phrase that was less othering of them (as if they haven't been othering us since forever). It's kinda like Mod D said a while back; if dyadics really had their way, they'd just be called "normal."

In a similar vein, an anonymous individual on the same forum writes, "What is perisex and why do dyadics keep telling me to call them that instead? Honestly, until they all stop calling me the H-slur [hermaphrodite] I literally DGAF [don't give a fuck] about what they'd like to be called." Mod C responds, "My feelings exactly. It's the same as when cis people flip out over being called 'cis' and demand a label of their own invention. We won't do it. Perisex is a silly word and was invented by dyadics to restore their power imbalance, and I'm not having it." I cannot confirm who coined "perisex," and there is a lot of debate and uncertainty about who did. For instance, on Tumblr's "Ace Eyes" forum, an anonymous person asks who coined "perisex" and notes that "whenever I google it I don't get anything back." In response, a contributor identified as vergess writes, "I'm not sure who did. Perisex definitely originated in the tumblr intersex community." Nevertheless, given that intersex people have historically and systematically been denied the power to name and define their body-minds, rejecting language that may not have been created by and for intersex people in the attempt to name and combat compulsory dyadism is a meaningful repudiation – a means to re/claim power and re/define ab/normality. That being said, "perisex" has not garnered a lot of use in more mainstream intersex activist communities or literature.

In contrast, the term "endosex" ("endo" meaning "within") has garnered considerable attention, usage, and acceptance in recent years. Although some scholars define endosex people as "assigned and conforming to the assignment as only male or female" (Sumerau and Mathers 2019, 54), many intersex activists prefer "endosex" precisely because it does not reinforce the male-female dichotomy in the way that dyad nomenclature does. Endosex people are recognized within medical definitions of male and female biology, but endosex does not demand that one conform to or accept a male or female gender assignment. Endosex people can identify as any gender, not just as cis men or women (Marquez 2019a). As gender and sexuality scholar and activist Surya Monro (2019, 131) explains, "endosex" describes

people “born with sex characteristics that are seen as typically male or female at birth” and are “therefore not medicalized as intersex.”¹⁶ “Endosex” appears to be the mostly widely accepted and used term in academic and activist literature, perhaps mainly because it offers up more flexibility than “dyad.”¹⁷

There are, however, some detractors. For example, vergess claims on the “Ace Eyes” forum that “endosex,” like “dyadic,” is problematic because it reinforces the sex binary. Yet the ways that “endosex” is being deployed and defined does not support vergess’s claim. Alternatively, on the online forum “Actually Intersex,” Mod C claims that “endosex,” like “perisex,” is problematic because “it was invented by a dyadic person, so ... ew.” Mod D writes of “endosex,” “It’s gross ... It sounds a lot like intersex and is kind of a subliminal way of minimizing privilege.” As with “perisex,” I cannot confirm who coined “endosex.” However, as noted above, I recognize the importance of rejecting language that may not have been created by and for intersex people. Nevertheless, I will continue using “endosex” at this juncture. Having a word for non-intersex is incredibly useful, and “endosex” is both widely supported by intersex activists and sidesteps some of the problems that “dyadic” poses. However, I want to underscore that conversations about nomenclature pertaining to endosex people and embodiments will continue within and between activists, scholars, transnational communities, cultures, and languages. Indeed, language is alive – always in process. I remain open to these conversations and to prospective rhetorical shifts that better explain people’s embodiments, challenge compulsory dyadism, and support intersex people’s self-determination.

Given the proliferation of “endosex” in many intersex activist circles, organizations like Egale Canada Human Rights Trust understandably feel the need to justify not using “endosex” to describe non-intersex people, instead sticking with “dyad.” Egale Canada Human Rights Trust’s (2019, 4) publication *Supporting Your Intersex Child* reads,

Some activists are pushing for the use of the term “endosex,” which simply means not intersex. This push is to avoid endorsing any binary ideals that the term dyadic linguistically suggests. While it is important to recognize that the binary is limiting and harmful, we will still be using the term dyadic in this resource because the medical system, healthcare system, and society at large that you and your child must navigate within still operates between the confines of the binary.

My proposed term, “compulsory dyadism,” sidesteps the problem with naming endosex people dyadic and underscores the fact that intersex people and their parents/proxies must navigate a system deeply rooted in the sex dyad. Rather than using “dyad” to name endosex people, I use dyad nomenclature – the sex dyad – to describe both systemic oppression and an ideology. Using “dyad” in this context is not contested. “Dyad” is befitting. Accordingly, I use “dyad” in “compulsory dyadism” to highlight, describe, and resist the instituted cultural demand that people must embody the myth of dyadic sex and therefore not have intersex traits. I do not use this expression to describe a definitive biological state or to reinscribe any binaries. People’s body-minds are not dyadic; they are more various, beautiful, and defiant than instituted ideologies and systems expect and allow them to be. To quote Astorino (2012) again, “There’s purple and orange and magenta out there, being awesome.” Yet compulsory dyadism is real and has profound material consequences.

Ghosts of Compulsory Dyadism

Using hauntology as a linchpin to examine compulsory dyadism and its connection with compulsory able-bodiedness reveals that these mandates are not simply an event or a set of instituted policies but are also ongoing processes of pathologization, curative violence, trauma, and marginalization. Attending to the ghosts of compulsory dyadism – the ways that the socio-medical erasure of intersex traits and curative violence haunt – is imperative.

The language of haunting is not a fanciful, stylistic flare intended to sensationalize the violent circumstances in question or people’s experiences; haunting is a site of theoretical inquiry. Hauntology, which was first introduced by philosopher Jacques Derrida (1994), provides a critical lens for exploring history, memory, trauma, and temporality. Hauntology provides a framework with which to investigate and give language to the liminal: things that cannot be classified as either being or nonbeing, traumatic consequences that are not constrained by linear time, and the relationship between absence and presence. By taking stock of the in-between, the not-quite-there, the being/nonbeing, and the things that haunt and linger, one gains a unique perspective on the continuing, deferred, or denied outcomes of systemic, inequitable power relations. Reflecting on her pivotal book *Ghostly Matters: Haunting and the Sociological Imagination* (2008), sociologist Avery Gordon (2011, 2) explains that “haunting is one way in

which abusive systems of power make themselves known and their impacts felt in everyday life, especially when they are supposedly over and done with.” Put differently, attending to that which haunts reveals the “complex rhetorical relationship between memory, ghosts, and justice” (Hoag 2014, 3) – between body-mind dis/abilities, being, becoming, and in/equity.

“A scar is more than a wound”; a scar is “more than just the body’s method of remembering a wound” (Hammer 2014, 159). Body-mind scars and disabilities created by curative violence are evidence of, and are ghosts of, abusive systems and compulsory modes of being. Perhaps unsurprisingly, then, haunting imagery is peppered throughout both intersex and disability studies scholarship that contends with systemic violence. “The spectre of disability” (Belser and Betcher 2013, 344), or “the disability to come” (McRuer 2006, 5), “haunt[s] us all” (Garland-Thomson 1997, 9). The shifting “phantasm” (Holmes 2002, 175) or “the spectre of intersex” (Sparrow 2013, 29) haunts intersex people even if they have been surgically or hormonally “cured.”¹⁸ In other words, the disabling outcomes of curative violence exist “in between the past and the future,” occupying “in-between spaces” (Kim 2017, 9). Likewise, Michael O’Rourke and Noreen Giffney (2009, x) write in Holmes’s edited collection, *Critical Intersex*, that intersex “is not ontological, but rather hauntological.” Although metaphors that are ghostly, for lack of a better word, haunt some disability and intersex studies literature, I liberally draw from hauntology because doing so captures the ongoing, nonlinear consequences of curative violence, compulsory dyadism, and compulsory able-bodiedness while underlining the need for restorative justice.

Although being haunted by trauma is not unique to intersex and disabled people,¹⁹ attending to how intersex people are haunted by the disabling effects of compulsory dyadism demonstrates the need to crip intersex analyses in order to fully comprehend the body-mind loss that many intersex people experience. Many intersex individuals are haunted by, for instance, traumatic memories, acquired body-mind disabilities, an ability that was taken, or a “paradoxical nostalgia ... for all the futures that were lost” (Fisher 2013, 45). Tiger Devore (in Lahood 2012), a clinical psychologist, sex therapist, and intersex activist, speaks about the futures lost or stolen due to curative violence: “I’m very angry at the genitals that were taken away from me, very angry at how much good sensation was taken away from me. I would like to have had a whole lot more say over the body I would have had, the life I would have had, the identity I would have had.” Testimonies like Devore’s illustrate that the effects and affects of being denied

body-mind autonomy and self-determination do not disappear once medical instruments are put away and sutures dissolve.

As noted above, “haunting is one way in which abusive systems of power make themselves known and their impacts felt in everyday life, especially when they are supposedly over and done with” (Gordon 2011, 2). The traumatic body-mind consequences of curative violence haunt intersex people even when imposed medical management, surveillance, surgery, and HRT are supposedly over and done with. Traumatic memories, a sense of shame, the knowledge of possible future curative violence, and/or acquired body-mind disabilities are never over and done with. They haunt. Ultimately, attending to that which haunts reveals the nonlinear, fragmented “relationship between memory, ghosts, and justice” (Hoag 2014, 3), the complex relationship between intersex and disability, and the need to crip intersex.

Intersex, as an idea, diagnosis, or discourse, is also elusive and ghostly. Intersex, Holmes (2002, 175) confirms, is “a perpetually shifting phantasm in the collective psyche of medicine and culture.” Intersex is a morphic, mysterious spectre constantly under revision. Who is or is not labelled intersex, sexually “ambiguous,” or sex “disordered” has always been and continues to be contested. Who is imagined to house “the spectre of intersex” serves a political purpose and depends on the ideological context, not on the “optic nerve” (Kessler 1998, 45). Attending to this shifting discursive phantasm is not simply an abstract endeavour to draw attention to the fact that categories are socially constructed and in constant flux. Analyzing who has been and who currently is labelled intersex, sexually “ambiguous,” or disordered is about tracing and combatting compulsory dyadism and about recognizing that intersex is currently being integrated into conventional notions of disability. And it therefore proves that we must crip intersex to combat the insidious, complex nature of compulsory dyadism and able-bodiedness.

Chapter Summaries

The following chapters begin the formation of a crip intersex studies and archive. They focus on three seemingly distinct, but intimately intertwined, sites of compulsory dyadism: nonconsensual medical intervention, sport sex-testing policies as well as sport sex and dis/ability segregation, and the promotion and employment of preimplantation genetic diagnosis (PGD), a reproductive technology, to select against intersex variations. Although ostensibly separate, these three sites demonstrate the diffuse, but interconnected, nature of all forms of compulsory dyadism. At the crux of all

iterations of contemporary compulsory dyadism are pathologization, ableism, and subsequently, the call for curative violence to exorcise the spectre. Moreover, these sites of compulsory dyadism illustrate that compulsory dyadism profoundly impacts not only living intersex people with medical diagnoses but also, for example, suspect intersex people (e.g., athletes) and (potentially) pregnant people who may house and gestate the apparently unviable, disabled, queer, crip intersex phantasm. Whether the intersex spectre is detected in an infant, an adult during a routine medical exam, an athlete, an embryo, a fetus, or a pregnant person's uterus, the pathologizing and exorcising response is consistently rooted in ableist logics. To cast out the intersex spectre is to simultaneously cast out the disability spectre. In other words, although the three sites of compulsory dyadism that I analyze may, at first blush, seem unconnected, it is clear that no matter the site of compulsory dyadism, if intersex analyses are not crippled, one cannot fully understand or successfully undermine any form of compulsory dyadism.

Part 1, "Exorcising Intersex: Mutilation and Medical Malpractice," attends to the medical management of people with intersex characteristics. The first chapter, "The Question of Health Risks and Intersex Variations," unpacks the disputed medical claim that intersex traits pose a threat to one's health. Although doctors' intentions are benevolent, the health risks associated with intersex variations are at best contested and at worst exaggerated. Despite this debate, medical professionals employ ableist narratives to justify medical intervention, insisting that surgery will be no big deal because an infant will not even recall the event. Such procedures, however, are not isolated incidents. In addition to the fact that surgeries often prompt subsequent operations, rendering intersex people life-long patients, the body-mind loss or acquired body-mind disability is inevitably enveloped into one's be(com)ing.

The second chapter, "Medical Interventions and Acquired Body-Mind Disabilities," reframes conversations about four commonplace medical protocols: HRT, surgery, genital examinations, and withholding information or explicitly lying to intersex patients and to the parents/proxies of patients. Typically, the language of mutilation, torture, or assault is used to describe the consequences of these medical interventions. Centring intersex people's testimonies about curative violence presented in various mediums, I argue that it is also prudent and representative to narrate the consequences as body-mind disabilities. Doing so emphasizes the irony that, in the attempt to "enable" intersex people – in the attempt to enforce compulsory dyadism via compulsory able-bodiedness – intersex folks are actively disabled by

medical interventions. Acknowledging the trauma as incurred disabilities unequivocally demonstrates the productive potential of an approach rooted in crip intersex studies that conceptualizes intersex as a disability issue, and it identifies a locus where intersex and disability issues align.

Chapter 3, “Is There Medical Recognition of the Disabilities Created?,” asks whether medical professionals realize or recognize that their medical practices disable intersex individuals’ body-minds? Many doctors typically do not explicitly acknowledge – indeed, they often deny – the harm caused and body-mind disabilities created by various interventions. Yet the clinical term “hypospadias cripple” signals otherwise. Doctors reserve the expression “hypospadias cripple” for intersex people with hypospadias who have undergone failed “corrective” surgeries, experience short- and/or long-term body-mind disabilities, and “require” further surgical revision. Hence, even though medical professionals often refuse to explicitly and publicly recognize the disabilities created, this descriptor is an unequivocal admission. As a result, we must construe the current medical management of intersex people as medical *malpractice*.

Part 2, “The Racialized Intersex Spectre,” considers the seemingly unending mainstream, medical, and academic fascination and concern with the un/fairness of sport (inter)sex testing policies and procedures. First, however, Chapter 4, “Temporarily Endosex,” reworks the disability adage that able-bodied people are only ever “temporarily able-bodied” (Clare 2009, 82) and argues that endosex people are only every temporarily endosex. The intersex spectre haunts all people. One can learn that they have intersex characteristics at any point in their life and, subsequently, be at the mercy of curative violence. Hence, this chapter attends to the debate over who is intersex and who is endosex? If intersex haunts all people, it apparently does not haunt all people equally. Historical and current representations of intersex are racialized. We see this fact in the ongoing institutional and mainstream media focus on and fascination with alleged intersex athletes. The phantom is currently represented as haunting women track athletes of colour in colonized nations of the Global South. Race, gender, and nation are central to the construction of sexual “ambiguity,” intersex, and DSD.

Chapter 5, “Crippling Sport Sex Testing,” tackles sport sex testing. By tracing past and present sport sex-testing practices, I determine that sex testing is and always has been not only anti-science but also a complex discriminatory multi-tool that aids in projects of war, colonialism, imperialism, sexism, racism, interphobia, and ableism. This chapter also cripps sport sex testing and uncovers a troubling discrepancy: intersex is pathologized,

defined as a disorder, disability, or disease, and represented as an inherent, degenerate, and disabling lack by medical professionals in and outside of sport contexts, but in the context of sport, intersex traits are represented as (unfair) advantages. Crippling this site of compulsory dyadism provides us with the tools to identify the discriminatory and anti-scientific il/logics that sport governing bodies employ to uphold sex testing and, in turn, sport sex segregation. Since these beliefs are the scaffolding that upholds this practice, sport must be crippled and decolonized. A means to this end is exploring the desegregation of sport.

Moving forward with the discrepancy noted above, I ask whether intersex athletes should (not) be relegated to “special” sporting events like the Paralympics if intersex characteristics are construed as a disorder, disability, or disease. [Chapter 6](#), “Sport Sex and Dis/ability De/segregation,” considers this query and contests the supposed need to police “disordered” intersex athletes and to segregate sport by (perceived) sex and dis/ability binaries. Sport is not as sex- or dis/ability-segregated as it is presumed to be; in fact, sport never could be successfully sex- or dis/ability-segregated. Theorizing intersex and disability sport segregation together provides us with the opportunity to reimagine sport policies and the organization of sport by complicating the relationship between disability and intersex and by blurring the line between Olympian and Paralympian. Hence, I offer up pragmatic ways to change sport culture and sport organization for the better.

[Part 3](#), “New Eugenics: Preimplantation Genetic Diagnosis and Compulsory Dyadism,” turns its attention to preimplantation genetic diagnosis (PGD), a reproductive technology that can accompany in vitro fertilization. PGD is used to detect and select against culturally devalued traits, including some intersex variations. Hence, PGD can enact a prenatal exorcism of sorts to ensure that the potentially pregnant person does not house and gestate an unviable disabled intersex spectre. [Chapter 7](#), “Intersex, PGD, and the Eugenics Agenda,” argues that intersex has always been on the eugenics agenda and remains on the agenda. The relationship between intersex, PGD, and eugenics deserves immediate attention despite the fact that PGD usage is still relatively uncommon because of its high cost; one cannot underestimate the possible future ubiquitous use of PGD, its broader eugenic implications, and its impact on the intersex population.

[Chapter 8](#), “A Crip Intersex Approach to PGD,” analyzes the ableism, queerphobia, and racism integral to eugenic anti-intersex selection via PGD. Whereas racism and queerphobia fuel eugenic anti-intersex selection, claims that intersex traits are inherently unhealthy, diseased, disabled,

disordered, unnatural, and deformed dominate bioethics articles that endorse anti-intersex selection, fertility clinic documents and guidelines, and governmental policies concerning access to and regulation of PGD and reproductive technologies more generally. Ableist narratives figure prominently in discriminatory literature and in conversations about PGD because harnessing ableist logics is more culturally admissible than explicitly employing queerphobic or racist rhetoric. Ableism is typically undetected or perceived to be natural and a matter of common sense. As a result, ableism is liberally mobilized. Since ableism is so central to promoting this new eugenic application of PGD, I suggest that anti-ableist discourses and disability analyses of reproduction, choice, and eugenics are vital as intersex studies scholars and activists continue to critique and combat this eugenic practice.

The concluding chapter, “Eradicating Exorcisms,” underscores that intersex futures will be enriched by disability and that disabled futures will be enriched by intersex. Crippling intersex will benefit scholars and activists in the ongoing battle against compulsory dyadism, which is intertwined with (or an iteration of) compulsory able-bodiedness. As a result, I suggest four possible projects that demand crip intersex analyses: same-sex/different-sex marriage laws; bathroom gender segregation; the seemingly innocuous but dangerous gender-reveal parties, where (prospective) parents “reveal” a fetus’s gender to family and friends; and the ways that sex is taught at all levels of education. If – as intersex activist, writer, and artist Pidgeon Pagonis (2015c) declares in their art – “the future is intersex,” then as this future takes shape, everyone will encounter intersex and/as/is/with disability in complex, intersectional, unexpected, multiple, phantasmal, and intersexy ways.

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