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Invisible Intersex: How Discourse Serves to Perpetuate Violence

Zoe A. Philippou
Gettysburg College

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Abstract

Critical discourse analysis surrounding intersex individuals makes it is clear that the violence against intersex individuals stems from a sense of othering due to the silence surrounding the public discussion and representation of intersex individuals. Additionally, the current discourse serves to create a circular argument of blame instead of serving to decrease the violence done upon intersex individuals. This research serves to explore the discourse surrounding intersex individuals and propose social and institutional ways of working to end the stigma surrounding intersexuality.

Keywords

Intersex, Gender, Language, Violence, Sex

Disciplines

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Comments

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Zoe Philippou

Gettysburg College

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What is brought to mind when you think of gender? For most people, this question might inspire ideas of gendered appearance, roles, and other norms. Some others may even discuss the separation between strict biological sex and varied, constructed gender. A few people might even mention nonbinary and agender individuals who view themselves as either between or neither the binary genders of male and female. Still, the distinction between the gender spectrum and the sex binary is prominent in American society. The general population is typically taught that there are only two biological sexes without much discussion of the gender spectrum. Even biology textbooks proclaim only the male and female biology (Wilson 1999, 130).

However, restricting biological sex discourse to this dichotomy excludes a huge group of people who then suffer from the forced "normalcy". Intersex individuals are people born with genetics or hormones that cause them to not fit perfectly into the category of male or female. In some cases, such as those who are commonly called "pure hermaphrodites", people are born with a full set of both male and female genitalia (Dreger 1998b, 36). Other times, people are born physically as one sex then develop in line with the other sex due to their hormones. Most times, though, intersex individuals are born with a combination of the sex characteristics. This so called "abnormality", though, is usually left out of conversations of sex.

One side effect of this invisibility of intersex is also a distinct lack of widespread discourse surrounding controversial and sometimes damaging surgeries performed on intersex individuals over the course of their lives. The lack of interest means that there is a void of complete data surrounding the situation. This is surprising considering the United Nations' statement advising governments to ban these surgeries (United Nations, n.d.). Data does show that most intersex individuals are operated on at or soon after birth to alter their genitalia in order to seem more in line with what is expected of male or female biology (Greenfield 2014). The

following stream of surgeries, though, can have serious medical and mental consequences for these individuals, especially considering that they tend to be purely cosmetic in nature.

Despite arguments that will be discussed in more detail later, there is no doubt that these surgeries can be considered violent. However, these surgeries continue be performed under questionable, at best, consent.

The answered reason behind this continued violence is multifaceted and convoluted, but the discourse surrounding it can shine a few lights on the situation. Specifically, the discourse is distinctly overrun with contradictions. Looking closely, these contradictions reveal the logical fallacies, power imbalances, and reliance on normality that allow this violence against intersex individuals to continue. From these revelations come a few steps that can then be taken to help rectify the situation and end the continued violence.

Background

Before looking at the discourse of today, though, the history of how events have reached this point must be understood. This concept of mixed anatomy and even a non-dichotomous gender is not a new one. There are mentions within stories integral to a multitude of cultures, ranging from Native American to Indian (Preves 2008, 42) and ancient Greece to Christian, of people or beings with either an in between or a double sex (Dreger 1998b, 32). These include people with a gender completely separate from the male-female binary and origin stories of gendered beings coming into creation by being split from a singular, mixed sexed being.

The first, explicit, written record of intersexuality that historians know about dates back to 1864 (Dreger 1998b, 17). This journal includes an intersex man's records of his experiences legally changing his gender and his imaginings on the medical field's potential reactions to discovering his genitalia upon his death. It is clear that this man was biologically intersex, but the

commonality of the phenomenon forces a person to question the locations of all earlier intersex individuals if this is in fact the earliest, concrete evidence of these physical characteristics.

One potential reason for this invisibility is a behavior that is common even in modern times: the act of passing. Passing involves being identified by outsiders as part of a group. Sometimes this perception is fueled through purposeful performances of voice, actions and dress. Matt Bernstein Sycamore, author of *Nobody Passes,* points out that passing can also be the act of allowing people to see what they want to see by just not contradicting them, even if you want to (Sycamore 2006, 14). Knowing that the majority of European history has included these strict gender divisions it then logically follows that intersex individuals might not have been recognized in historical texts simply because they were passing.

Dr. Alice Dreger supports this conclusion though her histories into the medicalization of the intersex condition. She details how the hermaphrodite phenomenon was one originally handled by the church into a medical "problem". (Dreger 1998b, 32). The "correction", though, was seen as determining which sex was more appropriate to display in public (Dreger 1998b, 50). Since this was before surgeries upon the genitals were common, the "fix" was all about appearance and how strangers would classify these individuals. This was further supported by classifications that were in favor of popular sexual gender roles, so ambiguous individuals would be classified as the gender that would agree with heterosexuality if they happened to already have a lover of a specific gender (Dreger 1998b, 26). In addition, homosexual individuals were viewed as "behavioral hermaphrodites" because they behaviorally blurred the popular heterosexual gender roles in regards to expected relationship partners (Dreger 1998b, 26). In this way, passing has been presented as a goal for intersex individuals to hide their ambiguity. Therefore, the history of intersex individuals has been one of invisibility from the public eye.

This means that there has not been much public knowledge surrounding this group of people. In fact, the most commonly recognized term is probably "hermaphrodite," which has already been used a few times within this paper. However, many intersex individuals now prefer the term intersex. This is because while "hermaphrodite" means having both attributes, "intersex" conveys being between these separate sex attributes (Dreger 1998b, 31). Since most people exist on a spectrum in between male and female, they then prefer this term that mirrors that spectrum.

However, there is not complete agreement on the usage of "intersex". Some individuals do actually prefer to instead use the medical label "Disorders of Sex Development" (DSD) (Kleenman 2016). The usage of the word "disorder" within this title can be off putting as it carries the connotation of there being something wrong that requires correction. On the other hand, there are labels that were historically used as slurs, such as the word queer, that have been reclaimed by marginalized group (Sycamore 2006, 28), so the usage of DSD to refer to intersex individuals could be considered insulting or reaffirming depending on the usage. Due to these messy connotations with DSD and the fact that not all intersex individuals are hermaphrodites, intersex will be the term used in this paper to refer to individuals with ambiguous sex.

Medical Violence

While on the topic of clarification, the main discourse that this paper focuses on is all surrounding surgeries performed on intersex individuals. These surgeries are the violence that the discourse is debating yet allowing to continue through the inconclusive nature of the discourse. These surgeries generally start right after birth though about three months and can continue throughout the person's childhood, adolescence, and even after puberty (Preves 2006, 31). Risks of these mainly cosmetic surgeries can include large amounts of scarring (Preeves,

2006, 31), medical risks such as higher risks of developing breast cancer (Kleeman 2016), medical complications such as the ripping of tissue when the skin grows and stretches the stitches put there in childhood (Greenfield 2014), and a loss of sensation (Kleeman 2016). The United Nations have considered these risks as not worth the cosmetic results and these results as not worth the ethical issues brought up by performing these surgeries on infants (United Nations n.d.). Yet, they continue with much debate.

A thorough analysis of the discourse surrounding these surgeries reveals some themes and commonalities throughout the way multiple sides of this debate frame their arguments. The way that these arguments are presented along with the information that is given or ignored does more to hinder the process of resolving this issue than help it. The discourses revolving these surgeries are fraught with contradictions.

Normalcy

The first contradiction to be presented is the most general. The entire debate of whether to perform these surgeries or not pits the idea of what is natural against what is normal. When people generally think of what is normal, they think of things that are natural. The way we are born looking and eating is natural and normal. The anatomy children are born with is natural, but the cosmetic nature of the surgeries suggests that the "artificial normal" is more important than this natural state. One example of this is when intersex individuals are prescribed artificial hormone treatments to replace the hormones that would have been produced naturally by their bodies if that organ had not been removed so early on in their life (Briffa 2017). This entire act is essentially taking something natural and replacing almost the same thing with an artificial version. This idea is supported by the way doctors speak about these surgeries. They say that this act is an "intervention," a "corrective surgery," that will affect the "cues" given to a child about

their gender (Daaboul). They say that this act "help[s]" the child "finish" their development (Dreger 1998a). These natural states of intersex individuals are then re-coded into medical terms and diagnoses such as "micropenis" and "clitoral hypertrophy" (Dreger 1998a).

Looking at these terms, it may not be too much of a stretch and go further to say that this contradiction might be better described as healthy vs normal since the replacement does not always leave the body in the best condition (Kleeman 2016). One related justification that is found in the discourse over and over again speaks towards the potential danger of intersex conditions. Parents of intersex children have reported that doctors warned them of higher chances of cancer and extreme uncertainty of the child's continued life if these surgeries were not conducted (Greenfield). However, these chances are about the same as the chances of getting testicular or breast cancer in the healthy, average person. Dr. Dreger explains that out of the multitude of varieties of the intersex condition, only congenital adrenal hyperplasia (CAH) is important to be caught in infancy for a continued healthy life because it could signal a serious metabolic problem (1998a). As such, placing intersex anatomy in terms of danger and medical diagnoses creates a false tone of necessity and pits the healthy biology of these individuals against the perceptions of what is normal.

Power Balences

The next point looks at how the discourse separates the individual from society. The focus of the discussion on genitals and procedures instead of rights creates a forced choice when combined with the inherent power imbalance that comes from a doctor-patient relationship. In this way, the discourse subversively encourages the idea that the individual is less important yet at the same time more dangerous than the overall society by removing some of their bodily autonomy.

Through interviews with mothers of intersex children, it becomes clear that there is a definite power imbalance in place through the way they spoke of their experiences. One mother reported that when she attempted to speak with a doctor about potential complications of the feminizing surgery he requested her permission to perform that the doctor "didn't want to discuss them" (Greenfield). While this is a summary of events instead of a directed transcription, the usage of "want" shows how the doctor is able to place his preferences above the patient's in refusing to give the requested information. Ethically, then, any consent the parent could give would not be proper *informed* consent, which doctors are required to obtain (Daaboul 2000). This can also be seen through what was not said. Another mother reported that "'It was assumed that we would do certain things the whole way along...his confidence gave us confidence'" (Kleeman 2016). What is telling about this quote is the lack of deference towards the parents who would need to give to give their consent. Doctors hold a place of power within society as supposedly highly trained professionals who should be able to inform patients about what the best course of action is.

When a third mother specified that no one asked if she was ok with the procedure, this abuse of power becomes much clearer. She reports the doctors only saying "'This is what we're going to do" (Kleeman 2016). Like the above-mentioned quote, this phrase oozes confidence. It carries all of the authority and knowledge that has come to be expected of doctors' positions, but it does nothing to share information. What is missing from all of these dialogues is a flow of information about the effects of these procedures, the reason for these procedures, and even general information about the phenomenon of being born intersex. This dialogue reveals an abuse of power by not providing the knowledge needed to make an informed choice, which

reduces the individual's "importance" in comparison to the connotation of doctors' roles of informing society. Instead, this dialogue shows a forced state of ignorance.

It is very possible that this abuse of power is not an intentional, personal attack by these doctors. Mary Douglas theorizes that the body is a collection of representational boundaries (Douglas 2002, 116). These boundaries are culturally created not to be crossed. As such, members of the culture work to make sure these boundaries are clear and enforced (Douglas 2002, 124). Doctors performing these surgeries, then, may be acting on these principles. Indeed, everything from birth certificates to clothing stores to bathrooms enforce the ideas that gender is a very strict boundary in the American culture. As the first in a child's life to come in contact with biology that is ambiguous in regard to these boundaries, doctors may be unconsciously falling back on these cultural boundaries to inform their decisions. This is supported by the multitude of times that these surgeries are referred to as "corrective," (Daaboul 2000, Dreger 1998a, Kleeman 2016, Greenfield 2014). Additionally, there is an emphasis placed on the "limits of acceptability" or where to draw the line in cases of ambiguous sex to decide which gender to place on the child within these debates (Dreger 1998a). If the dialogue surrounding these surgeries hints towards these unspoken boundaries, though, then would the doctors be protecting intersex children from society as they claim or would they just be protecting society from change?

When some people encounter a break of these boundaries, it can quickly lead to the logical fallacy of slippery slope, which is when an argument takes something small and snowballs it into disastrous consequences. The clearest example of this reaction in the case of intersex children is the discussion surrounding the New York City Human Rights Law (NYCHRL) section on gender identity. This law prohibits "willful, wanton, or malicious,"

discrimination in “employment, public accommodations, and housing,” (New York City Commission on Human Rights 2002). Some reactions to the law take the provided examples of gender neutral neo-pronouns of “hir/zir” and immediately jump to the claim that this law will force citizens to refer to others using terms such as “glugga,” “Milord,” and “Your Holiness,” (Volokh 2016). This clear exaggeration is further supported as being a slippery slope fallacy through the lack of middle steps in this argument. Volokh describes the fallout from one refusal to use a preferred pronoun as immediately being fired or having to “eject” tenants (2016). The simultaneous use of more colloquial terms such as “eject” instead of “evict” in terms of consequences and more corporate or political terms such as “sovereign threatening” makes it clear that Volokh is artificially creating a context of an underdog fighting for their rights against a tyrannical and powerful other. This slippery slope and change in context, though, removes the persons, such as intersex individuals, whom this law is intended to protect.

Tied to this discussion of pronouns is another socially driven power imbalance in which intersex individuals are taken advantage of within the discourse. As mentioned earlier, even though gender neutral pronouns do exist, there is no option for such on American birth certificates or many other official capacities such as driver's licenses and passports. Instead, intersex individuals are forced to choose a pronoun that either conforms to the gender dichotomy or is purely social in nature. There are some intersex individuals who identify strongly with being either male or female (Greenfield 2014; Preves 2008, 82). However, it is also clear from the above discussion why some individuals who may identify most with not being either male or female may shy away from those pronouns simply to avoid being a disturbance or sparking another slippery slope.

In this way, choices are at times taken away from intersex individuals to choose their own gender identity either by social or official means. The power imbalance that this causes is not outright stated in the discourse, but is clear through the way that the subject is approached. First off, Tony Briffa, the world's first openly intersex mayor, describes labels as something that "stick[s]...in all facets of my life," (Briffa 2017). This is a telling word choice because it contrasts with the way that people usually see labels as something that people choose or find comfort in. Instead, this word carries the connotation of something being a little uncomfortable, something intrusive, something that a person is forced to bear. Furthermore, when discussing balancing this social line between the two genders, Briffa says, "I accept whichever pronouns they use," (Briffa 2017). This deference is a clear act of respect towards the people Briffa serves. However, as mayor, it also allows people to reside in a position of power over Briffa's identity due to the social nature of pronouns and gender identity as a strong signal of belonging to one group or another. Additionally, the use of "accept" insinuates that Briffa may see these varying uses of pronouns as something of an imposition that must be allowed but not necessarily internally accepted or celebrated.

These interpersonal interactions are not the only place where this imposition of binary pronouns can be clearly seen. In 2006, the American Psychological Association (APA) released a handout meant to share information about the "intersex condition". Despite talking about people who do not fit into the strict gender dichotomy, the writing is heavily gendered. When discussing the many variations of intersex biology, the APA is constantly referring to "female infants" and "male infants" (American Psychological Association 2006). In fact, only once does this handout differ from this pattern by saying "infants with male chromosomes" instead. The use of this language perpetuates the early idea that intersex individuals, and hermaphrodites in

particular, were "really" one gender or the other, and that true gender just had to be revealed (Dreger 1998b, 115). This heavily gendered terminology serves to remove intersex individuals as neither male nor female from the exact discourse that surrounds them.

Isolation

This invisible state of the intersex person within the discourse then serves to further perpetuate the fear of societal ruin through the breakage of the gender boundary. The general public's honest reaction to encountering the subject of being intersex is difficult to gauge due to the secrecy surrounding the subject. However, this reaction was able to be replicated through analyzing community reviews of the novel *Annabell,* which features an intersex main character. The first thing to note about these reviews is that the subject of the main character being intersex actually does not come up often even in the reviews themselves.

When readers did bring up the subject of the main character's intersexuality it was mostly associated with being something foreign that they wanted to learn more about, something sensational, or something political. Some of the comments did simply describe people's wishes to learn more so they could understand what was true and how to best engage with the topic (jo 2012). This education linked sentiment shows a level empathetic connection with the intersex community that could foster healthy relationships. However, other comments reveal that this topic has not been engaged enough to register as something grounded in reality. These comments tend to refer to the phenomenon of being born intersex as an "extraordinary situation" (Cheryl 2011), "a challenge to set for a character and for a reader to comprehend" and an "exploration of the meanings of gender" (Michael 2014). The word choice of these comments shows that the reader is viewing this subject as one of purely of imaginative analysis instead of something that

people actually experience. It conveys the connotation that the intersex condition is something of fiction made purely for the exploration of the abstract.

There are other commentators, then, who use multiple references to "feminism" in this situation. They say *Annabell* is "another instance of feminist writers exploiting intersexed experience to prove a point" (Wyss 2011). The wording here firmly roots the argument in academia and politics. While this tone is not as far removed from the personal as the comments that root intersexuality purely in fiction, it still serves to suspend the discussion above the individuals who inhabit this state. It can then be concluded from this dialogue that encountering the subject of intersexuality is not always ground shaking, but the resulting discussion still erases the intersex individual from the discourse.

So what about the dialogue that specifically references these individuals? To begin, it was not uncommon within the dialogue to hear doctors say that intersex children and their parents "needed to be convinced that the child was the sex chosen by the physicians," (Daaboul, 2000). The use of "need" here suggests that these professionals are infantilizing their patients by not viewing them as people capable of knowing and acting on the truth. Meanwhile, the use of "convinced" suggests that the doctors view the children as something less than whole or "normal" even after the initial surgery. This idea is further supported by the fact that many intersex children continue to have as many as 16 surgeries throughout their life long development just for being intersex because the children are not "fixed" until the process is complete (Preves 2003, 31). This is further supported by the specific usage of "real" when doctors say tell parents that their children will not be a "real man" unless these surgeries are performed (Greenfield 2014). As such, this discourse removes intersex individuals from being capable of contributing to society and further discourse.

Additionally, many doctors will justify their continued actions by saying that the grievances being brought up are created by a "vocal minority" or just "a drop in the bucket" (Greenfield 2014). Nevertheless, there is a distinct lack of long term follow up with patients who underwent these procedures. As such, this phrase takes on new meaning of a constructed truth instead of fact. The contrast between doctor's claim of "minority" and the lack of research to back it up creates a tone of dismissal towards the intersex community. In addition, it's been pointed out in discussions of passing that just because someone passes does not mean that they are happy passing (Sycamore 2006, 43). In other words, just because an intersex person stays silent about their position does not mean that they are content. Therefore, these claims are not only a dismissal of the intersex community presence but also of their emotional state.

This erasure has extreme consequences both for the intersex individuals and the future of this discourse. One aspect that is not commonly brought up within this discourse revolves around the secrecy that is common for doctors to stress to parents of and intersex patients. They say that if these surgeries get brought up in conversation to "not tell anyone about why," (Briffa 2017). They say to not tell friends and family about the child's gender (Kleeman 2016). At times they even tell parents to keep intersexuality a secret from the intersex child (Dreger 1998a). This has contributed heavily both to feelings of "shame, secrecy...solitude, and darkness," (Briffa 2017) internalized by the intersex community and the isolation of the disconnected community by being told that "there were no other families to share experiences with, no support groups to join" (Kleeman 2014). These messages are obviously being shared in high quantities yet are not very visible in a majority of the discourse. This contradiction reveals just how much even proponents of these violent surgeries have become desensitized to the plight of the intersex community. Not to mention that with so much secrecy being emphasized in regards to this topic

it makes it much harder for the general public to understand and learn more about the intersex community.

In general, people have a tendency to view the unknown as something dangerous, especially when it is shrouded in secrets. Globalization professor Arjun Appadurai describes the fear that people develop of minorities by connecting them to a potential global majority (Appadurai 2006, 24). A kind of side effect of this fear, then, is the idea of those potential traitors hiding within a society by wearing a mask of belonging (Appadurai 2006, 91). This can be reflected in the discourse to date through both the attempts to keep the gender dichotomy boundaries clear and strict and the multiple references to intersex individuals being less "real" until they have given up their intersexuality. Indeed, in connecting Appadurai's theory to intersex discourse, it seems to be a reflection of long standing fears doctors once held for intersex people. Dr. Dreger describes that one historical reason doctors became so obsessed with "fixing" intersexuals and hermaphrodites was in order to "protect" innocents in society from the "grave consequences" and "scandalous seduction" of "accidental 'homosexuality'" (Dreger 1998b, 76). In other words, the doctors of the time feared people of a disguised gender who could unwittingly lead "proper" members of society away from their moral purity.

In the face of a massive lack of public knowledge, it is understandable how a fear of this "infiltrating" minority might develop. In the face of such strangeness it is not uncommon for people to cling to any familiar elements in order to better orient themselves in the new situation. In this case, that would be the medical terms that overrun the intersex discourse so far. After all, people may not have any frame of reference for a person being neither male nor female, but everyone is familiar with the concept of doctors as a force of "good" and "caring" solutions.

However, this reliance on the medical field as an orienting point further serves to ostracize the intersex individuals themselves from the conversation.

So far, this exclusion can, at times, seem very one sided. However, this reliance on medical frames has been adopted even by proponents of the intersex community. One example of such an adoption can be seen in an article by Dr. Dreger herself about the state of affairs of the American Academy of Pediatrics Sections on Urology in regards to these cosmetic surgeries. She talks about prioritizing fertility, genital appearance, diminished sensitivity, and preserving function in terms of behavior, consequences, and well-being (Dreger 2004). Even in the most intimate section on relationship building and sexual sensation, though, the entire discussion is focused on the genitalia themselves. The genitalia are referred to in great detail, yet, more times than not, the individuals themselves are referred to using the medical terms of their diagnoses. By describing intersex individuals as "male pseudohermaphroditism," (Dreger 2004) the medical focus overruns the individual within the discourse. Going even further, phrases such as "male genitoplasty requires a number of operations" serves to personify the surgery and diagnoses while simultaneously erasing the individuals. In this way, discourse surrounding intersexuality has been overly medicalized to the point where the intersex individual is eliminated.

Blame

Throughout this discourse is the shadow of the fact that these surgeries have been classified by international powers as unnecessary. Therefore, there is an undercurrent of blame running through the discourse. Whether arguing for the continuation or elimination of these surgeries, someone or something has to take the fall for this dangerous classification. Doctors who wish to continue the procedures blame "outdated procedure" for the contemporary outrage (Greenfield 2014). Other times, they blame the parents who pressure them to "sort it out" when

they receive news of their child's intersexuality (Kleeman 2016). Meanwhile, parents say they "feel let down by the team who was supposed to be looking after them" and place the blame on the doctors who gave false information or otherwise pressured them into agreeing to the surgeries (Kleeman 2016). Some sources, such as the U.N. statement on intersexuality places the blame on both the parents and the intersex children by recommending that parents can "pick either male or female based on the sex that appears more predominant in your child" and "when your child is old enough, they can decide for themselves whether they want to alter their body" within the same document (United Nation n.d.). The conflicts within these pointing fingers are most clear in the statement by the U.N. by giving the power of this decision simultaneously to both the parent and the intersex individual.

All of these acts of blame, while having different content, all serve the same purpose. They interlay a constantly shifting tone to this discourse on intersexuality. By continuously passing the blame over and over the focus of the conversation is moved from the subject of intersexuality to the doctors and parents with only a fleeting spotlight on the intersex individuals themselves. Additionally, this focus of blame keeps the discourse focused on past actions and debates instead of looking forward to figure out what can be done to improve the situation. In this way, the undercurrent of blame serves to create a circular discourse that ignores change.

Moving Forward

All of this develops the discourse into a liminal atmosphere where intersex individuals are not "real" neither within the gender dichotomy nor the social realm. The discourse surrounding intersexuality and the corresponding violent surgeries is fueled by contradictions and overrun with medical frames that serve to remove the intersex individual from the conversation. Through only revealing intersex persons within political and medical frames, the

public is kept confined from detailed information about the intersex experience. Other than erasing the intersex perspective, it also creates a tone that invalidates the trauma and violence experienced by this community. Additionally, the shifting blame and contradictions keep the discourse circular and rooted in the past instead of moving towards new actions.

To move the conversation forward and bring the intersex individual out of the shadows, a better flow of information needs to be created. The general public needs to be informed about intersex individuals in order to break down the initial barrier of fear that comes from encountering someone different and surprising. One easy way to do this is to simply include more intersex individuals in popular media. To be clear, this needs to be normalized inclusion in order to bring the idea of being intersex, or honestly just being different, past only being "intriguing characters in *CSI* episodes" (Sycamore 2006 42) and into the realm of empathetic normality. By normalizing differences the isolation of the intersex community can be broken down and the birth of an intersex child can be celebrated instead of "fixed."

Representation, though, cannot repair the discourse on its own. There needs to be legislative changes to support this flow of information. As long as there remains a lack of gender neutral terminology and documentation options then this circular discourse could continue forever (Preves 2003, 55). The obvious solution to this "lack of precedent" is to instigate the change that allows for the precedent to occur publicly. By increasing the flow of knowledge and creating legislative changes that allow for citizens to exist as gender neutral individuals, the discourse can be forced to move past this liminal stage.

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