# Medical Management of Intersexuality and Marginalization of Non-Normative Gender Identities

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### **Overview of this presentation**

- What is intersexuality? The gender binary and its outliers
- Rationale and Objectives of this study
- Review of literature
  - Normative construction of gender identity
  - Medical practice and Intersexuality
  - Psychiatric classification of intersexuality
- Methodology

#### • Findings from interviews with medical practitioners

- Doctors' understanding of sex/gender
- Immutability of chromosomes as immutability of biological sex
- Decision-making on gender of rearing and surgical intervention

#### Discussion

- Feminism and Intersexuality
- The consent conundrum
- Intersexuality and the law

#### o Conclusion

# INTRODUCTION

• What is intersexuality?

• The Gender Binary

• Feminist conceptualization of gender as the socially constructed counterpart of sex

The Intersex Society of North America lists the following intersex conditions/variations:

- 5-alpha reductase deficiency
- Androgen Insensitivity Syndrome (AIS)
- Aphallia
- Clitoromegaly (large clitoris)
- Congenital Adrenal Hyperplasia (CAH)
- Gonadal dysgenesis (partial & complete)
- Hypospadias
- Klinefelter Syndrome
- Micropenis
- Mosaicism involving sex chromosomes
- MRKH (Mullerian agenesis; vaginal agenesis; congenital absence of vagina)
- Ovo-testes (formerly called "true hermaphroditism")
- Partial Androgen Insensitivity Syndrome (PAIS)
- Progestin Induced Virilization
- Swyer Syndrome and Turner Syndrome

(From: http://www.isna.org/faq/conditions)

### Rationale

 Social ostracism, limitation of individual agency and infringement of bodily integrity

 Role of medical science in construction of gender norms

 Interplay of societal and scientific perspectives on normal sexual appearance

### **Objectives**

 To study how normative gender gets constructed in medical discourse by focusing on case management of intersex infants

 To bring out social and cultural assumptions underpinning medical decision-making on the above

 To highlight the ways in which these practices reiterate the marginalized status of gender nonconforming bodies

### **Review of Literature**

- Intersexuality and the normative construction of gender identity
  - Perceived coincidence of chromosomes and anatomy
  - Frequency of occurrence of intersexuality in the population: estimated to be between 1 in 500 to 1 in 1500 (Dreger 1998)
  - Meaning that we give to bodies is socio-culturally mediated

#### Medical practice and Intersexuality

- John/Joan case: The "optimum gender of rearing" model developed by Money and Ehrhardt of Johns Hopkins University in 1972
- Failure of this experiment was seen as a blow to the social constructionist side of the argument

#### • Psychiatric classification of Intersexuality

- Diagnostic and Statistical Manual of Mental Disorders IV-TR (APA 2000) at the time of data collection, included Intersex under Gender Identity Disorders Not Otherwise Specified.
- The DSM -V (2013) now defines Intersex as a specifier for Gender Dysphoria, renaming it as Disorders of Sexual Development)
- The intent behind this revision of categorization was to reduce stigma, but Kraus (2015), echoing concerns raised by Tamar-Martiss (2011) contend that this purpose would be better served by removing Intersex altogether from the DSM.

# Methodology

- Field of the study
- Snowball sampling

#### o Sample: 8

- Paediatric surgeon: 1
- Paediatric endocrinologist: 2
- Urologist: 1
- Obstetrician/Gynaecologist: 1
- Psychiatrist: 3

Semi-structured interview

Qualitative Data Analysis

## Findings

- Doctors' understanding of sex/gender:
  - Conflation of categories of sex and gender
  - Assumption of Heteronormativity
  - Stereotypical notions of gendered behaviour and roles
- Immutability of chromosomes as immutability of biological sex:
  - Permeability of hormones and power of surgery to refashion genitalia, vis-a-vis the inalterability of chromosomal structure
  - However, stability of chromosomal sex in terms of congruence with gender identity is questioned by dissonance with gender development in adolescence, as is seen in case of Androgen Insensitivity Syndrome

- Decision-making on gender assignment and surgery:
  - Need for early decision
  - Greater reliance on chromosomal sex compared to any other factor
  - This is followed by genitoplasty in infancy and hormonal therapy in adolescence
  - Preservation of reproductive function, especially in girls. When gender *male* is assigned, appearance of genitalia is given greater weight, though reliance on chromosomes remains the same

## Discussion

### • Feminism and Intersexuality:

- Perspectives from Feminist Science Studies (Emily Martin 1991) bring out how the biological understanding of sex itself is gendered.
- Questioning of the two-sex norm and its reiteration through medical categorization and treatment of intersexuality
- Intersexuality as a point of entry to revisit feminist methodology through breaking the analogical positing of sex/gender with nature/culture and studying the overlaps between the categories

- The consent conundrum:
  - Decision-making on assignment of gender should not automatically amount to surgery (ISNA)
  - Intersex not exceptional among cases of medical/surgical intervention to make healthy bodies socially acceptable (Dreger 2006)
  - Current model of treatment described as 'experimental' (Ford 2001) as outcomes cannot be predicted with certainty.
  - Non-recognition of intersexuality as a legitimate and socially acceptable way of being.

### • Intersexuality and the law:

- Indian context- sexual minorities have resorted to the law for recognition of rights, albeit with mixed results.
- No law in the Indian context takes into account concerns of intersex individuals, especially with regard to consent of parents to genitoplasty
- Diminishing of agency of intersex individuals to live in accordance with the gender identity of their preference in adult life.

### Conclusion

- While intersexuality remains deeply entrenched in the medical model, it is difficult to constitute it as an identity group
- Compulsions of heteronormative reproduction are at the root of approaching intersexuality through the medical model
- In view of limited options before parents of intersex children, decision-making should take place with greater openness, and without its being treated as a matter of medical emergency
- Future direction: Need to incorporate narratives of intersex individuals

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### **THANK YOU!**