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

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 non-conforming 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

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.
References


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THANK YOU!