

THE SOMATECHNICS OF INTERSEXUALITY

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Intersex in the Age of Ethics

Alice Domurat Dreger, ed.

Hagerstown, MD: University Publishing Group, 1999. x + 227 pp.

Surgically Shaping Children: Technology, Ethics, and the Pursuit of Normality

Erik Parens, ed.

Baltimore: Johns Hopkins University Press, 2006. xxx + 274 pp.

Ethics and Intersex

Sharon E. Sytsma, ed.

Dordrecht: Springer, 2006. xxv + 336 pp.

We live in a world in which, as John Jordan has noted, “the body” is conceived as plastic, a malleable substance in a state of potential transition.¹ We are surrounded by, and have embodied, the idea that while the vast majority of bodies may not be ill, they are nevertheless “wrong” in one way or another: they have too few (or too many) limbs or digits; they (or parts of them) are the wrong size, the wrong age, the wrong color; they are “sexually ambiguous”; they bear the wrong ethnic markers; they inhibit particular identities and/or aspirations; they simply do not seem “right.” Surgery, then, becomes a means of correcting things, of restoring order. But the plastic body, as Kevin Michael De Luca has argued, is the site and substance of contestation, of argument itself, and nowhere is this clearer than in recent debates about genital modification—in particular, surgeries performed on infants too young to consent.²

While the writing to date on modificatory surgeries is immensely varied, the vast majority is subtended by a conception of medical practices and procedures as technologies separate from the bodies they seek to modify. In this model, the body is a fleshly substrate that simply *is* prior to its enhancement or mutilation by the technologies that transform its original state. Even in much scholarship that recognizes a heterogeneity of effects produced by technological intervention, there nevertheless remains the often implicit assumption that bodies and technologies are fundamentally separate entities. However, there are those who argue, as Anna Munster has, that technologies are “always in a dynamic relation to the matter which gives [them their] substance and to the other machines— aesthetic, social, economic— which substantiate [them] as . . . ensemble[s].”³ Further, insofar as technologies are always already inextricably bound up with systems of power/knowledge, they do not stand outside the subject but are constitutive of the very categories integral to constructing subjectivities, categories “such as the real, the natural and the body” (122). In short, what has begun to emerge in and through critiques of popular commonsense understandings of the body, technology, and the relation between them is the notion of a chiasmic interdependence of soma and techné: of bodily-being (or corporealities) as always already technologized and technologies as always already en fleshed. And here technologies are never simply “machinic” as they so often appear to be in the popular imagination. Rather, technés are necessarily epistemic: as Lily Kay puts it, “technology and theory generate each other, epistemic things become technical things and vice versa.”⁴

This article deploys the term *somatechnics* to think through the varied and complex ways in which bodily-being is shaped not only by the surgeon’s knife but also by the discourses that justify and contest the use of such instruments. In arguing that the conceptions of, debates around, and questions about specific modificatory practices are themselves technologies that shape corporeality at the most profound level, I aim to make a critical intervention into, and open up new spaces for reflection in, existing debates about the somatechnics of intersexuality. In doing so, I recognize that my contribution is no less an effect of the operations of power particular to a given time and place—the somatechnologies, if you like—than the work with which I engage. In other words, I acknowledge that the critical practice I perform itself contributes to the formation and transformation of bodies (of flesh, knowledge, politic) in heterogenerative and unpredictable ways. As such, the intervention I make should not be understood in terms of a definitive answer to a set of identifiable universalizable problems but as a necessarily delimited offering that is open to ongoing (re)evaluation and modification. I approach the collections under review with this double understanding of somatechnics as

systematized operations of power/knowledge/practice and as an open-ended critical methodology necessarily implicated in the former.

It has been a decade since the publication of Alice Domurat Dreger's landmark edited collection, *Intersex in the Age of Ethics*—a collection in which, for the first time, the voices of intersex people figure centrally in the genealogical investigations of the ways in which intersexuality has come to matter. At the time of publication the collection, which critiques from a range of perspectives the “techno-centric treatment paradigm,” performed what Foucault refers to as the “insurrection of subjugated knowledges.”⁵ Foucault uses this term in two distinct yet connected ways, to refer both to those “local” knowledges that have been disqualified as subjective, naive, and/or “below the required level of scientificity” and also to “blocks of historical knowledge”—that is, technés—that are “present in functional and systematic ensembles” but are masked (7). In giving voice to those whose corporeality has literally been carved out via the technologies of medicine, and in bringing to light the knowledges that shape such operations, this collection continues to play an integral role in desubjugation, enabling subjugated knowledges “to oppose and struggle against the coercion of a unitary, formal, and scientific theoretical discourse” (9).

In *Hermaphrodites and the Medical Invention of Sex*, a monograph published twelve months before *Intersex in the Age of Ethics*, Dreger had suggested that such “insurrection” is coextensive with related developments particular to “post-modern times.”⁶ These include the (re)valuation of voices and knowledges previously disqualified, the recognition of meaning as necessarily heterogeneous (as opposed to the notion of truth as singular), the reconception of medicine (like other institutions) as a functional and systematic ensemble in and through which power operates, a shift in the conception of “the doctor,” “the patient,” and the relations between them, and an increasing acceptance of constructivist insights.⁷ But despite the shifts mapped and enabled by these texts and the ongoing political struggles of those individuals and organizations who contributed to their emergence, the kinds of medical and epistemological reforms envisaged by Dreger and others a decade ago have not occurred to the extent they had hoped. As Dreger herself notes in an essay published in Sharon E. Sytsma's collection *Ethics and Intersex*, “changing the treatment of intersex has turned out to be a much harder job than those of us in the early intersex reform movement imagined it would be.”⁸ Indeed, this difficulty in shifting firmly entrenched attitudes and practices (both medical and social) is evidenced by the very existence of *Ethics and Intersex*, a collection whose *raison d'être* echoes that of *Intersex in the Age of Ethics*.

Ethics and Intersex aims, writes Sytsma, “to provide a multi-disciplinarian

and multi-cultural approach to intersexuality,” and to this end it includes contributions from psychiatrists, biologists, philosophers, theologians, legal scholars, endocrinologists, gynecologists, bioethicists, pediatricians, and critical theorists.⁹ The result is a collection whose diversity is, for me at least, at once laudable and yet strangely troubling: troubling perhaps because while its stated goal is “to improve the quality of life for intersexual people,” it does not constitute—at least not in the way or to the extent that *Intersex in the Age of Ethics* could be said to—a call to arms by voices unified (although not univalent) in the challenges they pose to medicalization. One could argue that this is less a problem endemic to the text than a problem of perception or expectation, since, as Iain Morland suggests in “Postmodern Intersex,” “the ethical tenor of [the] reformist project comes not from its advocacy of a categorical imperative that abolishes ambivalence, but from the project’s own enactment of the fact that in postmodern times, even the most categorical of imperatives is inescapably ambivalent.”¹⁰ As I argue in due course, however, while *Ethics and Intersex* as a collection is diverse, it does not effectively or explicitly mobilize the fact of its heterogeneity in terms of a post-modern or postconventional ethics.¹¹

Like *Ethics and Intersex* as a whole, Dreger’s contribution, “Intersex and Human Rights: The Long View,” is concerned with opening out the question of intersexuality to maximize the potential for reform. But while the focus of *Ethics and Intersex* (as a collection) repeats the common tendency to partition intersexuality and the somatechnologies that constitute it from other bodies and somatic practices, Dreger’s article attempts to undo such a move. Frustrated by the fact that reform has not occurred as rapidly or to the extent hoped for, Dreger reconsiders some of the assumptions that informed her earlier work, in particular the outraged claim made in a 1998 publication that “the treatment of intersex [is] unlike anything else in modern-day medicine.”¹² While a decade later Dreger is no less appalled by what she sees as the continued inhumane (medical) (mis) treatment of intersex infants, she is now of the opinion that in fact “the treatment of intersex actually looks a lot like other realms of modern medicine” (75). She argues that the withholding of information, for example, occurs in a range of medical settings—in particular, pediatric care. And perhaps more disturbing still is the existence of “normalizing” surgeries routinely performed on otherwise healthy children, surgeries that in many cases parents and medical practitioners genuinely believe are both necessary and beneficial. Indeed, this congruence—the fact that, rather than being an isolated and aberrant instance, the treatment of intersex is in keeping with other somatechnologies—may well explain why a moratorium on the

medically unnecessary modification of the bodies (and lives) of intersex children too young to participate in decision-making processes has not yet taken place.

How then might we respond to the insight that the somatechnologies of intersexuality—the operations of both micro and macro power that constitute intersex embodiment and its treatment in historically and culturally specific ways—are neither distinct from nor categorically different from a range of other modificatory procedures, the knowledges that inform them, and the bodies (both individual and social) they engender? The answer is numerous. One response might involve juxtaposing various modificatory procedures, the justifications that inform their practice or its prohibition and the ethico-political lived effects of such, in the hope that in so doing, questions, issues, and insights associated with one particular practice may cast new light on others. This may in turn engender more-nuanced understandings of and critical responses to the complex and multifaceted technés in and through which embodied being(s) comes to matter in situated contextually specific ways. This is what Erik Parens's collection, *Surgically Shaping Children: Technology, Ethics, and the Pursuit of Normality*, sets out to do and what in my opinion it successfully achieves.

Surgically Shaping Children comes out of a project undertaken by the Hastings Center designed to explore critically the ethical questions surrounding the use of surgery to normalize children whose bodies are conceived as anomalous (rather than simply atypical). More specifically, the collection focuses on three conditions generally perceived as “disabling”—intersexuality, achondroplasia (or dwarfism), and cleft lips and palates—and on the “tension between the obligations to let children be and to shape them.”¹³ As Parens recounts it, this bringing together of the particular forms of surgical shaping associated with the aforementioned “conditions,” of procedures both controversial and relatively uncontested, “turn[ed] out to complicate—and thereby deepen” the reflections of those involved in the project (xiv). The project of which *Surgically Shaping Children* is a product was also shaped by two other Hastings Center studies, one on the ethics of prenatal testing and the other on the “enhancement” of human traits. While the somatechnologies explored in these earlier studies are not discussed explicitly in *Surgically Shaping Children*, the critical analyses in Parens's volume do provide a backdrop against which the focus of this particular collection emerges. Consequently, the collection as a whole provides a complex picture of how notions of conformity and individualism, shame and pride, enhancement and mutilation, health and sickness, are mobilized in a variety of complex and often contradictory ways. At the same time it shows that particular conceptions of individual rights,

parental responsibility, medical ethics, moral law, choice, self-fulfillment, and authenticity are specific to the here and now, to the epistemological “truths” that shape our embodiment no less than the knife of the surgeon.

Like *Intersex in the Age of Ethics* Parens’s collection is informed by an ethico-political commitment to foreground the voices of those most intimately affected by the modificatory procedures in question. But in *Surgically Shaping Children* this commitment extends to address in detail the experience of parenting atypically embodied children. For example, whereas Dreger’s collection includes some relevant but brisk bullet-pointed advice to clinicians from one parent of an intersex child, and an interview conducted with an intersex woman and her mother, *Surgically Shaping Children* features three substantial first-person narratives by parents—one of whom, Cassandra Aspinall, is herself affected by the “condition” she shares with a son.¹⁴ This inclusion is crucial not least because it enables an articulation of the embodiedness of situated knowledges, which in turn helps explain why simply exposing what one might see as “the immoral status of the dominant medical model” has not resulted in the immediate wholesale abandonment of infant surgical sex assignment.¹⁵

While the relation between parenting, medical technology, and embodiment is explored throughout Parens’s collection, it is approached in a particularly thought-provoking way in Ellen K. Feder’s contribution, “‘In Their Best Interests’: Parents’ Experience of Atypical Genitalia,” in which the author explains the success of “the imperative of normality” via an explication of Pierre Bourdieu’s account of habitus.¹⁶ Feder begins by recounting two studies conducted by Suzanne Kessler: in the first, female college students were asked to imagine that they had been born with an unusually large clitoris, and male students to imagine that they had been born with a “micropenis.” The women were then asked whether they would have wanted their parents to sanction clitoral surgery, and the men were asked whether they would elect to stay as male (with an unusually small penis) or to undergo sex reassignment. The overwhelming response from both groups was that they should be “let be.” Interestingly, in a second study in which a different group of students was asked to imagine that their child was born with ambiguous genitalia, most said they would consent to surgical modification. So why, asks Feder, might people be inclined to make one choice about their own bodies and a significantly different decision about their children’s bodies? And further, whose “best interests” are served by these seemingly disparate responses (189–90)?

The implication of Feder’s essay is that such decisions are less the result of conscious, rational, and intentional processes than of habitus in Bourdieu’s terms as both a structured structure and a structuring structure, which tends to confirm

and reinforce dominant modes of perception. Habitus functions, writes Bourdieu, as “durable dispositions.” In other words, the notion of habitus makes visible “a kind of implicit normative order . . . that nowhere spells out the rules, that nowhere commands obedience to rules, but works, at the same time, to regulate practices in conformity with a prevailing social order.”¹⁷ We clearly see this at work in the current disparity between the legal status of so-called female genital mutilation and what Cheryl Chase refers to as “intersex genital mutilation.”¹⁸ These “cultural conventions” of which Bourdieu speaks are not consciously enacted after rational consideration on the part of the individual but work *through* individuals at the level of sensibility. This notion of habitus, then—of “embodied dispositions . . . inculcated from infancy on”—may help explain why medical practitioners often perceive as mutilatory what could be regarded as sex differentiation surgeries performed in non-Western cultures, while intersex surgeries are perceived as therapeutic and necessary.¹⁹ It is not that the reasoning of medical practitioners is simply faulty, but that their habitus structures their perception of “female genital mutilation” and intersex genital modification(s) prior to any rational consideration.

Feder’s exegesis of Bourdieu’s notion of habitus provides a way to understand what one might perceive as conformity to “the imperative of normality” that moves beyond the idea that parents who consent to normalizing surgeries on behalf of their children are either cultural dupes or self-interested monsters. Feder concludes her article, however, with the seemingly contradictory suggestion that parents “need to work to identify with their children as intersexed individuals,” thereby recognizing that “the current management of intersex is a function of habitus” and “work[ing] against the conservative principles of habitus to effect social change.”²⁰ While I agree with Feder that change is both possible and desirable, it cannot simply be effected—as Feder’s own account of habitus clearly demonstrates—by identifying the operation of habitus in particular external institutions and practices such as those associated with medicine. This presumes that in doing so we can consciously and intentionally transcend such operations or turn away from them: yet as Feder following Bourdieu notes, habitus works *through* individuals. What perhaps needs to be added to this insight is that in working through us, habitus constitutes us as particular kinds of individuals, it *situates* us in context specific—albeit multiple, complex, and contradictory—ways relative to particular embodied conditions, others, and a world. So, for example, the epistemological ground of parenthood, my dwelling, situates me such that I am not my child: I am not in his/her (embodied) (dis)position, nor can I be. I can only imagine/perceive his/her situation, and my imagining/perception will inevitably be (in)formed by my (dis)position, my dwelling, as “parent.”²¹ The point is that as a parent I inevitably

perceive my child *not* as self but as my child, as the person it is my responsibility to nurture, protect, and so on, in ways that are intelligible (and here intelligibility is “sensible”), in ways that “feel right” and are in keeping not with the knowledge I *have* but with the knowledge I *am*. Such knowledge is evoked mimetically, not consciously, and thereby works *through* me at the most visceral level.²² It is not that I am first a parent and then I behave in ways appropriate (or otherwise) to my (biological) position; rather, my (dis)position as a parent is “constituted through the repetition of practices or bodily acts the character of which is governed by the habitat I occupy.”²³ As Sara Ruddick has demonstrated at length, “caring for children is a *practice*—that is, a socially recognized set of behaviors that is governed by rules and has a point”: I inhabit this practice and it inhabits me.²⁴

This suggests that while one is never reducible to an other, one is never entirely separate from others either, and consequently particular kinds of (social) relations come to matter in ways specific to one’s habitat, the context in which one dwells intercorporeally. As the contributions to *Surgically Shaping Children* by Aspinall, Lisa Abelow Hedley, Eva Feder Kittay, Sherri G. Morris, and Emily Sullivan Sanford in particular demonstrate, child-parent relations as they are constituted and lived in the contemporary West entail a necessarily conflicted symbiosis: as Luce Irigaray so eloquently puts it, “one does not stir without the other.”²⁵ This being the case, the question of whose best interests are served by particular decisions and decision-making practices—a question raised by many of the essays in the three collections under review—is both an impossible and a necessary one. Indeed, what all three collections make clear (in both their titles and contents) is that what is at stake here is not simply a question of ethics, but more precisely *the* question of ethics.

Drawing attention to the fact that the term *ethics* derives from the Greek word *ethos*, meaning character and dwelling, or habitat, Rosalyn Diprose argues that “ethics can be defined as the study and practice of that which constitutes one’s embodied habitat, or as the problematic of the constitution of one’s embodied place in the world.”²⁶ She further notes that “an ethics based on the problematic of place[ing] . . . claims that our ‘being’ and the ‘world’ are constituted by the relation ‘in.’” Unlike the notion of ethics as the practice of establishing universal moral principles, this understanding of ethics “recognizes a [mutually] constitutive relation between one’s world (habitat) and one’s embodied character (*ethos*)” (19). It is informed by an understanding of bodies (of flesh, of knowledge, of the *socius*) as always already situated. To appropriate a phrase from Donna Haraway, this conception of ethics—one glimpsed only fleetingly in the collections here discussed—refutes the view from nowhere/everywhere,

embracing instead the idea that locatedness “is the condition of articulation, embodiment, and mor[([t])]ality.”²⁷

A number of the essays in both *Surgically Shaping Children* and *Ethics and Intersex* explicitly tackle at length the question of how one might ensure that the treatment of atypical infant bodies is in their best interests, that it is ethical. For example, in an article titled “International Legal Developments Protecting the Autonomy Rights of Sexual Minorities: Who Should Determine the Appropriate Treatment for an Intersex Infant?” Julie A. Greenberg discusses the Constitutional Court of Colombia’s compromise decision to allow parents to continue to consent to surgeries on the proviso that parental consent is based solely on the child’s best interests and not on parental self-interest.²⁸ To guarantee that the child’s interests are the only (or at least the primary) concern, it was decided by the Court that consent must be in writing, that parents must be provided with a full range of paradigms for understanding and responding to their child’s “condition,” and that authorization be given on several occasions over an extended period of time, rather than in the emotionally charged situation immediately following the “discovery” of the “condition.”

While such safeguards may at first glance seem straightforward, the difficulty in deciding what exactly are the child’s best interests, and then clearly distinguishing these from the interests of parents, as well as from the cultural context in which both child and parents dwell, is nicely illustrated in a legal case discussed by Sytsma in a chapter titled “Intersexuality, Cultural Influences, and Cultural Relativism.”²⁹ The case, which Sytsma uses to argue that cultural disparities regarding the somatechnologies of intersexuality should not be resolved by giving precedence to the principle of cultural relativism, involved a thirteen-year-old child from an unnamed Middle Eastern country, who had been brought by his parents to a hospital in the United States during a short vacation. The child had obvious breast development (for which he had been teased by peers) and hypospadias and had experienced unexplained bleeding through the penis. Tests revealed that the child had a 46XX karyotype, ovaries, a partial uterus, and congenital adrenal hyperplasia (CAH). The child had been raised as a boy and, as Sytsma somewhat puzzlingly puts it, “manifested a propensity toward masculine gender behavior, although he was unusually fond of children” (260). The parents requested that the child’s masculine gender identity be retained and that his body be modified to reflect this (through hypospadias repair, ongoing hormone treatment, and the removal of the ovaries, uterus, and breasts, thereby sacrificing the child’s female procreative capacity). They requested that he not be informed of his condition but be told that he was simply undergoing a kidney replacement, which

was also necessary and could be performed at the same time. The parents argued that this would be in the child's best interests, since they came from a culture in which the male sex is preferred, only males have rights, and homosexuality is regarded as aberrant. This request presented a problem for the medical team, who felt that the child should be informed and should be an active participant in the decisions about his body, his identity, his reproductive capacity, his future. Clearly the medical team's (dis)position was informed by the relatively recent move in the United States and other Western nations toward full disclosure.

The medical team had other concerns, including the fact that in the United States neonates with CAH have traditionally been assigned female to maintain potential reproductive capacity. In short, the team members felt that the parents' interests were overriding what they perceived as the best interests of the child. The parents, on the other hand, argued that they were making a case based on what they understood as the best interests of the child (interests that could not be divorced from, and were specific to, the cultural context in which the child dwelt—a cultural context significantly different from the one that informed the perceptions of the medical team).³⁰ So what should be done in a situation in which one party believes a particular decision is in the child's best interests, and another party believes that it is not?

Dreger's response to this question is to invoke the notion of universal rights (and, by association, universal wrongs) with reference to female circumcision.³¹ In her contribution to *Ethics and Intersex* Dreger recounts two anecdotes in support of her call for a "re-thinking [of] infant genital cosmetic surgeries as a human (rights) issue."³² The first—and the one that most interests me—involves a conversation between Dreger and a prominent intersex surgeon in which Dreger poses the question of whether the surgeon—who holds the opinion that "you have to do what parents want"—would be willing to fulfill a request by African parents to alter their daughter's genitalia surgically in accordance with vulval norms specific to their culture. The surgeon says that he would not, since "it would be wrong to cut her for this reason," and justifies his (seemingly contradictory) position by explaining that the difference between female circumcision and surgical sex assignment is that the former constitutes the mutilation of normal genitalia, whereas the latter corrects abnormal genitalia (79).³³ As one would expect, Dreger challenges this distinction, but she does so not by mounting a critique of the historically and culturally specific character of normalcy and pathology—something Eva Feder Kittay tackles at length in her contribution to *Surgically Shaping Children*—but by proclaiming the humanness of the (intersex) child and the universality of the child's rights. She writes, "If we consider the African girl's genital integrity as

a matter of human (universal) rights, then the only way to cut the intersex girl's genitals for social reasons is to exempt her from human rights—i.e., to declare her non-human, sub-human or pre-human” (79). For Dreger, then, “intersex is about being a human being, and . . . therefore ethical analyses of intersex should focus on what it means to treat a patient as a full-fledged member of the human race” (81).

Clearly, Dreger's argument presupposes a notion of “the human” that is at once universal, essential, definable, and sacrosanct. Such a notion of the human lies at the very heart of human rights and of human rights law that aims to protect what is (allegedly) innately valuable about human life and its situation within a universal order. Integral to the logic of human rights is the idea that particular things are universally right or wrong. Drawing on this logic, Dreger argues that “*it's just wrong to cut healthy tissue off a girl's clitoris unless she herself wants it cut off and she knows the risks*” (81; emphasis in original).³⁴ Likewise, in a response to the aforementioned case discussed by Sytsma, Dreger and coauthor Bruce Wilson argue that human rights should take precedence over cultural relativism, stating that “there is no compelling reason to override the right to self-determination of this child, and there are many reasons not to override it. Some might argue that the cultural differences justify following the father's wishes. Nevertheless, we are unsympathetic to the idea that sexual anatomies are an accepted locale for cultural relativism.”³⁵

While I empathize with the attempts made by many of the contributors to the collections edited by Dreger and Sytsma to argue for a moratorium on “medically unnecessary” infant sex reassignment, I am nevertheless troubled by the increasing dependence on the language and logic of human rights, which not only relies on and reiterates what poststructuralist theorists such as Judith Butler, Jacques Derrida, and Michel Foucault have demonstrated to be a problematic notion of the human subject, but ironically reproduces the very intolerance to difference that Dreger and many of her colleagues set out to challenge. Nowhere is this more apparent than in Sytsma's response to the aforementioned case, in which she states that

respecting other cultures does not . . . imply that all cultural norms and practices are morally permissible. Recognizing the duty to respect other cultures does not commit one to the acceptance of cultural relativism—the view that actions are right or wrong only in reference to their coherence or incoherence with prevailing cultural values. Resolving or managing cultural conflicts requires impartiality, careful balancing, and discernment. . . .

Just as when differences exist in morals on a personal level, it is better to explain, provide reasons, and demonstrate (where possible) the superiority of our own views, it is better to encourage change from within the culture than to impose it from without, because values forcefully imposed are not authentically held, and relapse is likely to occur. If the differences are severe, the best response might be a parting of ways, either on the personal or the cultural level. On the cultural level the parting of ways could consist in a decision to boycott or to refuse opportunity for commercial trade.³⁶

Sytsma's position brings to light the many dangers involved in presuming one's own "construction of self to be the ideal or 'natural' human state."³⁷ In dismissing "cultural relativism" by implying that ultimately one view is the correct one (even if it does require explanation), that there is a "common good," one inevitably—and indeed ironically, given that this is the logic that invests medicine/science with authority over subjugated knowledges—fails to interrogate critically the situatedness, constructedness, and partiality of one's own (dis)position, and perhaps more troubling still of the ethico-political effects of such on others. One fails to consider that, as Diprose puts it,

the regimes of social regulation, which dictate the right way to live, implicitly or explicitly seek to preserve the integrity of every body such that we are compatible with the social body. Not only do these thereby dictate which embodied existences can be transformed by whom and to what end, but, as it is here that comparisons are made and values born, not all bodies are counted as socially viable. In short, the privilege of a stable place within that social and political place we call the "common good" is secured at the cost of denigrating and excluding others.³⁸

While those authors who take a human rights and/or universalist position also seem to imply an original (ideal) anatomy, an unmediated form of genitalia that is opposed to that which has been mutilated, other contributors to the collections under review clearly illustrate the complex ways in which particular bodies come to matter and are shaped, not only by medicine but also by somatechnologies that range from the epistemic to the aesthetic, from the practical to the playful, and which in fact include human rights discourse. For Hedley, for example, there is no body that is "natural" or right, just as there is no single, simple answer to the question of whether or not as parents she and her husband should consent to certain surgeries on her seven-year-old daughter, LilyClaire, who was diagnosed at birth with achondroplasia. "For parents like me," she writes, "when it comes

to surgical fixes, all you can be sure of is doubt.”³⁹ This insight, combined with the refusal to be paralyzed by an absence of certainty or truth, exemplifies what Morland describes as the ethics of intersex, which “in this historical postmodern moment, begin when we no longer rush to pronounce the single right way to manage intersex, but admit uncertainty, replace dogma with discussion. . . . the ethical way to treat intersexed individuals is to preserve, rather than to surgically abolish, the uncertainties that their bodies provoke.”⁴⁰ To this, one might add that one of the most effective ways of keeping debate open and uncertainty alive is by remembering, as Parens’s collection does, that questions about surgical modification are, in Priscilla Alderson’s words, necessarily “set within questions and assumptions about all other forms of shaping and socializing” subjects.⁴¹ At the same time, the questions raised in relation to particular embodied practices conceived as modificatory/mutilatory are shaped—made possible even—by the habitus, and this too needs to be addressed if we are to give serious consideration to the ethics of intersexuality.

Notes

1. John Jordan, “The Rhetorical Limits of the ‘Plastic Body,’” *Quarterly Journal of Speech* 90 (2004): 327–58.
2. Cited in Jordan, “Rhetorical Limits,” 333.
3. Anna Munster, “Is There Postlife after Postfeminism? Tropes of Technics and Life in Cyberfeminism,” *Australian Feminist Studies* 14 (1999): 121.
4. Lily Kay, *Who Wrote the Book of Life? A History of the Genetic Code* (Stanford: Stanford University Press, 2000), 36.
5. Alice Domurat Dreger, “A History of Intersex: From the Age of Gonads to the Age of Consent,” in *Intersex in the Age of Ethics*, ed. Alice Domurat Dreger (Hagerstown, MD: University Publishing Group, 1999), 13; Michel Foucault, “*Society Must Be Defended*”: *Lectures at the Collège de France, 1975–76*, ed. Mauro Bertani and Alessandro Fontana, trans. David Macey (London: Penguin, 2004), 7.
6. Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, MA: Harvard University Press, 1998), 170.
7. Dreger, *Hermaphrodites*, 170–73.
8. Alice Domurat Dreger, “Intersex and Human Rights: The Long View,” in *Ethics and Intersex*, ed. Sharon E. Sytsma (Dordrecht: Springer, 2006), 73.
9. Sharon E. Sytsma, introduction to Sytsma, *Ethics and Intersex*, xix.
10. Iain Morland, “Postmodern Intersex,” in Sytsma, *Ethics and Intersex*, 303.
11. See Margrit Shildrick, “Beyond the Body of Bioethics: Challenging the Conventions,” in *Ethics of the Body: Postconventional Challenges*, ed. Margrit Shildrick and Roxanne Mykitiuk (Cambridge, MA: MIT Press, 2005), 1–26.

12. Dreger, "Intersex and Human Rights," 75.
13. Erik Parens, introduction to *Surgically Shaping Children: Technology, Ethics, and the Pursuit of Normality*, ed. Erik Parens (Baltimore: Johns Hopkins University Press, 2006), xv.
14. Helena Harmon-Smith, "A Mother's 10 Commandments to Medical Professionals: Treating Intersex in the Newborn," in Dreger, *Intersex in the Age of Ethics*, 195–96; Alice Domurat Dreger and Cheryl Chase, "A Mother's Care: An Interview with 'Sue' and 'Margaret,'" in Dreger, *Intersex in the Age of Ethics*, 83–89; Cassandra Aspinall, "Do I Make You Uncomfortable? Reflections on Using Surgery to Reduce the Distress of Others," in Parens, *Surgically Shaping Children*, 13–28; Lisa Abelow Hedley, "The Seduction of the Surgical Fix," in Parens, *Surgically Shaping Children*, 43–48; Eva Feder Kittay, "Thoughts on the Desire for Normality," in Parens, *Surgically Shaping Children*, 90–110.
15. Dreger, "Intersex and Human Rights," 74.
16. Ellen K. Feder, "'In Their Best Interests': Parents' Experience of Atypical Genitalia," in Parens, *Surgically Shaping Children*, 190.
17. Bourdieu cited in Feder, "Best Interests," 191.
18. Cheryl Chase, "Hermaphrodites with Attitude: Mapping the Emergence of Intersex Political Activism," *GLQ* 4 (1998): 204.
19. Janice Boddy, "Violence Embodied? Circumcision, Gender Politics, and Cultural Aesthetics," in *Rethinking Violence against Women*, ed. R. Emerson Dobash and Russell P. Dobash (London: Sage, 1998), 99.
20. Feder, "Best Interests," 206.
21. Bordieu suggests that habitus adjusts itself to a probable future that it anticipates in the present and thereby helps bring about (cited in Feder, "Best Interests," 205). So one's perception of the future of one's child is necessarily shaped by the knowledge that informs one's bodily (dis)positions in the present.
22. See Boddy, "Violence Embodied?" 105.
23. Rosalyn Diprose, *The Bodies of Women: Ethics, Embodiment, and Sexual Difference* (New York: Routledge, 1994), 19.
24. Cited in Hilde Lindemann, "The Power of Parents and the Agency of Children," in Parens, *Surgically Shaping Children*, 176.
25. Aspinall, "Do I Make You Uncomfortable?"; Hedley, "Seduction of the Surgical Fix"; Kittay, "Thoughts on the Desire"; Sherri G. Morris, "Twisted Lies: My Journey in an Imperfect Body," in Parens, *Surgically Shaping Children*, 3–12; Emily Sullivan Sanford, "My Shoe Size Stayed the Same: Maintaining a Positive Sense of Identity with Achondroplasia and Limb-Lengthening Surgeries," in Parens, *Surgically Shaping Children*, 29–42; Luce Irigaray, "And One Does Not Stir without the Other," *Signs* 7 (1981): 60–67.
26. Diprose, *Bodies of Women*, 19.

27. Donna Haraway, *Modest_Witness@Second_Millennium.FemaleMan©_Meets_Onco Mouse™: Feminism and Technoscience* (New York: Routledge, 1997), 37.
28. Julie A. Greenberg, “International Legal Developments Protecting the Autonomy Rights of Sexual Minorities: Who Should Determine the Appropriate Treatment for an Intersex Infant?” in Sytsma, *Ethics and Intersex*, 87–102.
29. Sharon E. Sytsma, “Intersexuality, Cultural Influences, and Cultural Relativism,” in Sytsma, *Ethics and Intersex*, 259–70.
30. This situation shows that attitudes toward intersexuality (and the somatechnologies of which “intersexuality” as a medicalized condition is an effect) “are clearly tied to cultural values” (Sytsma, “Intersexuality,” 262). Such a claim is further supported by the fact that, as Sytsma notes, “in cultures that accord preference to the male gender, there are more sex assignments to the male gender, just as there are fewer cases of male infanticide or abortion of male fetuses” (262). Warne and Bhatia’s contribution to *Ethics and Intersex* elaborates more fully on the cultural specificity of intersex treatment (Garry Warne and Vijayalakshmi Bhatia, “Intersex, East and West,” in Sytsma, *Ethics and Intersex*, 183–206).
31. Also referred to as “female genital cutting,” “female genital practices,” or “female genital mutilation.”
32. Dreger, “Intersex and Human Rights,” 79.
33. In a critique of dominant Western understandings of intersex surgery and so-called FGM, Cheryl Chase notes her concern that “their” genital cutting is depicted as barbaric, whereas “ours” is represented as scientific (“‘Cultural Practice’ or ‘Reconstructive Surgery’? U.S. Genital Cutting, the Intersex Movement, and Medical Double Standards,” in *Genital Cutting and Transnational Sisterhood*, ed. Stanlie M. James and Claire C. Robertson [Chicago: University of Illinois Press, 2002], 142–43).
34. Similarly, in a critique that relies on and reproduces the human rights justification used by (some) Western nations to criminalize FGM, Chase writes: “African mothers, no less than American surgeons, act from a desire to care for their daughters. American surgeons, no less than African mothers, are misguided when they direct a knife at a child’s clitoris” (“Surgical Progress Is Not the Answer to Intersexuality,” in Dreger, *Intersex in the Age of Ethics*, 152).
35. Alice Dreger and Bruce Wilson, “Culture Clash Involving Intersex: Commentary,” *Hastings Center Report* 33, no. 4 (2003): 14.
36. Sytsma, “Intersexuality,” 264.
37. Boddy, “Violence Embodied?” 95.
38. Diprose, *Bodies of Women*, 131.
39. Hedley, “Seduction of the Surgical Fix,” 48.
40. Morland, “Postmodern Intersex,” 331.
41. Priscilla Alderson, “Who Should Decide and How?” in Parens, *Surgically Shaping Children*, 167.

