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Book Review¹

David A. Rubin, *Intersex Matters: Biomedical Embodiment, Gender Regulation, and Transnational Activism*, Albany: State University of New York Press (SUNY), 2017, 224 pp., ISBN 978-1-4384-6755-9

In his book, *Intersex Matters: Biomedical Embodiment, Gender Regulation, and Transnational Activism*, David A. Rubin promises a research on intersexuality grounded in queer theory, gender studies, and feminist science studies, coupled with intersectional and transnational perspectives. Intersexuality is difficult to define without reaching for medical and heteronormative discourse, so perhaps the simplest way to begin the discussion is with Rubin's definition of the term: "Intersex is an umbrella term for the myriad characteristics of people born with sexual anatomies that various societies deem to be nonstandard" (1). This rich methodological approach enables Rubin to conceptualize intersex bodies as material-semiotic knots that "materialize through diverse genealogies of biopolitics, gender regulation, racialization, citizenship, and geopolitics" (12). Moreover, this diverse methodology is required in order to comprehend all the complexities that the intersex bodies/subjects come to embody through their materialization. In that regard, Rubin understands intersex not only as "an issue of stigma and trauma and of gender", but as "fundamentally an issue inseparable from the politics of difference more broadly – especially differences of race, class, sexuality, ability, and nation" (14). Intersex, then, is not only a challenge to naturalized dimorphism, but it is also a focus of numerous normalizing practices and discourses. The challenge is, for Rubin, "to keep normalizing processes open to critical contestation in order to animate collective curiosity and democratic debate about how the world might be worlded otherwise" (20).

In the first chapter, Rubin reconsiders the relation between the concepts of sex and gender in the discourse of intersexuality. He shows that intersexuality played an important role in the creation of difference between sex and gender – that is, that the initial scientific/medical study of intersexuality enabled the said difference. By

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reading closely the works of John Money, who created the existent paradigm of medical intersex management, Rubin shows that it was this psychoendocrinologist's work that enabled the second-wave feminist distinction between sex and gender. By studying medical data gathered from intersexual persons, Money discovered the troubling instability of biological sex reflected in the variability of "chromosomal sex, gonadal sex, internal and external morphologic sex, hormonal sex (prenatal and pubertal), to which was added a sixth postnatal determinant, the sex of assignment and rearing ... The seventh place at the end of this list was an unnamed blank that craved a name" (Money quoted, 33). According to Rubin, this unnamed blank that craved a name is gender (gender role in Money's terminology), which unifies troublingly multiple sex. Or, in other words, it is the normalizing social technology of gender which "overrides and conceals intersexuality's undoing of the structure and stability of sexual dimorphism" (34). However, in the attempt to salvage heteronormative binarism and dimorphism, Money "theorized sex as surgically malleable and gender as socially plastic" (p. 39), which then enabled feminists (Anne Oakley was the first to use Money's argument) to claim the sex/gender distinction for the critique of biological determinism. At the end of the chapter, in a very interesting turn, Rubin claims that various meanings of gender used in feminist theory are "contingent not only on processes of racial, sexual, able-bodied, and national formation but also on the medical pathologization of intersexuality" (45).

In the second chapter, Rubin offers an overview of study of intersexuality in feminist science studies and queer theory, in particular in the works of Suzanne J. Kessler, Anne Fausto-Sterling, and Judith Butler. Each of them uses intersexuality in their own way to unsettle normativized relations between sex, gender, and sexuality, and it is this theoretical move that Rubin criticizes as "intersex exceptionalism". Rubin defines intersex exceptionalism as "the view that intersex bodies are historically extraordinary, isometric objects of study – objects like no others – that reveal spectacular truths" (64). Intersex exceptionalism "hypostatizes ideas about the nature of atypical sex and gender nonconformity and, on the other hand, renaturalizes – rather than calls into question – the embodiments of people with non-intersex anatomies and cisgender and gender-conforming presentations, as well as the gendered operations of medical, legal, and social systems more broadly" (64–65). It is necessary, instead, to attend more critically to the production of knowledge about intersexuality, always unsettling the subject/object binary.

Chapters 3 and 4 deal with the birth and development of intersex activism. The third chapter provides a genealogy of intersex activism in the United States, where the movement began with the founding of Intersex Society of North America (ISNA) in 1993 by Cheryl Chase. Rubin traces the changing politics of Cheryl Chase and ISNA, from a "politicized, oppositional stance against pathologization of non-normative bodies" (75) in the early 1990s, which brought intersex activism close to queer politics of the time, to the late 1990s when ISNA "began to formulate a patient-centered activist platform geared toward achieving practical reforms" (77), and then to

the early 2000s and the turn to the “neoliberal movement for medical reform” (80) with its changing terminology (DSD – disorders of sex development – instead of intersexuality). Rubin criticizes this neoliberal stance of “intersex being the question of stigma and trauma, not gender” by pointing out that intersexuality is not only a problem of unwanted genital surgeries, but at the same time one of gender, and that we indeed need a more comprehensive approach based on a multiplicity of frameworks and methodologies, instead of simply insisting on a single reform. Chapter 4 broadens the analysis of ISNA and deals in particular with its transnational reach. While ISNA failed to secure a ban on unwanted genital surgery of infants at the time when the ban on female genital mutilation was instituted in the US in 1997, the discourse surrounding the claims for the ban, according to Rubin, reveals not only the ways in which West-centric human rights discourse circulates the globe but also the ways in which neoliberal, white, middle-class subjectivity is formed and its values imperialistically imposed on others. However, even although the West-centered forms of being move globally, they are also challenged and changed locally, which Rubin shows in his analysis of how Colombia dealt with intersex people and which he calls “provincialization of intersex” (99).

The fifth and last chapter further analyzes the transnational movement of intersex discourse and addresses the question of “how intersex might reconfigure the grounding presuppositions of intersectionality as a theoretical framework” (18). Rubin does that by discursively analyzing the famous “case” of South African athlete Caster Semenya. What Rubin’s analysis shows is the complex ways in which biopolitics, colonial legacy, race, gender, sexuality, and nationalism intersect in order to both enable and disable the discourse of the supposedly other and subaltern. However, Semenya did speak, and Rubin ends the chapter quoting her statement. This quote serves as a springboard for the conclusion of the book, in which Rubin calls for an ethics of uncertainty in the “effort to think intersex otherwise” (148), to recognize that bodies change together with “their naturecultural environments” (152): “To learn to be open to the boundless, the incalculable, and the uncertain – isn’t this perhaps the most difficult and fundamental lesson of the intersexed?” (152).