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The Problem of Protection: Rethinking Rhetoric of Normalizing Surgeries

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Abstract: This essay focuses on the rhetoric of protection that emerges around infants who face the prospect of normalizing surgeries. Frequently, decisions to proceed with normalizing surgeries are made by doctors and parents with “protection” of the infant as a motivating force. “Protection,” in such contexts, typically refers to protection of the infant from the inhospitable world that lies in wait for an individual whose body does not conform to social, morphological, and biological norms. While this concern may be valid and important, this essay argues that there are alternative narratives or notions of protection that must also be acknowledged and validated.

Keywords: protection, safety, intersex, disability, normativity, gender, legibility

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It is strange that her desire to protect me from harm had the unintentional consequence ... of actually causing me harm.

—Cassandra Aspinall, “Do I Make You Uncomfortable?”

[B]odily-being is shaped not only by the surgeon’s knife but also by the discourses that justify and contest the use of such instruments.

—Nikki Sullivan, “The Somatechnics of Intersexuality”

I question some of the assumptions leading well-intentioned people to believe that surgery for children with atypical bodies is a good solution to the difficulties children may face because of their atypicality.

—Adrienne Asch, “Disability, Bioethics, and Human Rights”

It is significant that today the lives of conjoined twins are considered tragic if the operation to separate them is not feasible. This does not always accord with the feelings of the conjoined twins themselves.

—Elizabeth Grosz, “Intolerable Ambiguity”

When Cassandra Aspinall, herself born with a cleft palate, gave birth to her third son—who, like Cassandra, was born with a cleft palate—the issues she struggled with as both a child and an adult reemerged in new, extremely complicated ways. In her own life, Cassandra’s parents had decided that she undergo surgery at a young age. Cassandra continued surgeries into her seventeenth year, and then chose against later procedures that would have made scarring much less evident. Aspinall recounts her own experience as a constant challenge to negotiate between what others thought about her and her appearance, and her own perceptions of herself. She does not share her story in order to warn against early appearance-normalizing surgery; instead, she urges parents to consider the motivations behind early surgical change: “Acknowledging the incredible complexity of relationships, the intensity of social pressures, and how difficult it is for children to express their opinions means that time must be taken to do the right thing. The possibility of coercion

cannot be ignored” (Aspinall 2006, 27).¹ Like almost all other narratives about early surgery, Aspinall’s story evokes the term around which so many questions revolve: protection. Similarly, Aspinall directly addresses the prospect of coercion that—whether implicitly or explicitly—underlies the complexities of decision making in regard to early appearance-normalizing surgeries.

As feminist and gender studies, medical studies, and disability studies have all grown more aware of the complicated questions of surgeries aimed at normalizing the appearance of infants born with physical anomalies and/or genitalia considered ambiguous, so too has the problem of what exactly constitutes protection been more frequently called into question. Much of the research clearly reveals that protection and coercion are terms that require significant dissection and are of the greatest significance when one is born “abnormal.” As Aspinall points out, “I acknowledge that there will be (and have been) instances where my interpretation is the one that matters and leads me to step in to protect my children, even though they would prefer that I didn’t. But it is important to remember that there are many ways to interpret the same set of circumstances. Your version may not be the most important one worth acting on” (Aspinall 2006, 27). Although many stories that express such complexities and ambivalence—told by parents and children in response to personal experience with appearance-normalizing surgeries—have surfaced, the dominant understanding of “protection” in such circumstances has remained the same.

Aspinall points out that the *possibility* of coercion cannot be ignored. In this essay I contend that it is this very possibility that often goes unacknowledged, or is erased, through the rhetorical creation of doctors and parents that are saving one from an impending and inevitable life of tragedy. Although normalizing surgeries tend to be chosen for the sake of the child’s protection, the meaning of protection in this context is predominantly understood as protection from a social world that is hostile towards physical difference. While this understanding of protection certainly warrants consideration in making a decision about surgical intervention, its dominance also elides other narratives of what protection might constitute in such circumstances. Thus, this essay works not to disavow the protection that is understood as an effort to keep a child safe from the inhospitable social environments the child would surely encounter; rather, it proposes that we heed the multifarious voices that pose a challenge to thinking of protection as *only* protection of the child from the social world. Utilizing both a fictional narrative—the 2007 film *XXY*—and the nonfictional stories of parents and children who have been directly involved in early normalizing surgeries, this essay seeks to present alternative narratives of protection.

Often the dominant narrative of protection is affirmed through the rhetorical creation of a savior. Again, I do not wish to suggest that a child whose bodily contours do not fit social norms of morphology or biological sex faces no threat in society. However, this threat often becomes emphasized to the point at which the life of an individual (the infant or child) is prematurely and authoritatively pronounced to be inescapably tragic. The centralization of this “tragic” figure, then, rhetorically generates a savior out of those who work to alleviate the tragedy. When this centralization occurs, it is often precisely *the possibility of coercion* that can be left ignored. I propose that the multiplication of other, non-dominant, narratives of protection might be heard, in order to transform the discourses in which anomalous bodies are understood and approached not only by the medical industry and parents, but in the public imagination. I also suggest here that in affirming other definitions of “protection,” we might consider as well that norms themselves are being protected from the threat to social order and coherency posed by the persistence of ambiguity and/or anomaly.

“Show Them ... Mercy”: The Making of Saviors and Tragic Bodies

Olympia, the albino, hunchbacked, and bald narrator of Katherine Dunn’s *Geek Love*, the 1983 novel about a carnival couple who breed their own freak show, does not view her life of “deformity” as the tragedy that most of the world sees in or on her body. As an adult, accompanied by her friend Miss Lick, she narrates the feeling of eyes upon her at the swimming pool. The passage is worth quoting at length, as it exemplifies both the discourses of “tragedy” and the role of the “savior” in dominant narratives of protection:

With my eyes closed I can feel the children looking at me. They have stopped their games for a moment in the shallow end where they can watch me. I too am at the shallow end, sitting on the steps in water up to my nipples. Miss Lick is plowing up and down the pool in her ponderous and dutiful laps. The children’s eyes are crawling on me. If I opened my eyes they would smile at me and wave. They are just old enough to be embarrassed at their normality in front of me.

Because I am Olympia Binewski and am accustomed to the feel of eyes moving on me, I turn slightly on my submerged seat and reach down as though examining my toes under water. This angle will allow the children a clear profile view of my hump....

But Miss Lick is standing in the shallow end, glowering down at the children. I can hear her harshness. “Are you swimming laps or fooling around?” And four little creatures do not speak but kick off from the wall and chase each other down the far lane of the pool to escape.

The light is pale green and moves on Miss Lick’s enormous shoulders and chest. She turns and nods at me—a quick twitch of tension at her mouth that stands for a smile. She is telling me that she has saved me from the stares of idiots and that I am safe with her to guard me. (Dunn 1989, 325-26)

Although Olympia realizes that these children’s eyes are upon her body, she does not express shame. Rather, she angles her body so that the children may see it more fully; aware of their gaze, she chooses how to be seen. Olympia does not feel that her body is a tragedy, but Miss Lick demands that Olympia’s body signify this tragedy in her adopting the role of savior. She silences the desire of Olympia—who shifts her body to be seen more fully—in that her response deems this desire impossible. When Olympia acknowledges that Miss Lick is playing the role of savior, it becomes clear that Miss Lick both misunderstands and misinterprets how Olympia feels about her body (that it is not a tragedy) or what Olympia desires, which is “abnormal.” It is both the tragedy and the savior in this excerpt that become very useful to interrogate. Miss Lick exercises a choice in the name of saving Olympia from her own tragic body, but Olympia neither considers her body tragic nor believes she needs saving. There is a violence exerted in this silencing and “saving.” Although fictional, this instance serves as a reminder that we must be cautious in assuming that one *desires* protection from abnormality itself. It warns against the possibly erroneous and paternalistic assumption that life in an anomalous body is inevitably undesirable and tragic.

Because of the discourses of tragedy that so vehemently persist around the subjects of both disability and infants born intersexed, and because these two subjects deal directly with dominant conceptions of wholeness and normality in relationship to morphology, this essay approaches these “abnormal” bodies in conjunction with one another.² This is not to conflate “deformities” and intersexed bodies, but rather to address the similar ways in which these bodies are constructed and represented through dominant ideological rhetoric. As Nikki Sullivan states, “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’” (Sullivan 2009, 313). Surgical interventions in infants, Sullivan contends, are implemented to “restore order” to bodies. Both intersexed infants and those born with other

physical anomalies are predominantly viewed as wrong and in instant, urgent need of correction by medical doctors and surgeons.

Anne Fausto-Sterling suggests that few “ambiguous” infants would make it into adulthood in “sexually diverse form.” She argues that, while the medical industry seeks to make legible sexes, the decision for surgery from parents or guardians is often made out of a “genuinely humanitarian concern”:

Almost at once such infants are entered into a program of hormonal and surgical management so that they can slip quietly into society as “normal” heterosexual males or females. I emphasize that the motive is in no way conspiratorial. The aims of the policy are *genuinely humanitarian*, reflecting the wish that people be able to “fit in” both physically and psychologically. (Fausto-Sterling 1993, 22; emphasis mine)

Through the rhetoric of tragedy—concerns about locker rooms and men’s or women’s restrooms, distrust of the terrible and terrifying world of judges that await in classrooms—the choice for early surgery is often made through the rhetoric of saving, or protecting. Saviors are created rhetorically, in the name of giving a good life or saving a body from the possibility of a life of shunning and teasing, or, further, saving one from the impossibility of a “productive” and “normal” life. And while these aims may be “genuinely humanitarian,” demonstrating a desire for a “good” and “normal” life, they also potentially elide what some (including many who underwent surgery as an infant in the past) might call acts of coercion or violence upon an uninformed and unconsenting person. Such rhetoric also might foster “protection” of an inhospitable world for atypical bodies. Continuing to assert that humanitarianism lies in the child’s transformation, rather than the transformation of social norms and the social world, elides the humanity of the child whose life and body are at stake—and may also erase the *possibility of coercion or violation* that troubles that humanitarian motive.

Disability studies theorist Adrienne Asch calls attention to the means by which bodies born with physical impairments are often construed as being unfortunate, in need of pity. Asch critiques this assumption and argues for a cessation of marking disabled infants as defective—to cease seeing these bodies as less than human and assuming that a life in such a body is a tragedy. Asch notes that there is a “gap in understanding that persists between people with and without disabilities regarding the potential for life with disability to be acceptable, rewarding, or as rewarding as the lives of people who do not report impairments” (Asch 2001, 301). This gap persists, Asch suggests, in that people who report impairments do not consider their lives defective, less whole, less fulfilling, while the dominant notion about impairments is precisely that they always already inscribe an “unremitting tragedy” (300):

When people with disabilities report unhappiness or dissatisfaction (a minority in every study), the sources resemble sources of unhappiness in the lives of nondisabled people—inadequacies in financial security, work, or social and personal relationships ... sometimes impairment-related factors, such as pain and fatigue, contribute to unsatisfying relationships or to the difficulty of holding a job, but the frustrations come from difficulty in incorporating the impairment into existing interpersonal and institutional life. (Asch 2001, 301)

Asch reiterates that life with disability is not the tragedy that dominant ideologies and medical institutions claim it to be. And when one does “report” feelings of unhappiness with one’s life, they are either similar to those unhappinesses which are reported by those who do not possess physical impairments, or otherwise suggest a discontent that pertains not to their own biology or morphology but to the shapes of society and institutions that do not accommodate the contours of that body. This is similar to the “tragedy” continually assumed on the body of an intersexed infant.³

Martin S. Pernick describes the debates that waged in the US following the public disclosure of Dr. Harry

J. Haiselden's decision, in 1915, to let "Baby Bollinger" die because of the infant's multiple impairments. Pernick suggests that "Haiselden's crusade did not combine logically incompatible goals, but it did appeal to fundamentally irreconcilable emotions: His supporters were motivated by a jarring combination of compassion and hatred" (Pernick 1996, 94). The language of love and compassion came to permeate the discourses that surrounded the deaths of what Pernick refers to as "defectives," a term that worked in conjunction with the discourses of eugenics he both exposes and critiques.⁴ Argumentative constructions—which still permeate how bodies are imagined (as whole and integrated) and how discourses frame those bodies—relied on the rhetorical eclipse and erasure of *even the possibility* of coercion or violation through the language of compassion and mercy, through the alleviation of a tragedy:

Without a word of transition, Helen Keller [who lived a life with impairments until the age of 88] described the Bollinger baby as "the hopeless being spared from a life of misery. No one cares about that pitiful, useless lump of flesh." Clarence Darrow's comments revealingly captured the full ambiguity of this appeal. "Chloroform unfit children. Show them the same mercy that is shown beasts that are no longer fit to live." (Pernick 1996, 96)

In Helen Keller's first sentence, the letting die of an impaired infant is an act of mercy, the act of a savior, protecting the infant from a tragic life in a tragic body and from the path of persecution that lies in wait. Her second sentence contradicts the first and explicitly articulates the eclipse that occurs in the creation of a savior in this rhetorical construction. The first sentence presumes a position of caretaker, relieving the infant of the "life of misery" out of love or compassion. The second sentence contradicts that claim to protection, in that it states outright that "no one cares." In calling the infant's body a "useless lump of flesh," Keller suggests that this body is a failure, a failure to fall into the norms of permissible bodily shapes. The body fails to meet normative (which here means explicitly able-bodied) molds in its designation as a "lump": it does not map, conform, and take shape within normative constructions of what bodies are, should be, or can possibly be. Thus it also fails to fulfill its capacity as a productive body in the capitalist system that devalues the body it cannot utilize for its own ends—it becomes "useless."⁵ What constitutes a "useful" life is shaped by the economic, social, and normative mappings of how bodies, and lives, should be shaped, and how bodies can be made useful or lead "fulfilling" lives. Clarence Darrow's command to chloroform unfit children, in order to show them mercy, proclaims that a life in "unfit" embodiment is less preferable (or merciful) than death itself. While the social pressures that surround atypical bodies cannot be dismissed or minimized, this presumes not only that life cannot be—in the words of Judith Butler—an "occasion for flourishing" but that it can be none other than wholly tragic. As Butler writes,

Resistance to coercive surgery moreover calls for an understanding that infants with intersexed conditions are part of the continuum of human morphology and ought to be treated with the presumption that their lives are and will be not only livable, but also occasions for flourishing. The norms that govern idealized human anatomy thus work to produce a differential sense of who is human and who is not, which lives are livable, and which are not. This differential works for a wide range of disabilities as well. (Butler 2004, 4)

As I have argued, "saving" the infant from a socially unlivable life rhetorically becomes an act of compassion, and the space for considering the *possibility*, the *potential* for coercion or violation seems to vanish. Butler argues that infants with anomalous or atypical bodies should not be treated as tragic—as persons whose lives will be inevitably so. Rather, such lives should be approached not just as survivable, but as "occasions for flourishing." What would it mean to treat these lives in such a manner? How might the term "protection" be differently approached or understood if one were to affirm the livability and possibility of one's life, rather than to foreclose that opportunity by preemptively deciding it must be tragic?

“Occasions for Flourishing”: Narratives of Protection and *XXY*

Fausto-Sterling asks her readers to consider “the psychological consequences of ... raising children as unabashed intersexuals,” while noting that “on the surface that track seems fraught with peril” (Fausto-Sterling 1993, 24). She suggests that such a track encompasses encounters with many normatively charted spaces of bathrooms and schoolyards and entails entering a society that awaits without a provision of welcoming or habitable spaces. Yet what would be the consequences of embracing this perilous track? According to Sara Ahmed, “we walk on the path as it is before us, but it is only before us as an effect of being walked upon. A paradox of the footprint emerges. Lines are both created by being followed and are followed by being created. The lines that direct us, as lines of thought as well as lines of motion, are in this way performative” (Ahmed 2006, 16). As she suggests, norms are reiterated and perform certain lines of life, of ideology, and of embodiment. To embrace the dangerous path of “raising children as unabashed intersexuals,” then, would mean to make new lines, new tracks that could be followed; it would mean to make more habitable spaces. As Ahmed states, “Deviation leaves its own marks on the ground, which can even help generate alternative lines, which cross the ground in unexpected ways. Such lines are indeed traces of desire; where people have taken different routes to get to this point or that point” (20). Released in 2007, *XXY* is an Argentine film that, I would argue, presents such alternative routes or lines, along with alternative notions of protection.⁶ In so doing, the narrative also refuses to make its main character, Alex, into a figure of tragedy in need of saving.

XXY is set in the aftermath of a family’s departure from Buenos Aires to a secluded house on the shores of Uruguay. The family—comprised of father Kraken (Ricardo Darín), mother Suli (Valeria Bertuccelli), and their child Alex (Inés Efron)—has been mostly isolated from urban contact or community; Kraken works as a biologist on the Uruguayan shore. Despite the seclusion of the family, the film opens with the arrival of visitors, and we soon know the reason for their arrival. The family that stays with Kraken, Suli, and Alex is also comprised of three: father Ramiro (Germán Palacios), mother Erika (Carolina Peleritti), and their son Álvaro (Martín Piroyansky). It is quickly revealed that Ramiro’s profession has to do with his visit; Ramiro, a plastic surgeon, has come to stay with the family by request of Alex’s mother. Suli is interested in his services because Alex, who is fifteen years old, was born intersexed, and Suli believes it in the best interest of her child to have surgery performed to mold Alex into a woman. Suli has grown increasingly concerned because Alex has stopped taking hir hormone pills.⁷ Alex’s case and the story we follow in *XXY* are not unique because cases of intersexed infants are all that rare, but for the reason suggested by the film’s director Lucía Puenzo: “In Argentina and Italy, and other countries where the film has already been released, it created a debate on what seems almost impossible in our societies: an intersex body that has not been mutilated, and not only survives but demands the opportunity to be desired” (Tehrani 2008). What we are presented with in *XXY* is, instead of a narrative of tragedy or a narrative of normative desires, a story of a livable life, and an “occasion for flourishing.”

But Alex is not without hir enemies. Not even in the quite rural community where Alex lives is ze exempt from a very real threat of violence and persecution. After ze reveals the secret of hir “ambiguous” genitalia to hir best male friend Vando (Luciano Nobile), he shares this information with three other male classmates at school. In the latter half of the film, the results of this “betrayal” (as Alex calls it) come to fruition when the three schoolmates Vando has informed assault Alex, pulling down hir pants and demanding to see hir genitalia. Though Alex is not raped, the violent attack on hir body bespeaks of the endangerment of those who do not conform to the constructed binary of male or female.

The varying responses to Alex’s body conveyed by the characters in *XXY* reveal differing and shifting

understandings of “protection” and “safety.” Alex’s mother Suli, for example, initially is the force seeking out Ramiro—and plastic surgery—for her child’s well-being. Yet Suli’s role gradually shifts over the course of the film. At the beginning, she articulates the “generally humanitarian” concerns that a parent might have for a child facing an antagonistic social world. She desires the good and normal life for Alex. At this juncture, Suli sees the problem as, and in, Alex’s body, rather than the social spaces in which hir body exists. She expresses growing concern over Alex’s recent refusal to continue taking hormones and worries that “her body will change ... she will stop developing as a woman.”⁸ Suli expresses a fear of Alex’s being infringed upon by “the other” that threatens to overtake hir body. The transitional moment for Suli’s character takes place after the attack on Alex by the aforementioned three schoolboys. In response to this attack, it is implicit that Suli begins to understand that the problem is not in Alex’s body but in the social body. Rather than suggesting that an attack of this nature warrants or justifies the surgery she initially desires for Alex, she lies curled in bed next to Alex and Alex’s female friend. The visitors’ stay following the attack is not lengthy, and Suli does not again articulate a desire for her teenage child either to have surgery or to continue taking hormones.

While Suli’s conflicted and shifting responses to Alex suggest a notion of safety and protection that is undergoing revision, the somewhat juxtaposed figures of Kraken and Ramiro also reflect conflicting (and for Kraken, developing) notions of protection. Ramiro, the plastic surgeon, is constructed somewhat antithetically to Kraken, Alex’s father. This is emphasized in the moment when the two families (all except Alex) convene around the dinner table and, after Ramiro attempts to force his son to drink wine, Kraken states, “I can’t stand bullying.” Ramiro’s dominant and coercive stance is aligned in relative opposition to Kraken’s defense of the “bullied.” While Ramiro believes Alex has a condition that needs fixing, Kraken believes that Alex was “perfect” from the moment of hir birth. In articulating this, a very different narrative of wholeness or integrity emerges. Rather than desiring Alex’s body to conform to dominant fictions of wholeness, or reading hir body as a tragedy, Kraken immediately (and continually) believes hir to be “perfect”—an “occasion for flourishing.” Since Alex has been treated for the past fifteen years as a female, the contrast between Ramiro and Kraken may initially seem to be the result of Kraken’s view of Alex as a daughter in need of fatherly protection. Yet, Kraken refers to Alex as *both* his daughter *and* his son throughout the course of the film, suggesting that he does not see Alex as “female.”

In conversation with Álvaro, Alex refers to Ramiro’s occupation of cosmetic surgeon as that of a “butcher.” Defending his father’s line of work, Álvaro contends that he “doesn’t butcher people. He fixes them.” According to Álvaro, Ramiro works mostly on the correction of what Álvaro refers to as “deformities,” and this concentration suggests the pertinence of his expertise to Alex’s presumed “deformity” that needs proper “fixing.” While Alex alludes to the possible violence involved in the cutting of the body to alleviate “deformity,” Álvaro elides the prospect of “butchery” by creating a savior who both heals and fixes the supposedly sick. Ramiro’s occupation, which involves the “fixing” of the “wrong” body, also overlaps with his desire to form his son Álvaro into a “proper” heterosexual man.

The consistently evident concern over the masculinity and heterosexuality of the surgeon’s son emerges specifically in a moment towards the close of the film, as Ramiro and Álvaro sit beside one another after dark at the beach. After admitting to his son that he doesn’t particularly like him or believe that Álvaro will have his father’s “talent” (Álvaro’s artistic drawings are diminished and feminized by Ramiro earlier in the film), Ramiro discovers that Álvaro has feelings for Alex: “Finally, good news,” he says in response to this revelation, “I was afraid you were a fag.”

While Ramiro’s character does not explicitly convey the “humanitarian” concerns that have been

addressed in this essay, the language that converges around both his occupation and his relationship with his son suggests that Ramiro *does* believe that his surgical work *and* his anxiety over his son's masculinity and heterosexuality are both driven by "humanitarian" instincts. Ramiro presumes that someone who does not fit morphological or sexual norms is less capable of operating in the social world—and accordingly, it is individual bodily or sexual shapes that must be altered. Ramiro never expresses concerns over the social environment that deems these shapes the only possible or permissible ones, but rather seems to simply accept the very strictly demarcating lines that separate biological sex and sexuality itself.

When Ramiro finds out, for example, that his son has feelings for Alex, he is contented to know that his son is not the "fag" he worried he might be. In Ramiro's mind, then, Alex (quite simply) is a female whose present illegibility simply needs the restorative powers offered by the medical industry (which heals by purportedly making that unreadability readable). There is nothing queer (to Ramiro) about Álvaro's desire for Alex, and nothing possibly queer that might occur in that multidirectional and complex desire—a complexity that becomes evident to the viewer in the sexual encounter that reveals Alex anally penetrating Álvaro. Thus, Ramiro's desire for healing or restoring a body to its supposed coherency of biological sex (or his "fixing" of "deformities") reveals that he believes himself to be acting in the best interest—eliding the space between normative and surgical coercion—of his patients (or, in Alex's case, potential patient).

As I have mentioned, Ramiro sees his work as the healing of the sick, as an act of mercy that allows a body to persist more operably within the norms that make life livable. Where Ramiro does not evidence any consideration of the possibility of a life of flourishing and operability in the social world outside of the prospect of "fixing," Kraken—while still caught in a tormented anxiety in regard to the social world that poses a real threat to Alex—makes room for both imagining the possibility of a life of flourishing and for understanding *protection* and *safety* in alternative ways. Ramiro does not question the language of protection as singularly indicative of shielding the child from social hostility and violence; Kraken, however, comes to interrogate protection, even while he experiences anguish over Alex's "condition." Early in the film, Kraken and Alex discuss the recent revelation to Vando, and Alex asks his father, "If I'm so special, why can't I talk about it?" While Kraken and Suli opted against normativizing surgeries when Alex was an infant, numerous references in the film suggest that other measures have been taken to protect him from the social world. Not only has Alex not been permitted to "talk about it," but the family repeatedly asserts that they moved from Buenos Aires to a remote part of Uruguay in order to avoid the possibility of increased confrontations within a more populated and urban region. While the circumstances suggest that Kraken and Suli have repressed or hidden Alex's body, this assumption makes a turn when Kraken articulates that these measures have been taken merely to protect Alex until an age (which, for Alex, seems to be fifteen) that permits him to make a decision for himself about his body.

In one of the last scenes of *XXY*, Kraken and Alex discuss choice as it pertains to two separate, but related, circumstances. Kraken asks Alex whether or not he would like him to go to the police in order to report his attackers. Preceding the conversation, viewers watch Kraken pull up to the police station, sit in his car, and decide to leave. Because of his reaction, and the conversation with Alex that follows, it is implicit that Kraken feels this is a decision Alex, and not he, should make, since, as he tells Alex in this scene, "everybody'll find out." Alex replies to this concern by saying, "Let them." In the course of this conversation, Kraken—before asking about the police—also tells Alex that he is "looking after [her] until [she] can choose." "What?" Alex asks. "Whatever you want," he responds. "What if there isn't a decision to make?" Alex replies, and his father simply nods. Kraken can be seen in opposition to the parental figure of Ramiro, who consistently appears as domineering, attempting to pressure his son into a credible and

sanctioned version of masculinity. Kraken, on the other hand, allows his child to take shape; rather than forcing hir into the binarized and clean-cut delineations between male and female, he allows hir to choose, even if this means ambiguity. And in Alex's determination not to make a decision—which, of course, is very much a decision—and in hir decision to let “them” (the community) “find out” (about hir “condition”), Alex provides a representation of a different way of living, a possibility of flourishing. As Ahmed suggests, “Inhabiting a body that is not extended by the skin of the social means the world acquires a new shape and makes new impressions” (Ahmed 2006, 20). Alex's attackers evidence the lack of extended social skin to provide a habitable space, yet Alex's world acquires a new shape in both hir decision to “let them” know and hir decision to “not decide.”

Importantly, in one scene during which Kraken tries to sort through his own complicated emotions, he seeks out Juan (Guillermo Angelelli)—a local man who underwent normalizing surgery as an infant himself—in order to ask his advice and opinion about Alex's situation. Kraken questions his and Suli's decision against surgical intervention when Alex was young: “What if I got it all wrong?” Juan responds, “By letting her choose?” Juan proceeds to present Kraken with an alternative narrative about what protection means to him, as an adult who was operated on as a child. He reveals to Kraken: “Do you know what my earliest memories are? Medical examinations. I thought I was so horrible when I was born that I had to have five operations before my first birthday. That's what they call ‘normalization.’ It's not surgery. It's castration. Making her afraid of her own body is the worst thing you can do to your child.” Fortunately, Kraken finds validation for his narrative of protection in an adult who refuses the idea that his early surgeries “normalized” or protected him. His assertion that it is not surgery but castration indicates that Juan's perspective on the surgery is that it was harmful, not protective. Likewise, the nonfictional stories of parents and children involved in early surgeries have later voiced their own reinterpretations of the term “protection.” Although it is productive that fictional narratives such as *XXY* promote complicated, contradictory, and alternative understandings of protection, it is of utmost importance that we seriously consider the accounts of those who have actually lived with and in the challenges presented by anomalous bodies.

“Raped”: Parents, Children, and Their Challenges to “Protection”

Again, although *XXY* presents an alternative fictional narrative about the parental place in making surgical decisions on infants born intersexed—and that fiction is promising for imagining other ways of understanding “protection”—the narratives of those parents and children who have been involved in early surgical decisions on atypical genitalia are essential to complicating and critiquing notions of protection. The emergence of the ISNA (Intersex Society of North America) and other intersex activist and support groups, over the course of the 1990s and into the present, has produced one of the centers of dispute and recognition in challenging the typical response of immediate surgical intervention in infants. These groups have functioned as among the most vocal and influential forces in contesting the concept that surgical intervention works as a mechanism of “protection” rather than harm, as many adults have come forward in anger, frustration, and resistance regarding the surgeries imposed upon them as infants. In addition, some parents have also come to regret the decision they made in the past about their children's bodies and lives. This is not only, though, about a lack of consent or an inability to participate in the decision-making process. Children often not only undergo multiple surgeries as an infant but also continue to have surgeries throughout their entire childhood, making them feel ashamed, ostracized, or humiliated rather than protected.⁹ Additionally, children often feel dehumanized and violated, as the genital region becomes

the constant “object” of medical scrutiny and doctors’ gazes.¹⁰ Further, early normalizing surgeries often leave lasting and devastating effects on the person who undergoes surgery. Most times, infants who were born with the ability to reproduce, and who undergo surgery, are left without that capacity intact. Likewise, infants often lose any physical sensation in the genital area that might produce sexual pleasure.¹¹

Ellen K. Feder introduces a number of parents’ stories in her essay, “In Their Best Interests: Parents’ Experience of Atypical Genitalia.” She relays the story of Ruby, who had two daughters born with CAH (Congenital Adrenal Hyperplasia). Although Ruby’s first child had medical complications that put her health at risk, which resulted in surgical intervention for her child, the second daughter faced no explicit physiological risk; yet, Ruby chose to go forward with normalizing surgery for her second child as well. Ruby, like many other parents, has come to regret her decision in retrospect: “My younger daughter is angry with me as an adult. She felt that she was raped, medically raped. And she’s right” (Feder 2006, 194). The accusation made by Ruby’s daughter—and affirmed by Ruby herself—is a claim that the surgery was not protection, but rather an extreme form of violation and coercion. As Feder suggests, “The tragic paradox of Ruby’s situation is precisely this: her caring and concerned attempts to fulfill her responsibility to her daughters’ well-being led her to consent to actions that resulted in harm to her daughters” (197). Feder points, then, to the contradiction—the paradox—that efforts to protect may cause harm. Through Ruby’s story, we might gain an insight into the very complex nature of the term “protection.” While this, again, does not disavow the potency of hostile social environments from which a parent might seek to protect their child, it does present us with an alternative story about protection—one that challenges us to reconsider the prospect of coercion or violation that may be masked by narratives suggesting that life with atypical genitalia or physical anomalies (or even physical impairments) must be unavoidably tragic and that, to avoid the unavoidable, one must “rescue” the child through surgical intervention.

Likewise, Katrina Karkazis, writing about interviews she has conducted with patients, families, and doctors involved in intersex births, describes two parents she interviewed about the choice they made for surgical intervention:

Ramona Diaz whose daughter has PAIS [Partial Androgen Insensitivity Syndrome] and who wishes she had not chosen genital surgery for her daughter has found another way to deal with her disappointment and sadness: she has become an advocate for delaying surgery until the child is old enough to decide: “I feel very bad. I hurt because she hurts. I just want to spare people everything that she’s been through. I feel the same way that a lot of intersexed people do now: Let that person make the decision when they are ready. If they are ever ready to say, ‘Yes, I want to do this,’ or, ‘No, I don’t want to do this.’ Let them have the say in the matter. Not the medical profession. Not the parents.” And for Rebecca Davis, whose two daughters have CAH, the stresses associated with their reaching puberty resulted in a broken marriage. A psychiatrist explained to her that having a chronic illness in a family creates an enormous amount of pressure, but she says, “I didn’t have a great marriage to start with, but even those with really good marriages, most of them didn’t make it.” She is still struggling to cope with the anger of one of her daughters: “I can’t make it right. Part of what she’s so upset about is that she feels raped, and in a way she really was, and I couldn’t help it. She can’t see that I couldn’t help it, all she can see is that I let it happen and ask, why didn’t I protect her? Oh, God, that hurts.” (Karkazis 2008, 209-10)

Both of these parents advocate delaying surgery until a decision can be made by or with the child, allowing the prospective surgical patient to have a say in a choice that has ultimately irreversible effects on their own body and life. Although parents may be less familiar with the “condition” of intersex, and may also be alienated by the overt jargon utilized in describing both the “condition” and the possible routes of “solution,” they nonetheless often believe that (as previously mentioned) they are making a choice to

surgically intervene in order to “protect” the child. Parent Rebecca Davis, whose response Karkazis notes above, thus issues a poignant challenge to those beliefs. Davis, who regrets her decision to let surgeons intervene in her infant child’s body, seems most pained by the use of that very term: *protect*. Her daughter’s question—why didn’t you *protect* me?—forces Davis to confront the oppositional understanding that the once-infant expresses in regard to the decision made for, and on, her body. Protection, according to her daughter, would have been to protect her body from surgical intervention, and from the “rape” of her body and her will that took place when she was an infant. Davis, who implies that she believed her decision *was* made in order to do *precisely* that (protect her), must confront the voice of her daughter that speaks back and argues for a new understanding of what “protection” really means through issuing a question: Why didn’t you protect me? In addition, then, to the proliferation of other fictional narratives of protection, the voices of those most intimately affected by intersex surgeries must also be heard, so that practitioners, families, and parents might consider the contradictory and complicated claims to protection evoked in the name of the child.

Protecting the Norm: The “Menace” of Difference

In addition to the challenges presented in these alternative notions of protection, we might consider the possibility that the norm itself is also (although never explicitly) being protected in decisions made to perform appearance-normalizing surgeries on infants. Earlier in this essay, I discussed the controversies over the case of “Baby Bollinger” in the early twentieth century, when Dr. Haiselden, the baby’s doctor, advised parents that the infant (among other infants) should be allowed to “let die.” Martin Pernick goes on to discuss Haiselden’s autobiography, which reveals an underlying fear of the threat that anomaly or ambiguity pose to norms themselves.¹² Of Haiselden, Pernick writes: “In a particularly striking passage in his autobiography, he recalled that he first became aware of the retarded when, at the age of eight, he joined the gang of boys who regularly assaulted ‘Crazy Mary,’ the village idiot.... Even a child [Haiselden wrote] ‘instinctively sees the menace in these wretched beings and adopts this means of fighting against it’” (Pernick 1996, 97). Thus the beatings that Pernick suggests were part of Haiselden’s regimen of “defense” against “Crazy Mary,” are justified, in his rhetorical construction, in the name of “fighting against” a “menace” that poses a threat.

Judith Butler asks us to consider what provokes violence toward intersexed or transgendered individuals, and her question resonates with the argument constructed by Haiselden—in mentioning both the “menace” that might be posed and the violent response that proceeds in the name of “protection”: “The violent response is the one that does not ask, and does not seek to know. It wants to shore up what it knows, to expunge what threatens it with not-knowing, what forces it to reconsider the presuppositions of its world, their contingency, their malleability” (Butler 2004, 34-35).

Thus, what is being protected when infants are surgically altered to look “normal” might also be the norm itself, and the appearance of that norm as both natural and immobile. Perhaps this may help us to understand what “menace” Dr. Haiselden records feeling in response to difference. In “the violent response,” division between self and other is enforced in the name of protecting the body of the self from the menacing infringement of “the other.” But what threat, precisely, does “Crazy Mary” pose? The “menace” of this body resides in its potential to remind one that all bodies—individual, as well as the “body” of norms themselves—are ever-fluctuating and incoherent. Surgical interventions that are meant to make one’s body look more “normal” also continue repeating, reiterating a binary of biological sex that keeps the binary of biology “safe” from infringement—safe from variation and ambiguity. What is in jeopardy with the presence

of bodies considered “ambiguous” or “shapeless”—“lumps of flesh,” as Helen Keller called them—is that they threaten to suggest the ambiguity of all embodiments, their tenuousness, their intershapings, their collapsible edges. The work of Margrit Shildrick, in the context of critical disability theory, suggests that, “In failing to reproduce the ideal image of corporeal invulnerability, disabled bodies are not positioned as *disempowered*; on the contrary, they signal threat and danger insofar as they undermine any belief in the stability and consistency of bodies in general” (Shildrick 2009, 20). Using the work of Julia Kristeva, Shildrick argues that anything which disturbs our notion of whole, integrated, invulnerable bodies forces us to question our own sense of self as invulnerable. Likewise, it calls into question the equally holistic dominant notion of biological sex as definable and dividable, neatly and clearly bordered.

When surgeries are performed to alleviate ambiguity, there is an effort made to *visually distinguish* (to create a distinction between “one” and “the other”) and to *visually extinguish* the evidence of that ambiguity. I would argue that often, in the rhetorical creation of a tragic body in need of saving, notions of protection can *erase the work* involved in *extinguishing in order to distinguish*. This labor is continually exercised in the name of maintaining “coherent” sexes and norms. In order to give form to a mass of pluralities, infants born intersexed are, much more often than not, surgically altered to fit the format of the norm.¹³ The incoherence of both embodiment and norms themselves is effaced, through labor, to produce “smooth,” distinguishable surfaces.

Because of the “power and danger” held in margins, there is a threat to the readability and dominance of norms themselves posed by ambiguity and anomaly (Douglas [1966] 2002, 117, 150). Ellen K. Feder suggests that there is a “grave threat that the revelation of intersex poses to the existing social order” (Feder 2006, 206). If parents, Feder argues, “were to work to identify with their children as intersexed individuals, if doctors were to use their considerable authority to promote acceptance of genital variation instead of erasure, the prevailing *habitus* would undergo genuine transformation. Not only would such a positive identification lead to improved relationships between parents and children, it would also work against the conservative principles of *habitus* to effect social change” (206). The “*habitus*” in which we currently exist promotes the medical and parental response of immediate surgical intervention when a body does not appear “normal.” The socio-medical response, Feder suggests, is to erase signs of human variation in favor of clearly legible lines between male and female. According to Feder, “*habitus*” is a term that describes the unquestioned “normative order” that implicitly and redundantly regulates, “conformity with a prevailing social order” (191). Feder argues that a parental willingness to identify with a child—and his or her potential (future) concerns, desires, physical and sexual sensations—along with the willingness of medical practitioners to reconsider their own response might open an entirely transformative understanding of difference and the human body, which would fundamentally alter the social landscape of our existence. If we acknowledge *variation as a norm of human existence*, we might also be forced to reconsider the constructed nature of so many binary oppositions that shape who we are, who we can be, and how we understand—and respond to—physical difference.

Notes

1. By “appearance-normalizing,” I mean that the surgeries that will be the focus of this essay are those that are meant to make one appear more “normal.” In the introduction to *Surgically Shaping Children*, Erik Parens differentiates between surgeries meant to improve physiological functioning and those meant to improve psychosocial functioning.

Parens describes the story of LilyClaire, the daughter of Lisa Abelow Hedley who relays a narrative in the chapter titled “The Seduction of the Surgical Fix” in Parens’s collection. LilyClaire is a seven-year-old with achondroplasia (a form of dwarfism) whose mother contemplates whether or not to have her daughter’s legs lengthened during a medical procedure to fix the bowing of her legs. Here Parens describes the difference between fixing the bowing and lengthening LilyClaire’s legs: “The goal of preventing cartilage degeneration is straightforwardly medical; it aims to promote what we might call *physiological* functioning. The goal of adding height, on the other hand, is primarily *psychosocial*. Of course, for anyone who rejects dualist conceptions of the relationship between the physical and the psychical (the body and the mind), the distinction between the physiological and the psychosocial aims is fuzzy. Improved physiological functioning usually has positive psychosocial effects, and improved psychosocial functioning can have positive physiological effects” (2006, xix). Thus, my essay focuses on those surgeries performed for explicitly psychosocial purposes.

2. See Stryker and Sullivan 2009 and Loeb 2008. Loeb states that her “readings of ‘bodily integrity’ find fantasizing a fully agentive, masculated, triumphant subject that acts out onto the world, inviolable and unviolated by feminized or queered forms of penetration” (2008, 50) and that it is not possible to “separate our lived ideas of what constitutes a ‘whole’ body of a ‘normal’ man from our lived experience of patriarchy, white supremacy, violent colonialism, and capitalist exploitation” (55).

3. I do not want to conflate atypical genitalia, physical impairment, and physical anomaly. However, the three do come together in the way in which they are predominantly understood to be tragic.

4. One might argue that to “let die” would be the equivalent of “letting be”—that is, to let the baby die without medical intervention is no different than the “letting be” of an infant whose genitalia are “ambiguous.” However, we might consider the difference between Haiselden’s “letting be” and the “letting be” of an infant born intersexed. Haiselden’s “letting be” is the denial of medical intervention on a body that might otherwise survive. The “letting be” of an infant born intersexed would not equate, because in most instances (and these are the instances under discussion in this essay), infants receive surgical intervention not because of a physiological need to survive, but for the purposes of normalizing appearance. Thus, the situations are not parallel.

5. Elizabeth Loeb’s observation, quoted in note 2, is again pertinent here.

6. The film, directed by Lucía Puenzo, is based on the short story titled “Cinismo” by Argentine writer Sergio Bizzo.

7. I have chosen to use gender-neutral pronouns for Alex because, although some others in the film may view hir as a young woman, Alex hirself does not necessarily identify as either or solely male or female.

8. All quotations from *XXY* are derived from the English subtitles of the film, which is spoken in Spanish.

9. Katrina Karkazis’s *Fixing Sex* (2008) is a great resource for information regarding this issue.

10. Again, see Karkazis. Also, the 2002 novel *Middlesex* by Jeffrey Eugenides gives readers a very rich (though fictional) account of a child with atypical genitalia who is repeatedly dehumanized and treated as a medical specimen by doctors: “I lay back. Without having to be told, I lifted my legs and fit my heels in the gynecological stirrups. The room had gone ominously silent. The three doctors came forward, staring down. Their heads formed a trinity above me. Luce pulled the curtain across the table. They bent over me, studying my parts, while Luce led a guided tour. I didn’t know what most of the words meant but after the third or fourth time I could recite the list by heart. ‘Muscular habitus... no gynecomastia... hypospadias... urogenital sinus... blind vaginal pouch...’ These were my claim to fame. I didn’t feel famous, however. In fact, behind the curtain, I no longer felt as if I were in the room” (2002, 420).

11. Again, see Karkazis 2008.

12. See Grosz 1996 for a further discussion about the “intolerability” of identities that are in between or challenge our notions of selfhood, individuation, and categorization.

13. As Elizabeth Loeb notes, “the medical and legal assignation of sex according only to the binary options of ‘male’ and ‘female’ constitutes something of an accident for each of us, an assignation of status that belies and homogenizes our unique physicalities into enforced norms” (2008, 46).

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