

Hilary Malatino

Queer Embodiment: Monstrosity, Medical Violence, and Intersex Experience
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Reviewed by Shannon Dea, 2019

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Quote:

The book's impressive pluralism supports rather than distracts from the book's core argument that attending to intersex experience helps us to conceive gender as creative instead of limiting, a conceptual shift that "recognizes the ability of monstrous reclamation to disrupt and denaturalize heterosexist, cissexist, Eurocentric hierarchy"

In *Queer Embodiment*, Hilary Malatino argues that intersex corporeality points to an understanding of sex and gender that resists demarcations of "inside" and "outside."

Appropriately enough, the book itself straddles scholarly areas and approaches. It is, most straightforwardly, a contribution to the emerging field of critical intersex studies.

However, Malatino's approach also ranges with considerable authority across several cognate disciplines: gender studies, queer studies, philosophy, medical humanities, and political theory.

Malatino effects this ambitious project with an equally ambitious methodological toolkit that incorporates critical theory, archival research, memoir, and art criticism, with each approach bringing its own attendant scholarly canon. Thus, the volume's source list spans medical humanities and critical intersex scholars like Anne Fausto-Sterling, Alice Dreger, Suzanne Kessler, and Morgan Holmes; theorists like Michel Foucault, Judith Butler,

Gilles Deleuze and Felix Guattari, and Karen Barad; trans scholars like Susan Stryker, Eve Sedgwick, and Julia Serano; archival material from the Kinsey Institute; and such contemporary artists as Ginger Brooks Takahashi, Amos Mac, and Del LaGrace Volcano. The ebullient, multifarious effect produced by this ambitious pluralism echoes and underscores Malatino's ultimate proposal that we reject fixed sex and gender taxonomies in favor of autopoietic queer excess.

The three terms in the book's subtitle--*monstrosity*, *medical violence*, and *intersex experience*--pithily sum up the challenge that Malatino puts to their readers. Early on, Malatino tells us that *Queer Embodiment's* "focus is on the way in which the ontology of gender difference developed by the architects of modern sexology is consistently in tension with the embodied experience of intersex, trans, nonbinary, and gender-nonconforming subjects" (2). The tension, then, lies between the second and third terms of the subtitle. Within this tension--and within the subtitle--the notion of monstrosity does double duty. It reflects the lingering historical understanding of intersex bodies as monstrous in their lack of a "true sex," and at the same time suggests the joyful, creative possibilities of monstrous forms of embodiment that exceed the fossilized sex binary. Both tensions--the tension between the medicalization of intersex as a "condition" and the experiences of intersex people as individuals, and the tension between monstrosity as harmful label and monstrosity as liberatory potential--are traceable throughout the book.

In the first chapter, Malatino probes Foucault's influential publication of the memoir of nineteenth-century "hermaphrodite" Herculine Barbin. Malatino charts the emergence in

the period of an increasingly rigid orthodoxy around sex categories--this orthodoxy not only separated "hermaphrodites" from "normal" males and females, but also separated pseudo- from "true" hermaphrodites. In their close reading of Barbin's memoir, Malatino uncovers not only "Barbin's repeated lament of ontological impossibility--that is, the sense in which she belonged nowhere on earth" (8), but also Barbin's resistance to entrapment within the emerging sexological categories of her day.

Malatino's history of the nineteenth-century construction of sex categories provides important background to chapter 2's account of the twenty-first-century shift from "hermaphrodite" and "intersex" to the new diagnostic category, "disorders of sex development" (DSD). From the 1990s to the early 2000s, the Intersex Society of North America lobbied for new clinical protocols that would reduce the incidence of unnecessary and invasive medical interventions on intersex infants. This work resulted in not only new clinical protocols but also the new term "disorders of sex development" as a catch-all for various intersex conditions.

Drawing on the work of Suzanne Kessler and Morgan Holmes, Malatino traces the broad shift from the gender radicalism of much early intersex activism to the ultimate focus on clinical approaches. The early hope that intersex activism would create the possibility of an end to the sex/gender binary was ultimately displaced by a clinical approach that focused on the choices of individual patients, while re-inscribing the sex binary and pathologizing intersex people as disordered:

While in the giddy early days of intersex activism, the goal may have been far-reaching social disruption in the realms of sexed and sexual intelligibility, that

promise and those efforts have lost steam. Conventional, conservative gender ideologies have prevailed, and intersex activism has responded in kind, winnowing its field of intervention down to an almost exclusively medical interface. (80)

The gender conservatism ultimately inscribed in DSD may have reduced the incidence of unnecessary surgical interventions, but it also underwrites the pathologization and regulation of bodies like that of South African runner Caster Semenya, whose case Malatino briefly takes up in the chapter. Bodies like Semenya's--and the absence of such bodies--take center stage in chapter 3 in Malatino's elaboration of their archival research at the Kinsey Institute. The first half of the chapter offers a fascinating history of the influential and controversial intersex scholar, John Money, and related figures like endocrinologist Harry Benjamin. Critiques of Money's scholarship, and of the gatekeeping function played by clinicians like Money and Benjamin, aren't new. What is distinctive about this chapter is rather the careful, nuanced way in which Malatino traces entangled mid-twentieth-century trans and intersex medical histories.

The relationship between trans and intersex identities and clinical experiences is complicated and fraught. Trans and intersex bodies have historically been subject to similar medical interventions in shared spaces occupied by more or less the same medical specialists. However, for many years, different norms were operant for intersex and trans people. Where the clinical norm for intersex patients was clitoridectomy and vaginoplasty, or more rarely phalloplasty, followed by hormonal therapy, only a minority of the many trans people who sought surgical and endocrinological interventions during the period were approved for treatment. Thus, although both groups were subject to the

medical violence of the book's subtitle, that violence took a different form for each group. Still today, the differences in embodiment and experience between trans and intersex people are often elided--both by a ciscentric public that conflates the two categories, and by a queer community that remains largely transnormative and homonormative. Malatino deftly disentangles those threads of trans and intersex medical history that can be disentangled while taking seriously the shared lessons of two populations whose alterity made them subject to medical normalization.

One of the really wonderful, if heartbreaking, discoveries relayed in this chapter is of the traces of resistance by intersex and trans patients to medical sexologists that is evidenced in gaps and misrepresentations in the Kinsey archives. On Malatino's account, documentation of missed appointments and of clinicians' misreading of patient affect point to patient anger and trauma that didn't make its way into the sexology journals of the day. Malatino pays particular attention to the absence of racialized, Indigenous, and poor patients from the Kinsey archives. That such patients seldom appear in the records points to differential access to treatment across social locations. On the rare occasions when people of color do show up in the archives, they are framed as proof of the sexual deviance of racialized Others. Malatino concludes the chapter by analyzing the representation in photographs and some brief text they recovered from the archive of a putatively intersex--but as Malatino, notes, possibly Nadleeh (or Two Spirit)--Diné native.

In their decolonial approach to intersex bodies, Malatino follows Maria Lugones's decolonial feminism. Malatino explains:

the gendered norms and mores that have determined the telos of biomedical logics of gender transition are also those that have framed the kinship forms, sexualities, and embodied intimacies of peoples with legacies of colonization as aberrant and in need of rehabilitation and assimilation. (119)

The photos of the unnamed Diné subject that conclude chapter 3 lead naturally into chapter 4's juxtaposition of visual representations of intersex patients that occur in the sexological archives with queer feminist artistic representations of queer embodiment. In the first half of the chapter, Malatino surveys the history of sexological representation that begins with Galenic medicine and comes to full expression in the Kinsey archives. In this tradition, the goal is to map the body in order to discern its true sex. Indeed, on Malatino's account, the mapping of the sexed body through the medico-scientific gaze constructs the notion of a true sex.

This construction of the very idea of a true sex--and the historical contestation over the markers of one's true sex--is most salient in Malatino's analysis of the imagistic representation of late nineteenth-century "hermaphrodite" Eugénie Rémy, and of the disagreement among clinicians of the period over Rémy's sex. Ultimately, the clinicians "agreed to disagree," and their stalemate led to the establishment of gonads as the material determinant of sex. As Malatino, following Alice Dreger, observes, the true material determinant of sex keeps changing. What remains constant is the medical commitment to the twin notions that all people must be one sex or the other and that there must be some objective material marker of which sex people belong to.

Malatino contrasts this containment model of sex and the medical representations that inscribe that model with the queer artistic productions they survey in the second half of the chapter. Where medical sexology seeks to render sex fixed and determinate, the feminist and queer artists and artworks Malatino affectionately surveys--in particular, Volcano's *Herm* series--embrace trans and intersex bodies "in their complex, textured, malleable, and mutating surfaces" (11). In the process, these artists and their works refuse "the notion of a transparent and mappable queer body as source and revelator of gendered truth" (146).

In the final two chapters of *Queer Embodiment*, Malatino shifts the focus from the medical and the aesthetic to the political. Together, the earlier chapters offer a choice between medical taxonomy, order, and fixity on the one hand, and queer excess and creative potential on the other. The last two chapters draw on Foucault, Deleuze and Guattari, and finally Susan Stryker to "sketch out a concept of *queer becoming* as radical political coalition" (12). Malatino's engagement with Foucault, and with Deleuze and Guattari in chapter 5, is careful and perceptive, with many gems for the reader. (Alas, Deleuze and Guattari's notion of microfascism seems especially evergreen.) In the end, though, it is chapter 6's exploration of the metaphors of spatiality and monstrosity that ultimately emerge as ways forward.

Early on in the volume, Malatino quotes Holmes critiquing the representation of intersex people as existing outside of gender. In the final chapter, Malatino urges the reader to push back against the spatial metaphor of inside versus outside. Where is the outside,

Malatino asks? In reply, they urge that nothing and nobody are constitutively *outside*. Regarding trans, intersex, and gender-nonconforming people as outside of sex/gender serves to construct cis people as natural and unconstructed.

Against spatial metaphors, Malatino proffers as a means of denaturalizing sex and gender Stryker's metaphor of the Frankenstein monster talking back to its creator. The monster reminds "those with naturalized privilege to confront that status as a made, constructed--and therefore fragile, contestable, and paranoically defended--phenomenon" (214). For Malatino, queer corporeality construed as autopoietic monstrosity rather than as medical anomaly offers "a powerful means of inventing ways of inhabiting this world differently, within and against racist cishetero supremacy that understands different logics of being, relation, intimacy, and community as signs of tamable, correctable excess" (214).

I described above and highlighted throughout the contrast *Queer Embodiment* draws between medicine/sexology and embodied experience. This contrast plays out not only in the structure of the individual chapters and the arc of the overall argument but also in Malatino's inclusion of an autobiographical prologue and short autobiographical vignettes between the chapters. Together, these autoethnographic texts (what Deleuze might term *subterranean* texts) trace Malatino's own experience, resistance, and growing self-acceptance as an intersex person, in parallel with their development as a scholar.

Malatino's queer Bildungsroman is both intimate and unsparing.

One of the most striking elements of that strand of the book is Malatino's careful documentation of how they first encountered, struggled with, and gradually learned to read thinkers like Fausto-Sterling, Butler, and Monika Wittig:

I puzzled over certain sentences in *Gender Trouble* as if they were Zen koans. . . . I'd be at work behind the coffee shop counter, making an Americano and thinking "Okay, gender is about repeating certain acts. So you do it. It's not something you are; it's something you do." Grind, tamp, lock the group in the group head, commence espresso pour, repeat. (27)

Throughout the autobiographical portions of the volume, the reader is permitted to witness the reciprocal effect of Malatino's intersex experience upon their scholarship and their scholarship upon their intersex experience. The parallel, entangled development of these two aspects of Malatino subtly suggest another way to think about the creative potential of intersex embodiment--that is, queer autopoiesis as the growth of understanding.

It is hard to imagine that a book that aims to do as much as this one does could manage to hold it all together. But Malatino pulls it off. Across a range of methods and subject domains, this book is rigorous, insightful, lively, fascinating, and by turns both heartbreaking and fun. The volume is at once a useful medical humanities resource, a treasure trove of insightful close readings (of both texts and images), and a brilliant synthesis and application of critical theory. It is particularly impressive that Malatino weaves the twin threads at the heart of the volume through all of these fabrics. The book's impressive pluralism supports rather than distracts from the book's core argument that attending to intersex experience helps us to conceive gender as creative instead of

limiting, a conceptual shift that "recognizes the ability of monstrous reclamation to disrupt and denaturalize heterosexist, cissexist, Eurocentric hierarchy" (214). *Queer Embodiment* is an important contribution, and one that belongs in the very canon that shaped Malatino as they tamped coffee grounds and puzzled over gender's koans.