

BOOK REVIEW/COMPTE RENDU

Davis, Georgiann. *Contesting Intersex: The Dubious Diagnosis*. New York and London: New York University Press, 2015. 218 pp., \$28.00 paper (9781479887040)

The goal of *Intersex: The Dubious Diagnosis*, is not entirely clear. Though its declared focus is on the development of intersex activist movements in the United States of America, author Georgiann Davis' neglect of established criticism of DSD – both of its problematic development, and of its dangerous implications in clinical applications – effectively makes for a peculiarly parochial text rather than one meant merely to be geographically specific. It is as though there is no world of thought, no medical profession, nor an activist milieu beyond U.S. borders. For example, the central observation that "...DSD terminology [...] is potentially dangerous to the intersex community," appears first on page 21, but has been made more forcefully in prior scholarship, and by activists around the world (through the Intersex Forum supported by ILGA, and through the largest international network of activists/advocates, OII.). Davis largely neglects these contributions in activism and scholarship.

The American focus promotes a methodological approach that narrows and obscures the significance of the data gathered, explained, and analysed. Hence, for example, a reader new to the field could easily be forgiven for thinking that the Accord Alliance and the ISNA are distinct groups of people when, in fact, the 2008 re-naming of ISNA as Accord Alliance simply shifted the mission and priorities of what the ISNA had become since the adoption of DSD language in 2006 at the urging of ISNA leadership. Access to the Accord Alliance would not actually constitute a broadening of populations surveyed by Davis, and yet this point is rather obfuscated in the description of the purported 5 groups that Davis chose to study.

Few scholars have interviewed as many intersex(ed) people as Davis (N=36); however, Davis' lesser involvement and familiarity with intersex groups that actively focus on human rights has produced a glossing over of important nuances present in activist refusals of pathologization, reducing multiple positions to a simple opposition of views: the adoption of medical nomenclature/rejection of intersex versus the rejection of medical nomenclature/adoption of intersex.

Meager attention to the history leads to an observation on p 78 regarding biological essentialism at play in recommendations for sex assignment that Davis assumes would not be present in a constructivist view of sex/gender. Yet the protocols that John Money developed in the 1950's-1970's promoted the very same surgical approaches now justified using essentialist views *and* DSD terminology.

Undoubtedly, the book offers a contribution in the analysis of interviews with clinicians and surgeons, but beyond demonstrating that the adoption of DSD was a strategic move to maintain medical power in the face of challenges from intersex activists, Davis' conclusions reveal little we did not already know after 20-plus years of critical intersex scholarship and activism. The contribution is, then, more confirmation than revelation.

Resorting to the "biocitizenship" concept to describe the first position is doubly problematic. Neither the author nor those Davis relies upon have grounded their understanding of the root concept "citizenship" in the rich academic conversation surrounding it, creating a standalone concept that departs from oft shared political underpinnings. Davis' focus on liberatory transformation should lead her to align (bio)citizenship with its deeper political reading. However, the first position which Davis privileges has more to do with "bioconsumership", since interests and actions are individualized, or limited inside the institutional frames and rules set by medical professionals.

As for the second position in the opposition Davis sets up, while many who reject medical nomenclature do indeed avoid seeking medical care, it cannot be said they all do. Some reluctantly and strategically use DSD language for access, even though they have issues with it. By omitting these crucial aspects and contrasting these positions with one willing to engage with clinicians, Davis casts pathologization-rejecting intersex(ed) people as responsible for the difficulties they face in obtaining care. Furthermore, by presenting the medical-nomenclature accepting, clinician-engaging intersex(ed) people as biocitizens, she reduces the others to passive thinkers. Yet, it is among this «group» that one finds most activists willing to challenge the medical institution by refusing to abide by its rules and bringing intersex issues onto an international political human rights arena.

Finally, Davis' recommendations for liberatory transformation do not engage the literature by other intersex(ed) people on activism. Not only does this produce a lecturing effect, it also contributes to a privileged recommendation, to "Work with – not for – Doctors" (159). While exerting no constraint over how medical professionals would behave, she urges intersex(ed) people and allies to nonetheless

perform a leap of faith, stating that “Liberatory transformation will also require that medical professionals engage in collective collaboration with intersex people and our families while simultaneously calling for us to be open to collaborating with doctors to promote change” (159). One wonders how intersex(ed) people could achieve “not working for” doctors when the appeal to precisely their power secures final medical decisions. As many intersex(ed) activists report endemic occurrences of disrespect, of minimizing of negative physical and psychological consequences, of dismissal, and of refusal to acknowledge intersex persons’ human rights to integrity and self-determination, Davis’ recommendation seems not only too rosy, but indeed dangerously conciliatory.

As far as the question of who should read this book goes, it is certainly pitched at a level to easily suit a senior undergraduate seminar; however, undergraduate readers are unlikely to have a larger view of the twenty-five year, global history of which this book provides only a geo-temporally local view. Those who will benefit most will be those seeking an account of the attitudes, anxieties and phobias that motivated American patient groups to adopt “DSD” over “intersex”. Whether the dreams of Davis’ research population – to receive better care free of stigma – will be borne out remains an open question, but at least the book lays bare the mechanisms that motivated the change. The stagnation of human rights attention for the intersexed since the 2006 adoption of DSD in the U.S.A. is a powerful reminder that bio consumerism might make patients and families *feel better* while changing little that rangers from the problematic to the abusive for those whose bodies are now marked in the clinical world as “disordered” rather than “intersex”. At 170 pages plus notes, bibliography, and index, this is a slim book offering less than can be reasonably expected in the now established area of critical intersex studies.

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