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Awaiting Middle Ground: Black Feminism, Disability, and Intersex in the
American Biomedical and Literary Imagination

By

Kianna Marie Middleton

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

African American Studies

and the Designated Emphasis

in

Women, Gender, and Sexuality Studies

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

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Abstract

Awaiting Middle Ground: Black Feminism, Disability, and Intersex in the
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by

Kianna Marie Middleton

Doctor of Philosophy in African American Studies
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University of California, Berkeley

Professor Ula Y. Taylor, Chair

Awaiting Middle Ground contributes to Black feminist scholarship with respect to the medicalization of disability, gender, and sexuality in American biomedical and literary discourse. By shifting Disability Studies and African American Studies' attention to sexology archives in the post-World War II era, this project provides a historiography of intersexuality as a racial project that resonates in the contemporary moment. Following the intersex protocols put into motion by sexologist Dr. John Money, I argue that Dr. Money championed patients' narratives that disavowed embodied difference. Essentially, patients' bodies and behaviors were medicalized and regulated toward whiteness, able-bodiedness and able-mindedness, and heterosexuality, and away from Black, disabled, and intersex difference.

Simultaneously, I examine intersex representations and disability metaphors in fiction, including Jeffrey Eugenides' *Middlesex* (2002) and Alexis De Veaux's *Yabo* (2014). I contend that the novels are intersex counternarratives to those produced within American biomedicine in the post-WWII era. I utilize historian Miriam Reumann's notion of "American sexual character" to argue that dimorphic genitals and gender normativity were aspects of an American reinvestment in sexual and racial morality and able-bodiedness and able-mindedness in the face of foreign and domestic adversaries. I attend to the interrelated archives, pathological representations, intersectionality, and alliances between Black, intersex, and disabled people and fictional characters, by joining in on the conversations in Critical Intersex Studies from scholars David A. Rubin, Morgan Holmes, and Hilary Malatino; in Disability and Crip Studies from Robert McRuer and Alison Kafer; and in Black feminist disability studies from Moya Bailey and Sami Schalk.

This interdisciplinary project draws from American medical archives, the history of science and medicine, queer theory, Black feminisms and Feminist Science Studies, and African American literary criticism to offer another interlaced genealogy of Blackness and disability. As an invitation to African American Studies, this dissertation presents a pedagogical and methodological account of other, peripheral, Black bodies and minds.

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This project was written on occupied Ohlone, Arapahoe, and Cheyenne lands of California and Colorado. I would like to give thanks to the land. I learned how to run and how to love running on the Ohlone Greenway in the East Bay. My body and mind will never forget the miles I ran, the warm sun, the way my feet patted away on the pavement, and the prayers I recited while there. This dissertation is for all of us.

Introduction

“I can’t help it. God made me like this, Doctor,” said this young Negro who had been reared as a girl until medically investigated at the age of fifteen. (*Hermaphroditism* 117)

Intersex narratives from the post-World War II era postulated intersexuality as a type of stuckⁱ position in need of medical intervention. As America underwent domestic racial and sexual renovations, advancements in surgical techniques made intersex people claimable domain for moral, social, and racial resignification. However, not all patients’ bodies were *malleable*ⁱⁱ and not all flesh could overturn God’s determination. Black patients, like the patient in the epigraph, were inconsequential and irredeemable under normative intersex protocols (“Spectacles and Scholarship” 773-778). Black patients’ anatomies, mired in racist tropes that configured them as enlarged, elongated, invasive, and dangerous, were unchangeable regardless of the amount of intersex management and recontouring.ⁱⁱⁱ

Beyond the generalized disability metaphors present in medical articles such as “unsightly tissue” or “disfiguring and embarrassing” appendages^{iv} (or lack thereof), intersex patients with actual disabilities faced further stigmatization. Disabilities, including mental distress,^v cognitive or intellectual impairments, and physical disabilities lessened patients’ chances at social, moral, and sexual redemption. Black disabled patients, caught in the loop of unfitness, were narrativized by physicians as intrinsically less moldable. Thus, in practice, the Black patient’s exclamation of “I can’t help it” received a resounding response of ‘we can’t (fully) help you.’ Intersex management was fixated on white mobility and white recuperation that was made possible through a continued investment in racial and sexual dimorphism and separation. This dissertation explores the middle and the future of Blackness, disability, and intersex as patients’ bodies have been collected, forgotten, and even empowered within medical archives, literature, feminist genealogies, and interdisciplinary formations.

Disorders of sex development (DSD), referred to in this dissertation as *intersex*, are the primary focus within *Awaiting Middle Ground*.^{vi} I argue that *intersexualization*, or “the processes of pathologization that goes hand in hand with the construction of intersexuality” (Eckert qtd. in Wilkerson 188), had historically restored the capacity of whiteness to formerly ambiguous intersex patients in the United States. I also contend that the intersex body resided on the outskirts of (full)white identification. Thus, *off-whiteness*,^{vii} which is defined as “ethnicity, poverty, and gendered conceptions of a lack of moral character” (Stubblefield 162), is an attributable label to white intersex outsidership and an interlocutor to

Blackness and disability. Intersex and gender nonnormative bodies presented a fundamental affront to ideologies and mechanisms of biopolitical control mastered by medical professionals in post-WWII America. The ideologies and mechanisms of control were meant to correct, realign, and make invisible and make passable the afflicted white intersex bodies. In contrast, *Awaiting Middle Ground* pauses uncomfortably and disruptively where Blackness, sex difference, and disability converged in medical archives and within literary fiction. I contend that it is only through a thorough examination of racialization and debilitation in intersex management that we will begin to understand the convergent metaphors and material vulnerabilities that pervade popular literature and culture, medicine, and race, gender, and sexuality studies.

The main questions that undergird this project are: (1) How has the American intersexuality narrative developed in the post-World War II era alongside of scientific racism? (2) How has biomedical regulation reinscribed race and disability pathology^{viii} onto nonwhite bodies and minds? (3) How have intersex narratives, written by medical professionals in case files and by contemporary fiction writers, contributed to intersex and disability representation in American culture? (4) How have, in Hilary Malatino's theorizations, Black intersex people resistantly fallen outside of normative intersex narratives?^{ix} Do patient lapses in treatment and downright absences from traditional medical archives tell dynamic stories about patient care and biomedical failure? And lastly, (5) What is at stake in reimagining African American Studies, Disability Studies, and Critical Intersex Studies as genealogically-entwined in our examinations of metaphors and histories of excess and deficiency and criticisms of the future that excludes the "co-constitution"^x of Black, disabled, and intersex bodyminds.

Terminology

The terms I chose for this dissertation blur any stable heteronormative readings of Black sexuality. Instead, I opt for complex understandings of biological sex, gender, and disability. *Disability*, broadly, denotes the resulting identity category impaired people fall under due to systemic ableism and exclusion. Disability theorists have defined models of disability construction that include the *medical*, *social*, and *cultural* models. In this dissertation, I analyze the (bio)medical model of disability that posits impaired bodies (including intersex) and minds—or *bodyminds* as defined by disability theorists Margaret Price and Sami Schalk—are in need of medical intervention and cures.^{xi} The social model also informs my use of disability. I trace how physical, geographic and environmental, institutional, and literary (via metaphor) barriers *disable* and *debilitate* impaired individuals.^{xii} I also utilize the cultural model, which centers disabled individuals' self-perception, self-definition, and "interface with the

environments in which the body is situated” (Adams et al. 9). Disability history in the United States overlaps with racial and sexual construction. I contend that whiteness has under the law, in science and medicine, and in politics come to signify reason, sexual normalcy (including heterosexuality and genital coherence), and able-bodiedness and able-mindedness. Nonwhiteness, particularly Black Americanness, has been associated with mental and emotional deficiency, disability, sexual excess, and hyper-ability (i.e. superhuman tropes).^{xiii} In my investigation of intersexualization, race and disability construction were not only an effect of the “processes of pathologization” but the crux of genital normalization.

I use *mobility* and *immobility*, not to bolster ableist rhetoric, but to explain how both concepts of disability and ability are generated in medicine and literature. I argue that the goal of successful intersex biomedicine was to produce mobile (white) subjects who were afforded economic, geographic, educational, and sexual (ex. marriage) privileges. Unsalvageable Black and disabled patients and fictional characters were narrativized as less mobile or *immobile/immovable*^{xiv} in case files and literary fiction. However, I argue that the patients and characters were and were not truly immobilized. I interpret their moments of agency, resistance, and self-definition as counternarratives to the mobile/immobile binary. I trouble the constructions of normalcy, ability, and whiteness because immobilization was a deliberate strategy separating desirable, fit citizens from unproductive, unfit ones.^{xv}

This dissertation project is not a recovery project aimed at the illusion of Black wholeness. I do not present alternative Black genealogies as an encompassing correction to the historical record; instead, I dig for fissures. Simply put, I am looking in places where we do not expect Black bodyminds or feminist praxis to be possible. I nudge our intellectual attention to the projects, stories, and failings that different spaces cultivate. At the heart of this project is the affirmation of new Black sexual politics and a feminist disability methodology that validates sexual, gendered, and disabled complexity. The late Black feminist June Jordan argued that a new politics must, “insist upon complexity, to insist upon the validity of all the components of social/sexual complexity, to insist upon the equal validity of all of the components of social/sexual complexity” (136). Therefore, complexity is a state of being in this dissertation. I use *coherence* to explore how (re)constructed genitals provided a coherent, ordered, and seemingly promising “functional” adult life for patients (*Lessons* 26). The language displayed in medical literature regarding reproductive health and intersex conditions, as well as psychological theories about gender, gender roles, and sexuality, provide a basis for my discussion of happiness, comfort, and futurity promised with genital realignment. Conversely, I argue that the idea of *incoherence* was attached to sexually- “unfinished,”^{xvi} disabled, and Black bodyminds. I outline my cross-

disciplinary engagement with disability and illness, queerness, and race by embracing incoherence and nonnormative bodyminds.^{xvii} Merriam-Webster's, and I use Webster's intentionally,^{xviii} defines "incoherent" as something that is "lacking orderly continuity, arrangement, or relevance." This definition has led me to theorize about the subjects who have always extended and arranged themselves in a manner that is outside of the realm of "normal" sexual, racial, and able-bodied and able-minded understanding.

Incoherence, aside from being a term that appeals to my queer and anti-normative political alignments, has also been utilized by queer, feminist, and disability scholars to describe disabled and ailing bodyminds. I am concerned with how marginalized bodyminds navigate(d) the world in non-linear, non-normative, and often unintelligible manners and how their differences have historically posed threats to regulatory powers and institutions. Likewise, I argue that some bodyminds have threatened the cohesion of our fields of study. Similarly, the late Black disability theorist Christopher M. Bell argued that, "Too much critical work in African American Studies posits the African American body politic in an ableist (read non-disabled) fashion" (*Blackness and Disability* 3). Thus, as Black queer, trans, and disabled narratives and histories are persistently marginalized within African American Studies, I present this dissertation as a caretaking project.

In the following chapters, I share lengthy quoted passages and extensive content notes in order for patients and fictional characters to speak in full and speak for themselves and to offer a myriad of entrance points into crucial Black, intersex, and disability conversations. I work through a Black feminist disability method that will give new insight into the intersectional relationship between Blackness and disability, our (and my) disidentifications with biomedicine, and the ethical responsibility of critical pedagogy. Intersex people may not show any clothed traces of anatomical incoherence unless one were to view their genitals; yet, we need to address how sex has been regulated in such a way that violence, medical stigma, and ableist rhetoric impact some bodyminds more violently than others (Rubin 121-139).

Chapter Overviews

Chapter one, "'The History that Hurts': American Sexual Character, Race, and Disability Pathology" examines the modern father of intersex medicine, Dr. John Money's, archived media clippings (news articles and magazine interviews) and 1952 dissertation. The primary sources utilized in this chapter are housed at the *Kinsey Institute for Research in Sex, Gender, and Reproduction* at Indiana University. I argue that Dr. Money's racial ideology, on full display in these materials, contributed to historian Miriam Reumann's concept of *American sexual character*. American sexual character in the post-WWII era signified the

embodiment of the democratic traits of upstanding moral, sexual, and racial character. To Reumann's contention, I add dimorphic genitalia, able-bodiedness, and able-mindedness to the sphere of sexual "goodness" the United States perpetuated in the face of perceived foreign and domestic threats to democracy. Dr. Money's characterizations of Black intersex and disabled patients demonstrate how he refashioned (white) intersex life into a mobile citizenry. I close the chapter by contemplating Sara Ahmed's concept of the *feminist killjoy* in *The Promise of Happiness*. I claim that Dr. Money's intersex management restored corporeal and mental capacity and "the promise of happiness" to post-surgical, white, heteronormative bodies. I modify Ahmed's feminist killjoy to the Black and disabled *genital killjoy* that threatened the repaired image of white, happy, and passable intersex people.

In chapter two, "'An Archeology of Living Memory': Intersex Archives, the Erotic, and Crip-of-Color Methodologies," I argue for the usefulness of disability methodologies in Critical Intersex and Queer Studies. I review *crip theory* and *crip-of-color critique*, placing Audre Lorde's erotic at the epicenter. I argue that the erotic, a form of crip power, hastens relational connections between disabled, ill, and intersex subjects. Lorde's attention to complicated notions of feeling and one's capacity for joy reveal the poetic dimension of crip methodology. Likewise, I consider feminist of color and queer storytelling in Eli Clare's *Exile and Pride* and Gloria Anzaldúa's *Borderlands/La Frontera: The New Mestiza* for representations of intersex and gender transgressive bodyminds and theory. I argue that both pieces of literature are indicative of deeper intersex genealogies within feminist of color and queer epistemologies. Lastly, the chapter ends with disability theorists Sami Schalk, Jina B. Kim, and Julie Avril Minich's claim that Critical Disability Studies *is* methodology and pedagogy.^{xix} I present a crip teaching philosophy rooted in desire, melancholia, and what Robert McRuer refers to as a "loss of composure,"^{xx} as ways out and through our bodyminds and ableism is the classroom.

In chapter three, "'The Artifacts of Stories': Black Feminist Disability Studies and Intersex Temporality in Alexis De Veaux's *Yabo* and Dr. John Money's 'Two Cases of Hyperadrenocortical Hermaphroditism,'" I formulate "intersex time" as the heteronormative temporality associated with intersex recovery (i.e. post-surgical gender normativity). I discuss intersex time in conversation with disability theorist Ellen Samuels and disability activist and performance theorist Petra Kuppers definitions of crip time. Ultimately, I contend *Yabo* and "Two Cases" are exemplary counternarratives to Dr. Money's intersex philosophy and they are poised examples of living through^{xxi} crip time. *Yabo*, a 2014 fictional novella chronicling Black intimacy, begins with the lightest grasp of human connection present in the space of the Middle Passage and moves to the

narrative of Jules, a mixed-race intersex person. De Veaux's work hinges on the discomfort of Black unknowability, the opaque relationship between sex, gender and disability, and the heartbreaking beauty of transgressive Blackness. In "Two Cases," Dr. Money narrativizes the studies of two Black intersex children who were also "electively mute." Though Dr. Money appeared to want to rid the patients of both their intersex ambiguity and speech disabilities, I argue that the patients' speech, silence, and artistic communication with Dr. Money's clinical team rebutted intersex time and Dr. Money's entwined disability/intersex etiology. Indebted to Black lesbian feminism and African American literary criticism, I posit *Yabo* and "Two Cases" as producing call and response^{xxii} storytelling that not only asks of us to give attention to and care for Black intersex and disabled people, but to respond by naming a space and time in which fictional characters and real people exist on more than merely the periphery.

In chapter four, "Blackened Vulnerabilities and Narrative Mobility in Jeffrey Eugenides' *Middlesex*," I analyze Jeffrey Eugenides' 2002 Pulitzer Prize-winning epic novel *Middlesex* through a Black feminist disability analytic that explores the power and vulnerability of Black and disability metaphors and what disability theorists David Mitchell and Sharon Snyder term "narrative prosthesis" ("Narrative Prosthesis" 222-235). Eugenides brought critical attention to intersexuality by way of the fictionalized account of a third-generation Greek man named Cal, his historical remembrance of his female-assigned childhood as Calliope, whom he lovingly refers to as a "speech impediment," his intersex discovery, and his Greek grandparents long incestuous immigrant love story. The novel's setting spans decades in Detroit, Michigan and the surrounding suburbs. Cal's confusing pre-teen and teenage years come to a head in the summer of 1967 as the Detroit uprisings background his white masculine and able-bodied becoming. Cal's retelling of racial violence, isolation, and abnormality enables and melds sex and gender dis-order to Blackness and disability contamination rhetoric.^{xxiii} I argue that Cal's flight from home and embodiment of American sexual character are representative of Eugenides' mobile, fluid white subject that leaves behind immovable Black, Blackened, and disabled characters, locations, and familial genealogies. In all, I mount a critical investigation into the theoretical forgetting of disability in our conversations about race and within Black/African American Studies and the elision of race from Disability and Illness Studies. I contend, that in the interstice, Black feminist disability work is a rejoinder.

In the conclusion, "Remembering Honest Bodyminds: Seeking a Black Feminist Disability Love-Politics," I open up Jennifer Nash's notion of "Black feminist love-politics" in *Black Feminism Reimagined* and Patricia Hill Collins' "honest body" crucial to a new Black sexual politics introduced in Collins' *Black Sexual Politics*. *Honest bodyminds*, I contend, put into practice a Black feminist

love-politics built on “mutual vulnerability,” non-ownership, and caretaking. I challenge Dr. Money’s classification of an intersex patient’s body as an “insult of a body that grew...”^{xxiv} and call forward other insulting bodies and killjoys. I end the dissertation pondering Black collective memory, the processes of disremembrance at play when Black intersex and disabled people slip out of our collecting propensities, and I question if it is possible to remember remembering differently.

Conclusion and Scholarly Contribution

Matt Richardson laments in *The Queer Limit of Black Memory: Black Lesbian Literature and Irresolution* that the deaths of Black queer people:

[W]hen disremembered, Black queers become unrecognizable as part of Blackness and disqualified from collective grieving. To be unrecognizable as Black opens up a process of disrecognition, the transformation of Black queers into not being Black after all. (160)

The academy demands bodyminds. We become bridges linking our amputated breasts, our poisonous blood, our rotting ovaries, and our trauma-filled minds. The neoliberal academy has been and continues to be interested in the commodification of Black bodyminds, narratives, and survival strategies. Thus, this project follows the rigorous yet daring legacy of women of color feminists, mainly lesbian and queer women, whose art and theory work in tandem and against exploitation. Additionally, this project offers counter-readings of Blackness that include the recognition and reimagination of Black bodyminds across time. I work from the viewpoint that Disability Studies is in need of its own critical self-reflection in regard to the invisibility of Blackness in its daily institutional life.^{xxv} Likewise, I argue, in concordance with Christopher M. Bell, Moya Bailey, and Sami Schalk, that African American Studies needs to seriously include the dynamic of Black life that disability, intersex, and illness make and have made possible. Finally, in reverence to third world feminisms, I write with the potential to improve somebody’s life, to add to the complexity of Black life, and to extend scholarship that cares for vulnerable Black bodyminds, including my own.

NOTES

ⁱ. *Animacies* 115.

ⁱⁱ. Suzanne Kessler, in *Lessons from the Intersexed*, explains, “Gender and children are *malleable*: psychology and medicine are the tools to transform them. This

theory is so strongly endorsed that it has taken on the character of gospel” (*Lessons* 15, italics mine).

iii. For more portrayals of Black genitals in American biomedicine and popular culture See “Misogynoir” 10; “Spectacles and Scholarship” 770; “Situating Bio-Logic” 90; Garland-Thomson 70-77; Snorton 18-20.

iv. Crawford & Unger 182.

v. I follow Michelle Jarman’s uses the term *mental distress* instead of mental illness. She uses mental distress “to destabilize the dominant medical/psychiatric discourses around mental illness, which frame the experience in terms of “individual pathology” or “disorder,” I often refer to mental distress, which attempts to challenge the static nature illness diagnoses tend to impose” (“Coming Up from Underground” 11).

vi. Since 2006, medicine has shifted the language around ambiguous genitalia from “Hermaphrodite” to “Intersex” to “Disorders of Sex Development” (DSD) (Feder & Karkazis 33-36). “Intersex” has become a politically empowering term by intersex activists and individuals. And I agree. I will only use “DSD” to critique the language or “hermaphrodite” if it is a quotation. I will not label ambiguous bodies as disordered or hermaphroditic. I empower the term “incoherent” as a positive or otherwise indifferent term.

vii. For more on “off-whiteness” see Stubblefield.

viii. Garland-Thomson 28.

ix. Much of my theorizing is in conversation with Hilary Malatino’s groundwork in “Gone, Missing: Queering and Racializing Absence in Trans & Intersex Archives.”

x. Markowitz qtd. in Rubin 122.

xi. See *Bodyminds Reimagined* 1-31; Price 268-84.

xii. Moreover, Rosemarie Garland-Thomson argues, “Disability, then, is the attribution of corporeal deviance—not so much a property of bodies as a product of cultural rules about what bodies should be or do” (6).

xiii. Importantly, Liat Ben-Moshe and Sandy Magaña contend that “Disability studies and disability culture also, therefore, aim at breaking down the perception of disability as personal tragedy, pathology, or deficiency” (106). To this, disability studies work should also aim to interrogate the intersections of race and sex.

xiv. McKittrick & Woods 3.

xv. I discuss fitness/unfitness further in chapter one.

xvi. “Sex of Newly-Born Child Not Always Obvious at Birth.”

xvii. I include disability theory that elides direct conversation with race although my main focus is intersectional disability theories. For example, the groundbreaking work from scholar Lennard J. Davis will be highly utilized.

- xviii. This is a reference to the chapter “Looking Myself Up in Webster’s” from Jeffrey Eugenides’ *Middlesex*.
- xix. “Critical Disability”; Minich; Kim.
- xx. See “Composing Bodies” 47-78.
- xxi. For more on the idea of “living through” illness and crip time see *Animacies* 20.
- xxii. For more on *call and response discourse* in African American fiction, see Callahan; *Black Feminist Thought* 269-290; “Mama’s Got the Blues” 42-65; Hill et al.
- xxiii. For more on Blackness and contamination see *Animacies* 180-185.
- xxiv. Lyons 4.
- xxv. “Introducing White Disability Studies” 275-282.

Chapter One: “The History that Hurts”: American Sexual Character, Race, and Disability Pathology

The word *monster* shares the root with *demonstrate*, the *monstrous* is that which portends. The ancient reaction to “monsters” was to kill the messenger. The more recent reaction has been to paint the anatomically unusual person as unfortunate, in need of paternalistic care. (“Jarring Bodies” 170-171)

Introduction: Toward a Feminist Praxis of “Corrective Surgery”

This dissertation falls between what Saidiya Hartman articulates as “the history that hurts—the still-unfolding narrative of captivity, dispossession, and domination that enters the black subject in the Americas” (*Scenes of Subjection* 51) and the corrective praxis that Black feminist disability studies tenders. In this first chapter, I analyze the work of Dr. John Money in order to argue that intersex management was an extension of white sexual citizenship in Post-WWII America, which resulted in a rhetorical immobilization of Blackness and Black bodiesⁱ that were and still are, in Hartman’s words, ‘tethered, bound, and oppressed’ (5). Because intersex archives are spaces or ““sites” of disability” (Davidson qtd. in Tyler 190), where disability, mental and physical, and Blackness are produced, I argue the archives capture and continue the antebellum race-making project Hartman suggests.

Intersex management or *intersexualization*,ⁱⁱ the biomedical process that realigned ambiguous bodies through surgical and psychosexual intervention implemented by medical professionals, restored normative notions of self-composure, self-ownership, and, what I discuss further in chapter three, a sense of “coherent linear selfhood” (“Consent, Capacity” 221) to intersex patients. This chapter argues that the rehabilitated intersex body was made possible through jettisoning Blackness and impairment.ⁱⁱⁱ Disability historian Douglas Baynton states that it is “only disability [that] might lower a white person in the scale of life to the level of being a marked race” (Baynton 21). Thus, ambiguous genitalia as bodily deformation and metaphorical impediment placed intersex patients in a precariously-disabled and off-white position.^{iv} However, the surgical advancements of the 1940s-1950s, prevented or revised, in many cases, the “lowering” Baynton discusses.^v Yet, within the sources I encountered, cognitive differences (referred to as “low I.Q.” amongst other names) and nonwhiteness were intimately bound (Baynton 20; Annamma et al. 2). Following Baynton’s concept of disability as “lowering,” I canvased Dr. Money’s cases, personal interviews, and news articles collated at the *Kinsey Institute* as evidence and illustration of

dehumanization. Additionally, I examined Dr. Money's racial ideologies made available through the limited written recordings and informal conversations of Black intersex patients and Black sexualities and 'lifestyles' that were enthralling to Dr. Money but were anchored to an American history of dispossession, debilitation, and death (Schuller 2; *Animacies* 42-43).

In part three of this chapter, Black intersex patient narratives emerge against Dr. Money's post-WWII intersex project that promoted individual responsibility, able-bodiedness and able-mindedness, and mobility. I argue that intersexualization is a parallel genealogy and necessary intervention point in the history of Black social and sexual citizenship.^{vi} Accordingly, Black disability theorist Dennis Tyler argues that African American Studies and Disability Studies are "equipped to facilitate examinations of the shared genealogy of blackness and disability and to articulate how bodies designated as deviant have been disqualified historically from national belonging and social participation" (199). In kind, DisCrit scholars, who theorize Critical Race Theory and Disability Studies as an interlocking framework, also share a mutual interest in "ways that race and ability shape ideas about citizenship and belonging" (16). Thus, I contribute a specialized reading of intersex archives that does not stray from the deep imbrication of race, sex, dis/ability, and nation articulated by scholars of disability and race.

I prioritize Dr. Money's public statements about race, intersexuality, disability, and childhood gender and sexuality formation. Additionally, I provide a brief historiography of intersexualization in America. Dr. Money's plain-stated language and political leanings are discernible through his casual, accessible language found in newspaper articles and magazine interviews. These sources differ from the technical writing and circulation of clinical work published in medical journals, medical school lectures, and textbooks (*Lessons* 9). I engage over 40 news articles and interviews spanning the 1950s-1990s and 59 intersex cases published in Money's doctoral dissertation to provide a concentrated reading of his contributions to what historian Miriam Reumann names as *American sexual character*.

In *American Sexual Character: Sex, Gender, and National Identity in the Kinsey Reports*, Reumann defines sexual character as the "sexual patterns and attitudes that were understood as uniquely American—between the close of World War II and the early 1960s" (2). I contend that the concept of *gender*, coined by Dr. Money in the early-1950s, and his "optimal gender paradigm,"^{vii} through which gender nonnormative intersex children were molded into productive, normative subjects, are definitive of Reumann's "patterns and attitudes" and "the negotiation of a host of sexual possibilities" (3). Regrettably, Reumann's text bypasses the changing domestic racial dynamics in favor of international threats, thereby diminishing American sexual character's racial tilt.

Although Reumann explains that one's upstanding character was proof of inclusion into an American citizenry, I argue that whiteness, heterosexuality, and able-bodiedness and able-mindedness defined and still define American sexual character.^{viii} She contends that character was "usually understood as sobriety, commitment to labor, upward economic and social mobility, and dedication to both family and civic duty" (Reumann 7). Thus, I demonstrate that Dr. Money's biomedical duty or "services to all humanity" ("Jarring Bodies" 169) were enacted through the success stories of patients. Contemporaneously, I document that Black and disabled subjects quite literally did not fit into the nation and were therefore *unfit* and unworthy of the full privileges^{ix} of American citizenship (Baynton 17; Schuller 13).

Within a limited sample from American intersex archives, I submit this chapter as an introduction and invitation into American biomedical discourse. I argue that intersexuality, across time, is a race and ability project and that African American Studies should develop a symbiotic relationship with Critical Intersex Studies and Disability Studies.^x Furthermore, I attend to what Lennard J. Davis has suggested of disability-related research and writing, in that "...I would like to focus not so much on the construction of disability as on the construction of normalcy" ("Normality" 1). Therefore, I shift focus from interrogating *embodied difference* itself. Instead I spotlight the concept and construction of normalcy^{xi} by which citizenship, sexuality, and biopolitical maneuvering took form. Because intersex management created "a dominating, hegemonic vision of what the human body should be" ("Normality" 5), or what the human body "ought to have been,"^{xii} patients' bodies and Dr. Money's vision were both symbols of American ingenuity and progress in the face of the materiality and metaphor of disability (Rubin 31).

Lastly, I mine intersex archives as yet another genealogical location for Black Disability Studies. I affirm that Black feminist thought carries the spirit and poetics^{xiii} of translation and relation needed to animate Critical Intersex Studies, Disability Studies, and African American Studies. Both anger and hope that is derived from the psychic abuses and resilient imagination of marginalized communities drive this project's theories and pedagogies. I introduce Audre Lorde's uses of anger as a disidentified biomedical stance and "corrective surgery" to that of Money's corrective surgeries, insisting that both surgeries frame intersex history and Black feminist disability criticism.^{xiv} In "The Uses of Anger" Lorde avers, "My anger and your attendant fears are spotlights that can be used for growth in the same way I have used learning to express anger for my growth. But for corrective surgery, not guilt. Guilt and defensiveness are bricks in a wall against which we all flounder; they serve none of our futures" (*Sister Outsider* 124). Vitally, this project is not an indictment of any individuals' decisions about their bodies nor will I argue that Dr. Money's prescriptions were *wholly* unhelpful,

harmful, or unnecessary, though I include criticisms that claim otherwise. I disidentify with his work and with biomedicine generally. And if I am to make something new of his legacy, as a John Money Fellow at the Kinsey Institute, then my stirred-up anger, guilt, and defensiveness place this project upon middle ground.

Part One: Historiography: Intersex in American Culture

Waking Nightmare: Ambiguous Genitalia and Legal Retribution in Colonial America

In *Bodies in Doubt: An American History of Intersex*, historian Elizabeth Reis utilizes the word “monstrous” to describe intersex bodies in colonial America. “Monstrous” however, covered a wide range of “birth anomalies” that otherwise had no explanation outside of the realm of the mythologically-monstrous and medically unexplainable (*Bodies in Doubt* 3, 23). Within colonial America intersex was a haunting presence. Critical Intersex Studies theorist Hilary Malatino argues that the creation of social monsters:

provide[d] an affront not only to civil law, but to what were taken as cosmological laws, laws of nature regarding not only the ‘proper’ constitution of the human but, by implication, the taxonomic systems which effectively ordered the early modern world, reaching their apotheosis in the realm of eighteenth century ‘natural history’. (“Situating Bio-Logic” 75)

Monstrous intersex bodies^{xv} threatened to undermine everything internal to and external to the social world. Traces of visible difference brought profound discomfort to society’s belief in biological sexual stability. We can therefore understand what Michel Foucault meant by the ‘production of sexuality,’ as a historically-contingent construct and power network through which bodies retained meaning and domination (*The History of Sexuality* 105-106). Intersex bodies were made and regulated as social, ideological, anatomical, and spiritual threats.

Legally, as Reis explains, the discovery of ambiguous genitalia and often-coinciding reproductive infertility or impotence was a basis for lawsuit and divorce (*Bodies in Doubt* 8). One’s inability to sexually perform as man or woman was of public concern in these cases. Legal recourse and state documentation prevented deviant people from passing themselves off as healthy, useful, citizens and likewise prevented their participation in private and public life. For example, Reis notes that some intersex individuals, like Thomasine Hall, became public spectacles who were deliberately visible to deter sex transgression (“Impossible Hermaphrodites” 419). Reis states:

Charges of impotence provoked physical examination of the impugned husbands. Some such colonial cases revealed what we might today consider intersex conditions, exposing not only the husband's failure to perform sexually but also his physical anomaly. (*Bodies in Doubt* 8)

The law served as a documenter of intersex classification through failed marriages. This linked marital discontent to the potential of sexual “anomaly” in such a way that the presence or potentiality of anatomical ambiguity was incompatible with—and therefore foreclosed—marriage, family life, and by extension, happiness. Moreover, the law reprimanded racial and sexual trespasses via miscegenation statutes. On the state's regulation of race and sexuality, Hartman asserts:

The materiality of racism as a technique of power, and not simply racism as “ideology,” is what I am trying to underline in this discussion of miscegenation. In this case, what is remarkable is the extended web of state and civil institutions acting concertedly to maintain the purity of family and nation. After all, miscegenation was an aberrant and unlawful behavior targeted by the normalizing practices and regulatory efforts of the state. As it constituted a threat to the health and morality of the population, the resources of the state were dedicated to its prevention and punishment. This entailed the codification of race, the securing of property, sexual and gender prescriptions, and the regulation of individuals and populations. (*Scenes of Subjection* 186)

Thus, race purity and gender and sexual normativity have been entwined coercions defining American citizenship, health and disability, and as Hartman states, *morality*.

Even as intersexuality existed across all racial and ethnic populations, it threatened the operation, domination, and definitive nature of whiteness. Allegorically, *to cut away* intersex ambiguity was to also reinforce racial lines and hierarchies through the same techniques of power. I argue that Black lynching and surgical castration, also referred to as “unsexing”^{xvi} for punishment of sexual crimes, were relational site of racial and sexual reprimand that problematized genital excess (Stein 243; Wells-Barnett 1899). For example, historian Melissa Stein writes:

Because numerous influential physicians saw the foreskin as sexually stimulating, they believed men's moral character could be improved

through modification to the genitals, and if this relatively minor medical intervention could control the sexual impulses of otherwise civilized men, they reasoned, by extension the more drastic surgical castration could curtail sexual aggression among the most savage. (219)

For the sake of the nation, then, surgical castration was a moral and eugenic responsibility. As Black subjects were marked as uncivilized and therefore unable to be assimilated, unmanaged reproductive possibility posed a threat to the national body. More precisely, it was Black male genitalia primarily that needed to be regulated under state forces. In the following subsection, I discuss Black genitalia and fleshy excess. Black men and women were stereotyped as uncontrollably virilized, which in turn, suggests a peculiar relationship between embodied Blackness and intersex ambiguity. Thus, the medicalization of race, sex, disability converged through intersex regulation to define Blackness, disability, and intersexuality as fundamentally disruptive, non-reproductive, unassimilable, and even unhappy.

But ambiguous genitalia were not the only source of aberrancy in colonial America. Reis contends that other “anomalies” were traced to “maternal imagination” (*Bodies in Doubt* 5) and mental instability. Maternal love bore great importance in the national discourse. The creation of healthy, dimorphically-sexed, non-disabled, white citizens was a responsibility placed upon middle-class white women. Hence, Anna Stubblefield argues, “white women did have a contribution to make to the supremacy of the white race: bearing and nurturing children who, if they were male, would contribute to the progress of humanity; and, if they were female, would become good mothers” (Stubblefield 176). In other words, the moral *goodness* of society depended upon economically-privileged white women’s ability to nurture healthy future citizens. Unhealthy adults were sexually-immoral, homosexual, intersexed, criminal, and mentally ill (Meyerowitz 168-196; Reumann 36; Vicedo 27-69).

As well, Elizabeth Sheehan argues that unhealthy white adults were assumed to be products of maternal failure and emotional malnourishment.^{xvii} She explains, “Any malaise or symptom which could not be accounted for by a clearly physical cause was attributed to an *emotional* one, brought about by a tendency toward promiscuity, nymphomania, or masturbation” (44). Yet, maternal love was an exclusive, nation-building practice. White middle-class women were imbued as trusted sources of proper mothering practices, while Black women were positioned as intrinsically pathological. Equally, indigenous women experienced the reprimand of white maternalism through systematic practices of child removal through various Indian child welfare acts worldwide.^{xviii}

Body Lies and Bad Manners: Sex Ambiguity as Intentional Deceit through the Turn of the Century

Medicine in the early 1900s brought forth the reproductive sciences, particularly endocrinology, the study of hormones. Medical humanities scholar Bernice Hausman argues that, “endocrinology thus participates in a medical vision that privileges an ideally functioning body, harmoniously regulated by a system of internal secretions (the hormones)” (283). Endocrinological approaches to the body have created and maintained ideas of normalcy and aberrancy that were thought to be obviously discernable in the flesh. However, the “ideally functioning body” was subjective, for all bodies contain so-labeled “male” and “female” hormones. Consequently, within intersex management, hormone control privileged cohesive, able-bodied, and gender normative ideals that matched genital realignment. In part two of this chapter, I discuss the norm as a leading ideology in intersex surgery.

Though intersex persons rarely visited physicians at the turn of the century, gender historian Geertje Mak notes that when physicians discovered visible and/or internal signs of multiple or ambiguous genitalia, patients were held responsible for disclosing their newly discovered bodily *truth(s)* (335, 342-347). Some physicians dubbed themselves public servants because they aligned bodies with whatever truth(s) circulated at the time. In general, psychologist Suzanne Kessler in *Lessons from the Intersexed*, argues that physicians, “make decisions about gender on the basis of shared cultural values that are unstated, perhaps even unconscious, and therefore considered objective rather than subjective” (*Lessons* 25). At the turn of the century, cultural values were pervasive. For example, in 1893 French physician François Guérmonprez, upon feeling an internal testicle in his adult female patient, proceeded to re-identify her as male. She refused his diagnosis (Mak 338). Nevertheless, Mak explains that in the patient’s case:

Legally, it would not be sufficient to *be* male, Guérmonprez asserted; she would also have to be able to *function* as such. Otherwise, she would deceive the wife involved. Here, the moral measure clearly was not related to an allegedly false sex, but to the potential harm caused to others by an insufficiently functioning true sex. (348)

Guérmonprez communicated to his patient that she had a personal responsibility to use her body appropriately and to abstain from marriage and intercourse in order to not deceive men. Equally, she had a *civic duty* to not pollute the national body with her multiple sexual pathologies. Medical humanities historian Alice Dourmat Dreger, in *Hermaphrodites and the Medical Invention of Sex*, presents a similar case. A young married woman named Sophie

visited her physician with sexual concerns. The physician classified Sophie as male after discovering testicles. Dreger explains, “In [Dr] Michaux’s mind, of course, the issue was not one of becoming a man. Sophie’s anatomy—from the doctor’s perspective, most especially her testicles indicated that she was already a man and had always been one. This frustrating “good woman” simply refused to accept *fleshy truth*” (*Medical Invention of Sex* 3, italics mine). For Sophie to refuse this supposed fleshy truth, as she did, was to pose an unimaginable defiance to scientific *fact*. Intersex individuals’ behavior and lived experiences were not significant enough to counter the body’s undeniable evidence, at least in the eyes of medical professionals and scientists.

In other cases, when intersex people were reported to have used their bodies in entertainment realms, they were seen as deceitful, immoral, and oddly, a source of humor for medical professionals (Young 136). I argue that bodily righteousness and one’s ability to be a morally-upright citizen depended upon the *body-as-proof*. Christina Matta writes that some physicians felt that intersexuality “could lead to moral and social degradation and, if left unattended, could lead “to the ruin of character and peace of mind”” (Matta 77). This, I argue, is one moment where an idea of an embodied American sexual character took shape. I base part of my conclusion on historian Nancy Leys Stepan’s argument in “Race, Gender, Science and Citizenship.” Stepan claims, “...that the history of embodiment must be seen as part of the story of citizenship and its limits” (Stepan 30). Put simply, as much as scientists claimed that race and gender could be determined in the flesh, citizenship was also believed to be a fleshy embodiment. One not only performed citizenship through a number of civic repetitions, but one’s body itself, if aligned correctly in sexual, racial, and able-bodied and able-minded coherence, *was* citizenship. Every incoherent body was, at some level, necessarily antithetical to the nation and fraudulent in its claims to citizenship.

While fraud and deceit have their own places and moments within American biomedicine, “sexual fraud” has medieval roots. Historians of science Lorraine Daston and Katherine Park clarify:

It was not that legal proceedings on sexual matters had become newly medicalized; doctors had been consulted in cases of sexual incapacity or suspected adultery from at least the thirteenth century. Nor was it true that medical claims to pronounce upon the “natural” carried more authority than mere legal conventions; both medicine and the law were custodians of the natural during this period...Rather, it was the fear of *sexual fraud* and malfeasance surrounding all forms of sexual ambiguity that disqualified the hermaphrodite’s own testimony and

demanded that of doctors, surgeons, and midwives instead. (426, italics mine)

Intersex subjects were disqualified from legal or medical authority and corporeal autonomy. Surgical intervention stood as a solution to maladjusted and fraudulently-composed intersex bodies. In 1926, British surgeon Arthur Edmunds argued that genital surgery served a social good for his patients, citing that their ‘happiness’ and marriageability were at stake (*Bodies in Doubt* 86). Thus, surgery, particularly on younger patients and children, served an immediate and future social good (*Lessons* 29). Like Dr. Guermontez’s patient, Dr. Edmunds also based his medical diagnosis, in part, on his moral convictions. Moral appropriateness, likewise, figured into the drive towards sexual cohesiveness. Some physicians felt it was their moral imperative to correctly sex their patients even at their patients’ disagreement. Their biomedical reasonings aligned with advancements and legitimacy of the reproductive sciences at the time. Historian of science Adele Clarke argues that the medical period beginning in 1910 and ending in 1963 was one that was invested in moving “toward achieving and/or enhancing *control over reproduction*” (9-10, emphasis Clarke’s). Thus, intersex management has been produced and reproduced under scientific authority interested in managing “reproduction itself” (Clarke 8).

Furthermore, failure to correct intersex ambiguity also heightened racial anxiety, passing, and same-sex desire. Intersexuality blurred the seemingly stable lines between categories of race, sex, and sexuality. Reis claims, “two related cultural preoccupations colored the anxiety about hermaphrodites in the period of the new republic: worries about racial instability and concerns about deception and fraud” (*Bodies in Doubt* 24). Scientific racism served to define and expose racial and sexual pathologies as society looked for answers. Racial scientists were as much interested in the raced body as they were the *sexed* body (Stein 17). As Reis explains, “Entrenched in discussions of biology and race were suspicions that African Americans were disproportionately affected by genital anomalies, especially elongated penises and enlarged clitorises and labia” (*Bodies in Doubt* 39). Not surprisingly, the enlarged clitoris specifically was believed to promote lesbianism, female masculinity, and interracial sex intercourse (*Bodies in Doubt* 18).

The clitoris was, and arguably still is, managed similarly to the assumed female bodies it is attached to. Astutely, Kessler questions, “why is the presence of the clitoris only desirable if it maintains a satisfactory appearance (whatever that is) and does not interfere” (*Lessons* 37)? Accordingly, abnormal clitoral descriptions and imaginings in American culture have followed greater anxieties about nonwhite bodies. Historian and bioethicist Sarah Rodriguez contends that,

“over the course of the last 150 years, physicians performed...clitoral surgeries to maintain or conform to the sexual behavior deemed culturally appropriate for women...each [surgery] occurred with the underlying goal of directing female sexual behavior to married, heterosexual, vaginal intercourse” (3, emphasis mine). Hence, the ideal of female sexuality was in its very definition exclusionary. Women of color and off-white women have had to assert non-pathologized sexualities in the face of colonial, Victorian, and feminist renderings of pure womanhood.^{xix}

Consequently, pure womanhood dictated an idealized, “delicate,” genital form (Schuller 120-122). Dr. Young presented a patient, “female number eleven’s,” excitement at having idealized genitals via intersex corrective surgery. He reported, “The patient left the hospital *greatly pleased* at having a vagina and no penis-like clitoris” (130, emphasis mine). That patient’s happiness,^{xx} or pleasure at no longer having a ‘penis-like’ vagina, meant that perhaps having a “vagina-like vagina” was to not only move away from sex indeterminacy, ambiguity, and disability, but was to move *toward* whiteness, coherence, and female purity.^{xxi}

Yet, as I argue that intersex philosophies are racialized and racist, Black intersexuals are strikingly absent from much of formal medical documentation. One of the places Black patients become highly visible is within studies about queer(ed) female sexuality and hypertrophied genitals (Otis 113; Somerville 29-38; Gilman 83; “Situating Bio-Logics” 90; *Lessons* 113).^{xxii} I would hasten to suggest that as fears of Black male rapists were a prominent anxiety in American social and judicial discourse, Black women’s stereotyped virilization and enlarged genitalia were likewise treated a threatening to white women’s purity, though this anxiety is less discussed in historiographies that trace both (inter)racial and same-sex desire.^{xxiii}

Between Medicine and Psychology: ‘Better’ Sex and Public Good in the 1940s-1950s

Throughout the 1940s-1950s, steeped into biomedical rhetoric were changing notions of sexual betterment, or simply, the belief in coherent genitalia as a personal and civic achievement. In the 1940s, The Johns Hopkins Endocrinology Clinic coined their definition of ‘better’ sex and public responsibility. Historian of science Sandra Eder asserts that, “the clinical decision was not to find the true sex of the patient, but to choose the ‘better’ one, the one that allowed the child to grow up without conflict” (Eder 73). Biomedicine’s application was future-oriented. Physician’s hopes for “happy endings” (Reis qtd. in “Spectacles and Scholarship” 774) were granted through the triumphs of resolved “conflict” between body, mind, and social expectations. As intersex management was a process from

childhood onward, biomedicine had to be able to pronounce happiness through social intervention. Eder continues:

The implicit goal of a patient's long-term treatment was to ensure social adjustment according to the social norms of the time; at times it became a strange pursuit of happiness where becoming healthy was substituted with being happy and normal enough, passing as one's assigned sex and erasing all visible difference, even those which were not sex-specific, such as height. (75)

This "strange pursuit of happiness" led to many cases of intersex correction that made genitals *look* dimorphic but the surgeries were undertaken with great damage to the patients' bodies and psyches. Kessler explains, "the ultimate proof to the physicians that they intervened appropriately and gave the intersexed infant the correct gender assignment is that the reconstructed genitals look normal and function normally in adulthood" (*Lessons* 26). However, intersex adults who were patients during the 1940s-1950s overwhelmingly spoke out against^{xxiv} the 'functionality' and/or 'happiness' their 'reconstructed' or damaged genitals have caused them.

Equally, psychological well-being and gender reprogramming were part of the classification of *good health*. In *Against Health* sociologists Jonathan Metzl and Anna Kirkland define good health as "a desired state, but it is also a prescribed state and an ideological position" (1-2). Consequently, white sexual health was redefined as a public concern. Reumann expands:

As sex became viewed as a key to civic as well as personal identity, social scientists and mental health professionals argued that specific forms of sexual behavior either contributed to or endangered the health of the individual, one's familial and social relationships, and the body politic and were thus constitutive of the national character. (8)

Therefore, sexual coherence was a public good and form of national security. Dr. Money's *gender role theory*,^{xxv} popularized in the 1950s, followed suit. Though Dr. Money turned to social, psychological, and behavioral modifications instead of solely surgical ones for infant intersex patients, his theory hinged upon an American notion of happiness. Gender, a concept he utilized to close the gap between observable sex saliency and belief in sex stability, became a canvas wherein intersexuality was positioned as abnormal (Rubin 30-40).

American character, as an exclusive performance of nationalism, drove physicians and psychologists to reiterate happiness and self-betterment through the

combination of surgical and gender-reorienting practices. I argue that happiness was not meant solely for the intersex person. Their coherence affected society and foreclosed others' happiness when not managed appropriately. I do not propose that all medical professionals explicitly used the word "happiness" to describe their practices, though many did. Intersexualization's darker biopolitical intentions^{xxvi} were cloaked by the *promise of happiness* offered to offending individuals (intersex, Black, off-white, disabled) via self and institutional regulation and (white) civic inclusion. Above all, happiness was attached to dimorphic sexual anatomy, gender normativity, and able-bodied and able-minded subjects. Not only will I trouble this relationship in the following sections, I will explore, as Sara Ahmed does, the usefulness of unhappiness and unhappy genitals, or *genital killjoys*.

Part Two: Mobility

Medical Photography: Capturing an Ideal

Intersex surgery was about visualizing an ideal^{xxvii} and medical photography was designated to capture ambiguous bodies and put them on display. This way, medical practitioners were able to continually visualize the unwanted and "tragically deformed" ("Jarring Bodies" 162) body instead of the "ideal" body (*Enforcing Normalcy* 11). The photography captured disturbed and disturbing bodies. In general, medical photography featured more Black bodies than white ones and were more likely to be labeled as pathological ("Spectacles and Scholarship" 769; Washington 111). Additionally, because photography was a "way of seeing, a visual means of relaying fact and imposing order" (Raiford 12), intersex and disability photography solicited pathological discomfort. Filmmaker and disability theorist David Hevey's study of Diane Arbus, a controversial photographer who captured disabled people in exploitative and grotesque manners, informed his conclusions that, "the role of the body of the disabled person is to en flesh the thesis or theme of the photographer's work" (Hevey 444). Intersex medical photography, alike, enacted through the institutional discourse of individual pathology, sought to make ambiguous bodies grotesque, injured, and alarming. "Before" photographs included measure markers, graphed backgrounds, sometimes black boxes over eyes, gloved and ungloved fingers spreading genitals, floating hands holding heads up, and various states of (un)dress. In short, these photographs feature patients who were never not on a dehumanizing display ("Jarring Bodies" 162).

After surgery, regardless of the possibilities of complications, loss of sensation, or general functionality,^{xxviii} patients no longer looked as they did in their "Before" photographs. Sutures remained, scarred, swollen and uneven flesh were visible, but something better had replaced "purposeless" ambiguous genitals

(“The Glans Opens” 337-338). Within intersex literature,^{xxix} the words “success,” “successful,” and “satisfactory” were proof of patients return to heterosexual, educational, and economic stability. As I read medical articles, patient’s “Before” photographs were often sandwiched between the patient’s stylized medical and personal background information. When I unsuspectingly crept up on their photographs, I was reminded that ambiguous bodies were supposed to jarring, unexpected, and even frightening.

The photographs were also frightening for patients. Patients who expressed fear and distrust of being photographed by Dr. Money and his clinical team were labeled as psychologically aberrant, obstructive, and overly-cautious (Money & Lamacz 715). One adult patient, recalling her childhood experience of being photographed stated, “When the photographer took all those pictures, that was it for me...They don’t even take them that way for *Playboy*. I mean in every which position. My face was red raw for about 2 hours” (717). Her embarrassment and presumed right to modesty were lost to the photographer’s objectives (717; “Jarring Bodies” 164). Objectives, that to the patient, were pornographic in origin. Indeed, ambiguous genitals have a history of being erotic captives (Spillers 67-68). Thus, C. Riley Snorton argues that the examination room, then, “[was] a libidinous site” (46).

In the above testimony, photographs captured “in every which position” created motion out of seemingly immobilized intersex objects. In “Part Two” of Dr. Money’s dissertation, a Black patient’s case file (referred to later in my chapter as patient five) included photographic outlines.^{xxx} All that remains in Dr. Money’s dissertation are the white imprints where images once were of this 17-year old patient. The images look like snow angels set up against the grid of height and length markings. His arms, in the air, mid-angel wing flap. The absence of his image looks as if he had taken off and risen above Dr. Money’s bindings. I argue that in many ways he had. His absence now defies the original intention of archival encasement. He was not a breathing testimony to biomedicine’s power to define and heal abnormality. Black disabled, intersex, and transpersons have been captured with the stamp of sexual excess through medical photography.

Justly, Leigh Raiford, in *Imprisoned in a Luminous Glare: Photography and the African American Freedom Struggle*, contends that “It is not that photographs “lie,” but we unduly invest them with burden of an all-knowing truth. We also need to consider what it means that a photograph is itself a mode of arrest and incarceration” (Raiford 6). So, in the context of this project, what might it mean that this patient (and perhaps others) escaped arrest? I argue that the patient is still in motion because he is not in the archive where he is supposed to be. He did not wait for the next pair of eyes or hands. He desired to leave and that materialized in his immateriality. We do not know his body or his face and perhaps we are not

supposed to.^{xxxii} In chapter three, I argue that gender pronouns and radical intersex temporality in the novella *Yabo* may be incomprehensible to us in our moment, but perhaps in another space are more easily interpreted. I imagine that this patient too embodies an elsewhere^{xxxiii} where he is greeted with both excruciating kindness and a capacity to receive him how he saw himself.

On Mobility: Freeze Tag

I argue in concordance with other Critical Intersex Studies theorists that racial absences exist in Dr. Money's treatment history ("Gone, Missing" 157; Rubin 113). However, his criteria for inclusion and exclusion, reveals that more Black intersex patients existed and were treated but may not have made an appearance in published studies for various reasons. For example, in the 1974 study entitled, "Cytogenetics, Hormones and Behavioral Disability" Dr. Money and his team tested the theory that the so-called criminal gene (XYY) and Klinefelter's XXY intersex gene had criminality or other social disorder(s) in common ("Cytogenetics" 370). In the footnotes are the "eight criteria for exclusion" for this case:

The eight criteria for exclusion of 25 XXY [Klinefelter's] patients were: I.Q. too low (below 50) in comparison with the XYY patients (6 case); too little information on record (2 cases); **no matching black patients in the XYY sample (4 cases)**; overlapping additional diagnosis (2 cases with hypothyroidism and 1 case with hermaphroditism); age beyond the range of that of XYY patients (5 cases); lost to followup (1 case) and foreign residence (1 case). Of the 15 acceptable cases the 12 most complete histories were used. ("Cytogenetics" 372, bolded mine)

The footnote indicates that at least 4 Black Klinefelter's patients were excluded because there were no comparative Black XYY patients to be found. Therefore, how many others were excluded from studies for similar reasons. By way of illustration, Matt Richardson asserts that his work is in service of "[laying] bare the conditions that create and subjugate black, female, woman-loving sexualities and transgressions of gender norms" calling attention to "an absence but also [theorizing] a methodology" ("No More Secrets" 64). Accordingly, I contend that uncounted intersex patients are also subjugated Black people that require innovative methodologies that recognize and value their absence and presence.

The article "Cytogenetics" also contains disability absences. Admittedly, some forms of intersexuality impact cognitive development (i.e. Klinefelter's) and may be deadly without treatment (i.e. salt-wasting forms of CAH) (Speiser et al.

145), but most cause no disruptions outside of their social emergency. In “Cytogenetics” Dr. Money laid out Klinefelter’s and XYY genetic research on criminality. He wrote, “An XXY [Klinefelter’s] behavioral stereotype also developed as a result of the kinds of institutions in which that karyotype was first found. Whereas XYY became the aggression karyotype, XXY became the mental-retardation karyotype” (“Cytogenetics” 370). This case is an example of Dr. Money’s identification of genetic^{xxxiii} ‘anomalies’ as congenital pathologies that surgical alignment would or should attempt to remedy. Dr. Money’s research was described this very way to the North American public in a 1978 news article from the weekend magazine of the *Vancouver Sun*:

Money has discovered that the one in 500 people born with the XXY [Klinefelter’s] combination will be sterile and unusually prone to anxieties, phobias, and other psychological problems as adults, including sexual or gender identity problems. They suffer an inordinately high risk of becoming transsexuals, transvestites, homosexuals, or may even lose interest in sex altogether. (“Dr. Sex” 21)

Though many patients expressed mental distress culminating in anxiety, depression, obsessive compulsive disorders, and suicidal fixations (some patients took their lives over the course of treatment, or their evaluation came postmortem), Dr. Money cited few causes outside of their own inherent (genetic) faultiness.^{xxxiv} Given the clinical setting and in-depth reporting of their anatomy, it is clear that Dr. Money believed either their intersexuality or genetics and/or family life, as seen in Black patient’s cases I examine later in this chapter, were deterministic and linked to deviancy (i.e. mental distress, cognitive disabilities, nonnormative sexualities).

In a like manner, Dr. Money’s medical interventions linked the elimination of physical deformities to the eradication of mental distress. He documented patients’ mental health post-surgery and noted any improvements. In many cases, mental improvements occurred after hormonal changes and full gender transitions (*Hermaphroditism* 61, 94-95, 120, 175). However, I am interested in the notion of “insulting” (Lyons 4) intersex bodies. I present cognitive differences and criminality as evidence of the intersex person’s untenable anatomical landscape that irreparability-bound his Black and disabled patients to the corners of society (*Hermaphroditism* 101, 122).^{xxxv}

In another vein, contemporary examples of intersex inclusion and exclusion are explicit about patient’s bodies being intersexed enough. Generally, not all intersex people had or have ambiguous genitalia.^{xxxvi} However, published studies

curate the more severe, visible, and visceral cases. For example, Dr. Arye Lev-Ran states:

Certainly not all cases of congenital sexual anomalies are of special interest in the study of gender role differentiation; e.g., in many cases of congenital adrenal hyperplasia there is a urogenital sinus and severe hypertrichosis but only slight clitoral hypertrophy, so that external genitalia are not considered masculine. Therefore, included in the present series are only those patients of the author's in whom external genitalia *were sufficiently anomalous to match neither sex (or rather both of them)*. (393, italics mine)

The designation of “sufficiently anomalous” or intersexed enough indicates an ordering of ambiguous bodies that best demonstrate ungendered intersex tropes. Lev-Ran’s reference to genitals that “are not considered masculine” indicates a decided-upon measurement of external genital size and a visual assumption about size and difference that medical professionals associate with truly intersexed bodies.^{xxxvii} Disability Studies and African American Studies scholars may recognize the similarities between Lev-Ran’s passage and the other scientific conclusions about racial difference, sex, and disability in the 19th and 20th centuries (Somerville 21-24; *Fantasies* 11) that I outlined in the previous section. Sally Markowitz, in the pioneering Feminist Science Studies essay, “Pelvic Politics: Sexual Dimorphism and Racial Difference,” concurs that “in dominant Western ideology a strong sex/gender dimorphism often serves as a human ideal against which different races may be measured and all but white Europeans found wanting” (Markowitz 44). Thus, Lev-Ran’s parsing of anomalous genitalia explicates the edges of white sexual legibility. *Sufficiency* also marks the space where genitalia becomes nonwhite and pathological. Lev-Ran then submits to the medical record only cases that best reassert Western sexual and racial binaries.

Also, sexual binaries, which are inculcated through intersexualization and racialization, are materialized through disablement, the processes wherein impairment becomes disability.^{xxxviii} On disability, race, and sexual aberrancy, disability theorist Michelle Jarman notes the public discourse around cognitive difference and sexual deviancy operating in the early 20th century:

In Chicago and other cities in the United States, numerous news articles reported on the sexual crimes of “morons,” and new laws to confine and unsex these supposed criminals were widely discussed. In his court testimony, the psychologist David Rotman stressed the danger of letting such borderline individuals remain free and unsupervised: “Often they

seem innocent enough, but they are responsible for a large percentage of our sex crimes. We will have no real solution of the moron problem until our legislators recognize the potential peril of these individuals” (“Urge” 3). (“Dismembering the Lynch Mob” 99)

“Borderline individuals” or disabled persons who could pass as able-bodied were public safety threats, and ostensibly, domestic threats that left proper^{xxxix} white sexual citizens at risk of internal attack (Stubblefield 172). It was then the state’s responsibility to define and confine disabled bodyminds for protection of sexual boundaries. Disability and hyper-sexualization (as seen above) and intersex hyper-sexualization and masculinization (Reis 36; Somerville 27-29) occupy the same space of *doubtful sex* that, I argue, Black Americans have not escaped from.

Furthermore, Dr. Money’s treatment requirements at the Johns Hopkins Hospital actualized the protection of sexual boundaries. He mobilized pre-surgical intersex bodies into a usable sexual citizenry that required patients to be mobile enough^{xl} to receive adequate and timely treatment. For example, in “Cytogenetics” he stated his sixth exclusion that, “The patient must live within *accessible traveling distance* to The Johns Hopkins Hospital in order to insure conscientious followup” (“Cytogenetics” 258). Patients who lived outside of his reach were not treatable.^{xli} As we know, medicine was not equally accessible across urban and rural spaces.^{xlii} Patients who failed to “followup”^{xliii} due to geographic proximity and/or class, often met Dr. Money’s moral judgments as he questioned their commitment and respect to medicine.

Fully committed patients (or proper social citizens) honored personal responsibility, self-investment, and self-surveillance of one’s body as property (*Society Must Be Defended* 251; “Situating Bio-Logic” 84). However, when patients’ parents or adult patients did not take seriously the processes of intersex transformation (i.e. follow up appointments, medications, post-surgical exercises, etc.) they fell out of the archive and their narratives ended as they chose illegible paths (*Hermaphroditism* 94; “Gone, Missing” 166-168). In chapter 3, I argue that a patient’s mental distress was exacerbated by the hospital environment and scarce visits from his family for the duration of treatment. In that case, Dr. Money emphasized the parents’ initial inability to visit as a block to the patient’s psychological success (“Two Cases” 333). Dr. Money’s actions suggested that the parents had power above his own to mold and hold in place a new gender identity for their child. Additionally, in chapter 4, I claim that Jeffrey Eugenides’ protagonist in *Middlesex*, who has a tenuous relationship with intersex management, enters and exits national and international spaces in his white, heteromasculine body. His disidentification with intersexuality allows him to shed

his accumulated off-white identities, including childhood speech disabilities, his Greek ancestry, and his geographic proximity to Black Detroiters.

In contrast, Dr. Money tracked less mobile intersex people through their formal attachments to the state. Several patients were abandoned to psychological institutions, orphanages, and prisons in their youth or in old age. In their case files, institutionalization and mental distress appear to be connected to intersexuality. However, Reis argues that Dr. Money did not find intersex people to be inherently psychologically or cognitively-impaired (*Bodies in Doubt* 136), but his narrativized pairing of disability and intersex alludes otherwise.^{xliv} I maintain that Dr. Money's storytelling methodology reiterated the relationships between nonwhiteness, *tainted whiteness*,^{xlv} disability, and institutionalized containment. I overlay Dr. Money's methodology onto larger histories of Black confinement. In chapter 4 of this dissertation, I contend that Detroit's "white noose," the white suburban encasement around the city of Detroit and its Black residents, prevented and cut off Black Detroiters' access to resources and future livability within the novel *Middlesex*. I theorize this in conversation with Dennis Tyler and James Weldon Johnson's argument that Jim Crow segregation *debilitated*^{xlvi} Black bodyminds by way of corporeal and psychic alienation, abuse, and what Moya Bailey and Izetta Mobley refer to as "crazy-making" (Bailey & Mobley 31). In this chapter, I discuss the language of confinement and disability most salient in Black intersex patient files.

Moreover, sexual and racial outsiders in Money's archives were not only marked by their disability entanglements, unsuccessful surgeries, or failed marriage(s), but through the tropes Dr. Money spun around their unstable proximity to others. Disability theorist Rosemarie Garland-Thomson asserts that "Bodies that are disabled can also seem dangerous because they are perceived as out of control. Not only do they violate physical norms, but *by looking and acting unpredictable they threaten to disrupt* the ritualized behavior upon which social relations turn" (37, emphasis mine). This is quite obvious in the case files. Dr. Money included an institutionalized patient who "wandered about aimlessly" (*Hermaphroditism* 101) in their unsuccessful (ambiguous) body. The patient's aimless wandering threatened both "ritualized behavior" and the successful, steered direction intersex management was supposed to provide for mentally and physically-healthy patients. Furthermore, disability theorist Jess Waggoner argues, "Mental capacity has served as a central litmus test for civic inclusion and therefore merits closer inspection in discussions of disability rights" (Waggoner 89). Therefore, chaotic, crip movements and minds^{xlvii} were unsuitable for public inclusion.

Disabled intersex patients faced exclusions that stood in sharp contrast to Dr. Money's public façade as an activist-scholar devoted to sexually-democratic

futures, “women’s rights” (Collier 6), and childhood sexual agency. In a 1981 article in the Baltimore *Evening Sun* newspaper entitled “Attacks on Studies: Feminists Seen Hurting Research,” journalist James Collier framed second-wave feminism as antagonistic to sexual science research. Collier claimed that Dr. Money was:

attacked in *Ms. Magazine*, a popular feminist publication, because some of his work entails reducing abnormally large sex organs in females so that a patient’s clitoris is of normal size. “They painted me as the vicious wicked doctor who cuts off little girls’ clitores. They didn’t recognize that it’s long been a tradition in [Western] medicine that you try to correct sex organs to conform with the normal. I’m trying to normalize children who are born with birth defects.” (*Evening Sun*)

Arguably, Dr. Money’s patronizing claim that feminists simply “didn’t recognize” the perils of “Western medicine” and compulsory normalization is unrecognizable as a pro-women’s or radical sexual political stance. Dr. Money illustrated a Western epistemology that envisioned itself in the center of corporeal intelligibility (“Situating Bio-Logic” 84). He identified himself as a conformist and a violator who acted out of the best interests of the state. Adversely, his dream of sexual democracy was limited by his acceptance of the norm, the perseverance of biomedical intervention, and the compulsion to pathologize and wield disability metaphors. In his worldview, he recorded how individuals fell out of time, out of touch, and were made to “fall out of the field of capacity [and] of activity” (*Society Must Be Defended* 244).

Dr. Money’s Spelling of Names

Knowing Dr. Money’s dream of sexual democracy, it is not surprising that in a 1990 interview with the Baltimore newspaper *The Sun*, Dr. Money was asked what he hoped his legacy would be. *The Sun* summarizes:

In the long run Dr. Money may end up being best known for naming things. While he may not be recognized outside select scientific circles for such terminology as acrotomophilia (getting sexual pleasure from amputees) or autoagonistophilia (getting sexual pleasure from being viewed while having sex), Dr. Money is responsible for a much more mainstream usage. (“John Money’s Specialty” 5H)

Dr. Money exerted his power to (re)create and define the parameters of so-called normal and abnormal life. His recognition and sensual fascination with

human variation was not respectful nor inclusive of difference; rather, he severed the ‘abnormal’ through his decades of practice.^{xlvi} He also reasoning that aberrance was of one’s own definition. In the following 1986 interview with *Omni Magazine*, Dr. Money claimed:

Omni Magazine: Your critics note that you talk about these people as if their behavior is natural, and yet say they’ve got problems. Do they have problems?

Money: Why don’t you just define problem! Whose criterion? [...] I’ve seen many a youngish person in a panic about whether he or she’s gay. For some, the biggest help is for someone to tell them, yes, you can find a niche for yourself in life as a gay person. Others will blow up, practically pull a gun if you tell them it’s okay to be gay [...] A big part of this business is whether people define themselves as having a problem or not. (*Omni* 84)

Dr. Money shifted his responsibility by downplaying his authoritative and competent role, which gender historian Geertje Mak argues stood in contrast to the power and responsibility medical professionals had beginning in the 1950s (Mak 81). Physicians and scientists in the 19th century, on the other hand, worked as collaborators and mediators with intersex people and society at large. They supported how intersex people marketed themselves as, for example, performers, and assisted what (if any) medical interventions their intersex patients desired (“Jarring Bodies” 166-168). By Dr. Money’s dawning though, “physicians offered instead the more abstract value of “the good of humanity” in exchange for ready and unlimited access to *all* unusual bodies” (“Jarring Bodies” 168-169, emphasis hers). Therefore, Dr. Money’s practices and political statements seem incompatible. Queer sexualities may have not personally offended him but his willingness and power to authorize the reproduction of normative, non-intersexed, able-bodied and able-minded subjects had wide consequences that this dissertation explores in depth.

Nevertheless, after Dr. Money established that there was “a problem” with a patient, he employed the melancholic when he narrated patients’ general affect, anatomical description, and symptoms of mental distress. The words: *despair*, *disheartening*, *tragic*, and *dissatisfaction* turned intersex bodies into unfortunate and pitiful incubators for unhappiness.^{xlix} By problematizing their ambiguous genitals, intersex people became negative, repulsive, interruptive, and incoherent signifiers in the official record. However, Dr. Money explained that pathology was

not an indictment of a community or even the entire body but of a solitary diseased site. He argued:

If you got to an ophthalmologist with an inflamed eye, you become a case of corneal inflammation. Nobody bothers to define you by all the other organs of your body which are perfectly healthy. So medicine has automatically zeroed in on pathology and names people by pathology. It used to call homosexuality a pathology, but never saw the heterosexual part of a bisexual person—it always named them in turns of what it zeroed in on, what they got paid for: treating the homosexual. That way of thinking has so completely pervaded all of our own thoughts, our own idioms, in the English language, that there really isn't a ready-made idiom for people to be able to call on in the news, so it requires an act of incredible self-monitoring and self-discipline as soon as you open your mouth. (“Sexologist John Money” 18)

Dr. Money hinted at the switch Critical Intersex Studies scholar and activist Morgan Holmes' delivers in *Critical Intersex* and Lennard J. Davis in “Normality and Power”. They propose that critical intersex and disability projects should deconstruct the norm, ableism, and whiteness rather than the “pathologies” themselves.¹ Dr. Money's naming of people by pathology, outside of being dehumanizing in practice, also named people by whether or not they were good for the nation's health.

Better Than Before: Corrective Surgeries

Genital surgery, I argue, was an American rite of passage and an assimilatory procedure enacted by civically-responsible patients and their families. Dr. Money said enough in his response to “feminist attacks” about his intersex philosophy. He issued the following statements about his adherence to “tradition”:

Dr. John Money, a Johns Hopkins professor of medical psychology, said he recently was attacked in *Ms. Magazine*, a popular feminist publication, because some of his work entails reducing abnormally large sex organs in females so that a patient's clitoris is of normal size. “They painted me as the vicious wicked doctor who cuts off little girls' clitores. They didn't recognize that it's long been a tradition in [Western] medicine that you try to correct sex organs to conform with the normal. I'm trying to normalize children who are born with birth defects”. (“Feminists Seen Hurting Research”)

Since ambiguous genitalia was incompatible with Western bodily comportment that privileged standardization and “efficiency” (*Enforcing Normalcy* 32; “Situating Bio-Logic” 87) over diversity, Dr. Money delivered whiteness^{li} to worthy bodies. Sociologist Zane Magubane contends, “An ambiguously gendered white body needed to be corrected to retain its whiteness, whereas an ambiguously gendered black body was seen as confirming the essential biological difference between whites and blacks” (“Spectacles and Scholarship” 781). Thus, I propose surgeons’ obligations were to white American security and the protection of American values that were made and remade through biomedical advancements, including surgical advancements in the 1940s-1960s. Regarding popular American imaginary in this historical moment, Reumann expands, “During the 1950s, the United States—at perhaps the last moment in which many could still imagine a national public not riven by racial, class, gender, and other differences—defined itself in relation to a constellation of real and imaginary ideals, including both other nations and idealized Americas of the past” (4). Therefore, (re)building bodies through an affective war on genitalia and a humanitarian crisis of children born with genital “birth defects” (“Feminist Seen Hurting Research”), intersex practice mirrored the nation’s biopolitical notions of self-fashioning and moral and sexual uprightness (Reis 141-143; Stubblefield 175; *The Biopolitics of Disability* 10; *Animacies* 6-7).

However, the perfected body that surgeons strove for did not exist for anyone, let alone intersex patients in reality.^{lii} Tellingly, the idealized body in intersex literature borrowed from the history of eugenic thought (“Situating Bio-Logic” 78). Lennard J. Davis chronicles the development of *the ideal* in Western thought:

[W]hat we have is the ideal body, as exemplified in the tradition of nude Venuses, for example. This ideal presents a mytho-poetic body that is linked to that of the gods (in traditions in which the god’s body is visualized). This divine body, then, this ideal body, is not attainable by a human. The notion of an ideal implies that, in this case, the human body as visualized in art or imagination must be composed from the ideal parts of living models. (“Normality” 2).

It is strange that under the guise of fixing what Dr. Money referred to as “nature’s experiments” (*Omni* 80) or “experiments of nature” (Lutz 2), surgeons often morphed natural genital variance into damaged, reconstructed genitals that to some patients became uninhabitable after surgery. Nevertheless, surgery was thought to be in most cases a better option even at the risk of “crippling” patients

in the process. For example, surgeons in the 1981 Study “Hypospadias Cripples” discussed how to amend the damage done by less experienced surgeons:

Unfortunately, operative failures commonly result from wound infections, urine extravasation, hematoma, or ischemic flap necrosis. Repeated attempts at surgical repair in these complicated cases are then less likely to succeed, because the penis is densely scarred, immobile, hypovascular, or significantly shortened. The term “hypospadias cripple” certainly applies to these patients who are trapped in this surgical maelstrom in which every operation may in fact, make matters worse. (Stecker et al. 539).

In this case, surgeons reflected on their colleagues’ failures, but curiously did not consider surgery itself or their repairs as injurious.^{liii} Due to “repeated attempts,” less successful surgeries revealed the thin line between ability (i.e. reaching an unobtainable genital ideal) and impairment (i.e. “scarred, immobile, hypovascular, or significantly shortened”). Yet, surgeons’ anatomical ideals were bound to the visual, thus the façade of *normal* genitals outweighed the patient’s definition of full functionality, erotic sensation, and psychological wellness later in life (“The Glans Opens” 344). A 1965 *Pediatric Herald* article quoted Dr. Money’s proclamation, “that the importance of the appearance of the sexual organs [in children] as a “portent of their eventual function” is sufficiently great that when surgical correction in conformity with the sex of rearing is impossible, “a sex reassignment after early infancy may justify the psychological hazards involved.”” (Money qtd. in “Patients Age Termed Primary Factor”). The two scenarios Dr. Money hypothesized were wishes or “hope technologies.”^{liv} One wish was that the assumed normal appearance of post-surgical genitalia preceded (heterosexual) functionality, and another wish saw possibilities in sacrificing a patient’s emotional wellbeing for anatomical normalization.

Part Three: Immobility

In part three, I examine Dr. Money’s immobilization of nonwhite subjects. I argue in the following sections that the expulsion of degenerative, impure, bodies from intersex rehabilitation was done in order to uplift a normative (white) sexual citizenry (Carlson 134; *Society Must Be Defended* 252; *The Biopolitics of Disability* 7). Moral character in this section is patently irrelevant as it was an exclusive endowment. As Magubane claims, “No one cared if a black person was threatened with the “ruin of character and peace of mind” brought on by doubtful sex (Matta 2005, 77). Indeed, the very fact of a person’s blackness meant that the person’s character was constitutionally incapable of experiencing something like

ruin” (“Spectacles and Scholarship” 776). With this in mind, I contend that the Black intersex patient cases in this section speak to immobility binds. I scrutinize ableist rhetoric that, in the time period under review, imported racial and sexual supremacy and eugenic thought.^{lv}

Patients’ squandered desires for flight or migration demonstrate the long history of Black disablement, policing, and medicalization that have defined white supremacy, cognition, and citizenship since slavery. Pointedly, about the transition from enslaved life to emancipation, Saidiya Hartman asserts, “the sheer *capacity to move*, as demonstrated by the mass movement off the plantation, rather than the gains or loss experienced at one’s destination, provided the only palpable evidence of freedom,” and that “locomotion was definitive of personal liberty” (*Scenes of Subjection* 150-151, italics mine). With this, I searched Dr. Money’s files for the *incapacitation* to move as it was connected to Black and/or disabled patients. If, for Hartman, mobility defined freedom; then, in the post-WWII medical discourse and genetic imaginary,^{lvi} locomotion by way of anatomical correctness was an issuance of freedom.

Street Smart and Grounded

“Part Two” of Dr. Money’s 1952 dissertation includes ten patient files. He presented their medical histories, anatomical presentation, and psychological findings. Case six of the ten was a young Black girl, who like the others, remained nameless. The child, fearful of encounters with Dr. Money, missed her first appointment with him and the Hopkins psychological clinic (*Hermaphroditism* 113). Upon gathering her personal history, she explained to Dr. Money that her grandmother instilled a fear of men, especially white men into her. He recalled, “The grandmother, a devout Southern Negro Baptist, was genuine in “inculcating” a fear of men into the little girl—especially of white men” (113, 119). Her hesitation was later regarded as an ignorant paranoia placed upon her by family members (121).

The patient’s aunt also taught her to fear the outdoors and to associate everywhere but home as a step closer to death. After asking the patient why she was afraid, Dr. Money recorded the following exchange:

Patient: “[I am afraid of] Being in the street by myself.”

Dr. Money: “Do you know why?”

Patient: “So many people get killed.”

Dr. Money: “How do you know?”

Patient: “My aunt told me they did.” (112-133)

I approach this dialogue in several ways. First, Dr. Money's digestion of the little girl's "fear, which was almost the dumb terror of a hunted animal" (112) was assigned to her family's attempt to mask the shame and violence the revelation of her intersexuality would have caused within the community. Indeed, the narrative continues with additional details of her confinement inside. The family "had, however, warned her always to go to the toilet alone, and had kept her indoors as much as possible to keep her away from neighborhood children" (114). In her psychological appraisal, Dr. Money coupled the humiliation of intersexuality to her self-policing and disciplining. He surmised, "If her defective intelligence alone was insufficient to impair the ego's spectatorship function, the addition of ignorance maintained by the family's policy of secrecy, and of fright magnified by the inculcation of fear, certainly guaranteed the [cognitive] impairment" (119). Hence, Dr. Money suggested a link between anatomical and psychological/cognitive disturbance. I resume this argument in chapter three where I read two of Dr. Money's cases that featured Black intersex children with "elective mutism." After he assigned both children their desired gender, Dr. Money's hope was that their speech impairments would have also subsided.

Secondly, in the case at hand, Dr. Money's intersex fixation disallowed an analysis of race and spatial politics. Aside from the patient's "Negro" identifier, Dr. Money did not theorize other sources of her fear or constrained mobility in the 1940s-1950s. His lack of cultural insight into the quotidian terror experienced by Black people or how intersex and/or impairment may have made Black subjects more vulnerable is failing throughout his work. Tyler clarifies that "by limiting black mobility and denying African Americans the right to move freely within white-designated spaces, segregation laws effectively diagnosed casual contact and intimacy with blacks as a contagious affair, stirred fears of racial contamination, and then capitalized on that fear to justify the immobilization and quarantine of black citizens as compulsory measures for the protection of the healthy body politic" (Tyler 189). Consequently, Dr. Money's erasure of the limitations on Black mobility and the uneasiness of racial, sexual, and disability amalgamation proliferated antiblackness and biologisms in biomedical discourse.^{lvii}

Lastly, Dr. Money's corrective surgery extended beyond his patient's body to what he deemed were parental oversights. He ended her narrative by concluding that, "her extreme shyness and fearfulness were apparently closely associated with the ignorance in which she had been kept, for she underwent a radical change after a social worker talked frankly with her about her anomaly and her hospital experiences. There is no reason to believe that she will not, within the limits of her mentality, be able to make an adequate adjustment to life" (*Hermaphroditism* 121). Thus, even if she overcame disability and was "able to cope with life only on a

very limited basis” (120), her family was held responsible^{lviii} for her permanent behavioral and psychological damage.

Alternatively, I want to issue Lorde’s corrective surgery as a use of Black feminist disability praxis and as a response to Dr. Money’s surgery. Though Dr. Money concluded that parental oversight (or plainly, bad parenting) held consequences for intersex children, Lorde’s philosophy helps us read the parents’ actions as foresight and protection. Lorde so poignantly articulated in “Age, Race, Class and Sex” that “[white women] fear your children will grow up to join the patriarchy and testify against you, we fear our children will be dragged from a car and shot down in the street, and you will turn your backs upon the reasons they are dying” (*Sister Outsider* 119). The parents in Dr. Money’s case also expressed the fear of no future for Black children. Their protection from outside was perhaps a premeditated strategy for Black survival and a response to the biopolitical mishandling of Black life (*Society Must Be Defended* 256). By invoking a Lordean ethics of care, I point out how disability (and metaphor) are assigned to Black survival strategies. Furthermore, Black linguistics, processes of protection, and ways-of-being are metabolized as cognitive deficiencies and willful obstructions to scientific and medical inquiry.

Let me further explain what I mean by a Lordean ethics of care by way of personal anecdote. When I was in middle school, I found a letter my mother had written to my elementary school teachers about how they could best teach me. She listed multiple sensory sensitivities I had, an explanation of how I told stories and answered questions, and that my loud voice was not a sign of disrespect or interruption. I was privately embarrassed by the letter and felt that my mother had insinuated that I had a disability. Later I understood that she attempted to protect me from the assumptions of intellectual inferiority that my white teachers would (and did) presume. My mother tried to teach them that communication and linguistic differences were not disabilities and that misreading and mislabeling children of color as cognitively-impaired^{lix} need not continue. Importantly, my mother did not think disability was bad; rather, she wanted to alert my teachers to institutionalized ableism and racism. I contend that this too is a Lordean corrective surgery and a decolonial ethics of care. Advocates can make space for diverse bodyminds in classrooms (and in archival work) by forcing authorities to move to the needs of children of color.

Snow Angels Take Flight

Earlier in the chapter, I shared patient five’s absence in medical photography as evidence of flight. Here, I discuss his case narrative, his desire to travel, and he and patient six’s communication patterns as transgressive acts that deserve further Black cultural analysis and inclusion. Patient five spent much of his childhood in

hospitals for “a series of childhood diseases” but otherwise appeared “normal” (*Hermaphroditism* 87-88). However, he told Dr. Money, “I knew I was different as soon as I got old enough to sense things” and “I always knew I was different, but I didn’t let my feelings upset me. I didn’t bother about it” (92). He recalled a biology lesson about earthworm intersexuality, and he thought of himself as similar to the them. He told Dr. Money that “[he] didn’t change no [physical] expression or nothing” in response to the teacher’s lesson (98).

Relatedly, patient five’s understanding of his difference may have been at the core of his complicated feelings about marriage. He explained:

But I don’t want to to get married, no ways. I believe if I’d been born in, in other ways, I wouldn’t went (sic) to get married, no how. I mean I might have been, say, a different person altogether but, you know. If I would get married I wouldn’t want to get married so young, no how. I’d like to see the world before I get married, anyway. Some people get married and settle down right in the home town, never go no place. And then they come to find out they don’t get along well. Well, the Negro race don’t know how, in the marriage, most of them. (*Hermaphroditism* 95)

The idea of marriage stifled the mobility that he believed he had claim to. In general, heterosexual marriage appeared in case files as proof of intersex normalization and gender accomplishment.^{lx} Reumann posits, “if marriage fostered a solid citizenry, then threats to it spelled disaster for the nation’s economy, personal happiness, and social stability” (135). But this patient neither desired marriage nor the geographic stability marriage was thought to bring. However, his dream of a transient lifestyle may have supported the perceived sexual immorality and unfitness of Black people, the disabled, and homosexual Americans. Patient five’s ability to articulate intersexuality as a probable hurdle to his romantic relationships was overdrawn by his added conclusion that marriage, in *any* body he occupied (intersexed or not), would have been unsuitable. Cases I examined featured patients subverting heteronormative biomedical protocols. But the relationships Black patients had to marriage and family life were sources of ridicule and amusement by medical professionals. In chapter two, I discuss another patient’s disidentified approach marriage as a potential source of agency. I argue that Black intersex sexual politics and resistance may be found within these case files.

Patient five’s sense of never going “no place” connected marriage to an unfulfilling placelessness that contradicted marriage’s compulsory myth.^{lxi} Reumann continues that, “marriage was also widely understood as a civic

relationship that could either undermine or shore up the nation's stability in times of anxiety" (130). Thus, patient five's rejection of marriage, or worse, his suggestion that marriage itself was disabling for Black people, was also a rejection of civic responsibility. Patient five's narrative fits within post-WWII and civil rights era tropes about Black psychological inferiority and rejection of the nuclear family (Lieske 1326). I claim that patient five's flip of marriage as unsuitable for *his* (Black, intersex, disabled) body, and not the other way around, is evidence of a Black disability praxis and refusal of biopolitical immobilization.^{lxii}

Moreover, his refusal of marriage, due in part to his belief in his inability to pass as genital normative, would have resounded as an offense to one of the core accomplishments of intersex management: the patient's ability to pass as if they were never intersexed. However, Magubane contends, "To suggest that any black person—never mind one of questionable sexual status—was capable of assimilating to the normative American standards and status of whiteness would have been unthinkable" ("Spectacles and Scholarship" 778). Thus, when patient five told Dr. Money, "I think I'm just as interested in sex as the other fellow. But I figure, in my condition, it wouldn't work out" (*Hermaphroditism* 96), he may have expressed his knowledge of inability to integrate. Moreover, his mentality reasserts Lennard Davis' theory that individuals' defectiveness (disability) reflects poorly upon the national image, making the nation, too, blemished on the international stage. Davis explains, "If individual citizens are not fit, if they do not fit into the nation, then the national body will not be fit. Of course, such arguments are based on a false idea of the body politic—by that notion a hunchbacked citizenry would make a hunchbacked nation" ("Normality" 6).

Dr. Money implicated patient five's cognitive differences, Black identity, and lifestyle dreams in the "psychological appraisal" section. Dr. Money deduced, "Consistent effort directed toward the attainment of a goal is not his forte; and it is unlikely that he will ever make maximum use of his average intelligence. It may be the lackadaisical folkways of the Negro South have been too deeply ingrained, but it is also possible that his relatively weak energy level is a direct function of weak sex hormone production" (*Hermaphroditism* 101). To Dr. Money, patient five's colorful imagination, the imagination that mourned his precarious situation and the imagination that romanticized a mobile future, were an absurd dream of the roaming Black mind.^{lxiii}

Dr. Money's psychological appraisal reinforced the ideology that enslaved life left Black people ill-prepared for the reality of self-ownership. He mused "Only in regard to a career [patient five] was inclined to build castles in the air, occasionally daydreaming of a sudden aggrandizement without *hard work*" (101, italics mine). However inflammatory, Dr. Money concluded the appraisal with patient five's triumph over disability. Dr. Money asserted, "the youth is another

living testimony to the impact of rearing and to the stamina of the human personality in the face of sexual ambiguity of no mean proportion” (*Hermaphroditism* 102). Patient five’s “congenial, easy-going” countenance provided him with a good enough life that within his capacity. Similarly, Dr. Money declared that for patient six “there is no reason to believe that she will not, within the limits of her mentality, be able to make an adequate adjustment to life” (121). In close, I do not believe that Dr. Money mistreated Black patients by not believing in their experiences. On the contrary, chapter three highlights Dr. Money’s version of care and his adherence to Black patients’ gendered desires. I argue instead that his narrativization of disability, Blackness, and intersexuality reinforced aberrancy and limited the inclusion of some patients both civically and socially. Black intersex patients were humanized “within the limits of” an assumed socio-behavioral, sexual, and cognitive context that did not allow real mobility or full inclusion into society.

Lastly, I contemplate the ways that Black speech patterns show up in Dr. Money’s work. I continue the conversation in chapter three of this dissertation, but it is worth mentioning Dr. Money’s conclusions about speech and mobility as presented in the two above cases. I argue that disability speech (read communication from disabled people) ruptured able-bodied normative time and challenged what counted as acceptable and *coherent* language within intersex management. In the case of patient six, after Dr. Money informed readers that she and her mother “both appeared to be of low intelligence” (*Hermaphroditism* 111), he made the following observations:

She spoke with brevity, and only in response to question. There was little ability for sustained thought, and she seemed to have great difficulty in remembering the sequence of events in even her recent history. (114)

...

By continuing in this staccato fashion, digressing and then returning to the point in trial and error sequence, it was possible to piece together a story with a semblance of coherence. (115)

To Dr. Money, her shortness and circular storytelling indicated memory problems that must have be a result of genetic “low intelligence” and intergenerational fear-programming. Therefore, she was an unreliable narrator who guided Dr. Money down paths he did not want to trek. She was not “in line” (*Queer Phenomenology* 15) with the heteronormative, able-minded orientation that

defined Dr. Money's intersex architecture. Though Black patients were not Dr. Money's only patients with cognitive differences, he laced intelligence, work ethic, and Black survival practices to subpar enunciations of personhood. Likewise, derogatory disability identifiers including, *moron*, *low intelligence*, and *idiot* are historically racialized terms. The word "moron" Stubblefield argues was "[in the early 20th century] a feeble-minded person who would not appear feeble-minded to anyone except a trained observer, enabled researchers...to use feeble-mindedness as an umbrella concept to link together white poverty, off-whiteness, and lack of civilization-building skills in white people as related, hereditary forms of white impurity" (Stubblefield 173).

Alternatively, Dr. Money recounted patient five's essence with whimsy. Dr. Money described the patient's physicality and noted, "His face is serene and unlined. He moves with an easy, natural rhythm. He is slow to take offense, but quick to meet an unjust challenge," and referred to patient five as having a "inimitable vocabulary" (*Hermaphroditism* 92) and "discernment and common sense" (101). Patient five's unique and unintimidating temperament contrasted the trope of the angry, lascivious, Black man that came to be associated with the Black schizophrenic^{lxiv} in later decades. Nevertheless, five's softness and sexual indifference played into the *asexual disability trope* (Mollow 304; Kidd 176; Garland-Thomson 25), that also, metaphorically, castrated his Black manhood that would have otherwise, without disability and without intersex self-isolation, imperiled American moral and sexual character ("Dismembering the Lynch Mob" 100). Dr. Money's appraisal also critiqued Black memory. Black ways-of-being and speaking, even if excitingly rhythmic, serene, colorful, lacked cohesion and were therefore unintelligible within biomedicine that glorified cohesion and advancement. Both patients' forgetfulness, failures of their short-term memories,^{lxv} and their circular storytelling, became indicators of a disabled ontology that consigned them to an unrecoverable position.

I hold space for their creative storytelling practices and cognition within this dissertation and within African American Studies' memorization. Black collective memory, on the one hand, has historically left out and "disremembered" queer Black people (*The Queer Limit* 10). On the other hand, scholars have imagined critically collecting Black memory with depth and inclusion (Raiford 231). Still, the intersection of Blackness and disability has largely evaded Black collection and Black memory. Inarguably, Bell's *Blackness and Disability* was an early interdisciplinary attempt to reckon with disability forgetting and disability exclusion from Black memory. In *Blackness and Disability*, Harriet Tubman, Emmett Till, and James Byrd are given altar space that recognizes them as Black *and* disabled, which forces us seriously consider ableism in Black collective memory (1-3).

Thus, I look to Raiford's "critical black memory...a mode of historical interpretation and political critique that has functioned as an important resource for framing African American social movements and political identities" (16) for expansion. I wonder if this framework, deployed within the same civil rights period of her study, may also identify Black people in places we do not tend to look or remember. Biomedicine entrenched the innate disability and "hyper-ability" (Bailey & Mobley 22) of Black subjects that social activists fought against. Yet, the voices, bodies, and minds of Black disabled, intersex, and gender variant people who are crystalized in the medical archive, are also located in the recesses of our Black collective memory. Or, in Matt Richardson's words, have and continue to "fall even deeper into the abyss of negation because we are not even part of the memory of loss" (*The Queer Limit* 10).

However, Raiford presses "collected memory" as an alternative to the exclusivity of collective memory. She argues:

Collected memory does not assume a falsely universalization or monolithic group but recognizes that within the "collective" members remember differently. Or choose not to remember at all...It also suggests the possibilities of a critical black memory that allows for a reactivation of activism in the present through an engagement with the past, one that provides a living context rather than a reified set of fossils. (231)

Thus, I ask what we might do with members whose sheer *ability to remember* is at odds with our normative, able-minded and able-bodied Black remembrance and collection processes. How might we remember remembering differently? How and when will we more explicitly include the multifarious ways disability is disremembered^{lxvi} from Black memory? And what do we do when impairment itself challenges us to define remembering differently? What do we do with those of us who "choose not to remember" or who cannot *choose* remembering at all? These questions will hover over the remaining chapters. In the conclusion, I go home to memory, offensive bodies, and a Black feminist love-politics that begins to address these questions.

Unfreezing the Slave System

Dr. Money continued his romanticization of slavery, as seen in his "lackadaisical" Black Southern life stereotype^{lxvii} mentioned in the previous section, through newspaper interviews. He touted the American "slave system" and indigenous Australian cultures^{lxviii} for their productions of sexually well-adjusted children, in contrast to the sexually-repressed children raised in European

sexual systems (i.e. the *Mediterranean*, *Nordic*, and *Slavic*) (Nobile B-1). Dr. Money directly discussed Black “mating patters” in a 1973 interview with journalist Phillip Nobile entitled, “Future Mating Patterns in U.S. Discussed” printed in *The Evening Sun* (Women’s Section). Their following exchange is quoted at length:

Nobile: How about the slave system. Since we don’t have slaves anymore, wouldn’t that system have disappeared too?

Dr. Money: Not necessarily. It goes back to Southern plantation slavery where the young people at the breeding age were forbidden to look after their children but had to get back into the field as soon as possible. The care of slave children was the job of the elderly and infirm. And food, shelter and clothing was provided by the plantation. All of these ingredients are duplicated in the urban ghetto life of many Negroes. You still have the young mother going out to work for “slave wages” and therefore there’s a vested interest in the community to maintain this system. The father literally doesn’t know the emotions that are involved in family life because under conditions of slavery he was forbidden to stay with his family. The most salient change is the Welfare Department substituting for the master of the plantation.

Nobile: Well, this is one system that needn’t be perpetuated.

Dr. Money: Why do you say that? The only thing wrong with this system in the ghetto is that it’s not financed properly so that grandparents can bring up their grandchildren decently.

Nobile: That’s all that’s wrong with it?

Dr. Money: Any system is okay in its own context. The trouble is that the dominant Mediterranean system won’t tolerate it. However, I think that as soon as the black movement understands and proclaims the positive values of its own system instead of being half ashamed of it, it could be very appealing to whites.

Nobile: In what sense?

Dr. Money: Because it allows you to start your sex life at an early age and get rid of your breeding obligations before you’re into your career. What’s wrong with that? You haven’t got much to do when you’re 12-13-14-16. And if you’re physically mature and able to produce a healthy baby, then maybe that’s the time to do it. Yet we turn our noses up at the slave system. (Nobile B1-B2)

Dr. Money's racism and sexism flew under the guise of his progressive sexual politics and emphasis on sexual labor as a form of citizenship.^{lxi} Black teenagers fulfilled their "breeding obligations" and were still suitable for other non-sexual forms of labor. However, the "slave system" he championed deployed "compulsory couplings" and "the right to manage life" (*Scenes of Subjection* 84). Far from Dr. Money's eroticization of Black sexualities, the "slave system" determined reproductive outcomes for the state's labor needs. The influence of Daniel Patrick Moynihan's 1965 sociological abasement of Black women and the Black family^{lxx} is apparent in Dr. Money's interview with Nobile. Yet Moynihan's "tangle of pathology"^{lxxi} was Dr. Money's solution to white American repression and sexual purity. Though his statements to Nobile had little to do with intersexuality itself, I argue that Dr. Money's personal biases speak to the immobilization of Black patients and communities. His abidance to an exploitative and disabling sexual system may have played a role in the diagnosis and treatment of intersexuality in Black patients, his belief in Black mobility and social advancement, and the medical pathologization of Black culture that still pervades disability metaphors and materiality in contemporary popular culture, politics, and literature.

Furthermore, Dr. Money's effacement of the legacy of segregation^{lxxii} belied the fierce protection of white sexuality throughout the post-WWII period. Segregation itself was an unequal dispensation of a "litany of disabilities" that separated, encumbered, prohibited, and humiliated Black communities (Weldon Johnson qtd. in Tyler 186). Finally, because Dr. Money spoke repeatedly about protecting childhood sexuality in other newspapers and in interviews, his conversation with Nobile is striking.^{lxxiii} He was firm that sexual abuse and other forms of trauma were not conducive to healthy sexuality, but he did not take issue with the hypersexualization and adultification^{lxxiv} of Black youth from the ages of "12-13-14-16" (Nobile B2) in the above interview. His refusal to observe the "slave system" as one that reproduced the conditions for Black vulnerability and child exploitation provides a terrifying insight into the sexual politics that grounded his idealized, productive, appropriately-genitaled child of the future.

Genital Killjoys

This final section explores Sara Ahmed's *feminist killjoy* that I am borrowing and extending to the idea of "(un)happy objects" or anatomies that, I argue, were effectively makers of societal unhappiness (*The Promise of Happiness* 27). This chapter has posited that Black genitalia and disabled people were a unique source of American domestic unhappiness, civil disruption, and shame. Unhappy genitals, or *genital killjoys*, were disqualifying as much as they were offensive and disgusting.^{lxxv} This is to say that one's offensive genitals, gendered

behaviors, and sexual practices determined either one's moral goodness or portentous emanation.

In *The Promise of Happiness*, Ahmed's *happy objects* are a way of orienting us to *good* things. She argues, "We are directed toward objects that are already anticipated to cause happiness" (*The Promise of Happiness* 28). In our desire for happiness, we follow set happy paths (i.e. happiness' promise), hoping and assuming that in doing the right or good things "happiness is what follows" (29). Primarily, the nuclear family *promises* happiness and is a unit that *produces* happiness for generations to come (45). Intersex archives flaunt happy objects, be they: *educational achievements* (higher education especially), *good psychological health* (as opposed to mental distress), *marriage, satisfactory (hetero)sexual intercourse*, and *familial and community acceptance of changed gender*. Patients who obtained such objects were labeled, or labeled themselves, as happy; thus, they chose paths "where the "there" acquire[d] its value by not being "here"" (*The Promise of Happiness* 32). Meaning, the happy "there" with the objects presumed to cause happiness, was the heteronormative, able-bodied and able-minded future that was not "here" the intersexed, unaligned past^{lxxvi} patients were prompted to recover from.

Likewise, the *feminist killjoy* is an offending body that gets in the way of others' happiness (*The Promise of Happiness* 60). Killjoys, Ahmed writes, are often women of color feminists who "might kill joy simply by not finding the objects that promise happiness to be quite so promising" (65). For example, to object to white feminist exclusions of intersectionality in critiques of heterosexism or classism might cause discomfort or "tension" for white women whose desired happiness has soured due to women of color feminist criticisms (65-67). But Ahmed argues that killjoys cause unhappiness even when they do not speak (67). Some bodies simply are bearers of unhappiness that cause other objects and people in their proximity to become unhappy. Queer bodies, then, are unhappy bodies because they do not make others comfortable or happy. They are also unhappy *objects*. Ahmed explains, "You could say that the queer child is an unhappy object for many parents" (92). Hence, intersex children in the archive resided on the precipice of unhappiness. Their unhappiness was articulated to parents as the loss of the promise of happiness if actions were not taken. Parents, guided and coerced by their fear and unhappiness over their children's potential unhappiness, followed Dr. Money's protocols in hope of carving happy objects out of their children's former unhappy selves (*The Promise of Happiness* 92).

Therefore, I propose that ambiguous bodies were queer objects and *genital killjoys*. Because intersexuality was a burden to the body that could have been, ambiguous genitalia was a source that caused unhappiness and that reoriented its possessor to unhappy accruments, including social and sexual isolation, disability,

and nonwhiteness. Unhappy genitals were questionable, depressive, and melancholic in that they caused mental distress for many patients. Indeed, consider the following generalization from Dr. Money about the ‘plight’ of the intersexed:

Too unattractive to be desired as companions by the opposite sex and freakish enough to be the subject of malicious social gossip, they are liable to many social rebuffs. To make life tolerable for themselves they are obliged to recoil and to be on guard selectively. (*Hermaphroditism* 51-52)

Every expected “social rebuff” moved intersex people further away from the heteronormative line happiness was attached to. There were no happy objects or people in the scenario Dr. Money presented. Intersex people had to learn to construct tolerable lives knowing that idealized happiness was out of reach. To that end, Ahmed cautions that, “when you leave the path of making others happy, you can be said to “kill” the joy of the family” (*The Promise of Happiness* 49). Thus, genital unhappiness involved the reminder (via isolation, unattractiveness) of one’s role in killing domestic happiness. Happiness, Ahmed presses, is also contingently a duty and a debt (59). We owe expressions of and are required to put ourselves in proximity to good things as citizens in the “moral economy of happiness” (62). To desire what is said to be good and to practice doing good we contribute to the economy. However, since citizenship is not equally distributed amongst American subjects and because happiness does not follow *all* bodies, objects, and lines, some cannot fulfill the duty of happiness nor repay the debt.

Moreover, pleasing American bodies in the post-WWII era were good for the nation, its “interests” (Reumann 7), and were also exemplar symbols of democracy’s happy bestowal. Representations of unhappiness or of unhappy people that caused disruption to American values attracted the language of regression, and in Ahmed’s words, “[could] function as a sign of frustration, of being “held back” or “held up” from doing what makes [one] happy” (*The Promise of Happiness* 51-52). Disability deficiency, intersex monstrosity, and Black excess were unhappy and unfit objects that good citizens were to avoid at all costs.

Given these points, Ahmed concludes that “unhappiness becomes the inheritance of the violence of history” (*The Promise of Happiness* 80). This means that we are unable to repay happiness as we have not been owed happiness. For example, undertaking this project made me unhappy as it required me to dwell in a violent archive. Tilling a genealogy of Black disability and sexuality has meant that I have had to uncover fragments of Black stories in vulnerable spaces in an equally vulnerable bodymind. Additionally, when I argue for this project’s merit

as a project for African American Studies, I am overwhelmed with unhappiness and paranoia over its potential to make others unhappy and its potential to kill joy. I started this chapter with the notion of a Black feminist corrective surgery, but I must add that it is not a happy one. If we are endowed with the inheritance of unhappiness, with the duty of happiness denied and the debt disavowed, what other places might we venture if happiness is not our main concern?^{lxxvii} I turn back to Lorde's corrective praxis for answers. She offered an elegiac impetus for her lifework in her poem "Solstice" from *The Black Unicorn*:

may I never lose
 that terror
 that keeps me brave
 May I owe nothing
 that I cannot repay. (*The Black Unicorn* 118)

Ahmed argues that shared unhappiness may create an affective positionality that is socio-politically productive and that is an articulation of what Chela Sandoval terms as *oppositional consciousness*.^{lxxviii} Therefore, our feminist, queer, and disabled inheritance is bravery and theory, and in the lacuna, awaiting, are fuller representations of Black life and more accountable methodologies that we can repay.

Conclusion: Incoherence and Beyond

Heeding the call from Roderick Ferguson in the touchstone *Aberrations in Black: Towards a Queer of Color Critique*, I approach Black feminist disability critique and historical materialism with 'revision and disidentification' in mind (4). For Ferguson, it is through 'talking back' to the silences in historical materialism that queer of color critique participates in dismantling "normative heterosexuality as the emblem of order, nature, and universality" (6). In conversation, my use of Black disability criticism, aimed at an emblematic site of biomedical discourse, too "talks" back. Or, for the sake of a less ableist turn of phrase, launches critique from and through different bodyminds. This chapter sketched Dr. Money's processes and professions that defined surgically-corrected intersex bodies. Through demonstrating that the formerly 'disfigured' body was tenable to normalization and inclusion, I also showed that that coherent body and mind was undergirded by a parallel but immobilized narrative.

Chicana feminist literary scholar Suzanne Bost, in *Encarnación: Illness and the Body Politic in Chicana Feminist Literature*, reminds us that "Unlike other texts, bodies are never static. Once they fail to assume their familiar shapes, they become something else: a source of embarrassment, a medical problem, a

theoretical provocation, or an emotional provocation” (1). Instead of maintaining that unfitting bodies in the archive were truly embarrassing, or were problems, or are now provocative feminist or queer objects of study, I have aimed to unveil that the methodology and mechanisms of national fitness and inclusion were strange and unwieldy. Intersex medicine and the masterminds of it were beguiled by fixed definitions of citizenship and corporeality.

I end this chapter with Jess Waggoner’s challenge for Disability Studies. Waggoner argues that “race, mental disability, citizenship, and performance are particularly underexplored territories for disability studies” (90). And in accordance and conversation, this chapter suggested that perhaps the underexplored dilemma resides in the narrow search areas mainstream Disability Studies thinks to look for disability, primarily mental disability and the interlocutor of Blackness. The American intersex archive is a conversant territory for Critical Intersex Studies and Disability Studies as Robert McRuer has indicated.^{lxxix} And, I argue, Black Disability Studies, Black Queer Studies, Black feminism(s), and African American history also have much to gain from tracing another lineage of Black hyper-ability, disability, and sexuality to intersexualization.

My challenge is for African American Studies to notice the pervasiveness of disability and Blackness in queer places. What would it mean to look to intersex archives as a productive site for locating Black subjects? This dissertation will reiterate the inclusion of disability theories and perspectives as integral to Black liberation and future-oriented projects. As Black citizenship has been and will remain a contentious struggle in the United States, being informed of multi-valent genealogies that explore citizenship and self-ownership are a way through. American intersex archives are only one such site of potential investigation, collaboration,^{lxxx} and ethical care-work.

NOTES

- i. While I am not quite working through race, affect, and mobility in terms of the “animatedness” theorized by Sianne Ngai or Mel Chen’s “animacy,” their works are foundational and interrelated to the project I carry out here. Particularly, Chen’s statement, “I came to the understanding that different mobilities meant very different things, and that the differences often had something to do with the animacy of the mobile or immobile thing” (*Animacies* 233) is an undercurrent throughout this dissertation project.
- ii. For more on “intersexualization” see Eckert 41-71.
- iii. In point of fact, David A. Rubin asserts the following about the relation between intersex, anatomy, and race, “I argue that unmarked references to sexual dimorphism, gender, sexuality, and indeed intersex too can reify the presumed whiteness of those categories” (*Intersex Matters* 14).

- iv. I discuss in chapter two the coalition work between disability and intersex scholarship and activism as a remarked upon by Robert McRuer in “Afterword: The Future of Critical Intersex.”
- v. Mel Chen discusses animacy and linguistic dehumanization particularly through “deadness, lowness, nonhuman animals (rendered as insensate), the object, the object” (*Animacies* 30-35).
- vi. Magubane refers to the “sociosexual consequences of hermaphroditism” that were not the same for white and Black Americans, particularly under slavery (“Spectacles and Scholarship” 773).
- vii. *Bodies in Doubt* 140; “Spectacles and Scholarship” 777.
- viii. For more on race, nation, and representation in the context of intersexualization see “Spectacles and Scholarship” 768-773; “Misogynoir” 4-10.
- ix. For more on the privileges and resources granted to citizens see “Spectacles and Scholarship” 781.
- x. On race, disability, and norms in American history, Baynton argues, “Race and disability intersected in the concept of the normal, as both prescription and description” (21).
- xi. Heather Love contends that queer criticism has challenged the proliferation of normalcy in order to question “the stability and coherence of [the social] world” (Love 77). Likewise, David Mitchell and Sharon Snyder argue that biopolitics guides bodies to live “appropriately within the community without disrupting the naturalized, normative, activities of citizenship” (*The Biopolitics of Disability* 9).
- xii. Suzanne Kessler and Iain Morland assert that intersexualization realigned the ambiguous genitals into what they “ought to have been” (“The Medical Construction of Gender” 24; “The Glans Opens” 339). I discuss this idea further in chapter four.
- xiii. Kim.
- xiv. Zine Magubane contends that “feminist scholars have failed to fully account for the role that race and nation have played historically in the production and reproduction of the concept of intersex” (“Spectacles and Scholarship” 761).
- xv. For more on intersex monstrosity see Guidotto.
- xvi. For the purposes of this chapter, I will not extend the conversation of “unsexing” outside of the medical sphere; however, there is much to be said about “unsexing” and Hortense Spiller’s conceptualization of “ungendering” and the Middle Passage. See Spillers 64-81; Snorton 56-59.
- xvii. For example, Anna Freud’s child behavior research during both World Wars led her conclude that motherly love was as essential to babies as vitamins (Vicedo 40).
- xviii. See Adams; Child; Jacobs 453-476; Schuller 21.

^{xix}. See *Black Feminist Thought* 69-96; Davin 9-65; Hine 912-920; Stubblefield 168-170; Welter 151-174.

^{xx}. Kessler underscores physician's concerns by quoting a urologist who maintained "happiness is the biggest factor [in surgical intervention]. Anatomy is part of happiness" (*Lessons* 26).

^{xxi}. For more on genitals as a site of biopolitical "instrumentation" see Schuller 100-133; *Animacies* 137.

^{xxii}. Of critical importance is the fact that Black women were also subjected to mass sterilization movements, see Roberts; Tessler 52-66.

^{xxiii}. There has been enormous scholarship on the myth of the Black male rapist. See *Women, Race, and Class*. However, Black women's, perhaps, more covert sexual 'danger' has been less recorded. When searching for Black women, interracial same-sex contact, and genital anxiety/intersex even less is recorded—rather these encounters are mentioned in medical passing (Young 136) or under the cloak of Black slave women's abuse by male and female slave owners (Hine 912-920; Spillers 77).

^{xxiv}. See *Critical Intersex* 1-12; *Lessons* 84-99; *Bodies in Doubt* 148-152; Rubin 71-95.

^{xxv}. On *gender role*, Money argues, "One may liken the establishment of a gender role through encounters and transactions to the establishment of a native language. Once imprinted a person's native language may fall into disuse and be supplanted by another, but its never entirely eradicated. So also a gender role may be changed or, resembling native bilingualism, may be ambiguous, but it may also become so indelibly engraved that not even flagrant contradictions of body functioning and morphology may displace it" (*Venuses Penuses* 161).

^{xxvi}. Intersex scholars have argued that intersexualization is indeed a biopolitical project, see Rubin 40; Guidotto 48.

^{xxvii}. Thomson-Garland 11, 26-28.

^{xxviii}. See "What Can Queer Theory Do for Intersex?" 285-312.

^{xxix}. *Lessons* 54.

^{xxx}. The photographs appear after patient five's case narrative in "Part Two" of Dr. Money's dissertation. The pages are not numbered but appear within (*Hermaphroditism* 102-109).

^{xxxi}. Included in the copy of Dr. Money's dissertation at the Kinsey Institute is a sheet of paper, added years later. The paper includes the ten patient names "Part Two" documents. I have not included their names anywhere in this dissertation.

^{xxxii}. For other theorizations of Black elsewherees see Snorton 4-5.

^{xxxiii}. Ellen Samuels argues that the "genetic imaginary" posits genetic discoveries as "the answer to any and all issues of bodily ambiguity" (*Fantasies* 191). This means, embodied differences are continually traced to genetic shortcomings which

have and foreseeably will continue to be reasoning for the eugenic rhetoric surrounding disability and other ‘less desirable’ diverse human traits.

^{xxxiv}. See *Hermaphroditism* for more about: *obsessive compulsive disorder* (60); *anorexia* (65, 174); *depression* (100, 134); *psychoneurosis* (67, 174); *homicidal tendencies and criminal conduct* (99, 149); *suicide/attempts* (68, 133, 134, 148).

^{xxxv}. Several patients were institutionalized in psychiatric hospitals, schools for people with disabilities, prisons, and orphanages (*Hermaphroditism* 114, 115, 121, 134, 168, 178).

^{xxxvi}. Even Dr. Money himself had, before revising his original statements, reduced intersex to genital malformations, knowing that this was not always the case (Rubin 31).

^{xxxvii}. It is important to note that medical practitioners reading Dr. Lev-Ran’s work would benefit from clear boundaries that mark ambiguous bodies; thus, Lev-Ran’s explanation for inclusion is reasonable in that sense, though his work is still contestable for our purposes.

^{xxxviii}. Adams et al. 2.

^{xxxix}. DisCrit argues for the “idea of whiteness as property” (Annamma et al. 16). For more on the history of “whiteness as property” in the American legal system see Harris 1757-1776.

^{xl}. For other examples of patient accessibility and geographical proximity see Money & Gaskin 258; “Families of Seven” 188.

^{xli}. Patients lost to followup is a concern of Dr. Money’s. Chapter three of this dissertation explores two Black intersex, disabled patients and Dr. Money’s concerns about their lack of follow up and what time lapse means to what I refer to as “intersex time.” Dr. Money also mentions a few cases of lapsed followup due to fear of examination (Money & Lamacz 715-717) and happy self-adjustment after surgery (*Hermaphroditism* 94).

^{xlii}. Kessler discusses the reality of intersex children in rural areas stating, “Many of these children, like those born in earlier historical periods, will grow up and live through adulthood with the condition of genital ambiguity—somehow managing” (“The Medical Construction” 11). For how unequal medical access is political issue in both disability and intersex scholarship and contributes to health disparities and unnecessary suffering see Bailey & Mobley 32; Nuru-Jeter et al. 834; “Black Women’s Health” 105; Taylor 172-181.

^{xliii}. Hilary Malatino first theorized the issue of patient “followup”. Dr. Money’s “misreading” of patient’s failure to follow up “prompts [her] concern that, in trans and intersex narratives alike, the elements of coercion involved in medical procedures of gender normalization have been significantly downplayed” (“Gone, Missing” 166).

^{xliv}. For example, in a 1976 interview with the American Psychological Association Dr. Money claimed that childhood “crossing-dressing” was a result of a “gender development error” or due to the trauma of losing a loved one. He argued that such events “can have such profound reverberations that it disturbs many aspects of growth and development, including gender identity” (“Sex and Money” 10). Likewise, Reis discusses psychiatrist Dr. Albert Ellis’ theory that patient’s queer sexualities were a result of their intersexed genitalia and gender assignment (*Bodies in Doubt* 123-124). Magubane brings up the critical point that the lack of Black patient inclusion in much of Dr. Money’s work that “psychological abnormalities would have been either attributed to their blackness or, alternatively, behavior that would have been abnormal had it been exhibited by a white person might not have been when exhibited by a black one” (“Spectacles and Scholarship” 777).

^{xliv}. For more on “tainted whiteness” see Stubblefield 162.

^{xlvi}. Tyler 188.

^{xlvi}. Moya Bailey cites the ‘loss of control’ found in Krumping, a style of hip hop dance that performers “connect the dance to African tribal warrior and spiritual rituals yet also invoke an internalized colonial gaze using words like primal, crazy, savage, and raw to characterize the link (LaChapelle et al.). So while celebrated and even exalted as a spiritual practice, it is simultaneously imbued with a primitive and barbarous ferocity that is connected to the loss of control” (“The Illest” 144).

^{xlvi}. Malatino asserts, “The aim of intersex and trans medical treatment was—and in many cases, remains—the production of gender-normative heterosexuals” (“Gone, Missing” 164).

^{xlvi}. “The Sexual Brain.”

^l. David Valentine and Riki Anne Wilchins about intersex scholarship argue, “Bodies which are suspect, whether because they are wearing a T-shirts that proclaim “Transsexual,” or because they have big Adam’s apples, or because they born with genitalia that cannot be classified as either male or female, are not what have to be explained. Rather, the requirement that they explain themselves should itself be investigated” (Valentine & Wilchins 221). Likewise, Christopher M. Bell questions Disability Studies’ presumed white body and cites the ongoing harm and erasure that bodyminds of color endure (“White Disability Studies” 1-7).

^{li}. For more on the restored capacity of whiteness or the “ascendancy of whiteness” see Schuller 13; *Terrorist Assemblages* 200.

^{lii}. Though no ideal was reached in surgery, as surgery was “hyperbolic in its logic” (“The Glans Opens” 339). Furthermore, “Dr. Money said it is much easier to surgically produce female sex organs than it is to try to construct a male’s penis in

cases where a child is born with a *grossly deformed* organ, or without one but with testicles” (Morris, italics mine).

^{liii}. Kessler argues, “In spite of these so-called excellent results [touted and assumed from surgery], physicians have coined the term “hypospadias cripples: to refer to males whose penises do not look or function better after corrective surgery” (*Lessons* 69).

^{liv}. Ahmed repurposes Sarah Franklin’s “hope technology” (Franklin 203) claiming that “in hoping for this or that, we attribute this or that as the cause of happiness, which would be a happiness that you would reach at some future point” (*The Promise of Happiness* 181). I argue that Dr. Money’s philosophy attributed happiness and happy objects to aligned genitalia that once obtained would lead to happy outcomes.

^{lv}. For more on eugenics, genetics, and race see Schuller 172-204. For more on disability, sterilization, and eugenics see Ben-Moshe & Magaña 111.

^{lvi}. *Fantasies* 191.

^{lvii}. For more on Black immobility and origins in American slavery see Spillers 78-79.

^{lviii}. Regarding parental missteps in the intersexualization process, Dr. Money was quoted as saying “Regrettably, parents sometimes are given little help as to what sex to raise such a child. And uncertainty in the mind of parents is “as contagious as rubella,” he said, noting it soon moves to the child” (Morris).

^{lix}. For more on the siphoning of children of color into special education/disability education courses see “Race” 147; “Educating Unruly Bodies.”

^{lx}. However, Dr. Money stated later in his practice, that he, pun intended, was not married to the idea of marriage as a core intersexualization accomplishment.

Rather, his concerns have always been to the psychosexual health of children and nuclear families, traditionally, provided that. He stated in a 1980 article from the *New American* that if children could be raised healthily in another arrangement, he would be open to it (Lachman 1B). Yet the question of marriage as a barometer of normativity and sexual assimilation remained throughout his works, even appearing as late as 2000 case (Wisniewski et al. 2665-2669).

^{lxi}. Reis clarifies that throughout the 1940s due to the persistent threat of homosexual contact, heterosexual marriage was preferred over queerer romantic involvements (*Bodies in Doubt* 123).

^{lxii}. Furthermore, his opting out of (or desire to opt out of) institutional accounting (i.e. marriage) defies biopolitical management that establishes limited life choices and movement for Othered bodies (*Society Must Be Defended* 254-260). For more on medical bio and necropolitical management in early periods see Snorton 40-41.

^{lxiii}. I also want to think here about the roaming Black mind in contemporary discourse. For example, Jordan Peele’s film *Get Out* utilizes a Black disability

trope that roots Black fitness in the body and not the mind—thus why the Armitage’s desire is to steer the minds of Black captives with white beneficiaries. In the trailer for *Get Out* the United Negro College Fund’s (*UNCF*) slogan of “A Mind is a Terrible Thing to Waste” echoes ominously (*UNCF*). Perhaps we can begin to trace a genealogy of Blackness and compulsory able-mindedness through intersex archives.

^{lxiv}. Metz 15.

^{lxv}. I consider Halberstam’s analysis of memory, forgetting, and race in popular discourse in *The Queer Art of Failure* in chapter four of this dissertation.

^{lxvi}. I believe that Matt Richardson’s epilogue in *The Queer Limit of Black Memory*, entitled “Grieving the Queer: Anti-Black Violence and Black Collective Memory” is an example of remembering the disremembered and also remembering differently through “the calling of names” (161), through devoting neoliberal tools (the book) to Black queers who are even, often, forgotten in the tokenizing academy.

^{lxvii}. Schuller argues that the accusations of “torpidity, sluggishness, impulsiveness, and mimicry” were put in place to “[denounce] the racialized body as unable to move forward through time” (13).

^{lxviii}. A 1973 *Playboy Magazine* panel mentions Dr. Money’s research on “the Yolngu peoples of Australia” (74).

^{lxix}. Dr. Money states, “The breeding customs of any society are almost in the Marxist sense intimately related to the method of production and distribution of wealth (*Omni* 82).

^{lxx}. Geismar & Gerhart 480; Seymour & Kleiner 500.

^{lxxi}. Moynihan 29-45.

^{lxxii}. Reumann, likewise, argues that homosexual segregation, too was vital to the health of the nation (198). And Annamma, et al., argue that disability (“special education”) and segregation is visible in classrooms that consistently overly-aggregate “non-dominant racial and ethnic groups, from immigrant populations, and from ‘lower’ social classes and status since their inception” (2).

^{lxxiii}. For more on Dr. Money’s discussion of childhood sexuality and the importance of “sex rehearsal” or “sex play” see Morris; Smith & Van der Horst 31; “Sex and Money” 10; “Sex Play Good for Children”; *Omni* 86; “Money Part Two” 2; “John Money’s Specialty” 5H; “The Man Who Invented” 11; Franks 6.

^{lxxiv}. For more on *adulthood* see Burton 329-345.

^{lxxv}. *Lessons* 36. For more on genital disgust and biopower see Schuller 122. For more on disgust, disability, and enslavement see Snorton 27.

^{lxxvi}. Furthermore, Malatino argues that “Indigenous and colonized bodies came to be read as ‘primitive’ or ‘savage’ on accounting of maintaining radically different modes of social organization which weren’t undergirded by a dimorphic

structuration of sex...” (“Situating Bio-Logic” 84). Thus, the primitive “here” is irreconcilable within a modern, developed ‘structuration of sex’ that signifies “there.”

^{lxxvii}. Ahmed asks similar questions (*The Promise of Happiness* 79-87).

^{lxxviii}. For more on oppositional consciousness see *The Promise of Happiness* 69-79; Sandoval 41-66.

^{lxxix}. “The Future of Critical Intersex” 246.

^{lxxx}. In line with Rubin’s conclusions in *Intersex Matters*, our differences, extrapolated through and remade within intersex literature, “reframes difference not as an obstacle to relationality but rather as a condition of ethical co-belonging in a world with others” (152).

Chapter Two: “An Archeology of Living Memory”:ⁱ Intersex Archives, the Erotic, and Crip- of-Color Methodologies

I am methodologically committed to beginning in the middle of things.
(Titchkosky 84)

To crip is a transitive act. What lies on the other side of transformation?
(Price qtd. in “Proliferating Cripistemologies” 154)

Metaphorical Introductions

I begin this chapter with metaphor. *Awaiting Middle Ground* investigates disability and intersex metaphors as, at times, disruptive and transformative, and at other times, detrimental to what Moya Bailey and Izetta Mobley call the “infinite number of revolutions” disability, feminist, and race frameworks can foster (Bailey & Mobley 35). But Ellen Samuels argues that, “I see that sometimes [disability] disclosure is not enough. There has to be shared communication and understanding—and, often, there has to be metaphor... What is your story, your metaphor, and how will it help you to do your work” (“Passing” 22)? It is, as Samuels says, not enough to sentimentalize this dissertation with disclosures of my relationships with disability. Disability is relational and so my metaphor is Pavlovian.

My high school history teacher trained my class to ignore the bell when class ended as less as a flex of his power to dismiss us and more of an experiment devised for us to monitor our bodies’ psychological reactions to the ding of release. I found myself always at the edge of my seat with my heart expectant and racing. That energetic hum before the bell, the slow rise of my torso and toes into the ground, my body still jolts up at bells. To me, chronic illness conditions anticipation. I now move through the world waiting for my internal bells to chime, to release my body into an inevitable state of further impairment. I wonder how many others monitor how their bodies pull, rest, struggle, and bolt to the bell. Those who remain calm, those who are startled, those who rush without a thought, and the slow packers and movers, we are all interrelated through anticipation.

I want to devote more time to the space of anticipation and to disability as a spectrum of human experience in a constant state of flux. Tanya Titchkosky argues that disability is imagined as outside of the edges of human inclusion and legitimacy and that disabled bodies signify “impediments that must be gotten out of the way” (Titchkosky 82, 89). She proffers a pedagogy of in-betweenness, “one where we might learn how to ask new questions of our ordinary cultural narrations of the end/no-end dialectic of embodied existence” (92). In following her attention

to bodies that impede, I append intersex as also an imagined end of inclusion and legitimacy and as a pedagogic possibility within Queer, Disability, and African American Studies. Intersex archives are full of bodyminds on their way to usefulness.

This chapter focuses on the chain formed of individuals that get in the way and that block the path of perfect heteronormative, able-bodied and able-minded, and racist desire(s). Encountering intersex philosophy has made me attune to the ways and moments where my body gets in the way of my work and the ways that the production of Black feminist and crip-of-color criticism and pedagogy come to be embodied and relational. The source of my chronic illness is an endocrinological disorder, that aside from increasing the “risk” of cardiovascular disease, diabetes, metabolic syndrome, cancer, and mental health issues, has made my body increasingly and uninterruptedly androgenic, or, virile. This has, in turn, piqued my interest in the body-in-process.ⁱⁱ Instead of disregarding American endocrinological discoveries for more liberatory queer and feminist theories, I concern myself with the processes in and against both stationary beacons (biomedicine and feminism) in this chapter.ⁱⁱⁱ I use a “set of critiques and departures”^{iv} endowed by Black lesbian feminists to notate incoherence for a number of transgressive bodies that encircle the intersex archive.

I engage intersex and disability narratives and theories mid-battle as critics war over the best methodological approaches to each. This chapter would not be possible without the insights from Julie Avril Minich in “Enabling Whom? Critical Disability Studies Now” and Sami Schalk in “Critical Disability Studies as Methodology”. Minich introduces a compelling reconfiguration of Disability Studies *as* methodology that “involves scrutinizing not bodily or mental impairments but the *social norms* that define particular attributes as impairments, as well as the *social conditions* that concentrate stigmatized attributes in particular populations” (Minich, italics mine).^v I argue that intersexualization processes and practices require disability methodologies that evaluate the norms, conditions, stigma, and impairments that (in)form normative sexualities in America.

First, I amplify Merri Lisa Johnson and Robert McRuer’s *cripistemology* and crip theory to engulf intersex and I argue that disability, intersex, and queer knowledge(s) are “embodied and relational” (“Cripistemologies: Introduction” 142). In a roundtable discussion led by McRuer and Johnson, disability theorist Emma Kivisild illustrates cripistemologies as “...epistemologies of slipperiness and clouds of meaning” (“Proliferating Cripistemologies” 151). Unlike the presupposed fixity of identity-based epistemologies, crip theory and its cripistemologies “keep on turning,” and refuse to have one coherent understanding (McRuer qtd. in “The Bodymind Problem” 280).^{vi} Likewise, Sami Schalk argues that crip theory’s departure from Disability Studies, “expands the possibilities of

analysis in disability studies by moving away from more strictly medical, legal, and identity-based definitions of disability as an object of analysis” (“Critical Disability Studies”). Hence, crip frameworks are meaningful and appropriate for Critical Intersex Studies which is related to, but not necessarily, disability.^{vii}

As for *crip theory* itself, sociologist Justine Egner summarizes that crip theory “developed as feminist and sexuality scholars took up questions of the body through a purposeful amalgamation of disability studies and queer theory” (Egner 127). In the core text, *Crip Theory: Cultural Signs of Queerness and Disability*, Robert McRuer states that “crip theory might function as a body of thought, or as thought about bodies” that “questions—or takes a sledgehammer to—that which has been concretized; it might, consequently, be comprehended as a curb cut into disability studies, and into critical theory more generally” (*Crip Theory* 76, 35). Crip critique and praxis, McRuer clarifies, “will or should exist in productive tensions with the more properly academic project of disability studies,” hence, disability activism, politics, and art outside of the academy are the crux of crip theories (51). Given these crip principles, my dissertation mounts an epistemology replete with early crip theorists and artists, before they knew they were claimable as crip, foremost Audre Lorde and Gloria Anzaldúa^{viii} who brought disability and illness to the middle of racial, sexual, gendered, and national processes of othering.

Crip theory imagines that “an accessible world is possible” and attainable through “talking back” to Disability Studies (*Crip Theory* 71), and I include African American Studies.^{ix} As Black Queer Studies’ “*quaring*” of Queer Studies “throws shade on”^x inflexible (white) queer discourses, *cripping* sharply addresses ableism and compulsory able-bodiedness and able-mindedness in mainstream queer and disability theories. Disability Studies scholar Carrie Sandahl defines *crip* or *cripping* as “spin[ning] mainstream representations of practices to reveal able-bodied assumptions and exclusionary effects. Both queering and crippling expose the arbitrary delineation between normal and defective and the negative social ramifications of attempts to homogenize humanity...” (Sandahl 37). Sandahl claims that the practice of crippling, in fact, blurs the lines between ability and disability throwing Western knowledge into crisis. For this reason, Margaret Price designates crip politics as, “a way of getting things done—moving minds, mountains, or maybe just moving in place (dancing)—by infusing the disruptive potential of disability into normative spaces and interactions” (“The Bodymind Problem” 269).

Crippling and crip politics then, release disability from the negative and dehumanizing confines that norms locks bodyminds into.^{xi} However, Egner elucidates that, “as long as compulsory able-bodiedness permeates the popular imagination, disabled bodyminds can never truly be a preferred existence over able-bodiedness/mindedness, and therefore disabled people are not truly valued (no

matter how inclusive a society)” (Egner 129). My dissertation urges, like other recent Black feminist disability projects, that Black literary studies and African American studies to better address disability and compulsory able-bodiedness and mindedness in our analyses of Black health and critiques of normative culture (Bailey & Mobley 20; *Bodyminds Reimagined* 21-22).

This chapter’s concluding section addresses crip and disability pedagogies that harness melancholia as an opening and connection to Black vulnerability. I use myself as one of many narratives of embodied variance across this chapter. Here I stand as unclaimable within any one epistemological framework. Disidentifying with the limitations of US-based intersex archives, I apply Black lesbian feminist, crip, and disability theories to the archival remnants of Black sexualities. By doing so, I call for wider theories of embodiment within African American Studies, Critical Intersex Studies, and Disability Studies. The initiation of this middle allows scholars to both extend and retract methods that will enhance what are often considered separate fields of study.

New Spellings of Our Name: Crip of Color Critique and Unintelligibility

Crip-of-color critique, articulated by Jina B. Kim, “[intervenes] into ethnic American scholarship that envisions liberation primarily in terms of self-ownership and bodily wholeness, a crip-of-color critique instead asks what liberation might look like when able-bodiedness is no longer centered” (“Towards a Crip-of-Color Critique”). Steeped in women of color feminisms, crip-of-color critique assembles around the hope of marginalized knowledge and experience. In crip-of-color critique, decentering able-bodiedness and mindedness opens up the many possibilities that are lost in abled articulations. Jasbir Puar, on cripistemological thought recommends, “...modes of knowing such that what constitutes knowing itself becomes confused, disoriented, dissembled. If we are to refuse not only our place at the table but what the table itself mandates, we can afford nothing less” (Puar qtd. in “Proliferating Cripistemologies” 164). This dissertation shares Puar’s vision by challenging the archive’s knowability and (inter)disciplinary stability by continuously shifting past normative alignments and by throwing the bodies (and readings) that do not cohere into the gears of epistemological thought.

Crip-of-color critique provides a framework for the study of intersex that is focused on the legibility of genitalia and the mutilation and mutability of so-named “blank”^{xii} flesh. Elizabeth Reis remarks on the history of racialization and intersex mythology beginning in nineteenth century America. Reis argues:

In the nineteenth century many [physician] published articles about intersex conditions describe African Americans with various malformations, as if to suggest that monstrosity (an idea that lingered

from an earlier era) and blackness went hand in hand. In addition, the disquieting prospect that individuals could suddenly change sex, as some hermaphrodites seemed to do, paralleled the wearily national preoccupation with racial classification and the possibility (and fear) of mutable racial identity. (*Bodies in Doubt* xii)

Therefore, my usage of crip-of-color critique reads the processes of “malformation” and “monstrosity” as products of compulsory able-bodiedness and antiblackness. In other words, intersex deviance is a defining characteristic of racism’s erotic life.^{xiii} Though scholars have written about genital fascination and racism and/or Black sexual practices,^{xiv} this dissertation contributes Blackness and intersex to queer, crip, and feminist epistemology. Though, as I highlighted in the epigraph by Margaret Price, “to crip” is to make something happen, I argue that our attention does not have to turn to “what lies on the other side of transformation.”^{xv}

In fact, I want to argue against getting to the other side because this too presents resolution. I am more concerned with the processes, the stretches, breaths, disarticulations, and breakdowns that get in the way of transformation(s). This unsettles the problem with hoping or waiting for the softer cheek of crip transformation.^{xvi} Puar notes, “...cripistemology does not have to reproduce the violence of the mandate of Western knowledge as able to know its object.”^{xvii} Or, to know where such objects are going. Indeed, my project rests on uncertainty. Crip-of-color critique, according to Kim, “honors vulnerability, disability, and inter/dependency, instead of viewing such conditions as evidence of political failure or weakness...” (“Toward a Crip-of-Color Critique”). Therefore, crip-of-color critique is caretaking in transit.^{xviii} Or, it may be the type of praxis Kara Keeling suggests that reaches out to “those we want to look for so that we can look out for and look after them” (Keeling 577).

The Erotic as (Crip) Power

The erotic is part of this crip-of-color methodology.^{xix} However, erotic autonomy for marginalized people is fraught. Consent cannot be understood through normative, ableist frameworks that assume an autonomous, nonexploited, and coherent body. Amber Jamilla Musser, Joseph J. Fischel, and Hilary R. O’Connell have argued that consent and sexual autonomy for people with disabilities ought to be reimagined to centralize “human capability rather than choice” (Fischel & O’Connell qtd. in “Consent, Capacity” 225). With this framework, the erotic is arguably a form of crip and intersex power. While most uses of Lorde’s erotic stay true to her lesbian feminist-of-color standpoint, fewer

theorize the erotic as operable precisely through the interlocutor of impairment, illness, and disability.

In this dissertation, the erotic speaks to the bodyminds that theorize, that feel, and that call forth of other desiring and desirable selves (*Bodyminds Reimagined* 4-6; “The Bodymind Problem” 269). Case in point, Lorde used disability as metaphor and disabled experience in her works to call attention to ableism in the matrix of domination. Upon receiving news from her physician about her cancer in the early 1980s, Lorde journaled in “A Burst of Light” that “the struggle with cancer now informs all my days, but it is only another face of that continuing battle for self-determination and survival that Black women fight daily, often in triumph” motioning to the debilitating and devastating impact(s) of multiple oppressions (“A Burst of Light” 81). Her reclamation of erotic power occurred through her battle or warrior trope that freed her from the repression that blocked sensuality, choice, and connection.

M. Jacqui Alexander meditates on the erotic’s locational possibilities in *Pedagogies of Crossing*. Alexander couples Lorde’s “battle for self-determination and survival” with the struggles women of color globally face and to the objectivities of decolonial feminisms. Alexander explains, “It would seem that at this moment many women of color have returned home, not necessarily to the homes they once vacated but to a new temporality, a new urgency, to the cultures we had not fully known” (268). And almost 15-years later, women of color feminists are arguably returning to impairment, illness, and disability with urgency. Challenging the academy to vigorously attend to disability cultures, Bailey and Mobley insist that, “Black Studies and Disability Studies need to consider that Black women and other women of color do most of the labor in the service of disability despite the impact on their ability to care for themselves or their families. Caregivers are often engaged in debilitating work for disabled people and become disabled themselves (Moore 2015)” (Bailey & Mobley 32). Thus, what is at stake in claiming that the erotic is hardened by debilitating care-work, social and academic isolation, and limited epistemic frameworks? Though I have etched a methodology of caretaking in transit that is necessary for my archival work, disability critiques, like those waged by Bailey and Mobley, affirm what is at stake in caretaking itself.

Lorde, too, clarified the relationship between the erotic and labor by way of disability metaphor in “Uses of the Erotic”:

...the principal horror of such a system is that it robs our work of its erotic value, its erotic power and life appeal and fulfillment. Such a system reduces work to a travesty of necessities, a duty by which we earn bread or oblivion for ourselves and those we love. But this is

tantamount to blinding a painter and then telling her to improve her work, and to enjoy the act of painting. It is not only next to impossible, it is also profoundly cruel. (*Sister Outsider* 55).

She argued that sensuality, desire, and joy were curtailed by capitalist production. Lorde's disability metaphor is a signal to the unrecognizable human experiences that situate disability, Blackness, femaleness, and queerness (including sexual ambiguity). Furthermore, she utilized a theory of debilitation via blinding metaphor to critique capitalist exploitation, erotic repression, and violence. I focus on the act of forceful *blinding* and mechanisms of debilitation instead of on the "blind" painter, which may be read as an ableist usage of disability metaphor. The blinded painter is forced to produce work through and despite violent maiming. Creative and theoretical work(s) without feeling are "next to impossible and profoundly cruel" (*Sister Outsider* 55). Thus, crip-of-color critique and a Black feminist disability framework, "reconceptualizes our ideas about work and labor" to understand the ways in which they are necessarily debilitating to people of color globally (Bailey & Mobley 33).

Lastly, Lorde defined the erotic as spiritual and as the "psychic and emotional" aspect of power that is inseparable from our political strivings. For nonwhite people, the psychospiritual has been pathologized and interpreted as an affective manifestation of "primitive" thinking (*Borderlands* 59). Yet mythology was at the core of Lorde's world-making. Synonymously, M. Jacqui Alexander affirms the role of spirituality toward a practice of interdependence. She insists:

We must constantly envision [shifts in consciousness] as we devise ways to practice the building of communities (not sameness) over and over again. We can continue to hold onto a consciousness of our different locations, our understanding of the simultaneous ways in which dominance shapes our lives and, at the same time, nurture the erotic as that place of our Divine connection, which can in turn transform the ways we relate to one another. (*Pedagogies* 283)

Medicine and medical archives are one location "in which dominance shapes our lives" and thusly, where spiritual, political, and erotic possibility ought to be considered in relation to pain, pathologization, and ableism. What could it mean to create a crip-of-color consciousness that recognizes corporeal and cognitive variance as a source of "Divine connection"? This task would require a disability analytic that keeps track of what and who is lost to medicalization. Alexander proposes an idea of an "archeology of living memory" as an active remembering of what would otherwise be lost. Alexander queries, "can we intentionally remember,

all the time, as a way of never forgetting, all of us, building an archeology of living memory” (*Pedagogies* 278)? The disability methodology in this project sees remembrance through crip praxis, a praxis that revises non-ableist ways of remembering and recollection from diverse bodyminds.

From Being to “Being-in-Common Together”

For Merri Lisa Johnson and Robert McRuer, *cripistemology* signifies a common marginality and exploitation that has been the basis of women of color feminisms and queer of color critique. Cripistemologies are indebted and products of the queer and feminist thought produced in this chapter. Johnson and McRuer assert, “...the creative vision of women of color feminism as it attended to what was happening, differentially, to bodies and minds caught up in the transformations taking place, rejected processes of pathologization and making-deviant, and gestured outward to new ways of *being-in-common together*” (“Cripistemologies: Introduction” 138, emphasis mine). This movement from inward to outward “ways of being-in-common” is an expansion from individual identity (*being*) to collective (*being-in-common*). This is to say that archived intersex narratives, women of color feminist theories of interconnectivity and desire,^{xx} and my personal testimonies together are indicative of a crippled-commonality.

Beyond commonality, disability sociologists frame disability as a “doing” rather than a being. Keith Brown, et al. advance “doing disability” with Candace West and Don Zimmerman’s core sociological gender theory of “doing gender” with Michael Omi and Howard Winant’s sociological “racial formation” theory. For Brown et al., disability, like race and gender, is “*made and remade* through interactions with individuals and with institutions” (Brown et al. 4). *Doing* disability entails referencing disability as fluid, relational, and in process (Brown et al. 4; Barbour et al. 154; Patsavas 213). Furthermore, literary scholar Rebecca Sanchez argues that doing disability, “[replaces] disclosure’s emphasis on labels (on something that one is) with...disability as something that one does” (Sanchez 217). By resisting compulsory efforts to make “one’s body legible to the gaze” and by refusing to “produce disability as a stable truth” (Sanchez 212, 214), doing disability is a powerful tool, that in my estimation attempts to crip even Disability Studies’ normative inclinations.

Each of my dissertation chapters offers varying relationships with disability based on geographic, racial, sexual, historical, and pedagogic circumstances that are considerably examples of doing disability. However, Margaret Price makes the following point about social interaction and disability when she asserts, “the claim that identity emerges interactionally is incomplete if one overlooks the fact that not everyone can access interactions equally” (“The Bodymind Problem” 271). Therefore, disability as disclosed embodied experiences, especially experiences

from nonwhite and queer people, are also critical to the development of cripistemologies of color.

My disclosures inform how I relate to archival materials, labor, and disability over time. My ability to sit and work with and without pain evolves; thus, I approach disability with openness, knowing personally that “stable truths” about disability are nearly impossible. Cripistemologies, in turn, configure pain and trauma as a collective undertaking. Alyson Patsavas puts forth a “cripistemology of pain” that recognizes disability pain as “a process of knowledge production that situates pain within discursive systems of power and privilege” (205). Patsavas argues that Disability Studies often avoids pain(ful) talk because in Western culture pain connotes “an isolating, devastating experience” tethering disability to undesirability that, in turn, might appear counter to the field’s production of non-ableist epistemologies (203).

Contrary to Disability Studies’ reluctance to discuss pain in its desire thematic, Price asserts, “[U]nderstanding what it means to desire disability cannot be achieved without full consideration of desire’s counterpart and sometimes co-conspirator: pain” (“The Bodymind Problem” 274). Because of this, “think[ing] pain otherwise” is a radical departure from the limitations of (some) disability theories (Patsavas 216). I imagine a crip-of-color methodology, enlightened by Patsavas’ cripistemology, that is also comprised of mental and emotional pain. Venturing to reveal more of our painful binds with disability may invite in Black American histories of violence, violation, and trauma.

However, disability pain may be privileged territory. In one vein, Price notices that, “the larger DS turn toward desire seems unsure of what to do with pain. In particular, it seems unsure of what to do with what I would call *unbearable pain*—that is, the sort of pain that impels one to self-injure or to consider or attempt suicide” (“The Bodymind Problem” 276, emphasis mine). However, I add to her definition of *unbearable pain*, the intergenerational and cultural pain and psychic distress communities of color carry wearily at all times. This fact has led Bailey and Mobley to stress that, “Black people cannot afford to be disabled when they are required to be phantasmically able in a white supremacist society” (22). Therefore, by listening to the pain from people disallowed from speaking it, crip and disability interventions address psychological and physical wounding and stigma not as vulnerable points of *disconnection*, like the gaps between Disability and African American Studies, but of being-in-pain together. And if, as Matt Richardson argues, “desire enters as an organizing principle through which Black history can be interpreted” (“No More Secrets” 73), then crip-of-color desire and pain engender a throat-clearing type of kinship. This turn brings about a renewed language and *gathering methodology* for Black storytelling.^{xxi}

Other Types of Middle Passages: Following Half and Halfs and Neither/Nors

Imagine a history that was unheard,
not repeated.
A theory of darkness, without light, color, shadow.
Succulent. (*Yabo* 19)

This chapter is a backwards siphoning of sorts, fingernails in the walls of epistemological thought to seal back into place the intricates of feminist and queer theorization. As Alexis De Veaux muses in *Yabo*, from the above epigraph, this theory and methodology is a history unheard but not unwritten. Forgotten, maybe, but repeated here. The succulence of this darkened path is the coherent lightness created by stripping and distilling Black feminist thought to its most digestible portions. Here, I re-paper the walls and refuse to let light in. Instead, I settle in the ambiguity of darkness and in the succulence of desiring the undesirable.

Navigating intersex archives pose other theories of darkness and absence. Hilary Malatino, in “Gone, Missing: Queering and Racializing Absence in Trans & Intersex Archives,” concurs that, “in the rare moments that folks of color appear in these archives, they are framed, in accordance with the logic of the “dark side” of the colonial/modern gender system, as deviant, sexually perverse, and culturally both aberrant and anachronistic” (168). Beyond the West’s limited conceptualization of the human and biomedicine’s capacity to represent corporeal and cognitive diversity, the first thrust away from encountering pathology in the archives may be to reclaim difference as power.

While Malatino’s project is in the archive’s representative inequality and the sociomedical history of denial of service to nonnormative trans and intersex people of color (and poor white people), my dissertation examines the biomedical and literary imaginary rendered based on these “absences” or gaps. But can we discuss the unavailability of people of color in intersex (and trans) archives as something other than an absence? Absence signifies a desirable presence with human potentiality. This would mean that archives were intended to “look out for” our bodyminds and to register us as missing.^{xxii} As we know that this is not the case, the following reading volunteers Lorde and Anzaldúa’s writing as search party.

Though my dissertation spans the late 1940s-1960s, I was drawn to a 1930s patient case from Dr. Hugh Hampton Young’s *Genital Abnormalities, Hermaphroditism, and Related Adrenal Diseases*. Due to the limited number of Black intersex patient cases, one must resist set notions of chronology and linearity. I have read across, backward, into the future, and into myself, not to make sense or to confidently “know” as Puar cautions, but to participate in feminist and crip praxis and to draw attention to the failures in traditional archives.

In Young's chapter entitled, "Hermaphrodites: Sex Undetermined," Dr. Young recounted case number fourteen, patient Emma T. Emma is described as "a snappy [dressed] young negro woman" (Young 141). "Snappy" referred to her fashion forwardness. Pictures accompany Young's description.^{xxiii} Upon asking Emma if she was content with her life, she replied, "I feel, sometimes, as if I should like to be a man. I have wondered why my passions always have been directed towards women" (142).^{xxiv} Being that physicians were trained to align sexuality, gender, and sexual organs, Emma's desire was interpreted as a product of her internal "male" sex organs, easily remedied through surgery. I argue that Lordean erotics and Black lesbian feminism broadly provide an alternative language and set of critiques for Emma's "passion" and desire.

Emma's complicated desire to be 'something like a man' and her passions towards women conjure Lorde's prologue to *Zami*. Lorde declaimed, "I have always wanted to be both man and woman, to incorporate the strongest and richest parts of my mother and father *within/into* me—to share valleys and mountains upon my body like the earth does in hills and peaks" (*Zami* 7; italics mine). Instead of interpreting Emma's wish as purely a type of lesbian or queer desire, I contend that her narrative calls forth intersex embodiment as another imagined possibility. In her prologue, Lorde did not see her body as incompatible even as she desired legible sexual dimorphism. Contrary to duality, Lorde's image of hills and peaks suggests a contingent existence and a natural formation of the flesh. I theorize Emma's "liking to be a man" and her eventual refusal of surgery that would "make her into a man" as in dialogue with Lorde's canvassing of her body.

Gloria Anzaldúa similarly illustrates the melding of male and female in "Half and Half" from *Borderlands/La Frontera*:

There was a *muchacha* who lived near my house. *La gente del pueblo* talked about her being *una de las otras*, "of the Others." They said that for six months she was a woman who had a vagina that bled once a month, and that for the other six months she was a man, had a penis and she peed standing up. They called her half and half, *mita' y mita'*, neither one nor the other but a strange doubling, a deviation of nature that horrified, a work of nature inverted. But there is a magic aspect in abnormality and so-called deformity. Maimed, mad, and sexually different people were believed to possess supernatural powers by primal cultures' magico-religious thinking. For them, abnormality was the price a person had to pay for her or his inborn extraordinary gift.

There is something compelling about being both male and female, about having an entry into both worlds. Contrary to some psychiatric

tenets, half and halves are not suffering from a confusion of sexual identity, or even from a confusion of gender. What we are suffering from is an absolute despot duality that says we are able to be only one or the other. It claims that human nature is limited and cannot evolve into something better. But I, like other queer people, am two in one body, both male and female. I am the embodiment of the *hieros gamos*: the coming together of opposite qualities within. (41)

The young girl, a “deviation of nature,” sets an Othered path on fleshy land. The girl was not a deviation *from* but *of* nature (*Borderlands* 41). While Anzaldúa’s flip of deviation was valorized by the “primal culture’s magico-religious thinking,” in the passage, the young girl’s body simply was (in)different. Emma T’s refusal for surgery, motivated by the economic security of marriage, can be read as another turn back to the body as is.^{xxv} As Emma T separated her vagina from the economy it served, to the pleasures she had (with women) or did not (with men), she saw all parts of herself, perhaps disharmonious but quintessentially her. “I think I’ll keep it and stay as I am” (Young 142) is a command unlocking a chasm, which is similarly remarked upon by both Lorde and Anzaldúa.

Moreover, remaining in one’s body is not necessarily static. In Anzaldúa’s words, “there is something compelling about being both male and female, about having *an entry into* both worlds” (*Borderlands* 41, emphasis mine). This “entry” also appears in *Zami*. Lorde wished for passage when she hoped, “I would like to enter a woman the way any man can, and to be entered...” (*Zami* 7). Namely, to gain entry through a body engenders capacity beyond the metaphorically and/or mythologically queer. *Some* bodies have such possibilities. The purpose of Lorde and Anzaldúa’s storytelling, I argue, takes the “maimed, mad, and sexually different” as sparks for being-in-common together. Remembering their stories is an exercise in imagining accessible elsewheres, which will help us form “something better” (*Borderlands* 41).

Roderick Ferguson further cultivates Lorde’s elsewhere to somewhere or something else in *Aberrations in Black*.^{xxvi} Ferguson writes, “being “something else” was not a task restricted to the realm of personal identity but extended to social practice as well” (Ferguson 133). M. Jacqui Alexander, as well, imagines “the doing” of our being-in-common together. She questions “How do we, in our alternative movements, construct a collectively imagined future that takes account of these dismemberments, fractures, migrations, exiles, and displacements that have been part of these processes of domination?...Our challenge within oppositional movements is to invent home in different spaces that cross geography” (“Not Just (Any) Body” 22). Hence, intersex, half and halves, boths, and neither/nors represent other positions from which we can theorize a collective

“something else” and a distinct reality and site of difference our political in-commonness has accounted for. Moreover, “maimed, mad, and sexually different people” (*Borderlands* 41) that are neither pathological nor distressed but “suffering from...an absolute despot duality that says we are able to be only one or the other” is at the heart of crip-of-color epistemology. Likewise, liberatory coalitions and a “poetics of survival”^{xxvii} forge crip commonality. And if queer people are “the embodiment of the *hieros gamos*: the coming together of opposite qualities within” that Anzaldúa argued, then her general upliftment of embodied difference also speaks clearly to intersexuality.

Furthermore, Lorde and Emma’s anatomies speak to and into each other. Emma’s depth, clinically narrated by Dr. Young, is written as “...between two ridges which suggested labia minora. These were separated by a *deep* depression on each side” (Young 141, emphasis mine). On the other hand, Lorde’s interchangeable depth was always described through the language of the erotic. She wrote, “I love to *feel* the deep inside parts of me, sliding and folded and tender and deep” (*Zami* 7, emphasis mine). By *folding* Lorde’s and Emma’s narratives into each other, by not discarding medicalization and the knowledge therein, but by supplementing clinical non-feeling with Lorde’s reanimation of feeling, the erotic opens intersex archive up to other uses.^{xxviii}

However, such “uses of the erotic” are incompatible with the pornographic or “sensation without feeling” (*Sister Outsider* 54). I have argued in the previous chapter that surgeons’ crafting of ambiguous bodies as a response to the “social emergency” of intersex created postsurgical bodies without (or with decreased) sensation and feeling.^{xxix} For example, Reis clarifies that according to Dr. Money’s instruction, “...what came to matter most to optimum personality integration was the congruity between external genitalia, the sex of rearing, and the patient’s psychological sense of wellbeing as male or female” (*Bodies in Doubt* 116). His revisioning of intersex bodies deliberately disposed of ambiguity, queer sexualities, and erotic autonomy. Advocating for the erotic, Lorde stated:

When we live outside ourselves, and by that I mean on external directives only rather than from our internal knowledge and needs, when we live away from those erotic guides from within ourselves, then our lives are limited by external and alien forms, and we conform to the needs of a structure that is not based on human need, let alone an individual’s. (*Sister Outsider* 58)

As I have argued in the first chapter, American biomedical structures produced normative sexualities that best exhibited America’s democratic character, despite the existence of queer subject formations.^{xxx} Coercive intersex

management could be said to have promoted the separation of the erotic self—the self with the *capacity to choose* what felt right even under racist, ableist, and heterosexist domination.^{xxxii} I propose that Emma’s narrative is now relatable through the erotic that authorizes the capacity of crip-of-color critique to hold and share difference.^{xxxiii}

Conclusion: Desire and Loss as Transgressive Pedagogical Tools

In this final section, I join disability methodologies, pedagogy, and the erotic as crip-of-color epistemology. Minich and Schalk agree that Disability Studies as methodology requires a pedagogical position that “can be a way of shifting our students’ perspectives on the world” by “helping students understand (dis)ability as a social system that impacts all of us in a wide variety of systemic and quotidian ways” (“Critical Disability Studies”; Minich). Moreover, bell hooks, about uses of the erotic in the classroom, argues that “*to call attention* to the body [in the classroom] is to betray the legacy of repression and denial that has been handed down to us by our professorial elders, who have been usually white and male” (191, emphasis mine). In response, we may argue that to actively teach disability, queer, trans and intersex studies is to *call attention to* the body. The erotic as conduit provides a suspended breath for us to revisit what has been marked as unusable, inanimate, immobile and counterproductive within us.

This is of course risky. Chicana feminist scholar AnaLouise Keating insists that taking this risk requires “listening with raw openness” (Keating 52-53). Keating warns, “Listening with raw openness can be dangerous! When we listen...we make ourselves vulnerable: we risk being wounded” (53). Unlike ableist metaphors that claim woundedness and debilitation as incapacities and roadblocks to connection and liberation, Keating suggests woundedness as desirable and unavoidable.^{xxxiii} She continues, “[Listening] begins with the belief in our interrelatedness and with the subsequent willingness to posit and seek commonalities—defined not as sameness but as intertwined differences and possible points of connection” (54). In the previous section of this chapter, I refrained from alleging *sameness* through the interrelated narratives from Lorde, Emma T, and the muchacha down the street from Anzaldúa. Instead, being-in-common together is the bond.

Additionally, crippled pedagogies challenge the very nature of knowledge formation, the demand to produce, and the working body as able-bodied. Subsequently, Minich contends that teaching “must be a methodology that proceeds not from narrowly-defined notions of what “counts” as a disability but one that seeks to radically disrupt the multiple sociopolitical ideologies that assign more value to some bodies and minds than to others” (Minich). This leads us to examine the limitations of crip approaches that demand some mythical base level

of cognitive function. Mel Chen, in “Brain Fog: The Race for Cripistemology,” proposes a pedagogical approach to cognition and disability through their classroom interactions. Chen reveals:

Whereas I once led a class in which I hid an occasional inability to process what my students were saying, today, having summoned pragmatism and courage in part derived from immersion in a range of locations, including the collective work of disability studies, I am open with my students on days I feel far from intellectually optimal, heightening our awareness of the shared project of pedagogy. It is then that my wish for shared epistemologies that can be developed together among differently cognating beings becomes most acute—even, or especially, in the university. (172)

Chen’s cognition, the moments when they are unable to think or produce what the university requires of them, even in a field that should acknowledge the ableism of the system to begin with, speaks to desire, loss, and interrelatedness that crip-of-color critique should and can address through pedagogy. Chen further claims that cognition and bodily essence are racialized constructs and questions, “who gets to begin, in the eyes of others, with a body? And who gets to begin, in the eyes of others, with a mind” (176)?^{xxxiv} Crip-of-color critique may decenter whiteness and compulsory able-mindedness from Disability and Crip Studies. This turn would honor the subjugated knowledges and experiences of those who continue to slow down or get-in-the-way-of Western theory creation.^{xxxv}

An Ovarian Intermission: On Mourning

At the moment I am sitting in a chair. I have sat longer than I can handle unmaking and making^{xxxvi} painful worlds all while seated. No longer able to ignore the raw scraping of my ovaries inside of a pelvis they have long outgrown, I place two bawled fists to my ilium as I bend back into the screeching stretch that makes space out of no room^{xxxvii} for my tightly-housed organs. I hold a prolonged breath and in the backwards bridge^{xxxviii} of my spine all of my euphoric thoughts crease the corners of my mouth. This loss of composure, predicated on the hormonal battle under my skin, makes its way into my intellectual process. My ovarian objections have a way of reminding me of the sheer inability of my body to cohere. As a result, I work from the position of what Robert McRuer has suggested as an alternative to composition, productivity, and self-possession. He argues “for the desirability of a *loss of composure*,” a loss through which new formulations of identities and communities might be imagined (“Composing Bodies” 50, emphasis mine).

Moreover, Alison Kafer challenges Disability Studies to “develop crip-focused stories of loss” that inarguably fit with the desire for a loss of composure (“Un/Safe Disclosures” 6). The classroom, for Kafer, compels disability disclosure and demands better strategies to respond to trauma(s) that may arise (“Un/Safe Disclosures” 17). In other words, we need disability pedagogies founded on *access* rather than *accommodation*, which is designed to assimilate, standardize, and suppress difference. Namely, Minich determines that “providing access statements on syllabi when university accommodations fall short means that the labor of access becomes individualized rather than institutionalized” (Minich). The labor of access includes care-work, stress, and bodily and psychic pain that sits atop the already tedious and unequally-burdening work placed on disabled, queer, and women of color in the academy.^{xxxix} Therefore, we need the type of access and accessibility disability activist and scholar Mia Mingus envisions as “denoting spaces where people are “able to stay in our bodies as much as possible, take care of our disabled selves, and be part of the community that [is] coming together”” (Mingus qtd. in “Un/Safe Disclosures” 3). As well, Ellen Samuels emphasizes “mental and emotional access” that allows us to stay in our minds (and bodies) as much as possible (“Passing” 19).

With this intention, I want to tend to the classroom as a site of loss and as a site that loses people. And if, as Éva Tettenborn asserts, “Melancholia in contemporary African American literature is connected to another potentially disabling mental experience, the traumatic event” then melancholia (and mourning) “affirms the existence of the African American self, for without a self, no melancholia can exist” (Tettenborn 113, 116). Can African American Studies’ classrooms become spaces to commemorate disability loss and pain as a testimony of being-in-common together? Can we “slip into a mourning” (Kuppers 30) over the loss of Black bodymind diversity, or of how we are prohibited from embodying impairment,^{xl} or from letting go and breaking out of our bodies and minds as acts of “intentional transgressive power” (“The Illest” 143)? Can we share pain in the classroom through, what Margrit Shildrick^{xli} and Alyson Patsavas refer to as, our “leaky bodies” which “[understand] pain as a fluid, relational, and leaky experience that flows through, across, and between always-already connected bodies” (Patsavas 213)? And can we read each other less as disabled texts to be marveled at and instead as “genuinely desir[able]” (Sanchez 223-224) people to connect with?

Queer disability activist and scholar Eli Clare voices the grief and loss endemic to his experience(s) as (gender)queer^{xlii}, white, and disabled, in *Exile and Pride: Disability, Queerness, and Liberation*. In the following passage he speaks to the failure of heterosexist, ableist, and gender normative ideals as they make contact with his body from adolescence onward. His early dislocations from

normativity are teachable moments. As classroom pedagogy, narratives like Clare's reveal the space between^{xliii} ideals of the body and mind and of the actual body and mind in process, its limitations, and a language for messy articulation(s).

From the chapter "Stones in My Pockets, Stones in My Heart" in *Exile and Pride*, Clare explains:

[O]ur bodies are not merely blank slates upon which the powers-that-be write their lessons. We cannot ignore the body itself: the sensory, mostly non-verbal experience of our hearts and lungs, muscles and tendons, telling us and the world who we are. My childhood sense of being neither girl nor boy arose in part from the external lessons of abuse and neglect, from the consuming messages about masculinity and femininity that I could not comprehend; I would be a fool to claim otherwise. But just as certainly, there was a knowing that resided in my bones, in the stretch of my legs and arch of my back, in the stones lying against my skin, a knowing that whispered, "not girl, not boy."

...

How do we negotiate the lies and listen to our bodies? I think about my disabled body, my queer butch body read as a teenage boy. The markers of masculinity—my shaved head and broad stance, direct gaze and muscled arms—are unmistakable. And so are the markers of disability—my heavy-heeled gait; my halting, uneven speech; the tremors in my hands, arms, and shoulders. They all twine together to shape me in the ableist world as disabled people. The second arises from the gender binary, where if I am not recognized as a woman, then I am presumed to be a man or more likely, given my lack of height and facial hair, a teenage boy. These external perceptions match in large part my internal sense of gender, my bodily comfort with gender ambiguity. But if the external and internal didn't match, what then? (129, 131)

Clare's use of "blank slate" conjures Dr. Money's gender role theory ("Lexical History" 21; Rubin 33). Clare leads with the suggestion of the social ascription of other identities, primarily disability. He also claims that identity covers over the physiological body that does not obey power's naming. Conversely, this implies that our counternarratives, as liberatory as they may be, may also conceal our awareness of the body, mind, and to the "sensory, mostly-non-verbal experience of our hearts and lungs, muscles and tendons, telling us and the world who we are" (129). Clare's challenge to the constraints of naming is to choose otherwise. His childhood lesson(s) of abuse and violence made male and

female untenable categories of human existence. Thus, Clare's refusal to cohere lays bare ableist desires.

If any knowledge is to be derived it is that which "resided in [Clare's] bones, in the stretch of [his] legs and arch of [his] back" rather than what 'known' counternarratives have taught him. Mel Chen contends that Clare's "intimate co-relation, one defined by both integrality and proximity" (*Animacies* 217) proffers transformation and new assemblages. Likewise, Clare's sense of a somatic knowing, much like what AnaLouise Keating tenders, incorporates listening to the bodymind, finding comfort in ambiguity, and pressing the question of the individual self in relation to others. Clare then discusses disabled gender embodiment through a conversation with a group of women who are heterosexual, feminine, and disabled. The women's desire(s) to have legible gender and sexual identities that are not queered or desexualized based on the perceived nonnormativity of disability intersect with Clare's impossible desire(s).^{xliv}

He reflects, "is it any surprise that sometimes my heart fills with small gray stones, which never warm to my body heat" (*Exile & Pride* 131)? This marks the disjuncture between the weightiness of the external world against his body and the incompatibility of this arrangement. In kind, McRuer proposes that crip bodies and criticism, "can help to keep our attention on disruptive, inappropriate, composing bodies—bodies that invoke the future horizon beyond straight composition" ("Composing Bodies" 57). Clare's disruption, or refusal to warm up to ableist and heterosexist assumptions about his body is at the heart of crip theory. Crip-of-color critique, in the analogy of gray stones in the heart, may then ask why heartwarming cannot occur. And just what occurs between the stones and ventricle walls in the absence of this heartwarming is where the rest of this dissertation makes home.

NOTES

ⁱ. "An Archeology of Living Memory" is a turn of phrase used by M. Jacqui Alexander (*Pedagogies of Crossing* 278).

ⁱⁱ. Judith Butler, in "Athletic Genders," stages the athlete's body as, perhaps, the closest representation of an imagined ideal. Yet, even in its representation, it fails to fully "capture" that ideal. Butler then argues that we see in gender norms the imaginary ideal that athletic bodies transform. She contends, "such norms work as a set of imaginary ideals that function in at least two ways: first, they are ideals by which gendered bodies become recognizable; second, they are ideals which no gendered body fully or exhaustively embodies" ("Athletic Genders"). This has inspired my interest not only in the queerness of imaginary ideals but in the process and "contortions" bodies undergo towards these ideals. In the case of

intersex and other nonnormative gender embodiments, perhaps it is the processes of decomposition and the slide towards unrecognizability that marks these bodies, including my own, as anything other than ideal. I track these processes throughout this dissertation.

ⁱⁱⁱ. While my work would be impossible without the theorizations put forth by women of color feminists, particularly lesbian of color feminists, feminist history of recovery praxis has covered over other forms of embodied difference through more monolithic lesbian or queer labels that overwhelmingly define same sex and/or nonnormative connections. Adrienne Rich's "Compulsory Heterosexuality and Lesbian Existence" is the most influential expression of this. Jack Halberstam, notes "...this use of the term "lesbian" erases the specificity of tribadism, hermaphroditism, and transvestitism and tends to make lesbianism into the history of so-called women-identified women" (*Female Masculinity* 51). Likewise, Matt Richardson has written of African American history, compulsory heterosexuality, and heterosexism and cites the same problem of lesbian (and woman) reductionism. Richardson asserts, "[Rich's] theory of a lesbian continuum reduces all intimacies between all people identified as women by the dominant culture as lesbian, thereby erasing bisexual and transgender experiences, not to mention a host of other identities, bodies, and histories" ("No More Secrets" 63). However, what Rich and others have provided should not be undervalued. Their attempts to produce categorical impediments to the norms of heterosexual proximity serves as the groundwork for this project.

^{iv}. Interpreting Audre Lorde and Barbara Smith's "lesbian" definition, Roderick Ferguson argues that "lesbian" is "*a set of critiques* of heterosexuality and patriarchy. Rather than naming an identity, "lesbian" actually identifies a *set of social relations* that point to the instability of heteropatriarchy and to a possible critical emergence within that instability" (127, emphasis mine). Thus, I refer to lesbian feminism as endowing a set of critiques and social relations that are applicable to intersex.

^v. Likewise, Rosemarie Garland-Thomson proposes "disability as a reading of the body that is inflected by race, ethnicity, and gender" (9).

^{vi}. Halberstam, in the "Proliferating Cripistemologies" roundtable, concurs that "any cripistemology worth its name should identify modes of not knowing, unknowing, and failing to know. If conventional epistemologies always presume a subject who can know, a cripistemology will surely begin and end with a subject who knows merely that his or her ability is limited and that they body guarantees only the most fragile, temporary access to knowledge, to speech, to memory, and to connection...a cripistemology should give rise to a politics of radical passivity, a refusal to inhabit the realm of action and activation at all" (152).

vii. Though intersex is classifiable as a reproductive ‘disease/disorder’ it is not impairment in the way that Disability Studies defines disability. However, they are linked by compulsory able-bodiedness, negative metaphors of corporeality, and can/have been joined in political struggle. In the following chapter, disability and intersex are both present in the intersex archives as seen through Dr. Money’s “Two Cases.”

viii. For McRuer’s claiming of Gloria Anzaldúa as crip see *Crip Theory* 37.

ix. Sami Schalk argues that for crip theory is “especially important when discussing the work of racially marginalized writers because the social system of (dis)ability has a different impact on and meaning for such populations due to race” (*Bodyminds Reimagined* 10).

x. E. Patrick Johnson and Mae G. Henderson assert that, “Just as [Michael] Warner argues that “people want to make theory queer, not just have a theory about queers,” we want to *quare* queer—to thrown shade on its meaning in the spirit of extending its service to blackness” (7). Crip, then, *crips* disability—and crip-of-color further *crips* crip and disability theories “in the spirit of extending its service to blackness” and other racially marginalized theories. Margaret Price clarifies their conjoined development but marks their “distinct historic path[s]” as to avoid conflation and erasure (“The Bodymind Problem” 270).

xi. Additionally, “claiming crip” as an act of solidary and coalition-building is also of necessity, though out of the scope of this chapter. For more on claiming crip see “Coming to Claim Crip”.

xii. This is in reference to Dr. John Money’s explication of the bodies of his intersex patients as “an unnamed blank that craved a name” (“Lexical History” 66; Rubin 33).

xiii. I refer here to Sharon Holland’s *The Erotic Life of Racism*, particularly to her defining of erotic desire and quotidian racism. Holland contends, “So often our “racist” culture is held as separate and apart from our desiring selves. To think about desire is to arrive at a queer place...In essence, I am opening the door to a notion of the “erotic” that oversteps the category of the autonomous so valued in queer theory so as to place the erotic—the personal and political dimension of desire—at the threshold of ideas about quotidian racist practice” (9).

xiv. For other studies about genital legibility and race see Snorton; Markowitz’s 43-55; *The Queer Limit* 107-135; Somerville; “Spectacles and Scholarship” 761-785; Spiller’s 64-81.

xv. Price qtd. in “Proliferating Cripistemologies” 154.

xvi. See *The Promise of Happiness* 181-183.

xvii. Puar qtd. in “Proliferating Cripistemologies” 163.

xviii. Also, on the idea of caretaking in/as transit, Margaret Price hopes for a disability feminist ethics of care that regards care as “moving together and being

limited together. It means giving more when one has the ability to do so, and accepting help when that is needed. It does not mean knowing exactly what another's pain feels like, but it does mean respecting each person's pain as real and important" ("The Bodymind Problem" 279).

^{xix}. For other readings of Lorde's work and disability theory and methodology see Garland-Thomson 126-129.

^{xx}. Additionally, for the concept of "mutual vulnerability" see Nash 111-131.

^{xxi}. "Gathering methodology" is a direct reference to Ahmed's use of "gathering" (*Queer Phenomenology* 24). In a similar invocation, my use of "throat-clearing kinship" is a call to Christopher Bell's introduction to *Blackness and Disability* wherein he cites Anne Finger's re-memorializing of Emmett Till through his speech impediment (Finger qtd. in *Blackness and Disability* 2). Bell claims that, "the work of reading black and disabled bodies is not only recovery work, as demonstrated in previously mentioned discussions of Tubman, Till, and Byrd, but work that requires a willingness to deconstruct the systems that would keep those bodies in separate spheres" (3). Likewise, Bailey and Mobley contend, "this is not a project of posthumously assigning people a label that they wouldn't have chosen for themselves but looking critically at the context of a life and thinking through disability as an equally powerful force in shaping a person" (Bailey & Mobley 16).

^{xxii}. Keeling 577.

^{xxiii}. Emma's eyes are covered with tiny black boxes, a common practice in medical photography. However, Dreger has argued that, "the picture illuminated the paradox of the masking of patients: making patients anonymous by using pseudonyms (or no names) and by shielding their faces is great for protecting their privacy, but it is also terrible for the way in which it immediately dehumanizes them" ("Jarring Bodies" 162).

^{xxiv}. I use the pronouns she/her when discussing Emma in this section because that is how she is quoted to refer to herself as. However, I do wish to leave room for the complications of gender identity. Perhaps in another moment, Emma would have used other pronouns. I write this endnote, tenderly. For more on pronouns, possibility, and space/time see chapter four on Alexis De Veaux's *Yabo* and intersex temporalities.

^{xxv}. Emma states, "Would you have to remove that vagina? I don't know about that because that's my meal ticket. If you did that I would have to quit my husband and go to work, so I think I'll keep it and stay as I am. My husband supports me well..." (Young 142). Clearly, Emma is referring to the illegality of what would be seen as a same-sex marriage if she were to have surgery. It is also important to note that historically the discovery of intersex has served as grounds for divorce in the United States (*Bodies in Doubt* 21-22).

^{xxvi}. Ferguson puts Lorde and Morrison's *Sula* in conversation in *Aberrations in Black* 110-137.

^{xxvii}. Kim discusses Audre Lorde's invocation of cancer as "an extension of the state-sanctioned and extralegal systems that seek to delimit, contain, and exploit black life." Thus, Lorde's contribution to disability methodology and crip-of-color methodology specifically is that of "hold[ing] racism, illness, and disability together, to see them as antagonists in a shared struggle, and to generate a *poetics of survival* from that nexus" (Kim, emphasis mine).

^{xxviii}. For another interpretation of the erotic, body folds, and Black feminism in the 19th century see Schuller 75-90.

^{xxix}. For more on sensation and postsurgical bodies see "What Can Queer Theory Do for Intersex?" 285-312; "Queer Cut Bodies"; and *Lessons* 54-75. Dreger cites intersex medicine as a response to the "social emergency" that ambiguous bodies posed ("Jarring Bodies" 162).

^{xxx}. For more see Reumann.

^{xxxi}. On choosing what feels right, Lorde asserts, "Beyond the superficial, the considered phrase, "It feels right to me," acknowledges the strength of the erotic into a true knowledge, for what that means is the first and most powerful guiding light toward any understanding" (*Sister Outsider* 56). Thus, any system that "robs" individuals of the erotic (or their "erotic value") is in opposition to what Lorde imagines (55).

^{xxxii}. "Capacity" is a consequential and potentially ableist term. However, I contend that Lorde's use of capacity is counter to the West's eugenic impulse. The capacity for feeling is not contingent upon the corporeal body or the *capacity for* physical touch. In fact, the erotic is political, spiritual and refers to "— the sensual — those physical, emotional, and psychic expressions of what is deepest and strongest and richest within each of us" (*Sister Outsider* 56). The erotic is multitudinous, not limited.

^{xxxiii}. This is not to say that we desire woundedness in the masochistic sense; rather, that being wounded is not necessarily undesirable. For example, Kafer discusses utopian imaginings of the future with no disability. She asks why disability is seen as something we should not want (*Feminist, Queer, Crip* 2-4).

^{xxxiv}. For more on bodily capacity and *able-mindedness* see "Race" 146-147; *Bodyminds Reimagined* 59-83.

^{xxxv}. Chen and I both refer to Barbara Christian's foundational essay "The Race for Theory."

^{xxxvi}. This is a reference to Johnson and McRuer's definition of *cripistemology* as, "about knowing and unknowing disability, making and unmaking disability epistemologies" ("Cripistemologies: Introduction" 130).

^{xxxvii}. Cheryl Clarke ends “Lesbianism: An Act of Resistance (1981)” with “so, all of us would do well to stop fighting each other for our space at the bottom, because there ain’t no more room. We have spent so much time hating ourselves. Time to love ourselves. And that, for all lesbians, as lovers, as comrades, as freedom fighters, is the final resistance” (Clarke 41).

^{xxxviii}. This is of course an illusion to *This Bridge Called My Back*.

^{xxxix}. For more on uneven labor in the academy see: “Black Women’s Health” 103-114; U. Taylor 172-181.

^{xl}. Erevelles historicizes Blackness and disability in her entry for *Keywords for Disability Studies*. For example, Erevelles explains that “special education classes became the spaces where African American and Latino students were ghettoized even after the Brown v. Board of Education legislation, which was supposed to make segregation on the basis of race in education unacceptable” (“Race” 147). Though disability as a pathological label has been applied to people of color, health resources and integration and access have not accompanied disability struggles. Thus, people of color have historically been rejected from disability humanization, politically, socially, and economically. For more on Black students and disability stigma see Annamma et al. 3-15.

^{xli}. For more on leaky bodies see Shildrick.

^{xlii}. I refer to Clare by his present he/him gender pronouns; however, at the time of *Exile and Pride* Clare used they/them pronouns.

^{xliii}. I am thinking of Carrie McMaster’s succinct definition of disability, informed by the work of Gloria Anzaldúa, in McMaster’s “Negotiating Paradoxical Spaces: Women, Disabilities, and the Experience of Nepantla.” McMaster states, “We could begin to by acknowledging that to live with disability is to live between the realities of what our body and/or mind experiences as normal (for us) and what society prescribes as normal (for a human being)” (104).

^{xliv}. This is an aside to Gayatri Gopinath. While Clare’s white Americanness may seem incompatible with Gopinath’s queer South Asian diaspora theory, this methodology should make clear the potentiality for connection. Addressing racism and queer desire Gopinath argues, “queer desire does not transcend or remain peripheral to these histories [of colonialism] but instead it becomes central to their telling and remembering: there is no queer desire without these histories, nor can these histories be told or remembered without simultaneously an erotics of power” (Gopinath 2). In turn, I argue here that an erotics of power is central to crip desire as well. Though Clare does not account for race in his conversation with other people with disabilities, crip desire (or the desire *to be* desired as disabled) is just as sustained by racism’s erotics and colonialism as (able-bodied) queer desire(s).

Chapter Three:
**“The Artifacts of Stories”:ⁱ Black Feminist Disability Studies and Intersex
 Temporality in Alexis De Veaux’s *Yabo* and Dr. John Money’s “Two Cases of
 Hyperadrenocortical Hermaphroditism”**

[AJ’s] family, poverty-stricken Negro sharecroppers, not sophisticated in the bureaucracy and anonymity of modern research institutions in medicine and too poor to afford medication, took the line of least resistance: they allowed follow up to lapse. (“Two Cases” 332)

Isn’t there any other way, I said.
 In another time, she said. (*The Cancer Journals* 55)

Introduction: Ambiguous Beginnings

In following Abby Wilkerson’s work on disability theory, embodied agency, and intersex and trans scholarship, this chapter pursues literary representation across Alexis De Veaux’s 2014 Lambda Literary Award winning-novella *Yabo* and Dr. John Money’s 1968 case entitled, “Psychologic Approach to Psychosexual Misidentity with Elective Mutism: Sex Reassignment in Two Cases of Hyperadrenocortical Hermaphroditism” for Black erotic agency and intersex and disability temporalities (Wilkerson 184). In the previous chapter, I set the groundwork for a crip-of-color methodology that avows that impairment and intersexualization are constructions maintained through compulsory heterosexuality and compulsory able-bodiedness and compulsory able-mindedness, which as a system reproduces “normate sex” (Wilkerson 186-187; Garland-Thomson 8) for all bodies. Crip-of-color methodology ushers in my analysis as does the emergent frameworks offered by Black feminist disability scholars who believe, in Sami Schalk’s words, “(dis)ability, race, and gender often operate as mutually constitutive discourses that inflect texts even in the absence of explicit embodied representations of these categories” (*Bodyminds Reimagined* 24). I argue that De Veaux’s novella revises Black feminist literary traditions to include gender variant and disable people who are representations of the “always already” (Holland 180) underside of African American life and narrative.

De Veaux’s *Yabo* features Jules, a mixed-race intersex person and former gambler with “a talent for numbers” (*Yabo* 99), and Zen, who is a graduate student working on a dissertation about Black women’s creative works. Zen also has an ongoing affair with her professor, Steeva Braille. Jules and Zen are, in other moments in time, enslaved women aboard the *Henrietta Marie* and trickster spirits

revolting and escaping captivity in North Carolina. But they are always part of a kinetic, erotic duo. The novella also follows Zen's grandmother, Ezra, and step-grandfather, Wayland. When Ezra dies suddenly, Wayland and Zen encounter her ghost and learn lessons about loss, presence, and rituals of remembrance.

In an interview, De Veaux states that she felt she did not have control over *Yabo*; rather, the characters "accessed" her as she accessed the spirit world (Rasmussen). Time and bodyminds fall apart and fall into each other in the novella and De Veaux's version of intersex temporality becomes difficult to locate and name. Therefore, I am breaking apart what we think we know about the borders of time and of discourses that, in Amber Jamilla Musser's words, create "coherent linear selfhood" ("Consent, Capacity" 221) and that maintain an "illusory coherence" (Rubin 3). Moreover, I am inspired by literary scholar Carolyn Dinshaw's notion of erotic "touches across time" (Dinshaw et al. 178) as a methodology that operates counter to linear time.ⁱⁱ

I posit *Yabo* as an erotic counterpart to Dr. Money's "Two Cases" article. Together they form an understanding of Black intersex temporality as it is rendered through these pieces of literature. Dr. Money's publication is one of the few case recordings of Black intersex patients in the post-WWII era. In "Two Cases," he spoke candidly about Blackness, intersexuality, and disability. I read Dr. Money's "Two Cases" as fiction based on his use of "parable" ("Two Cases" 334) and argue that his creativity with narrative construction was undertaken in hopes of continuing coercive intersex biomedicine. Critical Intersex Studies scholar Iain Morland states, "intersex medicine aims to make unfamiliar genitals instantly familiar, recognizable, not worthy of a second glance" ("The Glans Open" 336). I argue that Dr. Money's retelling is a narrativization strategy of "unremarkable" familiarization (Malatino 164). De Veaux's *Yabo*, however, makes intersex people familiar, spiritual, and capable of erotic autonomy.

"Two Cases" is a narrative of a 12-year-old patient named "A.J." and another Black patient, "S.B." who Dr. Money admitted to creating as a parable patient. To convince A.J. to choose a normative gender identity, Dr. Money presented S.B. as a successful patient for whom A.J. could become like ("Two Cases" 334). Both patients are described as "electively mute," though now the disability is referred to as "selective mutism" in literature (Kern et. al 95; Hayes 34-35; Wesley 25-27). A.J. and S.B.'s communication with Dr. Money was mainly through clay-making sessions, drawing, and writing. Though S.B.'s identity was more fictionalized, the case includes several medical photographs of S.B. (as well as A.J.), stick-figure self-portraits, and scanned copies of both S.B. and A.J.'s notes to Dr. Money. This is meaningful because S.B. is shown to exist even though Dr. Money has altered the facts of her case.

Importantly, my chapter has obvious limitations and may be injurious despite my intentions. I do not argue that intersex people or disabled people “reveal spectacular truths” (Rubin 64) that only their objectification kindles.ⁱⁱⁱ Nor do I hope to enmesh disability and intersex metaphors into interdisciplinary scholarship that “subtly undermine[s] our liberatory agendas” (Bailey & Mobley 17). Dr. Money’s case narratives are limited to the words and intentions that best suit(ed) medical authorities. His lifework was not meant to be read by former patients and/or curious scholars. I do not know the amount of pain or joy Dr. Money’s treatment caused, or if A.J.’s story or the amalgamation of S.B.’s story was retold with integrity and truth. And perhaps, it does not matter now because Dr. Money’s protocols have been firmly critiqued (“The Glans Opens” 343-345; Rubin 24; Wilkerson 189-190).

Additionally, though I advance De Veaux’s novella as a contributor to critical intersex theory, her work and my analysis of it may be read as participating in intersex valorization or exceptionalism that is counter to the spirit of this dissertation. However, I believe that De Veaux’s novella reveals the biases, binaries, and violence that gender-sex-ability systems perpetrate against *all* bodyminds, not simply intersex bodies (Guidotto 62). I argue that the genre of fiction is compatible with feminist scholarship and activism devoted to creating more livable lives for intersex and disabled people. Thus, Black feminist literary criticism can “...interrogate the dispassionate gaze of scientific, clinical practice by turning that gaze back upon itself” (*Critical Intersex* 5) like intersex scholar Morgan Holmes articulates about Critical Intersex Studies.

I begin the chapter by outlining the relationship between De Veaux’s *Yabo* and *Warrior Poet*, which is Audre Lorde’s biography that De Veaux wrote contemporaneously. *Yabo* is perhaps a kindred text to Lorde’s philosophies. Taken together, they begin to shape a Black queer temporality that includes intersex and disability. Next, I define “intersex time” and “crip time” as types of temporalities that help us locate and “look out for” (Keeling 577) each other. Then, I attend to *Yabo* and “Two Cases” for their various narrative strategies that produce Black intersex temporality. Through pronoun creation, the uses and metaphors of blank space, and the reality of time lapse and patient access, this chapter utilizes temporality as a thematic to recognize Blackness in different places, spaces, and bodyminds. Above all, in my exploration of intersex fiction in this chapter (*Yabo*) and in the next chapter (*Middlesex*), I use the erotic as a motif of intimacy across difference and a mechanism of undoing the temporal stickiness of normalcy in service of spiritual and interdisciplinary relocation.

Part One: The Space Between *Yabo* and the *Warrior Poet*

In an interview with Anne Rasmussen of *latenightlibrary.org*, Alexis De Veaux confesses:

The “initial draft” [of *Yabo*] was nothing like this. I began working on this project when I began working on [*Warrior Poet*], in 1994. The Lorde biography proved to be a greedy project (time and energy wise), so I put this project away during the ten years I worked on [*Warrior Poet*]. After the biography came out in 2004 (WW Norton), I was free to think about other literary projects but 2005 was a fateful year for me (my partner of 22 years passed away, my youngest sister passed away unexpectedly). I wasn’t able to return to this work until 2006; with many of the questions of life, death, desire, memory, for example haunting me. (Rasmussen)

Yabo, *Warrior Poet*, and Lorde’s philosophies concerning life, death, time, and home are interrelated. *Yabo*’s multiverse that locates peripheral Black characters across and between time and space is, I contend, in step with Lorde’s work. In *Warrior Poet*, De Veaux details Lorde’s 1985 cancer treatment in Switzerland and her new relationship to mortality. De Veaux writes:

Upon her arrival, Lorde had constructed being at the Lukas Klinik as an either/or: life or death. But almost immediately she discovered there a book on active meditation, in which she “found something interesting.” In addition to identifying several steps toward self-control, the author dispelled the idea of living or dying, replacing this with the notion of life as both/and, as composed of simultaneous forces: growth and decay, living and dying, sprouting and withering. Reading these words prompted her to write: “As a living creature I am part of two kinds of forces...and at any given moment of our lives, each one of us is actively located somewhere along a continuum between these two forces.” (*Warrior Poet* 354-355)

Though most of her well-known poetry and critical essays were written before this epiphanic moment, Lorde’s work speaks to the “energetic force(s)” behind “life as both/and” as she asserted that the erotic was a life continuum. In “Uses of the Erotic” Lorde mused, “When released from its intense and constrained pellet, [the erotic] flows through and colors my life with a kind of energy that heightens and sensitizes and strengthens all my experience” (*Sister Outsider* 57). In the chapter “A Both and I” in *Yabo*, readers are first introduced to

Jules and are told that Jules is a representation of “both” male and female energies and also neither. Or, as Ramses, Jules’ father spells out, Jules is “One inside the other” (*Yabo* 27). Jules becomes an embodiment of Lorde’s continuum as well as an intersex and gender-nonconforming character.

Moreover, Lorde’s search for home, rootedness, and community are themes in *Yabo*. Lorde visited West Africa in 1974 to reclaim a sense of African belonging. De Veaux writes, “her search for an ancestral female self, for “some woman legends,” became the basis for a deeper realization of the unity of the male and female energies in African thought, if not practice” (*Warrior Poet* 147). And in *Yabo*, Zen and her mother discuss African philosophy and the dead. Zen tells her mother, “In West African thought you can be alive a long time, because a person’s time includes their physical life and the time after their body ends, during which they are remembered by the living. As long as a person is remembered by someone alive, then that person inhabits a present time, an immediate past, and an immediate future” (*Yabo* 115). *Yabo* balances male and female energy through blood and story lines that ensure that life and death roll into each other through diasporic tropes of the Middle Passage, homecoming trips, and trickster mythology. The following sections in this chapter argue that Lorde’s “fundamental black feminist “pulses”” (*Warrior Poet* 201) carry through to *Yabo* and can simultaneously envelop Money’s “Two Cases,” thus making *vanished*^{iv} Black intersex stories reappear.

Part Two: On Time Lapses and Timed Arrivals

As I argued in previous chapters, intersex literature posited “time” as a matter of life and social death in the post-WW II era (Wilkerson 190; “Ambiguous Sex” 28; Rubin 9). Dr. Money’s theory of gender malleability had an expiration date. After 24-months-of-age children theoretically ran out of time to be realigned as the appropriate gender that would match their ‘finished’ genitals (Rubin 30-31). Nadia Guidotto, regarding methods of intersex management throughout history, states that intersex persons “are conceptualized as being *en route* to absolute maleness or femaleness and thus are included as potential heterosexual, male or female subjects” (50-51, emphasis hers). “*En route* to” attends to the construction of intersex temporality and to the hopeful expiration date on deviance. For example, In *Brilliant Imperfection: Grappling with Cure*, Eli Clare tenderly argues, “cure is such a compelling response to body-mind loss precisely because it promises us our imagined time travel...It can bind us to the past and glorify the future” (*Brilliant Imperfection* 57). Intersex management, like disability then, was routed to future wellness (*Feminist, Queer, Crip* 10).

In clinical settings, intersexuality in the post-WWII era was explained away as a correctable blip on the heteronormative linear timeline. Disability Studies

scholar Joshua St. Pierre defines linear time as the “straight-masculine time order” which is “a future-directed linearity abstracted from the flux of [Merleau-Ponty’s] bodily time” (St. Pierre 50). Accordingly, as I have shown in previous chapters, intersex management and rerouting arranged (white) hetero-able-bodied masculinity and femininity into a strict timeline that was always “future-directed.” Because of this, I connect lapses in intersex treatment to normative and divergent outcomes for patients and fictionalized characters alike. According to Hilary Malatino, patients in Dr. Money’s archives “who refuse[d] to show up for medical appointments, as well as those beings who can’t get their foot in the door of the clinic because they’re too poor, too queer, too gender-nonnormative” (“Gone, Missing” 159) were excluded from biomedicine’s neatly constructed realm. Without tardy and missing patients, many of whom were patients of color, Dr. Money was better able to tell fictional narratives featuring (white) recoveries. “The narratives offered up most consistently within John Money’s case studies,” Malatino explains:

do the same sort of confirmation work [as what she calls “transnormative narratives”], shoring up [Dr. Money’s] idea that gender is a matter of indelible psychological imprinting at a young age. His preferred examples are those that testify to indelibly male-typical or female-typical gender roles, and he relies on narrations of childhood memory that conform to transnormative structures of feeling (“Gone Missing” 163).^v

Crip-of-color and Black feminist disability frameworks disidentify with the normative impulses, cover-ups, and interlocking power systems that have prevented more Black intersex narratives from being told, particularly the nonnormative and nonlinear (i.e. choosing binary genders, surgery, happy futures) ones.

Dr. Money successfully narrated the “normative structures of feeling” in “Two Cases” by resolving intersexuality and disability. A.J., a Black, rural, 12-year-old, is admittedly selected because he “...illustrate[d] also the issue of sex reassignment—I [Dr. Money] have chosen [the case] particularly on this account—and the problem of dealing with a child affected by the symptom of elective mutism” (“Two Cases” 331). Disability was explained as a symptom of sexual irresolution, and likewise hindered communication between Dr. Money and A.J. In order to establish trust with the patients who were children, Dr. Money reasoned, “It is necessary, then, to convey to a child a guarantee of one’s own open-mindedness and the child’s immunity from reprisals and penalties. A very effective way to establish this understanding is to tell a story that is really a

parable-based on fact or on a composite of facts” (“Two Cases” 333-34). Dr. Money created S.B. who was a 10-year-old also from a Black “impoverished” family and also with elective mutism like A.J. (334). Dr. Money claimed that after an interview session S.B. reportedly left a “much-folded paper pellet” behind for him. “Barely literate” it read “Dear Dr. I do not want to be a boy. I want to be a girl Just my sisters. Faem [S.B.]” (sic) (334).^{vi}

After surgical and hormonal intervention, S.B. got married at 17 and “reached an apparently adequate sexual and social adjustment, marred only by the husband’s occasional probable infidelity” (“Two Cases” 334). However, S.B.’s elective mutism persisted. S.B.’s parable, in Dr. Money’s estimation, provided A.J. with “all the essential concepts” (“Two Cases” 334) he needed to choose a binary gender identity and to help dialogue (via writing) despite his disability. Therefore, I “skeptically” (“Gone, Missing” 158) approach “Two Cases” as Malatino does. I also acknowledge the range of gender experiences and normative desires these child patients may have had for themselves in the 1960s.

As in the previous chapter’s discussion of Emma T, patients’ bodily autonomy, class, and social survival all drove them to make decisions that may or may not appear to be radical now. Dr. Young’s offer to turn Emma “into a man” would have bound Emma to capitalist labor requiring her to seek employment as any other responsible, able-bodied, male-presenting citizen would. Emma’s refusal allowed her the security of heterosexual marriage and the erotic space to continue sexual relationships with women. Emma may appear to be more transgressive than A.J. and S.B., who chose transition and surgery, but all patients in the end chose survival. Their narratives reveal moments where they weighed survival against the impossibilities of an even more marginalized existence. Emma T needed to eat, S.B. was bullied by other children, and A.J. wanted to be a father when he grew up. Effective and compassionate disability theories must be willing to hold biomedicine accountable for its “compulsory” (Patsavas 208) notions of cure and recovery while also empathizing with individual desires for it.

Even though A.J. and S.B.’s stories ended with surgery, Dr. Money recorded their family’s poverty as blocks to immediate medical assistance and also to the promised happiness his protocols bestowed.^{vii} At first, foregoing treatment was the most economical option for A.J. and S.B. (“Two Cases” 332, 334). Therefore, intersex time may be understood as one’s proximity to the idealization of happiness and American belonging I discussed in chapter one. The longer patients lived without treatment, the less viable their bodies became towards that ideal. A.J. wept when Dr. Money told him that he would never be taller than his 4 foot 6 ½ inch height at the time. Though A.J. still wanted to transition, his short stature, presumably due to the lapse in medical care, resonated as a block to his masculinity (“Two Cases” 336). Dr. Money remarked that if A.J. would have

chosen a female gender identity, he "...would have had the benefit of fertility preserved. In height also, [A.J.] would deviate less from the female than the male mean" ("Two Cases" 338). A.J.'s choosing foreclosed a reproductive future as well as an able-bodied one in which his height would not have been abnormal.

Dr. Money recreated A.J. and S.B. bodies as they requested; however, "Two Cases" attests to my argument that Blackness and disability get in the way of mobile white sexualities. Blackness is cast as what Katherine McKittrick and Clyde Woods refer to as an *immovable* (McKittrick & Woods 3) identity that serves as an indelible trope of retrogression. I discuss mobility metaphors and Black spatiality in depth in the next chapter. However, here I underline that surgical intervention was intended to restore (the hope of) a heteronormative life that presupposed a white, able-bodied and minded, middle class child. For context, Iain Morland quotes Anne Fausto-Sterling's assessment of Dr. Money's procedural advice:

'To inform a three-year-old girl about her prospective clitoridectomy Money and his co-workers tell her that "The doctor's will make her look like all the other girls"' (Fausto-Sterling, 1992, p. 138). It is not that Money and his colleagues are liars; rather, the fact that 'looking like' a girl means being embodied with the 'idea' of female genitalia is specifically a matter of writing's ambivalence. ("The Glans Opens" 342)

In the above passage, the "idea of female genitalia" was racialized, being that no surgical protocols suggested that an enlarged clitoris was desirable or normative. Furthermore, "all the other girls" was an implicit nod to white female, gender-normative girls. The majority of Dr. Money's patients were white children. Thus, white genitals were the blueprint for the development and practice of techniques of normalization. Despite the minuscule presence of Black patients in his archives, their Black status remained after surgical alteration, which made a full prescription of his aspirations impossible.

De Veaux, on the other hand, destabilizes intersex time in *Yabo* by removing and rearranging knowledge about intersex within the novella's circular storytelling. Time incongruities are representative of De Veaux's ontologizing. In the following scene, physicians explain to Jules' parents that Jules has a disorder of sex development (DSD):

Dr. Manson took a deep breath. These births are rare, she said, but they do happen. The studies vary, some say one in 2,000 births, some say one in 4, 500. She'd heard about intersex babies while in medical

school at Howard, but had never actually seen one. There'd been no mention of race in the studies she read. She'd assumed the babies in those studies had all been white.

...

Sometime after they brought the baby home, Dr. Manson called. Ramses answered the telephone. I've studied the test results, Dr. Manson said. It appears your baby was born with a DSD. What? Ramses said. A Disorder of Sex Development. The genitalia are not the standard size for a female or a male. (21, 23)

Importantly, the acronym DSD was not settled on until 2006 in medical communities (Feder & Karkazis 33; *Yabo* 22-23). This implies that either the entirety of Jules' adult life is yet to be as Jules cannot possibly be older than 11 or 12 or the novella's setting is in the near future. Likewise, De Veaux conflates language associated with intersex and trans embodiment. In her interview with Anne Rasmussen, she discusses writing *Yabo* after contemplating her own gender presentation and while learning that several of her students were transitioning. De Veaux recalls:

I began to do more thinking and research around gender identities and gender presentation; particularly as that thinking brought to bear on my own "identity" as neither "butch" or "femme,"^{viii} but a recognition of the possibility of both in me over the course of my life. When I have been asked "do you identify as butch or femme?" I always say "neither". (Rasmussen)

While her self-reflexivity is critical to a Black feminist ethics of care and is critical to the concept of self-definition, she also flattens the intricacies of intersexuality itself. Morgan Holmes has cautioned, "'intersex' then is hailed by specific and competing interests, as is a sign constantly under erasure, whose significance always carries the trace of an agenda from somewhere *else*" (*Critical Intersex* 2, ital. Holmes). We should be careful that in our attempts to represent, reach, and even heal with other marginalized people that we do not erase their specific histories. Moreover, if we believe that De Veaux intentionally disorients readers, then we can begin to speculate about the coalitions, ontologies, and erotics the novella engenders. *Yabo*, though fictional, demonstrates how 'to do' Critical Intersex Studies in line with Morgan Holmes' hopeful premise in *Critical Intersex*. Holmes advises "us to consider adopting as a positive identifier/sign the 'ambi' in

the ‘ambiguous’ character of intersex, and the intersex as interjection, as interlocutor, and as many simultaneous interstices (of embodiment, gender, inter-subjectivity, interdependent deferral of meaning, etc.)” (7). *Yabo* and other Black feminist-driven literary works may signify a new horizon for Critical Intersex Studies that takes up intersex as cultural interlocutor and interstice between race, gender, and ability.

We Are Out of Time: Crip Time and the Erotic

Disability performance artist and scholar Petra Kuppers names “crip temporality” as life set against the hurry of normative time. “Many people will recognize this “crip time,” Kuppers attests, “the traces of temporal shifting, in their own lives. There is the day we lie in bed, the time of pain blooming in our bones, the end of the street impossibility far for limping legs, the meeting and its noise assault set against the reassuring tick of the wall clock at home” (Kuppers 29). Through community-based healing performances called “Helping Dances,” Kuppers describes the beauty of crip spaces, the sanctuary formed from disabled participants swaying against the ticking of time, and the togetherness of enacting a new beat for time passage (30-31).^{ix}

Ellen Samuels uses vampire metaphors to define crip time in “Six Ways of Looking at Crip Time.” She contends, “it means that sometimes the body confines us like a coffin, the boundary between life and death, blurred with no end in sight. Like *Buffy*’s Angel and *True Blood*’s Bill, we live out of time, watching others’ lives continue like clockwork while we lurk in the shadows” (n.p., emphasis mine).^x Samuels claims that disabled people “live” outside of time are not necessarily “alive” like their human counterparts. Thus, to live out(side) of time is to have no normative relation to life or death. And to live on the boundaries of human life is to live as a fearsome watcher of time.

In *Yabo*, characters are vanguards to unintelligibility and exclusion. De Veaux accomplishes this liminal space through multiverses or what she names as “heres,” African American trickster mythology and metaphors of androgyny, and through the invention of the gender pronoun “bn” for Jules. In one “here” characters find lost writings at a burial site and think, “[a]nd how many more black women’s writings from that time were yet to be found, yet to be recovered, yet to be rescued from a *spectral existence*, from having to haunt the present (*Yabo* 149, emphasis mine)?”^{xi} Presumably, De Veaux writes about the spectral existence of *Yabo* itself and not simply unexhumed fictional writings in the novella. Nevertheless, De Veaux’s characters take part in Samuels’ crip time and vampiric life. The novella’s haunting, pleasurable, and scattered narrative structure is a vampiric presence. *Yabo* is a haunting in plain sight that lures readers in with each time shift.

Moreover, De Veaux writes the novella's methodological temporality into her characters monologues. Zen, for example, slips in and out of time reveling in "[w]hy she'd easily slid into books, *losing time, crossing time*, in them. Why she'd found boundaries, between herself and some women, hard" (*Yabo* 152, emphasis mine). Her moment of epiphany ticks the novella's internal clock. Ato Quayson, on the work of Toni Morrison, argues that disability representation via "negative epiphany" works, "not to produce a sense of integration or wholeness, as epiphanic moments in literature are often assured to do, but to generate disjuncture and fragmentation" (Quayson 110). Negative epiphany functions to the same extent in *Yabo*. Jules and Zen feel like bodies out of time because of America's objectification and pathologization of disability and sexual divergence.

Jules, like Zen, experiences disorientation and has intersex and disability epiphanies as described in the following philosophical passage:

Anxiety and nature.

Being a woman and a man, being both and neither, biologically. To not have a pronoun that referenced more than yourself. And living in a body that, what had been known about similar bodies, throughout time, and cultures, had been kept secret, altered, disappeared. Meant living in a body unscripted by social norms and expectations, a body, a sex, without rules. (*Yabo* 94)

Though Jules perceives bn's unscriptedness as hopeful, this passage reveals an undercurrent that a loss of "a body, a sex, without rules" might arouse. I argue that De Veaux's melancholic motif (that follows African diasporic bodies) engulfs intersexuality. Éva Tettenborn explains that African American fiction, "has portrayed characters with different, *melancholic minds* as figures who are not to be pathologized but who must be read as subjects engaged in acts of political resistance to dominant versions of memory and historiography" (102). Therefore, a Black feminist disability framework^{xii} may propose, as Tettenborn does, "mental difference[s] as a source of political empowerment" in *Yabo*, thus securing narrative "memory and historiography" to disabled storytelling.

Because of their mutual untouchability, intersex temporality emerges through the multiple displacements of secrecy, alteration, and disappearance. The words of intersex activist April Herndon echo intersex erasure and intellectual responsibility. Herndon, in a 2006 post on the now-disbanded ISNA (Intersex Society of North America) website, vigilantly stated, "we hope that scholars...will take seriously the concerns about *surgery, secrecy, and shame* raised by intersex people..." (Herndon qtd. in Rubin 82, ital. mine). Though De Veaux does not

discuss surgery in-depth, I must note the multiple forms of social, political, and biomedical pressure(s) intersex persons face.

In the novella, Jules makes intersex and disability (anxiety) specters of scripted social life. *Yabo*'s emphasis on lost and crossed time invites crip, intersex, and Black ontologizing. Time in *Yabo* reflects Margaret Price's clarification about crip time. Price explains that "crip time is not necessarily time slowed down. Sometimes it is accelerated to a terrifying cadence" ("The Bodymind Problem" 273). As Jules describes anxiety as the eerie meeting of bn's multiple selves, bn hesitantly admits "[I]ately, anxiety crept up from behind, like a breathing thing, cautious and dangerous at the same time" (*Yabo* 94). Anxiety, generally thought of as an anticipatory, accelerated emotion sneaks up on Jules as if anxiety is past-leaning. For example, Sara Ahmed claims that "anticipation is affective as an orientation toward the future, as that which is ahead of us, as that which is to come" (*The Promise of Happiness* 181). Yet Jules' anxiety is paired with the melancholic past(s) and the cocooning lives bn has lived. This suggests, as does Tettenborn, that Blackness and bodymind differences counter Western, Freudian thought defining mental distress (Tettenborn 107). And still, anxiety haunts bn's intersex body as intersex haunts and makes *uncertain*^{xiii} an idealized American sexual character sustained by normate sex. *Yabo*'s intersex-as-specter or monster trope is neither inherently negative nor exceptional. Arguably, De Veaux figures all Black bodies as haunted and haunting, including ambiguously-sexed bodies that are "co-constituted and co-dependent" (Markowitz qtd. in Rubin 122) in American popular discourse.^{xiv} Ultimately, the ghostly motif binds characters together in the novella.

De Veaux parallels the fatal beating of Gomare, an enslaved woman, aboard the *Henrietta Marie* to Jules' beating on bn's college campus. Their abuse becomes multiple nodules in the "infinity of conscious pain" (Bethel 184; Hurston 43) that radiates through Black women, queer, and disabled people. Captain Paynewell kicks Gomare as she holds tight to another woman, Oyamimi. As Gomare clings tighter to Oyamimi, Paynewell increases his kicks until the ship's momentum knocks him unsteady (*Yabo* 158). Jules, in another "here" is attacked while walking home from a bus stop at night. Three young men, angered by Jules' gender and racial ambiguity, take turns punching and taunting bn. Jules "fell into the arc of the leader's foot" and was left "at the bus stop. Naked from the waist down" (64-65). Jules and Gomare are both struck three times, the repetitious strikes seemingly a response to their refusal to verbalize pain. Their assaults, predicated on racial and sexual ungendering, alert readers to the economy of violence and to the "seared, divided, ripped-apartness" (Spillers 67; Snorton 18-19) of Black flesh throughout time.^{xv}

After Jules' assault we are told, "[t]he bruising and the swelling went away eventually. The nightmare of the beating did not" (*Yabo* 65). "The beating" sends Jules hurdling back into Gomare and their lives "inside each other" are synchronic scenes of Black "iconographic" (Wanzo qtd. in Snorton 43) trauma. De Veaux masterfully revises and integrates violence against Black intersex people into the African-American literary imagination, the slave narrative, and contemporary experience(s).^{xvi} Critical disability frameworks must likewise interpret moments of trauma, 'wounding,' and the after effects of violence. Alison Kafer asks, "[H]ow might disability studies begin to engage more deeply not only with "moments of wounding" but also, and perhaps especially, with the aftermath of such soundings, such as depression, panic attacks, or traumatic flashbacks" ("Un/Safe Disclosures" 6)? I am not sure if *Yabo* answers this call, but the novella begins to ontologize intercommunal racial violence, disability, and new world-making possibilities for Black feminist disability studies to carry onward.

On the other hand, "Two Cases" does not explicitly mention assault but clearly Dr. Money's practices were inherently violent even though he never "cut"^{xvii} anyone himself. However, Money's ableist rhetoric is apparent when A.J. and S.B.'s "elective mutism" is discussed. Child psychiatrists Alice Sluckin and Derek Jehu, in a 1969 article about elective mutism and behavioral treatment, summarized elective mutism as "a rare disease of childhood in which patients choose not to speak, or to speak only to certain people and on certain occasions. It has been referred to also as voluntary silence, voluntary mutis and aphrasia voluntaria" (Sluckin & Jehu 70; Pustrom & Speers 287). They theorized, alongside other child psychiatrists at the time, that personal and familial trauma and anxiety were potential underlying causes of elective mutism in children (Sluckin & Jehu 72; Pustrom & Speers 293; Hadley 56). Dr. Money reported that elective mutism and intersex were common in his practice. He wrote:

Psychologically, the conspicuously evident feature was elective mutism. This condition, not too uncommon in my experience of hermaphroditism, may be thought of as shyness many times multiplied. It has the peculiar double significance of being a safeguard against having to reveal oneself and, simultaneously, of being self-sabotaging and self-defeating. It keeps people, including those with offers of help, at arm's length. ("Two Cases" 332)

He presumed that A.J.'s mutism was reflective of a sexual identity crisis and that A.J.'s silence was a response to the bullying and teasing that came from intersex discovery. Dr. Money left little room for etiologies outside of psychosexual misalignment. However, based on the personal testimonies from

intersex persons subjected to Money's medical treatment during the Post-WWII era,^{xviii} we can reasonably assume that A.J. experienced trauma. After the medical team talked to A.J. about his parent's absence during his time in the hospital, Dr. Money wrote:

...my colleague who audited the interview, at that point made some inquiry about visits from the family. The patient thereupon wept, for she had had no visits; her family had neither the motivation nor the transportation funds to come to see her. She showed her emotions also by having no inclination or enthusiasm to do any drawings before returning to the ward. ("Two Cases" 335)

Indeed, Dr. Money's crude conclusion that A.J.'s parents had no "motivation" to see him dismissed the structural barriers that prevented A.J. parents from visiting him and indirectly placed blame on their parental oversights as cause of A.J.'s continued silence ("Two Cases" 333). As discussed in chapter one, Dr. Money held parents to high standards. In this chapter, "sexual privatization" (Wilkerson 189) and isolation surrounding intersexuality could have contributed to his interpretation of AJ's abandonment. However, Dr. Money did not mention the stories surrounding Johns Hopkins' racial terror and grave robbing,^{xix} the increasing uprisings in metropolitan cities (soon to be Baltimore at the time of the cases' June 1968 publication), and the general homesickness and culture shock A.J. may have experienced. All of these traumatizing factors may have exacerbated A.J.'s silence. The following day, A.J. constructed several objects out of clay including a "kitten on a piece of mountain" that represented his family pet and a "bomb shoot" (a canon) "aimed at a statue" ("Two Cases" 335).^{xx} Dr. Money interpreted all objects as psychosexual projections which suggested that A.J.'s gender discomfort was the root of his disability trouble ("Two Cases" 334).

Yet Dr. Money's adherence to an ableist medical complex disallowed other possible reasons for A.J.'s silence and obvious sadness (*Brilliant Imperfection* 27; "Normality, Power, Culture" 6). A.J. was *the* problem Dr. Money 'offered help,' insinuating that disability was curable simultaneous to intersexuality.^{xxi} While Dr. Money may have been correct about A.J.'s gender discomfort, my argument is that through his production of fictional intersex bodies, devoid of the complexities of race, class, and disability, Dr. Money foreclosed intersex possibilities and A.J.'s autonomy. What if A.J.'s clay cat was simply a recreation of the pet that he missed and was sadly reminded of the day before? What if the "bomb shoot" was more representative of the climate of racial terror and the images in newspapers and television of violence towards Black communities?

My purpose is not to claim another truth, use, or abuse of A.J.'s body for disability or intersex politics; rather, I want to uncover the possibilities that Dr. Money sanitized and fictionalized to promote narratives of successful biomedicine. Moreover, this dissertation does the difficult work of uncoupling pathology from disability and race without reasserting ableist rhetoric. Bodymind differences were and are not the problem even when disability is used to disenfranchise and dehumanize Black subjects. Eli Clare argues, "Within a white Western worldview, many body-minds contain trouble. Or they are defined entirely by trouble. Or they cause trouble. Or they are deemed both troubled and troubling" (*Brilliant Imperfection* 71-72). Disability remained another foreclosed possibility in Dr. Money's cure narratives.

Comparatively, Alison Kafer remarks that "not everyone craves an able-bodied/able-minded future, that there might be a place for bodies with limited, odd, or queer movements and orientations, and that disability and queerness can indeed be desirable both in the future as well as now" (*Feminist, Queer, Crip* 84). I engage a disability framework that looks backwards and across for desirable representations of disability and Blackness. A.J. and S.B. were no more extraordinary than others because of their disabilities, but the fact that medicine failed, that Money was not able to (overwhelmingly) have his way with their bodyminds, and that their lives were not dependent upon the absence of disability, matters. A.J. and S.B. represent a type of survival we should look out for because they demonstrate a disidentified and complex relationship to medicine and wellness many Black people have had over time. By following Bailey and Mobley's revelation that, "Black people have a vexed, tenuous, and painful relationship with medicine. Disability studies should consider how to pose nuanced, sophisticated and culturally responsive frameworks within which to consider the racialized poetics of the medical model of disability" (Bailey & Mobley 29), cases like A.J. and S.B.'s exemplify the necessity of Black feminist disability methodologies in Critical Intersex Studies work.

Part Three: *Yabo*, From Inside Out

"Oh yes, there are other heres": On the Limits of Linear Time

Yabo's investment in multiverses provides the momentum needed to unearth Black subjects who creep along the edges of life in time and space. De Veaux introduces readers to the story's spacetime on the first page. The "Prelude" announces:

O yes, there are other heres. Simultaneous to this one.

Echoes.

Or did you think the story you were told, the story you grew up

believing, repeating, about the past, present, and the future—and the commas you see here separating those stories—was all there is? (*Yabo* 11).

“Simultaneous” “heres” have relationships to violence, erotic autonomy, sexual precarity, and androgyny in the novella. De Veaux’s “heres” provide an oppositional orientation to medicalized intersex time. “Heres” stop the clock that puts limits on what constitutes “livable” (Snorton 14) life. I argue that *Yabo*’s multiverses contribute to Critical Intersex and Disability Studies by underscoring the “mutual constitution” and “historical construction” (Schalk 138) of intersexuality and disability.

De Veaux’s anachronism(s) surrounding Jules’ birth is another example of the expansive nature of time in the novella. Jules’ birth scene is a composite that pulls from histories of biomedical practice for the purposes of critique. Though DSD is a preferred terminology to many in the medical community, De Veaux clarifies that Jules is labeled deviant at birth regardless of the gentle diagnosis given by physicians. I contend that by marking Jules’ *being* as anachronistic, we focus on survival beyond the constraints of linear time. Lorde echoed an outsider sentiment in *The Cancer Journals*. She proclaimed, “I am an anachronism...science said so. I am not supposed to exist” (*The Cancer Journals* 11). Yet her survival in America, like that of Jules and other characters, was resistant and liminal. Lorde continued, “But I do live. The bee flies. There must be some way to integrate death into living, neither ignoring it nor giving into it” (11). Therefore, straddling life and death provide a new possibility for thinking about community, coalition, and temporality. Jules’ new pronouns and autonomous personhood illustrate the confines of biomedicine and the medical model of disability.^{xxii} In *Yabo*, De Veaux dedicates imaginative space within Black feminist literature and criticism (Bethel 180) for intersexuality.

Furthermore, De Veaux prioritizes the space between “heres” and provides crucial testimony about temporal slipperiness. Deeper into “Prelude” she writes:

...Because the body never forgets; which is why you are not necessary in its remembering.

The ones between here and another here know.
They know the stories. (*Yabo* 11-12)

The beings “between here and another here” are the key to Jules’ peripheral location. Like Lorde’s erotic, located between the chaos of deepest emotions and the placidity of autonomous knowing/feeling (*Sister Outsider* 54), Jules is evidence

of a palpable story to be read “in the middle of things” (Titchkosky 82). Moreover, *Yabo*’s prose and time structure sync with Lorde’s philosophy and pedagogy. De Veaux outlines that “[Lorde] came to see these rudiments [of grammar], as arbitrary, liberating as well as restrictive. Tenses were, she learned, simply a way of ordering time” (*Warrior Poet* 103). Equally, Cheryl Clarke argues that *Yabo*’s temporality assures “the present, the past, the uncertain future collapse upon themselves” (*Yabo*). *Yabo* zips through space and place by relying on the sensibilities of the erotic and a philosophy set in a different ordering of time.

The Trickster Archetype and Intersex Embodiment in Yabo

In “Constellations,” Jules is referred to as “Mary 3” the “owl-faced one” preparing for battle alongside of Zen, also known as “Rebel Trickster” (*Yabo* 49). We are not told that Zen is a trickster until later chapters, given the novella’s circular accrument. The following passage, quoted at length, is their introduction to readers:

[Rebel Trickster/Zen] kept to herself.

But Trickster was drawn to this woman. Whenever a moment presented itself, whenever she could, she touched Mary 3, testing the skin’s temperature, carefully, on a finger, an elbow, shoulder blade; her touch lingering a little more each time; feeling muscle, vein, blood respond, give permission.

Even as Mary 3 kept silent. Trickster’s touch became flesh-talking.

One day, as they were feeding the pigs their slops, Mary 3 said, I was a girl when I came over the water. There was another girl.

This is how we survived.

Then she touched Trickster’s lips with her own.

Trickster studied Mary 3’s face. Then she placed a hand over Mary 3’s heart. Felt it beating. Said, the ones who crossed together suffered together. Who held each other through. Who were *mati*, shipmates.

We cannot forget. (*Yabo* 52-53)

De Veaux uses trickster mythology to recreate modern queer identity and kinship. Black and intersex histories are thus represented through tricksters’ androgynous and border-crossing qualities. Trickster archetypes and mythmaking are integral aspects of African American culture (Bethel 180; Quayson 46-47) and De Veaux places sexual ambiguity at the center. Literary scholar Elizabeth Ammons summarizes that “the essence of the tricksterism is change, contradiction, adaptation, surprise” (Ammons qtd. in Ossa 46). The above passage from *Yabo* fuses three character-lines into one. Jules and Zen, Mary 3 and Rebel Trickster,

and Gomare and Oyamimi are the same entities in differing temporalities. Jeanne Rosier Smith claims that, “by slipping in and out of different realities and states of consciousness, the writer as trickster blurs the boundaries between self and other, between male and female, between the real and the fantastic, and even between story and audience” (Rosier Smith 21). Thus, if Rebel Trickster and Mary 3 are our mythic guides, then their task is to slip through the cracks in time challenging Western rationality.

Trickster archetypes in Ato Quayson’s “disability typology” signify “sacred or ritual processes” (46-47). The trickster’s roll is not pathological but serves as “the paradigm of access to multiple realities of both the real world and that of the gods” (47). I contend that De Veaux’s use of the trickster archetype is meant to show that disability and gender ambiguity are characteristic of a Black cultural literary aesthetic. However, I welcome critiques that find all disability metaphors counterproductive. In fact, in the next chapter I assess the novel *Middlesex* for its particularly exploitative and harmful uses of disability and intersex metaphors.

Rather than intersex mythology of the West that fetishizes and demeans, intersex representation through trickster archetypes tend to be defined positively in ethnic literature. Rosier Smith asserts, “whether foolishly, arrogantly, or bravely, tricksters *face the monstrous*, transforming the chaotic to create new worlds and new cultures” (Rosier Smith 2, emphasis mine). If Jules ‘faces the monstrous’ and yet is not monstrous in *Yabo*, then other beings across time, who face the monstrous and who transform chaos, are linked through the aesthetic *touch* of trickster mythology. Rebel Trickster’s allegorical embrace with Mary 3 illustrates that “The ones who crossed together suffered together” (*Yabo* 53).^{xxiii} When Jules and Zen are Gomare and Oyamimi, the Atlantic was the crossroad they died between. And in another here, Jules fell through the crossing by way of violent attack and emerged with others to return violence to their abusers.

Once Trickster is given permission to cross the barrier of Mary 3’s skin, Mary 3/Jules becomes desirable. The juxtaposition of Trickster’s ability to make “flesh talk” and Mary 3’s silent permission exemplifies the power of the erotic. The characters partake in and are transformed by the erotic through and with others. As Trickster presses life into Mary 3’s heart, Gomare and Oyamimi hold each other as the *Henrietta Marie* goes under and Zen offers her hand to Jules in the novella’s final scene. Foremost, it seems that the trickster archetype is meant to express the value of “holding each other through” and *Yabo* asks readers to hold different, but ever vulnerable, Black subjects close.

On Pronouns and Pauses

In childhood, Jules’s parents give Jules the pronoun *bothneither* explaining, “*both* was only half true, for the child was also neither of the two acceptable

sexes...whenever Jules was around [them] they shortened [it] to *bn*” (*Yabo* 28, emphasis mine). Jules, however, heard “bn” as “*be in*” (28, emphasis mine). And as Jules grew up, bn expanded “be in” to “*being*” (105, emphasis mine). In this final section, I discuss *Yabo*’s innovative gender pronouns and mishearing as features of disability and intersex temporalities.

Gender pronouns have the power to interrupt cisheteronormative time that claims that bodies are orderly, unchanging, and predetermined.^{xxiv} Misgendering is a dehumanizing experience for many; however, I argue that Jules’ mishearing increases bn’s capacity for self-definition and interconnectivity with others. Trans studies theorist Tre Wentling argues, “gender-neutral pronouns, such as *sie*, *zie*, and *hir* as well as the third-person plural (i.e., they/them), not only disrupt linguistic gender hegemony but also create particular gendered meanings beyond and outside the gender binary” (470). Thus, pronouncing Jules’ *bothneither* pronouns forces readers to quite literally trip over their tongue to make sense of bn’s identity in relation to time, space, and objects. Furthermore, Jules’ new names (or new spellings of the same name) rival the names applied to captive Black persons. Jules’ self-definition and gender-ambiguous body become a strong counternarrative and process of unmarking (Spillers 65). Each repetition of “bn” as “be in” or as “being” invites such questions as: *what other beings might identify or respond to the pronoun? What other beings find themselves in between? How might a disability analytic lead to other pronunciations of bn?*

De Veaux’s liminal space is not exclusive to gender identity. Nor is bn contingent upon identity at all. The theory of *being-in-common together* might propose that *bn* is a sign of relationality and indicative of revision across and between time. As such, in the chapter “Flesh” De Veaux postulates time and its fleshiness. She writes:

There are openings in that we call flesh.
We call the openings in flesh, pores.
Minute orifices; vents.
Time, too, has pores,
openings in its flesh; vents.
Through which we cross into
our multiplicities, lives
happening at the same time. (*Yabo* 110)

I contend that De Veaux’s anthropomorphizing of time extends to gender pronouns. “Bn” claims Jules’ flesh as an opening “through which” our unfamiliarity with the pronoun (and Jules’ body) unfurls a temporal and sacred “here” where Jules is recognized.^{xxv} Comparably, Kuppers admits that the

spacetime made by people with disabilities creates a forged boundedness and barrier. She illuminates, “We are not wholly with ourselves, and we try to stay porous. Our circle calls others into it, others who have touched our lives this day. We are not wholly open to all, either; sitting in the circle creates a boundary, even if it is a permeable one. This is sanctuary, for a time” (Kuppers 30). They create flesh crossable only by the selected few. They transform themselves into a space and practice of worship. This too, I believe, is a possibility from *Yabo*’s pronoun work.

Pronoun production as method reflects Disability Studies’ methodological aim of “studying power, privilege, and oppression of bodily and mental norms which is not dependent upon the presence of disabled people, yet is informed by social perspectives, practices, and concerns about disability” (“Critical Disability Studies”). Disability and intersex are “made and remade” (Brown et al. 4) social categories that are given meaning through either the malleability or impenetrability of language and time. For instance, Sami Schalk modifies disability in her work to *(dis)ability* explaining that the “parenthetical designation of (dis)ability...gestures toward the mutually dependent nature of disability and ability” (“Critical Disability Studies”). Likewise, Jules’ pronouns “gesture toward” gender contingency, but also imply that another bodymind identification and relation beyond either/or is possible.^{xxvi}

Yabo’s intersex representation is counter to uses of ambiguous flesh through medical intervention. Iain Morland argues that Dr. Money’s practice ensured that intersex “flesh becomes the word, becomes sexually intelligible through its function as the material of inscription” (“The Glans Opens” 337). *Yabo* imagines flesh as an opening to varied embodied experiences, whereas Dr. Money’s distortion of opened flesh^{xxvii} was done to cast intersex bodies into an intelligible, perfected, object in time. For example, A.J.’s clay-making was read as his desire for a reparative masculinity. Dr. Money’s “flesh-talking” ability reoriented A.J. toward a heteronormative destiny.

While *Yabo* arguably presents empowering pronouns, Dr. Money referred to A.J. only by “she/her” pronouns despite switching to “he/him” pronouns when writing from A.J.’s perspective.^{xxviii} It is important to note that Dr. Money was alerting other medical professionals to A.J.’s ‘unchanging’ hyperadrenocortical diagnosis; thus, the pronouns indicate ‘pathology’ accordingly. Nevertheless, when A.J. wrote himself into the medical record, he penned notes that stated, “I got to B a Boy. I got to B a Boy” but he was overwritten by Dr. Money’s conclusion that “...the child made a rather spectacular emergence from *her* state of elective mutism” (“Two Cases” 337, italics mine). But, if we follow AJ’s self-naming (in 1968) through the “minute orifice” made from Jules’ *being* (somewhere else), we

may envision, not a spectral and lonely existence, but a *holy* one for Black intersex persons.^{xxix}

Conclusion: Blank Spaces, Slates, and Signing Off on Crip Time

In this final section, I argue that the blank space motif in *Yabo* is a line awaiting our signature(s). Jules' missing pronoun represents space we are only meant to affirm and sign on to. Likewise, A.J. defined himself through insisting that his parents sign off on his gender declaration. His act of erotic agency was made legible and permanent through his parents' signature of approval visible on the article's included images. I end the chapter by looping back to crip time, disability representation, and my interdisciplinary prerogative to sign off the "sexual-political interdependence" (Wilkerson 204) that, in De Veaux's phrasing, occurs when we "live between possibilities" (*Yabo* 162).

In the chapter "Neither," Jules is represented for the first time without a written gender pronoun. The chapter begins, "Jules called home. ___ made a habit of checking on ___ parents regularly" (*Yabo* 91).^{xxx} I argued previously that unfamiliar pronouns direct our attention *away from* Jules' body and back onto our own inability as readers to pronounce Jules' presence with the ease the novella suggests. Here, the absence of pronouns moves visual stigma from bn's body onto empty space itself, thus successfully redirecting our prodding curiosity elsewhere.^{xxxi} Additionally, visual misdirection unhinges the novella's relation to linear time, property and ownership, and reliable narration. I have established in prior chapters that intersex difference (like homosexual) was thought to be visually-detectable and is yet still part of a "larger colonial history of vision and visibility in which black and brown female bodies and gender nonconforming bodies have long been treated as extraordinary objects of biomedical scrutiny and biopolitical regulation" (Rubin 129). Therefore, in *Yabo* we unconsciously await a glimpse (that we never receive) of Jules' body through a familiar colonial undressing.

By the novella's end, it is ever more difficult to *view* Jules through an oppressive "politics of vision" (Rubin 128). The hyper-visualization of intersexuality as a "body that confounds in some way the visible" (*Critical Intersex* 3) is withheld, which in itself is an attempt to restore privacy, humanity, and liveliness to intersex people.^{xxxii} De Veaux imagines an elsewhere anchored in the creative potential and survival of marginalized Black people. She participates in the Black feminist literary tradition of "writing across a gap so filled with death" (*The Cancer Journals* 54). And if this gap is a Middle Passage trope, De Veaux recasts the African American experience in the very act of rendering intersex life as livable.^{xxxiii}

Furthermore, the gap or line in *Yabo* also signifies the need for alternative language to contemporary intersex terminology even if the alternative is now unimaginable.^{xxxiv} De Veaux’s characters use DSD to describe Jules, but Jules’ self-naming reveals the fraught relationship between bn and the medicalized term (*Yabo* 23). Jules echoes what many intersex and disability scholars have raised about the turn to DSD from the more “politicized” intersex.^{xxxv} To continue to refer to ambiguous bodies as “disordered” is a problem for scholars and a potential point of coalition between intersex and disability and crip theory and activism (“The Future of Critical Intersex” 245-250).^{xxxvi} Pronoun work is a horizon where different bodyminds are not stigmatized; rather, new terminology is a response to the insufficiency of cisgender categories.^{xxxvii}

Blank space in A.J.’s case offers an opportunity for affirmation. When A.J. drew himself after Dr. Money told him he could become a boy, A.J. wrote his name and the word “boy” repeatedly (“Two Cases” 337). Dr. Money noted A.J.’s excited facial expression and his remaining mutism. When A.J.’s parents were brought back to the hospital, A.J. made his parents sign their names below his writings (337). Bailey and Mobley argue that “part of corporeal autonomy as a theoretical stance—one that links both Blackness and disability—is that it allows for people to choose what is best for their bodies: treatment, cure, or a resistance to medical intervention altogether” (10). AJ’s choice deserves our recognition now. His parents’ affirmation, noted in “Two Cases” as “The definitive messages to the parents,”^{xxxviii} mended their physical and temporal absence from the space of the hospital. Dated April 20, 1966, A.J. wrote:

Father

I getto B. A Boy.

I get to B aBoy

[Father’s signature]

Mother,

I get to BA. Boy

I get to B a boy.

[Mother’s signature]

AJ’s old body was lost to time when they signed. Informed by his choice, they signed off on another course and another “here.”

I assert that A.J.’s mutism and silence held a “double significance” (“Two Cases 332”) outside of Dr. Money’s pathological narrative entrapment. Psychologists interpreted elective silence as either a “*fear reduc[ing]*” strategy or a “*manipulative attention-seeking*” (Nesbit qtd. in Hadley xvi) one. Both assumptions imagined obstinate, damaged children who willfully refuse communication with others. St. Pierre notes that the normalized (able-bodied)

speech that A.J. and S.B. fell outside of is a disciplinary tool. He explains, “parameters of how fast, evenly, and clearly bodies can speak—are are *expected* to speak—are generated from so-called basic similarities that reflect the dominant able-bodied mode of temporal existence” (St. Pierre 53). A.J. and S.B. should not have been mislabeled as hostile or “self-sabotaging and self-defeating” (“Two Cases” 332) because they had reasons to be hesitant of Dr. Money’s limited definition of selfhood, ability, and gender expression. As (Black) disabled speakers, St. Pierre argues, “the disabled speaker is disciplined not merely for occupying time, but for embodying time grotesquely: controlling time that does not properly belong to him” (St. Pierre 60-61). Consequently, A.J. And S.B.’s multiply-marginalized bodyminds should alert our attention to Blackness and disability as impediments to intersex time, a time management project that has been dedicated to stripping the grotesque from (white) able-bodies.

But if we question ableist logic that commands children to speak, particularly to invasive medical professionals, we may imagine a rhetoric inclusive of other types of communication, “conversational techniques and material artifacts to move beyond unproductive exchanges and to maximize the chances for more meaningful communication to take place” (Sanchez 222). Even more, St. Pierre contends that disabled speakers “accentuate the *co*-constitution of being and engender new modes of relationality” (St. Pierre 50, italics his). Black feminist disability work may articulate disability-centered speech in the diaspora in our attempts to better represent our intracommunity differences. In this chapter, I do not posit speech (or lack thereof) as an oppositional stance to biomedical information-gathering. Rather, speech unveils other locations (intersex archives) and bodyminds through which disability bends and “arrests time” (St. Pierre 54-55).^{xxxix} Moreover, I draw attention to disability in “Two Cases” because disability was part of A.J. and S.B.’s Black lives and “we do ourselves and [their] memory a disservice in imagining and reporting otherwise” (*Blackness and Disability* 3).

Lastly, the other significance of A.J.’s and S.B.’s silence, like the gaps in *Yabo*’s pages left by Jules’ imprint, is that we are asked to open ourselves up to the unknown and unrecoverable. Dr. Money’s insistence upon normativity only represented silence as obstacle and manifestation of self-loathing. A.J. and S.B.’s families sought help from Dr. Money for gender confirmation, and this chapter has argued that both children appeared to be empowered by their choices. However, their disabilities were problematized by Dr. Money and his team. If intersexuality and disability are linked as Dr. Money theorized, it is in their entwined histories of corporeal invasion and ignored desires. Rebecca Sanchez recommends that “developing tools for understanding [disability] insight, [and] working toward a more flexible vocabulary that accounts for the range of ways in which individuals express meaning, therefore, necessitates learning how to better interpret the kinds

of information about disability beyond explicit assertions of disability” (Sanchez 216). My dissertation advances disability theories that advocate access, choice, and the belief in difference(s) as power.

In close, the final section of *Yabo* titled “The Artifacts of Stories” informs us that the lives of Jules, Zen, Oyamimi, Gomare, and the other characters are evidence or artifact of their elasticity and endless reformation (*Yabo* 160-162). In kind, A.J. and S.B.’s drawings and writings were evidence of their “disruptive vulnerability” (“Thinking with Disability Studies”). I argue that “artifacts of stories” are expressions of erotic agency laid bare at the cross-section of intersex, disability, and African American Studies and *Yabo* and “Two Cases” are important remains. Finally, we should scrutinize the effects of ableist and racist discourse in biomedicine and “imagine, yearn, stretch toward” (*Brilliant Imperfection* 103) fiction and Black feminist literary criticism. This is perhaps how we cultivate not an infinity of conscious pain, but of joy (Bethel 187).^{x1}

NOTES

i. *Yabo* 160.

ii. For other usages of Dinshaw’s “touches across time” and intimacy see *Animacies* 218-221.

iii. For more on “intersex exceptionalism” see Rubin 64-67; *Intersex: A Perilous Difference*.

iv. I use the word “vanish” as a paraphrase of Clare’s argument in “Lives Reduced to Case Files”. Clare mourns, ‘These files, whatever form they take, possess power...Tellingly they are called case files, not personal files, personhood itself receding. Thousands of stories *vanish beneath* their authority” (*Brilliant Imperfection* 112, italics mine).

v. Malatino defines *transnormative* as “[S]ubjects, who, save their status as trans, are otherwise highly assimilable –gender-normative, heterosexual, middle-class, well-educated, white. It is transnormative subjects who populate the medical archives of transsexuality most heavily, and it is transnormative subjects who have the least mitigated access to medical technologies of gender transition—hormones, surgery, and continued care” (“Gone, Missing” 162).

vi. Interestingly, this note of S.B.’s appears in a 1973 book review in *The New York Times* (Collier 6). Though the author James Collier does not mention S.B. or A.J.’s cases, perhaps the note was showcased because it expresses such a powerful, tangible desire for gender normalization and Money’s power to (re)assign.

vii. I argued in chapter one that happiness was not a privilege made available to all intersex patients, thus the struggle for happiness in “Two Cases” defined through the cure of disability (as well as intersexuality) is precarious.

- viii. It is worth noting that De Veaux describes Lorde's gender presentation in similar terms. She states, "Lorde was not into the rigid definition of "dyke chic," with its constant presentations of an either/or" (*Warrior Poet* 57).
- ix. For more narratives about crip time or crip lessons see "Coming to Claim Crip".
- x. Samuels and Koppers reference 'the clock' in relation to disabled bodies; Joshua St. Pierre explains that "clock time" is time "which disciplines speakers to move in standardized, efficient monitors and thereby conform to strict temporal parameters" (50). For this reason, St. Pierre argues that disabled people are "read as a "loss" or a "waste" of time" (60-61).
- xi. Equally, race and white supremacy haunt American society. Bailey and Mobley illustrate that, "race never leaves us in this country; it is an ever-present ghoul—a spectral, demonic force" (9).
- xii. Alison Kafer also contends that disability, difficult emotions (including melancholia), and physical and emotional pain and trauma have a place in Disability and Crip Studies ("Un/Safe Disclosures" 5-6).
- xiii. Iain Morland refers to intersex as "the uncertainties intersex bodies produce" (Morland qtd. in Rubin 50).
- xiv. See De Veaux qtd. in Rasmussen; "The Future of Critical Intersex" 6.
- xv. Furthermore, post-surgical intersex bodies bear "markings" of disability and difference (Wilkerson 190). This again adds to the deeper idea that difference was and is visible on nonwhite flesh (*Fantasies* 17). Surgery was a new technology for inscription in the post-WWII era ("The Glans Opens" 336-342).
- xvi. Likewise, Bailey and Mobley place disability—through which, I argue genital (ab)normality comes to be—in the terrain of African American/Black Studies. They argue, "The specter of disability permeates the Black scholarship of enslavement and other studies of the Black experience" (7).
- xvii. B. Taylor 35.
- xviii. For more examples of 1st person narratives from intersex people, see: Wilkerson 200-202; "Intersexuality, special issue"; *Lessons* 77-104; *Intersex: A Perilous Difference*.
- xix. Though Rebecca Skloot's *The Immortal Life of Henrietta Lacks* is a controversial retelling of Henrietta Lacks and biomedical abuse, Skloot outlines the relationship between Johns Hopkins Hospital and Black residents in the surrounding neighborhood in the chapter "Night Doctors." See also: Dickey; "Baltimore Hospitals Work."
- xx. The irony of AJ molding a body as Money is also molding AJ's is not lost on me.

^{xxi}. Intersex and disability have a tenuous relationship. Anna Mollow argues that disability itself is a “double bind” with sexual deviance. She affirms, “contradictory constructions of disability create a double bind for people with disabilities: if disability can easily be interpreted as both sexual lack and sexual excess (sometimes simultaneously), then it seems nearly impossible for any expression of disabled sexuality to escape stigma” (286). Therefore, as I claim that disability is curable to intersex, the reverse is also true.

^{xxii}. This does not override the issue of access to medical technology and the history of race and class disparities; rather, I make this point to highlight the limits of Western medicines’ implicit eugenic discourse (Rubin 121-122; Stubblefield; Bailey & Mobley 10-11).

^{xxiii}. In the preface to *This Bridge We Call Home*, Gloria Anzaldúa explains, “bridges are thresholds to other realities, archetypal, primal symbols of shifting consciousness. They are passageways, conduits, and connectors that connote transitioning, crossing borders, and changing perspectives. Bridges span liminal (threshold) spaces between worlds, spaces I call *nepantla*, a Nahuatl word meaning *tierra entre medio*. Transformations occur in this in-between space, an unstable, unpredictable, precarious, always-in-transition space lacking clear boundaries” (“(Un)natural Bridges, (Un)safe Spaces” 1).

^{xxiv}. Halberstam outlines transgender theory as “transgender discourse asks only that we recognize the nonmale and nonfemale genders already in circulation and presently under construction (*Female Masculinity* 162). This makes clear that gender and relational pronouns are impermanent and constructed. For more on gender (de)construction, desire and self-affirmation, see Bornstein.

^{xxv}. Though this passage focuses on reader’s pronunciation of Jules’ pronouns, St. Pierre underscores the larger point that “disabled speech distending straight-masculine time is thus an *existential opening*: both an invitation to orient around and gather within a nonproductive present, and a call fo the hearer to *take responsibility for her role* in creating a shared horizon and the subsequent release of the disabled voice into being—that is, into a *crip future*” (62, italics mine).

^{xxvi}. This sentence is a reference to McRuer’s principles of crip theory wherein crip theory’s critical edge comes by way of “insisting that, even more, a disabled world is possible...that a disabled world is possible *and desirable*” (*Crip Theory* 71, italics mine).

^{xxvii}. For more on flesh as a cultural opening, and specifically, Black flesh, see Spillers qtd. in Schuller 118-119.

^{xxviii}. Specifically, Dr. Money uses he/him pronouns, only after AJ's surgery and official name change ("Two Cases" 337). Dr. Money still refers to AJ with she/her pronouns (336) even though AJ has previously decided on his gender (335).

^{xxix}. I am thinking here of how Schalk ends *BodyMinds Reimagined*. She passions, "I began this book with the concern that black feminist and disability studies scholars do not communicate or engage enough with each other's work" (137). I think her text is a bridge, not simply between intellectual interdisciplinary projects but between persons, fictional and no who find themselves caught between theories, embodiments, and literary representation. And concerning isolation, I reiterate Barbara Smith's hope for Black lesbian feminist criticism. She argues, "I want most of all for Black women and Black lesbians somehow not to be so alone" (173). I extend this to other precarious, peripheral Black subjects. May all of us feel less lonely and alone in this world.

^{xxx}. I speculate that Jules' pronouns are visible only in moments when Zen and Jules' parents are present. In other words, pronouns appear in the presence of love. Jules' chosen pronouns are erotic in that they have a "promising reorienting potential" (Gill 183).

^{xxx}ⁱ. Quayson discusses a similar narrative strategy in Toni Morrison's *Sula*, wherein Eva's physical disability (her missing leg) is referenced "...in vague terms precisely in order to focus attention away from it as an object in itself. Its value is more symbolic than real; our attention is directed away from it and onto the other qualities that serve to characterize her personality" (Quayson 104).

^{xxx}ⁱⁱ. Bailey & Mobley expand on Black hyper-visibility and disability by stating, "the logic of Black hypervisibility produces subjects that are barred from weakness—and disability in Western thought as figured through non-normative bodies is the ultimate sign of unsuitability" (3-4).

^{xxx}ⁱⁱⁱ. Professor Braille's graduate student exercise with Zen is the crossing of the *Henrietta Marie* (Rasmussen; *Yabo* 37-43).

^{xxx}^{iv}. Holmes uses this phrase "yet to come," while suggesting future directions of Critical Intersex Studies explored in the text (*Critical Intersex* 6).

^{xxx}^v. Wilkerson 188-189. For more on intersex activism and resistance to medical discourse is itself worthy of an erotic recovery and independence see Rubin 43-44, 142. For intersex as a controversial political identity see Feder & Karkazis 34.

^{xxx}^{vi}. Rubin, likewise, argues that connections and disagreements between activists and scholars "creates opportunities to forge coalitional strategies of resistance and social transformation" (93).

^{xxx}^{vii}. It should be noted that some intersex scholars and activists have been proposing alternative nomenclature to DSD. For the term "divergence" see *Bodies*

in Doubt 153-162. For a “ethics of uncertainty” see Rubin 148. For the term “variations” see Tamar-Mattis & Diamond 552-553; Feder & Karkazis 33-36; Dreger et al. 729-733.

^{xxxviii}. This text appears below Figure 11 (“Two Cases” 339).

^{xxxix}. In this chapter, I consider disability in counter-relation to normative time; however, I believe like Kafer that disability and disability futures can, do, and will exist outside of this dialectic. Kafer imagines such a place (and I add, a time) where “...not everyone craves an able-bodied/able-minded future, that there might be a place for bodies with limited, odd, or queer movements and orientations...” (*Feminist, Queer, Crip* 84). Kafer’s dream begins in our engagement with narratives and in choosing not to fill silence, gaps, or queer movements with normative desires.

^{xl}. For the concept of “literary archeology” see “The Site of Memory” 299-305; White 151-183.

Chapter Four: Blackened Vulnerabilities and Narrative Mobility in Jeffrey Eugenides' *Middlesex*

Chapter Introduction

I remember the moment I was first drawn to the fictional character Cal/lie from Jeffrey Eugenides' *Middlesex* (2002). As a perpetually grounded fourteen-year-old, Cal/lie, the ghost of Eugenides' protagonist Cal Stephanides, made me think twice about my vulnerable position in a predominantly white suburb in an evolvingly-ambiguous body. *Middlesex*'s Pulitzer-level successⁱ is no doubt due to this novel's willingness to delve into queer childhoods, ambiguous bodies, and the blatancy of racism. Its ability to fasten together other queerly-oriented subjects (and their examiners) in space and time makes the novel feel like nonfiction or autobiography. "Yes, it is fiction" Dr. Abraham Bergman, a pediatrician writes of *Middlesex*, "but I cannot imagine a more authentic and sensitive voice... One way to sharpen our awareness is to listen to children's voices as they are expressed in books. In *Middlesex*, the voice is loud and clear" (Bergman 500).ⁱⁱ Taking this assertion seriously, I contend that this novel is as real as any other primary source referenced in this chapter. My purpose is to destabilize common readings of *Middlesex* and to dislocate and rearrange time and authoritative voices as part of a feminist disability praxis.

The novel depicts the Stephanides, a Greek immigrant family with a history of incestuous relationships. Siblings Desdemona and Lefty flee from Turkey during the Greco-Turkey War and recast themselves as a married couple. They immigrate to Detroit, Michigan in the 1920s. Cal Stephanides, formerly Calliope or Callieⁱⁱⁱ for short, is Desdemona and Lefty's grandchild and the novel's narrator. As omniscient truth-teller, Cal traces his intersexuality to his grandparent's consanguineous union and his inheritance of the Stephanides' tainted genes. Cleverly, the Stephanides' gene becomes a character Cal attributes to other sexually non-normative family members, including his parents (and biological cousins) Milton and Tessie. Cal learns of his intersex diagnosis (5-ARD) in his teenage years after a trip to the emergency room. The novel chronicles his medicalization through encounters with Dr. Luce, the fictionalized characterization of Dr. John Money. The novel also follows changing racial dynamics in Detroit, the explosive Detroit uprisings of 1967, and the steady decline of Detroit's industrial stronghold.

This chapter is a close reading of *Middlesex*, a popular text, that has been the subject of much conversation by queer and gender theorists, intersex activists and scholars, and within the study of ethnic American literatures. My intervention is rooted in the concept of mobility, and I extend scholarship on *Middlesex* by

fleshing out the relationship between Blackness and metaphors of disability and debilitation. I put into practice interdisciplinary theories from sociology, the history of science and medicine, literary criticism, and geography to deepen the usefulness of Black feminist disability frameworks and intersex theories. Like Sami Schalk, I too “read for the metaphoric and material meanings of (dis)ability as well as its intersectional relationship to other vectors of power which may be deployed in opposition to or conjunction with it” (*Bodyminds Reimagined* 25-26). My purpose is to destabilize common readings of *Middlesex* as part of a continued effort to challenge African American Studies and Disability Studies’ difficult incorporation of race and disability. I also argue that *Middlesex* is an important novel in our fields. Furthermore, I apply disability theory to intersexuality, not to claim intersex *as* disability, but to argue for their mutual historical emergence and their “coalitional potentialities” (Malatino qtd. in “The Future of Critical Intersex”).

Part One: Cleaning House

Middlesex’s wide public appeal is a result of its digestible, inoffensive, and inspiring premise: mobility. Cal, narrating his conception story through his parents, shares:

I can only explain the scientific mania that overtook my father during that spring of ’59 as a symptom of the belief in progress that was infecting everyone back then...In that optimistic, postwar America, which I caught the tail end of, everybody was the master of his own destiny, so it only followed that my father would try to be the master of his. (9-10)

Destiny and self-reliance are the crux of *Middlesex*’s mobility myth. Eugenides is able to align unpredictable things in order to sustain this mythic optimism. Lennard J. Davis opines that “One can find in almost any novel...a kind of surveying of the terrain of the body, an attention to difference—physical, mental, and national” (“Normality” 12). *Middlesex*’s intersex and immigrant narratives turn our attention to differences that are transformable, instead of differences that are imagined as immovable like Blackness. For example, although the Stephanides eventually build their own wealth through family businesses, the real “master of his own destiny” is Cal. Throughout the novel, his sex and gender transition engender a progress narrative. Therefore, I continue my discussion of mobility representations and argue that mobility is the property of able-bodied, heteromasculine, white subjects.

Moreover, I use mobility and immobility in this chapter to draw attention to the passive ableism and exclusivity of movement expressed within the novel. Put another way, intersex and disability metaphor are represented through what literary scholar Ayo Quayson theorizes as “disability as interface with otherness” (Quayson 39). Like I have argued of Dr. Money’s archived works, mobility in *Middlesex* is exclusively granted to able-bodied, non-ambiguous, white, masculine subjects. Cal leaves everywhere, even his own body, for a new destiny. Rather than critique individual intersex or transgender transition decisions, I show the boundedness and immobilization of some bodies and the freedom of others.^{iv} The novel begins by Cal tenderly reminiscing over his multiple bodies. He says, “An army tank led me into urban battle once; a swimming pool turned me into myth; I’ve left my body in order to occupy others...” (3). Aside from the obvious colonial metaphor (which appears again later in this dissertation chapter), Cal’s mutable body and omniscience makes him a mobile subject unlike other marked and historically-bound characters in the novel.

Eugenides explains that Cal’s mobility is an attribute. He reasons, “Cal’s transformation makes him suited, intellectually and emotionally, to tell these other tales of metamorphosis, be they national, racial, or historical” (“Q&A with Jeffrey Eugenides”). Cal’s sensitivity makes him a careful storyteller; however, his transformation is only possible because of forgetting, overwriting, and the immobilization of disruptive characters and environments that threaten normative “metamorphoses.” Eugenides’ narrative strategy also aligns with intersex medicalization and theories of the time. Dr. Money initially argued that intersex bodies’ gender fluidity could be filled by a physician’s authoritative, normative desires.^v Thus, Cal’s misidentification, queer girlhood, and teenage transition fulfill an idealized notion of fluid hybridity.^{vi} Consequently, other subjectivities are depicted as static and immovable. In fact, Cal repeatedly launches himself off of Detroit’s blackened and decomposing image because it serves as stable ground.^{vii}

Eugenides’ metaphors of mobility and immobility also overlay his discussion of biology, genetics, and bodily truthiness. Ellen Samuels argues that this desire for bodies-as-truth is part of what she terms *fantasies of identification*, in that “at the core of the fantasy of identification lies the assumption that embodied social identities such as race, gender, and disability are fixed, legible, and categorizable” (*Fantasies* 11). Eugenides relies on outdated scientific conclusions about the essentialized body to coherently tell his story (Carroll 193; Repo 240; *Fantasies* 17, 197; Guidotto 49). Rachel Carroll appropriately criticizes Eugenides for “falsifying reality in order to preserve a culturally constructed “truth” of sex” (Carroll 193). This is apparent through Eugenides’ connection between incest and intersex, which has no factual basis.

When pressed by an intersex audience member on the *Oprah Winfrey Show* in 2007 about his false link between incest and intersex, Eugenides rationed, “I never wanted people to think that Callie’s condition is a result of any kind of behavior, you know, or any kind of crime. That’s not what I wanted. But because I had to do it, as I said, in a quick way, I had to resort to incest” (Winfrey). As a creative writer, Eugenides privileges narrative advancement over biological truths. However, the audience member’s troubled expression and dissatisfaction with Eugenides’ answer reflects this novel’s power to perpetuate troubling untruths. Incest and intersex maintain an unsettling contingency in the novel. Sexual perversion (intersex) is a trope magnifying the generational consequences of shattered social sexual mores (incest). Yet Eugenides installs a parallel narrative of inheritance that positions Cal as a revised and positive genetic anomaly. But what is at stake in this burial of Callie and the Stephanides’ queer origins? Moreover, the ontological violence to histories inside and outside of the novel’s own bindings gloss over more complex, messy, racial and sexual histories in the United States.

Middlesex was one of the first representations of intersexuality in post-9/11 U.S. popular culture. The novel valorizes Cal’s flexible body, his removal of his ethnic lineage, and the triumph of white, abled, cis het Americanness. Predictably, readers assumed Cal is actually Eugenides. While this is not true, Eugenides clarifies that questions “usually involve my pants. People want me to remove them. It’s difficult to convince some people that I make things up for a living. They think all this really happened to me, which it didn’t” (“A Conversation with Jeffrey Eugenides”). Readers’ inability to separate Eugenides’ fictional text from his body illustrates the utter absence of intersex representation in popular culture. This misreading is not isolated. Other marginalized groups express similar experiences when readers fail to distinguish literary work from their bodies.^{viii} Consequently, Eugenides crafts a narrative about intersexuality, that despite its shallow liberatory appearance, reproduces harmful ideologies about the sex/gender binary, corporeal utility, and the authority of science.^{ix}

Eugenides is able to entrench hegemonic norms largely through the exercise of tactical whiteness. This allows him to modify and forget the queerness^x (i.e. disability and genital ambiguity) of ethnic whiteness. Samuel Cohen argues that the novel, “imposes healing closure on what begins as a more open-ended story. Through the magic of eliding and forgetting, *Middlesex* makes things, even traumatic things, turn out all right in the end” (Cohen 376). Thus, Eugenides’ power is “the magic of eliding and forgetting.” In the *Queer Art of Failure*, Judith (Jack) Halberstam contemplates Joseph Roach’s theory of “forgetting” as “an opportunistic tactic of whiteness,” one that endows white men with the ability to write subjects in and out of existence (Roach qtd. in *Queer Art* 61).^{xi} I push

slightly beyond Halberstam and Roach by naming this power as an implicit manifestation and tactic of white domination.

I argue that *Middlesex* and Eugenides' authorization is a product within the genealogy of white supremacy. For example, the narrative tactic of "forgetting" is apparent through Eugenides' gendering of illness. Lefty's illness (stroke) leaves him unable to remember his past, while Desdemona's illness (hypochondria) ensures that she never forgets it. Lefty's death comes quickly in the novel. Conversely, Desdemona's pained existence stretches, in the shadows, behind the entire novel.^{xii} As Desdemona wishes for death after Lefty dies, Eugenides offers the cruel response to keep her alive until she becomes useful in Cal's transformation. We are lulled to forget Desdemona and other unproductive bodies for Cal's energetic, progressive narrative. Ultimately, we are tricked by Eugenides' ableist dexterity.

The novel produces "forgetting" via unaddressed gaps in its momentum toward normativity. Eugenides works so hard to normalize Cal, his sex, gender, and body, that readers are not supposed to remember that he has ambiguous genitals.^{xiii} As a result, critics Olivia Banner, Merton Lee, and Morgan Holmes rightfully indicate that Cal's heteromasculine adult voice leaves little room for audiences to imagine anything other than his present embodiment (Banner 844; Lee 39; "Cal/liope in Love" 225, 228). His individualism unbinds him from the past. Subsequently, Rachel Carroll argues that the narrative structure itself erases the novel's ambiguity by claiming that:

the retrospective narrative strategies employed by Eugenides in *Middlesex* make it impossible for the reader to access Cal's experience as a teenage girl other than through the adult male Cal's self-consciously knowing hindsight; Cal's female adolescence is mediated by the adult Cal's conviction in his genetically sexed identity as male. (196)

Eugenides only explains Cal/lie's body through accessible, knowing, heteronormative language, and this includes the assumption that his genitals *match* his genetic sex and gender identity. In an interview with Jonathan Safran Foer, Eugenides admits that writing Cal's story brought him some embarrassment because "it was hard for [him] to plunge straight into the anatomical features of [his] own hero" and that he crafted the novel "tactfully" as his mother would have wanted (Eugenides and Foer 77). Eugenides does not elaborate on "tact" but he writes the details of Cal's life that are most palatable to his own comfort level and knowledge.

Thus, this novel forecloses difficult or disruptive bodyminds in its language, narrative strategy, and characterizations. Cohen argues that “closure is not simply a formal tying up of loose ends but also foreclosure: the meaning of the ambiguity of Cal’s body, the undecided relative importance of different determining forces on the question of his gender, the ramifications of his choice to exercise his free will—these issues are dropped” (387). Eugenides makes this possible and believable through the power of forgetting, individual self-fashioning, and unmarked mobility, all of which are privileges of whiteness.

The Death(s) of Queer Girlhood

The more remarkable foreclosures in the novel reside in the erasure of queer girlhoods, disability and illness, and the removal of Callie to a “vestigial memory”^{xiv} that Morgan Holmes laments (“Cal/liope in Love” 227). Cal’s girlhood is a myopic holding place between the neutrality of childhood and a heteronormative, able-bodied, male adulthood. In the novel’s evolutionary chain, queer girlhoods give into masculine embodiments by way of death and near-death depictions.^{xv} However, Stephanie Hsu argues that we do not view Callie’s transition to Cal as narrative loss because “Callie is sacrificed in the name of intersex survival...” (Hsu 102). During a class play, Callie’s classmate Maxine Grossinger has an aneurism onstage and dies.^{xvi} Overcome with lust for a shaken female classmate (referred to as The Obscure Object), the girls embrace and Cal notes Callie’s perverse response:

Which leads me to a terrible confession. It is this. While Mrs. Grossinger tried to breathe life back into Maxine’s body, while the sun set melodramatically over a death that wasn’t in the script, I felt a wave of pure happiness surge through my body. Every nerve, every corpuscle, lit up. I had the Obscure Object in my arms. (Eugenides 339)

Callie and the Object’s queer touch, though not responsible for Maxine’s aneurism, is not uncoupled from the larger allegories of physiological deterioration and heteronormative vitality. This allegory appears again when the father of another childhood (girl)friend (Clementine Stark) suffers a heart attack brought on by their queer contact (267). Furthermore, Lefty’s strokes coincide with Callie’s disruptive appearances in the novel. Lefty’s first stroke occurs at Callie’s birth, perhaps suggesting Cal’s queer cry silences him (3). His second of many strokes occurs after Callie and Clementine playfully kiss in the Stephanides’ home pool. Lefty, motionlessly situated in a pool chair, stares blankly at the girls as they emerge from underwater (266-267).^{xvii} Cal shares this memory to readers insinuating that his sexual transgression as Callie is, in part, to blame for Lefty’s

decomposition. Callie, therefore, is representative of an unlivable^{xviii} subjectivity. Or, to modify Halberstam's characterization of the butch lesbian, Callie becomes "a block to [adult] heteronormative male desire" (*Female Masculinity* 95).^{xix} Callie is an evolutionary hiccup that neither Cal nor readers should want to exist in a future imagined as free from debilitation (*Feminist, Queer, Crip* 10).

This future, as previous chapters have argued, is also presumably and contingently white.^{xx} Hsu outlines Cal's transition from Callie as an extension of his movement from ethnic Other (Greek) to unmarked and "racially indeterminate" (Hsu 97). *Middlesex*'s final image of Cal participating in a Greek male tradition must be read as a closure of ethnic masculinities not needed in the future Cal takes ownership of. Though Cal cites himself as a "new type of human being, who would inhabit a new world," this inhabitation lacks the ambiguity and possibility Callie empowered him with previously (529). Cal makes this unambiguous clear through his delineation of his adult self. He assures readers:

I'm not androgynous in the least. 5-alpha-reductase deficiency syndrome allows for normal biosynthesis and peripheral action of testosterone, in utero, neonatally, and at puberty. In other words, I operate in society as a man...and by now everything comes naturally. When Calliope surfaces, she does so like a childhood speech impediment. (41)

Cal believes that his promise of physiological stability will serve as evidence of the sexed body's changing visual *epistemology of difference* (*Fantasies* 17). What we read *on*, *below*, and *in* the skin is the most prized form of proof in this novel. As Cal switches from a clinical description of 5-ARD to a concise explanation of his male identity, he unqueers and oversimplifies the complexities of biology. Eugenides, as author-turned-gender-theorist, flattens all other possibilities for complex identification and agency. He also naturalizes Cal's masculine "operation in society" as if to suggest that Cal retains a gendered muscle memory or some sort of somatic *knowing*. Thus, Cal's manhood in society is a remembered knowledge and is effortlessly performable.

Callie, on the other hand, is a queer echo and a childhood speech impediment. She is the involuntary tongue twist Cal grew out of with age (Graham 10). She is the unspeakable or misspoken^{xxi} precursor to Cal (Graham 5). In other words, Cal is the *sayable* (cishet), while Callie is unsayable. Her mere comportment is an impediment or a disability. Not only is she clearly an image of an incomplete, unfinished, or mislabeled body, but Callie is also the definition of impairment for Cal. She an unwanted impediment blocking his white male mobility.

Further, the novel justifies Callie as a result of a careless and misinformed medical mistake. At Cal's birth, 74-year-old Dr. Philobosian (another immigrant who arrived in America with Lefty and Desdemona) became distracted by a young nurse and missed his chance at proper inspection of Cal's genitals. And later, after an emergency visit, adolescent Callie sees the 88-year-old Dr. Philobosian for a second opinion (216). Cal projects "It was no surprise that Dr. Philobosian had never noticed anything. Even now, alerted to the possibility, he didn't seem to want to know" (403). Yet, Cal also cuts Dr. Philobosian some slack by referring to himself as "counterfeit until puberty" and undetectable (226).^{xxii} In the end, Dr. Philobosian's old age, distracted mind, and desire to not "want to know" are partially to blame for Cal's misassignment. Thus, Callie becomes incorrectly ascribed by an old-world ethnic doctor.

Subsequently, Dr. Luce is also wrong about Cal's identity due to the misinformation Cal himself provides. When Dr. Luce concludes, after physical and psychological investigation, that Callie is indeed *Callie* despite her male chromosomes, Cal, in tears, declares his male gender identity and decides to run away. Cal bemoans, "It wasn't all Dr. Luce's fault. I had lied to him about many things. His decision was based on false data. But he had been false in return" (438). Cal positions Dr. Luce and himself as deceptive polar opposites. Sarah Graham articulates that Cal's time with Dr. Luce "provokes Cal to accept Luce's binary model of sex/gender: he rejects two viable queer identities—lesbian and intersex—in favour of a yearning for unequivocal heterosexual maleness" (14). Or, arguably, Cal rejects three viable queer identities: lesbian, intersex, and disabled "in favor of a yearning for" heterosexual, able-bodied, manhood. In the next section I explore Cal's identity rejection through racial segregation in Detroit. The city and its Black residents serve as a metaphor for Cal's impediments and non-productivity.

Queer (E)Motions: Whiteness, the City, and Suburbia

Lefty and Desdemona Stephanides make their first appearance in the city of Detroit in the late 1920s. Eugenides introduces readers to American assimilatory processes that compulsory heterosexuality is buried within.^{xxiii} True to the city's name, Lefty's initial job is as a Ford factory worker. We gain a glimpse of assimilation through an encounter between the Stephanides and the Ford Motor Company's Sociological Department. During an employee home visit, the family is instructed to rid their home of Greek foods and smells and are asked to demonstrate their hygiene practices (101). Lefty mimics tooth brushing and is told to complete the task by scrubbing in small circles across his teeth and gums. In "Tidy Whiteness: A Genealogy of Race, Purity, and Hygiene," Dana Berthold contends, "whiteness is not just an identity that gets ascribed to particular bodies.

It is a practice, and as such, it must be reproduced in little ways every day—like through our practices of extreme hygiene” (14-15).^{xxiv} Lefty’s hygienic act is a dual disciplinary performance: first through the repetition of whitening (from Greek to “indeterminate”), and second, through the removal of filth from the body, primarily the mouth (sexual excess).

Cleanliness, Berthold continues, “[In the early US was] associated explicitly with civility, high class, and whiteness... When we look at purity ideals as having not only physical but also moral aspects, we can see how easily slippage takes place between the exclusion of “dirt” and the exclusion of “dirty people” (2). The Stephanides family represents both racialized and sexualized connotations of “dirty people,” both “physical [and] moral” (10). Eugenides appends the metaphor of “dirtiness”^{xxv} to Black Bottom, a Black neighborhood in the city. Because of Desdemona’s limited work skills and Greek identity, she is forced to seek employment outside of her ethnic comfort zone. Walking the streets of Black Bottom during the 1930s, she is disgusted by the living conditions:

Front porches were full of living room furniture, old couches and armchairs, people playing checkers, arguing, waving fingers, and breaking into laughter. *Always laughing, these mavros. Laughing, laughing, as though everything is funny. What is so funny, tell me? And what is—oh my God!—a man doing his business in the street! I won’t look.* (142)

Desdemona’s moral high ground over *other* dirty people in another dirty location is a course corrective; the Stephanides’ dirt is not visible, at least not yet.^{xxvi} Blackness, on the other hand, appears as visual decomposition of flesh and territory.^{xxvii} Desdemona’s visual critique mimics sociological assessments and confirms Black social disorder. Her critique also serves as evidence of white mobility and its power to displace and name deviance in the novel. Black disordering appears in the novel as transcorporeal excess, melding Black inhabitants to the city environment itself. Not surprisingly, the number of Black residents in city almost doubled from the 1950s onward,^{xxviii} making metaphors of social disorder and excess a material reality (Kasinsky 162). Historian Thomas Sugrue narrates on the city’s post-WWII racial politics eliciting the language of Black debilitation and decomposition. He surmises:

In the postwar city, blackness and whiteness assumed a spatial definition. The physical state of African American neighborhoods and white neighborhoods in Detroit reinforced perceptions of race. The completeness of racial segregation made ghettoization seem an

inevitable, natural consequence of profound racial differences. The barriers that kept blacks confined to racially isolated, deteriorating, inner-city neighborhoods were largely invisible to white Detroiters. To the majority of untutored white observers, visible poverty, overcrowding, and deteriorating houses were signs of individual moral deficiencies, not manifestations of structural inequalities. (*The Origins* 9)

Desdemona's moral repudiation of Black disarray is indeed representative of Detroit's racialization of space (*The Origins* 234). Accordingly, Black disarray also serves as a sign of the *inaccessibility* of space. Dennis Tyler contends that spatial disablement was a tool of "racial injury" in the Jim Crow era and as we see in the novel, well into the 21st century (Tyler 188). However, Eugenides demonstrates through Desdemona's navigation of Black Bottom the Stephanides' proximal (im)mobility to Blackness because of their nonwhiteness. The perceptive lack of knowing or seeing that Surgrue marks as a privilege of whiteness is not available to the Stephanides until the family starts their own business against the backdrop of Black unrest in the post-WWII period. Later in this chapter, I read moments from the Detroit uprising as fundamental to Cal's formation of a white able-bodied, masculine, self-identity. Here however, I underscore the Stephanides' movement in Detroit, from the city to the suburbs, as an intended escape from excess, including the possibility of unmanaged intersexuality.

The rise of Detroit's suburbs in the 1960s even further demarcated the psychic and economic distance between Black and white communities. White flight in *Middlesex* aggregates fears of social disease and disorder.^{xxix} Historian Kenneth T. Jackson underscores the uniqueness of Detroit's segregated cityscape via analogy printed in the *Wall Street Journal*. Jackson writes:

The most conspicuous city-suburban contrast in the United States runs along Detroit's Alter Road. Locals call the street the "Berlin Wall," or the "barrier," or the "Mason-Dixon Line." It divides the suburban Grosse Pointe communities, which are among the most genteel towns anywhere, from the East Side of Detroit, which is poor and mostly black. The Detroit side is studded with abandoned cars, graffiti-covered schools, and burned-out buildings. Two blocks away, within view, are neatly clipped hedges and immaculate houses—a world of servants and charity balls, two-car garages and expensive clothes. (Jackson 278)

The Stephanides' move to Grosse Pointe in the late 1960s illustrates their socioeconomic mobility and fulfills Eugenides' progress allegory. Debra Shostak concludes that, "the Stephanides house, named for its position on Middlesex Boulevard in Grosse Pointe, also suggests the uncomfortable alliance of the past and present, the Greek and American, in its own doubleness..." (396).^{xxx} Like Cal's body, the Stephanides' home is a doorway. Suburbs, generally, are failed imaginings of multiple impossibilities, and race and sex are sterilized and invisible. Moreover, suburbs represent an uncomfortable situatedness between white heteronormative serenity and the presence of queer and interracial desires. In *Middlesex*, the Stephanides whiteness is predicated on the family's practices of normative sexual citizenship that is better performed on suburban terrain.

Throughout the 1960s, white Detroiters' suburban territorialism was further motivated by explosions of Black uprisings in American cities ("Crabgrass-Roots Politics" 555, 558; *The Origins* 253-254). As protectors of private space, suburban white women expressed that Black influx was a threat to their racial hegemony, their pure sexual mores, and intellectual superiority (*The Origins* 250; Erevelles & Minear 359). Like Desdemona's discomfort with Black intimacy in the city decades earlier, the fear of enveloping Blackness in the suburbs persisted. Anti-black media propaganda, such as myths of homicidal, "animalistic and sexual" ("Dismembering the Lynch Mob" 100) Black militants scouring suburban streets for unsupervised white children, motivated white homeowners to double-down on exclusionary practices and predatory rhetoric (Metzl xv; Warren 328).

The suburbs of Detroit earned the name "the white noose" (Child Hill 8; Kasinsky 166; Warren 329). The "noose" referenced the encirclement of suburbs around inner city Detroit. Metaphorically, the "white noose" signified lynching and the affixation of Blackness, in body and territory, as means of social reprimand and immobilization (Kasinsky 166; Tyler 188). Sociologist Richard Child Hill enlightens, "The level of education is lowest in the central zone and shows a general rise toward the outer city. Health statistics as indicated by rates of infant mortality, and of diseases like tuberculosis show a similar decline toward the outer rim. The incidence of most types of crime corresponds to this general pattern" (10). Not surprisingly, better jobs, unionization, and safe housing outlined the inner city.^{xxxii} Consequently, Black Detroiters were deprived from the higher quality of life that their white suburban counterparts enjoyed.

The "white noose" was also an instrument of sexual curtailment and eugenics ("Dismembering the Lynch Mob" 92). The suburbs wreathed and contained sexual excess keeping it affixed to Black bodies and failing space(s). Yet the containment of sexual excess and nonnormalcy to metropolitan cities is not exclusive to Detroit historically or in the contemporary (D'Emilio 469-471). However, Detroit's spatial segregation is its defining characteristic (*The Origins*

257; “Crabgrass-Roots” 555; Kasinsky 172). The specification of noose as boundary-making symbol has a particularly violent reverberation. As a eugenic measure, the “white noose” functioned as an application of territorial eugenics. Thus, as new isolated suburban communities like Grosse Pointe thrived with the so-called right kinds of bodies, the older, over-populated inner city decomposed.

In *Middlesex*, Eugenides addresses the geographical divide. Cal, uncomfortably recalls his parent’s suburban home search in his preteen years, and quips, “Realtors only mentioned “community standards” and selling to “the right sort of people” ... You didn’t want what was happening in Detroit to happen out *here*” (256, emphasis mine). Yet, if we remember that the Stephanides’ home on Middlesex is a symbol of Cal’s outstretched body, we might read the imagined barrier between the violence in Detroit and the safety of the suburbs as the threat his anatomical revelation might have caused “out *here*” in the suburbs (Hill 814; Wilkerson 189). This was a concern of medical professionals treating young intersex patients throughout the 1940s-1960s. When sex and gender transition^{xxxii} was decidedly the best course of action, physicians made parents aware of their child’s new relationship to old spaces. Per Dr. Money’s instructions:

After a change, there is a time lag, maybe an extensive one, as parents readapt themselves, which is not without effect on the child. Neighbors and friends also find it difficult to accept the change, and even more difficult to forget it. Later in life the child is likely to be confronted with coarse jokes and reminders, unless the family has started life entirely afresh in a new community at the time of the change. (*Venuses Penuses* 138)

Though it is not clear whether or not Dr. Money addressed urban or suburban communities in this passage, I posit that his caution may have had a costlier impact on suburban communities.^{xxxiii} If the suburbs were a retreat from queer intimacy and sexual nonnormalcy rampant in the city, then ambiguous (or fraudulent) children disrupted and trespassed on the cleanliness of suburban space.^{xxxiv} Dr. Money’s worry also reveals racial anxiety at the heart of intersex medicalization. Likewise, Halberstam’s “forgetting” has currency here. The inability to “forget” intersex forecloses white inclusion, thus, rendering unmanaged and/or discovered intersex persons as racial and sexual outsiders.^{xxxv} When Dr. Luce diagnoses “Callie” as intersex but asserts that his (then) female embodiment is correct,^{xxxvi} Cal rejects the diagnosis and runs away from home to transition. His flight from Grosse Pointe to San Francisco reasserts the illegibility of queerness in the suburbs. Through flight and hiding, Eugenides deepens racial and sexual boundaries even though his stated desire is for newly-minted beings.

Part Two: On Passing, Mobility, and the Past

Cal's passing presence beyond Grosse Pointe signifies his fulfillment of normative longings. And the novel stakes mobile personhood on his longings. In this section, I take a closer look at Eugenides' mobility or ability trope as contingently possible through racial, sexual, and able-bodied passing or "doings" of gender, ability, and whiteness. I contend that Cal's successful "doing" of heterosexual able-bodiedness solidifies his position as a white man and as also "*the* man" that he hints at near the end of the novel. More importantly, however, his "doing" is an act of redress. "Doing" imbues Cal with the power to undo the Stephanides' nonwhiteness and uncouple the past from his present (and future) unmarked flesh.^{xxxvii} By the same token, the novel also furthers a narrative for nonwhite and unassimilable characters, that I argue comprise an immobile positionality parallel to Cal's mobility. Black political recognition primarily functions as a nonproductive, destabilizing, and debilitating immobility within the American imaginary. I end this section reading scenes occurring amidst the uprising and characterizations of Black masculinity that bind Blackness, disability, and land to immobilization.

Prove It: "Doing Heterosexual Able-bodiedness" and Confession

Cal's "doing" of cis-passing, white, heteromasculine able-bodiedness reveals his intentional distancing from queered masculinities, including his own, and a series of other failed, nonwhite, masculine characters. Lefty and Marius, Cal/lie's Black friend, embody queered forms of masculinity as a result of their disabled and Blackened statuses. I explore performative masculinity through Candace West and Don Zimmerman's 1987 sociological theory of "doing gender."^{xxxviii} "Doing gender" is a useful framework because of its relationship to intersex theorizations of normal and abnormal gender roles and because of sociology's interest in deviance, race disorders, and behavioral maladjustment in the 1950s-1960s. On intersex and gender, however, David A. Rubin argues that Dr. Money's 1955 gender role theory is a precursor to contemporary feminist gender theories. Dr. Money was concerned with the "imprinting"^{xxxix} and recitation of gender normativity in intersex patients. According to Rubin, intersex and the creation of gender need to be a key touchstone and interlocutor in queer and feminist work (903-904). I contend that Eugenides approaches gender in this manner, crafting Cal through a series of gender accomplishments that are also (already and always) race, sex, and ability-based accomplishments.^{xl}

On sexuality and gender, sociologists Kristin Schilt and Laurel Westbrook have expanded West and Zimmerman's "doing gender" to "doing gender, doing heteronormativity." They reason that, "heterosexual men are constantly at risk of losing their claim to their chosen gender identity—because both gender and

sexuality are produced in interaction” (457). Schilt and Westbrook, however, fail to address that they map interactive gender and sexuality onto an assumed white and able-bodied heterosexual man. Men with disabilities, as I will illustrate below, are made less heterosexual and normative by nature of their perceived ‘lack.’^{xli} Moreover, Black American men (and women) can hardly be said to claim or own gender or sexuality that is not embedded within the legacy of chattel slave objecthood, ungendering and unsexing, and hyper-ability.^{xlii}

Yet, Schilt and Westbrook’s linkage of gender, sexuality, and *genitalia* to interaction leaves room for the presence of nonwhite and disabled bodyminds. They continue, “Individuals alone cannot determine their gender or sexuality and must, instead, prove them through fulfilling the appropriate criteria, including having the “right” genitals and never desiring someone with the “wrong” genitals” (457). Their implication is heterosexual congruence. However, the “wrong genitals” may refer to genitals belonging to the “wrong” kinds of people, including disabled people, nonwhite persons, and the intersexed.

Though Cal ultimately accomplishes heterosexual able-bodiedness, the novel documents his anxiety. Shamefully he explains:

My dates can’t fail to be impressed by my physical condition. (Under the armor of my double-breasted suits is another of gym-built muscle.) But the final protection, my roomy, my discreet boxer shorts, these I do not remove. Ever. Instead I leave, making excuses. I leave and never call them again. Just like a guy. (107)

To escape the fear of rejection, Cal responds with stereotypically masculine traits: he retreats, and he dismisses. Regardless of his physicality, his “doing” of masculine emotional ineptitude confirms his gender *and* sex. When he refers to his behavior as being “just like a guy” he makes a biological essentialist claim about male behavior that is echoed in his assessment of himself as “not androgynous in the least” with “normal biosynthesis and peripheral action of testosterone, in utero, neonatally, and at puberty” (41). Eugenides overrides culture, and anchors identity in biology. Ultimately, Blackness is absorbed in this logic of biological othering.

This scene is emblematic of the novel’s method of storytelling—it is an intimate confessional. Throughout the novel, the Stephanides relinquish their queer pasts for American heteronormative privilege. In the *History of Sexuality*, vol. 1, Michel Foucault argues that in the 19th century the discourse of sex developed into two “orders of knowledge,” “a biology of reproduction” and “a medicine of sex conforming to quite different rules of formation” (54). As identity became medicalized, reproduction was a fact of biology and sex became a “matter of sensation and pleasure, of law and taboo, but also of truth and falsehood” (57).

Thus, power was maintained through the *truths* of sex that needed to be produced through scientific practices and confession in the Western world (57-58). Lefty and Desdemona lose the truth of their relationship as siblings in the anonymity of their oceanic journey. Likewise, their cousin Sourmelina disavows her own lesbian and interracial secrets until the moment of Desdemona and Lefty's arrival at Detroit's Grand Trunk Station in 1922. As the cousins confess their secrets to each other Cal narrates:

My grandparents had every reason to believe that Sourmelina would keep their secret. She'd come to America with a secret of her own, a secret that would be guarded by our family until Sourmelina died in 1979, whereupon, like everyone's secrets, it was posthumously declassified, so that people began to speak of "Sourmelina's girlfriends". (85-86)

Their pact to keep their secrets within the family stands in sharp contrast to Cal's confession of their confession to readers. The passage of time, coupled with Cal's normativity, makes the previously unsayable in the present and is a condition of possibility for Cal's "doing" of heteronormative able-bodiedness. Confession, as a form of truth-telling, Foucault argues, is so deeply attached to and hidden within power and domination that individuals feel liberated by public confession (*The History of Sexuality* 60). Cal's sexual and territorial citizenship is tied to his ability to articulate un-American sexual intimacies, including his own ambiguous histories. He clarifies, "Like most hermaphrodites but by no means all, I can't have children. That's one of the reasons why I've never married. It's one of the reasons, aside from shame, why I decided to join the Foreign Service. I've never wanted to stay in one place" (*Middlesex* 106). His non-reproductive body makes it impossible for him to serve-up traditional able-bodied masculinity, which leads him to another type of American service (his job as a translator) where his body is still useful and available for mobilization. Therefore, Cal's sexual unfitness does not interfere with heteronormative, nuclear, and national renderings.^{xliii} This, I argue, is Eugenides' strategic tactic. It is only through Cal's forfeit of his non-reproductive body for a patriotic one that he is awarded mobility. This strategy aligns with Dr. Money's deterministic naming and valuation of productive bodyminds.

For Those Who Cannot Do or Be: Disability and Blackness

A fitting transition here could entail an extensive conversation about Cal's time in San Francisco. I could argue that Cal's San Francisco stage is critical to Eugenides narrative arc and that San Francisco is a reprieve between Cal's queer

unbecoming and normative redoing. However, I will not do that here. What Eugenides does by whisking readers away to San Francisco, as queer as San Francisco is, is leave Detroit and its Black residents. This maneuver is another privileged attempt at forgetting. Detroit threatens Cal's new knowing of himself, thus a return or even taking comfort in Detroit would cripple or further castrate him. San Francisco is curative and recuperative. The city is also a self-definitive escape not afforded to other subjects within and outside of the novel. Following Cal beyond Detroit takes us off course to a white queer utopia and is antithetical to this larger project. His able-bodied whiteness imbues him with the power to undo the Stephanides' nonwhiteness and uncouple the past from his present and future unmarked flesh. Because of Cal's flight from home, he never undergoes surgery and his flesh remains literally unmarked by intervention. The novel's Black representations, on the other hand, are marked by race and a continued "blackening" (Bailey & Mobley 24) of disability. Therefore, I want to hold us in a place of discomfort with Blackness and disability. If Blackness is immovable in this novel, then staying in one place just may reveal the mechanisms of immovability, of Blackness and disability as literary prosthesis, and of the privilege of movement itself.

Historically, the charge of disability to Black people was a means of physical, psychological, and social control. Douglas C. Baynton elucidates, "the most common disability argument for slavery was simply that African Americans lacked sufficient intelligence to participate or compete on an equal basis in society with white Americans" (Baynton 37), therefore, agency and freedom were privileged, inherent and biological mobilities exclusive to white people. Furthermore, Tyler argued that Jim Crow produced a type of Black disablement and injury that, "restrict[ed] their geographical mobility and movement in public spaces, inflicting physical and psychological wounds" (Tyler 187). And even after legal barriers were dismantled through the civil rights struggle, Jonathan Metzl contends that Black political mobilization was a symptom of mental illness resulting in the over-diagnosis of schizophrenia in Black men. He surmises:

American assumptions about race, gender, and temperament of schizophrenia changed beginning in the 1960s. Many leading medical and popular sources suddenly described schizophrenia as an illness manifested not by docility, but by rage. Growing numbers of research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted "Negro men," and that black forms of the illness were marked by volatility and aggression. In the worst cases, psychiatric authors conflated the schizophrenic symptoms of African American patients with the perceived schizophrenia of civil

rights protests, particularly those organized by Black Power, Black Panthers, Nation of Islam, or other activist groups. (Metzl xiii)

Moreover, Vanessa Jackson, LCSW, discussed Black mental health studies from the 1960s and concluded that “[U]rban violence, which most African Americans perceived as a reaction to oppression, poverty, and state-sponsored economic and physical violence against us, was actually due to ‘brain dysfunction,’ and recommended psychosurgery to prevent outbreaks of violence” (Jackson qtd. in “Coming Up from Underground” 18). Black mobility, be it geographic, physical, or psychological^{xliv} is inextricably bound to disablement, debility, disability, and medical and legal containment (Tyler 186; “Dismembering the Lynch Mob” 96). Additionally, Black political recognition is often represented as a nonproductive and destabilizing. Bailey and Mobley argue, “Black people are afforded the curious task of being simultaneously hyper-abled-bodied and disabled, while at the same time being locked into ideologies that figure us as both superhumanly strong and pathologically inept” (24).

Middlesex illustrates Black immobilization through halted forms of citizenship, such as the failed uprisings in Detroit. Cal proves his fitness for citizenship through other practices of belonging because his intersex flesh disqualifies him from sexual citizenship. But Black characters are irredeemable on all fronts. Hence, Bailey and Mobley assert, “Figurations of Blackness as hyper able and yet fundamentally “crippled” by race have been used to produce Black people as ineligible or unsound for citizenship” (Bailey & Mobley 25). I argue that Marius embodies an injured or crippled form^{xlv} of heteromascularity in relation to Cal’s ever burgeoning white masculinity. Marius, an asthmatic, stands on a box outside of the Stephanides’ restaurant, preaching about white racism, police brutality, and the connections he sees between Black and ethnic white communities. His asthmatic body and his use of a metaphorical prosthesis (his chair soapbox) signifies Black political striving as a form of disability.^{xlvi} Likewise, Marius is representative of racism’s queering and crippling of bodies. Marius highlights the fear of Black emasculation alongside of Cal’s castration anxiety. Paradoxically, Cal claims white manhood through his disillusionment with Black uprising and a realization that he must become “the man” as he becomes *a man* (*Middlesex* 518).

Black disability metaphors become clearer through a lengthy discussion in 1967 between Callie, a second grader at the time, and Marius at Milton’s restaurant (in the city) shortly before the uprising:

“Hi, Marius.”

He did not vocally respond, a sign with him that he was in low spirits. But he nodded his head, which gave me the courage to continue.

“Why don’t you get a better chair to stand on?”

“You don’t like my chair?”

“It’s all broken.”

“This chair is an antique. That means it’s supposed to be broke.”

“Not that broken.”

But Marius was squinting across the street at the Zebra Room.^{xlvi}

“Let me ask you something, little Cleo.”

“What?”

“How come there’s always at least three big fat officers of the so-called peace sitting at the counter of your dad’s place?”

“He gives them free coffee.”

“And why do you think the does that?”

“I don’t know.”

“You don’t know? Okay, I’ll tell you. He’s paying protection money. Your old man likes to keep the fuzz around because he’s scared of us black folks.”

“He is not,” I said, suddenly defensive.

“You don’t think so?”

“No.”

“Okay, then, Queenie. You know best.”

...

“And suddenly my father was shouting my name. “Callie!”

“What?”

“Get over here right now!”

Marius stood up awkwardly from his chair. “We were just talking,” he said. “Smart little girl you got here.”

“You stay away from her, you hear me?”

...

For the rest of that day Milton kept after me. “You are never, ever, to talk to strangers like that. What’s the matter with you?”

“He’s not a stranger. His name is Marius Wyxzewixard Challouehliczilczese Grimes.”

“You hear me? You stay away from people like that”. (230-231)

Callie is baffled by Marius' attachment to the broken chair. However, the broken chair assists Marius' voice and is a critical tool of his resistance. Eugenides surrounds Marius with broken objects that match his asthmatic body to suggest a limit to Marius' power, even as he represents aspects of assimilable Blackness via his number three rank in law school (229-230). That said, Marius' intelligence never overrides his presumed biological inferiority and immovability. Through this narrative maneuver, Eugenides takes part in what David Mitchell and Sharon Snyder theorize as "narrative prosthesis" or the use of disability in literature to signify unruliness and irrationality ("Narrative Prosthesis" 223). In this instance, Blackness and disability both signify unruly disruptions. Mitchell and Snyder argue, "the literary writer of "open-ended" narratives depends [on disability] for his or her disruptive punch" ("Narrative Prosthesis" 224). The "punch" in *Middlesex* is not Cal's intersex identity, which I argue would isolate readers, but the overwhelming disability, queerness, and Blackness present in his past life that Eugenides meticulously writes Cal's white heteronormative escape from.

Mitchell and Snyder explain that, "Most basic to the identification of character through disability is the way in which physical and cognitive differences have been narrated as alien to the normal course of human affairs. To represent disability is to engage in an encounter with that which is believed to be off the map of "recognizable" human experiences" ("Disability as Narrative Supplement" 5). In *Middlesex*, Blackness presents an unrecognizable human experience to the assumed white readership. Marius's broken chair, body, and English ensured through his eccentric name, are utterly unpalatable to white characters. Despite Marius' frequency at the Stephanides' restaurant, Milton sees Marius as a "stranger" as his name and message is incomprehensible. Callie's familiarity to Marius, on the other hand, occurs because of Callie's own unintelligibility. She is, after all, Cal's speech impediment. We are prompted to empathize with Marius in this scene *because* we empathize with Callie's strangeness. Therefore, we read Milton's rejection of Marius as a rejection of Callie and are moved to empathize with both.

The novel produces the metaphors of Blackness-*as*-disability and disability-*as*-Blackness that African American Studies^{xlviii} has struggled to include in theories of Black recuperation and liberation (Schalk 43; Bailey & Mobley 23). Theri Pickens argues that, "to associate blackness with disability was to endanger the rights granted to the former since the latter carried with them the charge of being unfit for rights" (Pickens 97).^{xlix} Hence, to present an injured Black body (an asthmatic Marius)^l and to bind a Black subject to an obsolete object (the broken chair) is to directly undermine heteronormative masculinity and Black claims to citizenship rights, while also promoting race and disability's "fundamental intertwining" (Waggoner 89).

I am inspired by this move to present fuller Black subjectivity by not covering over the reality of disability.^{li} Accordingly, a Black disability studies framework could take up Marius as example of the humanizing potential of holistic representations of Black characters with disabilities, in this novel, in African American Studies, and *elsewhere*.^{lii} Thus, I suggest that *Middlesex*'s metaphors are in service of Cal's normative legitimacy. Metaphors also begin to tell us of the representational relationship between Blackness and disability and Blackness and intersexuality in the American literary imagination. Though disability and Blackness, as they stand in *Middlesex*, are neither desirable nor mobile, my criticism posits otherwise. Marius deliberately asks us to imagine a sustained discourse around Blackness, masculinity, and disability that does not further support ableism, violence, or limited notions of masculine behavior.

Black Queer Studies would also benefit from an expanded understanding of Black queer masculinities and disability. In an early morning scene during the Detroit uprising, Cal begins to formulate his own masculine, able-bodied subjectivity in response to both Black revolt and his father's resulting emasculation.^{liii} At 6:23 am on July 25th, 1967, Callie wakes to a ringing phone. As Callie alerts Milton to the impending threat to their family's restaurant in the city, Cal recalls:

My father jumped out of bed...flipped gymnastically into the air and landed on his feet, completely unaware of both his nakedness and his dream-filled morning erection. (So it was that the Detroit riots will always be connected in my mind with my first sight of the aroused male genitalia.... (238)

This scene is another example of Eugenides' magic of forgetting. The queer and faintly incestuous moment between father and daughter are re-mapped onto Cal's adult re-memory. We forget, or are unable to access, that Cal was once Callie and instead are guided to imagine Cal as a young boy. The scene then reads as an appropriate moment of gender and sex recognition for him. If readers remember that Cal is Callie in this scene, Cal appears as a castrated boy who has been made aware of (or has been 'aroused to'^{liiv}) his lacking body and the threat of other, excessive, hypermasculine male bodies. Suzanne Kessler notes that this 'arousal to difference' was a primary concern in intersex philosophy. She recounts that:

[Dr.] Money's case management philosophy assumes that while it may be difficult for an adult male to have a much smaller than average penis, it is very detrimental to the morale of the young boy to have a

micropenis. In the former case the male's manliness might be at stake, but in the latter case his essential maleness might be. ("The Medical Construction"12)

In fact, this scene potentially doubles as threat to both Milton and Cal's "essential maleness." Cal is made aware of his physical difference and deficiency in a narrative that ascribes normative notions of gender, sex, ability, and race to bodies. Political scientist Nadia Guidotto argues that "The body dictates the personhood, but more specifically, the gendered body dictates personhood," thus Cal's ambiguity and deficiency (intersex) is presented as moral and social failure (56). At the same time, Milton's fear of private property damage, pun intended, is incited by the violent cry from Black Detroiters. We are left with the image of Black manhood asserting itself across the Detroit city-scape in a disease like manner: spreading, destroying, and burning away white masculine superiority. Yet, while so much of this novel relies on passing and invisibility, this scene presents interesting commentary about racial sight.

When Cal/lie's views his father's genitals, his feelings of loss or lack are triggered by Black struggles for personhood. Black subjects become both seen and unseen through this process. Anne Cheng, in *The Melancholy of Race*, asserts that, "the racial other constitutes an oversight that is consciously made unconscious—naturalized over time as absence as complementary negative space" (16). Hence, Black Detroiters are the objects wished unseen and the humanity that must be swallowed down and reduced to genital signification. Moreover, Cal's female misidentification, latent in the background of this scene, is also undesirable.

Furthermore, if Black violence is conflated with Cal's recognition of his masculine lack, then Blackness itself becomes a type of prosthesis as is disability that signifies unruliness. Mitchell and Snyder claim that narrative prosthesis works by "removing the unsightly from view," thus, Black protest is lost in the larger narrative of white male redress ("Disability as Narrative Supplement" 8). During the uprising, Cal recalls leaving his home for the family restaurant. He describes seeing Marius, through fire and smoke, at night in front of the restaurant:

At that moment, however, the figure that has been approaching the Zebra Room enters my field of vision. From thirty yards away I see him lift a bottle in his hand. He lights the rag hanging from the bottle's mouth and with a not terribly good arm flings the Molotov cocktail through the front window of the Zebra Room. And as flames erupt within the diner, the arsonist shouts in an ecstatic voice:

"*Opa, motherfucker!*"

I saw him only from the back. It was not yet fully light. Smoke rose from the adjacent burning buildings. Still, in the firelight, I thought I recognized the black beret of my friend Marius Wyxzewixard Challouechliczilczese Grimes before the figure ran off. (*Middlesex* 249)

We know the figure is Marius even before we are told it is him because of Cal's emphasis on bodily weakness and Marius' "not terribly good arm." This description also shows an injured Black male body making an attempt at violent state recognition. In contrast, because Cal's is utterly shocked that Marius is the figure, Eugenides' extends the psychic disconnect between white and Black masculinity. After that night, the destruction of the Stephanides family business gives the family mobility. Cal again provides a perverse confession. He admits, "shameful as it is to say, the riots were the best thing that ever happened to us" due to the insurance money and resulting upper-middle class ascendance they received from Marius' arson (252). Contrastingly, in "Detroit: Still the "Other" America," Gloria Albrecht notes:

There is hardly a white Detroit suburbanite who does not have a story to tell of how their parents or grandparents once lived in Detroit but got out after The Riot. "Those used to be good neighborhoods," they say. "used to go to school...Used to go to church...Used to ride my bike...I remember when you could walk those streets...But then, *The Riot*" (Albrecht 5).

Therefore, the uprising serves as a definitive moment of interracial decomposition in the greater narrative of Cal's masculine transition. Cal's past was a series of 'used to be's' that prevented mobility, but "The Riot" sowed new ground. After the uprising scenes, which are nearly half-way through the novel, neither Marius nor other Black characters are mentioned until the final pages when Cal returns to Detroit for Milton's funeral. As he passes through the east side of Detroit the day of Milton's funeral, Cal references all of the Black Detroiters' mundane happenings. He ponders, "it was happening all the time, unnoticed, and it was the thing that really mattered" (*Middlesex* 518). For a precarious character like Cal, Blackness is incompatible with white self-making. His identity is so fragile and ambiguous that Eugenides needs to inscribe hard lines between normative and non-normative modes of being. Riotous masculinity becomes mundane and miles away from Cal's endless flexibility. And somewhere in-between Cal lands in his heteronormative body, a body that was his all along, and a mobile body that escapes immobilizing pasts.

I end this section by restating that Marius' disability works in the service of grand narratives concerning ability, race, sex, and gender throughout novel. At the end of the novel, Cal addresses Blackness as he also addresses why he left Desdemona behind in his story. He kindly offers:

Patient reader, you may have been wondering what happened to my grandmother. You may have noticed that, shortly after she climbed into bed forever, Desdemona began to fade away. But that was intentional. I allowed Desdemona to slip out of my narrative because, to be honest, in the dramatic years of my transformation, she slipped out of my attention most of the time. For the last five years she had remained bedridden in the guest house. (521-522)

As Cal steps into his heteromale able-bodied destiny all forms of nonwhiteness, disability, and queerness become unintelligible and "fade away." But, "You had such a great character in Desdemona," says an audience member on *The Oprah Winfrey Show*. "I wanted to know the relationship with your *yia yia*,"^{lv} the audience member asks. Desdemona and Eugenides' grandmother were similar characters, though Eugenides did not know much about his grandmother while she was alive. Eugenides mournfully responds, "One of the good things that came out of writing *Middlesex*, was that I came to understand imaginatively in a way I never would have in real life. In a way I never did in real life because I learned about where she came from, the things she had to go through, and I understood why she ended up that sad woman in our living room" (Winfrey). Metaphorically, the sad woman in his living room was incapacitated by the overwhelming accumulation of disabling forces.^{lvi} Accumulation is central to the etiology of disease and difference in this novel. Cal reverses this process. Cal's experiences of gender and sex misidentification, interracial proximity, and a debilitated fleshiness result in a restoration of white capacity. The novel stakes its claim on the *usefulness*^{lvii} of bodies that accumulate, and these bodies are most often white.

Chapter Conclusion: Framework as Flashlight

I argued that Eugenides is primarily concerned with advancing sterile white able-bodiedness by way of valorizing Cal's adult, male, able-body. Accordingly, narrative sterilization motions the stoppage of queer reproduction in Detroit and in stories about intersex people. I revisited Morgan Holmes' characterization of Cal's queer girlhood as a "vestigial memory" of his adult embodiment ("Cal/liope in Love" 227). Clearly much of the narrative, and its Othered characters, are vestigial remnants of white able-bodied heteromale heteromale. Likewise, my presentation of

Detroit's city/suburban split served to claim that Eugenides' metaphor of movement that is tied to the historical racialization of space.

I amended the sociological theory of "doing gender" to include the other "doings" in the novel, including ability (or able-bodiedness) and whiteness. I claimed that processes of "doing" are critical to Eugenides' narrative strategy of mobility and narrative closure. Eugenides reserves the utopian future for white-passing and abled subjects. Thus, he reserves the utopian future for *some* bodies and not the "no(bodies)" (Erevelles & Minear 354) most exemplified through the novel's Black presence. In the novel's moments of present-tense narration, Black Detroiters and disabled people, as perhaps, "objects in place" (Lorde qtd. in McKittrick & Woods 4) mark time with a monotonous and unchanging patter. Lastly, I argued that Black and disabled subjects are immobile or *immovable* (McKittrick & Woods 3) within the novel and within Detroit itself. I sought to expose *Middlesex*'s limitations and proctor a resourceful use of Black feminist disability frameworks. Despite the novel's allusion, few moments of habitable^{lviii} middle space exist for anyone other than the main protagonist.

Finally, as my project is a self-reflexive one, I end the chapter by meditating on the affective connection I feel and felt to this text, as a teen and now. Back then its resonance exceeded the tease of queer girlhood intimacies. Now I am transfixed by the question of where, how, and when gender and sexual incoherence appear in the trajectory of Black feminisms and Disability Studies. These larger questions have led me to unconventional and contradictory texts like *Middlesex* for further illumination. I have shown that *Middlesex* may be a novel about intersexuality, but it also has much to say about Blackness, Detroit as the Black city time forgot where growth and progress seems impossible, and the relationship between race and disability in biomedical and literary discourse. Cal's mobility and omniscience signify the interwoven histories of race, disability, and intersexuality in America.

Admirably, Eugenides attempts a new tale of becoming through a protagonist that readers may have found to be unrelatable beforehand. When asked of Cal's omniscient voice in an interview, Eugenides responded:

Gradually, I came up with a hybrid voice, well-suited to my theme, that shifted from first-to third-person on a dime. Is it too complicated? I hope not...I didn't want to trip up the reader. Flashlights are provided at all intersections. The reader, however, is expected to look where she's going. (Winfrey)

Unlike Eugenides, I situated a Black feminist disability framework here *to* trip up readers, to walk those intersections he lays out but with a continued

curiosity in the mobilization(s) of metaphor and sexual and racial representations. I pressed forth a critique that did not simply follow flash-lit paths of hegemonic narratives, but that saw possibilities in our complicated bodyminds. Where I went in this chapter, and where I went as a teen, requires a different type of looking.^{lix} It requires an intention to not look away, and an intention to read *Middlesex* for other queer and Black collisions. Bailey and Mobley leave us with the question, “What does liberation look like if disabled Black bodies are allowed in our futures” and with the assertion that “there are an infinite number of revolutions that a Black feminist disability framework can help bring about” (34-35). This chapter has, in response and in conversation, read *Middlesex* for Black disability collisions, revolutions, and *deliberately* did not avoid them.

NOTES

- i. *Middlesex* won the Pulitzer Prize in 2003.
- ii. Additionally, Dr. Simon Fountain-Polley (MB BCh, MRCPCH) enthusiastically recommended the novel to parents of intersex children stating, “All clinicians, and families who have faced gender crises or difficult life-changing decisions on identity should read this book; delve into an emotional trip of discovery—where the slightest direction change could lead to myriad different lives” (Fountain-Polley 952). Critic Olivia Banner, indeed, argues that the novel “helped ease the medical profession’s transition from a policy of immediate surgical intervention to the acceptance of ambiguous genitalia” (Banner 843-844).
- iii. Throughout this chapter, I refer to the present embodiment of Cal as Cal and to his former self as Cal/lie. This is done to express distance between the two characters as Cal himself does in the novel. At times it gets complicated as it does in the novel.
- iv. I borrow Jasbir Puar’s phrasing here about the boundness of bodies from “Prognosis Time: Toward a Geopolitics of Affect, Debility, and Capacity.” Puar claims, “queer disability studies has taken up these issues, pushing at the boundness of bodies, by exploring the ‘mutation’ or deviance of a body that is purportedly whole and organic” (164).
- v. For more on imprinting and “an unnamed blank that craved a name” see “Imprinting and the Establishment” 333-336; Rubin 21-47.
- vi. Debra Shostak critiques Eugenides use of hybridity claiming, “Eugenides’ conflation of meanings under the sign of hybridity allows the two narrative components of *Middlesex*—the immigrant family epic and the hermaphrodite’s coming-of-age-memoir—to attempt to bring into alignment the discourses of gender and ethnic identity” (387).
- vii. Dennis Tyler discusses blackness-as-contagion through the segregation and immobilization of Black Americans during the Jim Crow era. Tyler argues, “Jim

Crow laws varied from state to state, and they compromised the movement of blacks in America (often stigmatizing them as contagious and isolating them in public space) while extending whites freedom of mobility and safeguarding their immunity” (188).

^{viii}. Mel Michelle Lewis discusses the slippage of embodiment and pedagogy in her essay “Body of Knowledge: Black Queer Feminist Pedagogy, Praxis, and Embodied Text,” citing her own students’ confusion and discomfort when reading texts that may discuss identities she also shares. They find it difficult to distinguish text from her body (50-51). I also revisit Lewis’ sentiment in my reflection on pedagogy and embodiment in the book chapter “Of Paper Plates and Poetic Things” 253-260.

^{ix}. For example, Holmes insists that, “[Cal’s] second birth then, is the restoration of order and certainty against an uncertain past. Cal may escape surgical intervention, but Cal/liope’s desire is impoverished as a result...regarding homophobic medical practice, Eugenides takes no less a heteronormative view than surgeons do (“Cal/liope in Love” 231). Holmes also cites Thea Hillman’s response to *Middlesex*, in which Hillman mourns, “[Middlesex] traps real human beings in the painfully small confines of someone else’s story” (Hillman qtd. In “Cal/liope in Love” 224).

^x. It should be clear that I follow Siobhan Somerville’s theorization in *Queering the Color Line*. She argues that the invention of queer sexuality was inextricably linked to the development and definition of racial difference (3).

^{xi}. Halberstam discusses the film *Dude, Where’s My Car?*, white male “stupidity,” and the potentiality of the film’s queer critique (*Queer Art* 58). Halberstam concludes, “so while the film’s queerness cannot be located at the level of identity, we can argue for queerness as a set of spatialized relations that are permitted through the white male’s stupidity, his disorientation in time and space” (65). Halberstam finds memory loss to be strategy employed by queer and nonwhite subjects, rewriting short-term memory as “queer time” (81). In other cases, the actor *doing* the forgetting matters—as discussed in Roach’s text.

^{xii}. I want to mention the queer and disabled potential of Desdemona even though I ultimately argue that Eugenides foils Desdemona’s importance. Though Desdemona has children with Lefty she later gets a hysterectomy and only passes on the knowledge of silk making to young Black women at the Temple (*Middlesex* 148). This type of generational *passing* can be seen as a form of queer reproduction or as taking part in oral traditions outside of normative, raced compulsions. For more of my theorization of queer passing, reproduction, and oral tradition(s) see *I Feel Therefore I Can Be Free*; “Generational, Survival, the Repetition of Memory.” Furthermore, Halberstam theorizes short-term memory as a type of queer time that “break[s] with a self-authorizing past,” and that offers different

nonnormative, non-reproductive futures (*Queer Art* 70). I wonder if anxiety or obsessive-compulsive memory (not being able to forget) can also be a form of queer time that disrupts linear progress narratives, particularly in *Middlesex*. This, however, is antithetical to the project Eugenides pursues.

^{xiii}. Furthermore, most critics have ignored the ableist ideology underscoring ‘abnormal’ genitalia. Shostak critiques Eugenides’ failures at true hybridity or middleness as does Mendelsohn (Mendelsohn 385; Shostak 386-387). Both conclude that for Eugenides, Cal as a queer character is an impossible subject, thus Cal’s queerness is lost in the midst of other Stephanides’ family pathologies. Callie’s lesbian erasure (“Cal/liope in Love”), Cal’s powerful and comfortable intersex voice (Fountain-Polley), the white ethnic immigrant narrative (Banner), the heteromasculine diegetic (Lee) are issues of utmost importance, but rarely is disability or, for that matter, Blackness mentioned in-depth or mentioned as a critical aspect of identity formation be it white, intersex, transgender, or lesbian. However, Stephanie Hsu, has a substantial conversation about ethnicity and biopower, primarily focusing on Cal’s Greekness and Julie’s (Cal’s girlfriend) Asian identity in the novel (87-110).

^{xiv}. It is worth coupling Holmes’ description of Callie’s queer girlhood as “vestigial” with Adrienne Rich’s theory within compulsory heterosexuality in which lesbianism is posed as an untenable position (Rich 238). Kafer also rearticulates Rich’s argument and refers to lesbianism as seen as “a sign of arrested development” (“Compulsory Bodies” 82). In both instances, ableist language is used to express queer female encounters and their distance from presumably developed, heterosexual relationships.

^{xv}. Stephanie Hsu argues that we do not view Callie’s transition to Cal as a narrative loss because “Callie is sacrificed in the name of intersex survival, her death is not registered as a loss; to the contrary, her narrative effacement makes possible the state of disembodiment that Cal associates with social privilege and “putting on airs” (Hsu 102). Similarly, Debra Shostak reasons, “Just as Callie is at the mercy of the either/or construction of the sexed body, she is also at the mercy of the system of compulsory heterosexuality that would marginalize and punish her desire, constructed as “lesbian” (Shostak 404). Cal, as sexual redeemer, covers over loss through heteronormative re-doing.

^{xvi}. The school play is *Antigone*.

^{xvii}. The character of Clementine Stark is described as “[not] albino, just very pale, and allergic to hard-to-avoid items (grass, house dust). Her father was about to have a heart attack, and my memories of her now are tinged with a blue wash of misfortune that hadn’t quite befallen her at the time” (263). Stark’s allergies and comparison to disorders and disabilities falls in line with Cal’s description of young Callie as a “childhood speech impediment.” Queer girlhood is contingently

bound to disability in this novel as if Cal's true identity is correct, progressive articulation of able-bodiedness that must leave disability, queerness, and interracial relations (of all kinds) behind. It is not enough that the idea of a queer girlhood makes Cal uncomfortable, Eugenides leaves readers with similar feelings of ickiness when it comes to queer girlhoods: nothing positive, productive, or even lively results of those relations.

^{xviii}. *Undoing Gender* 2; "Situating Bio-Logic" 93; Snorton 7, 73.

^{xix}. Though Callie's gender presentation is decidedly feminine or neutral, I argue that because of her lurking intersex gene, masculinizing appearance, and Cal's present embodiment-as-narrator, that "butch" here remains relevant by way of impact.

^{xx}. Likewise, race scientists argued that "race progress depended on the strict policing of gender and race" (Stein 201). Eugenides' literary future progresses similarly. Cal's progress is an accomplishment of gender, race, and ability happens literally through police violence.

^{xxi}. I purposely use language from *The Unspeakable Things*; "Speaking the Unspeakable" 163-184; "Venus in Two Acts" 1-14. I call upon them as part of my larger articulation and interrogation of the African American Studies project with respect to the intersections of queerness, intersex, trans, and disability.

^{xxii}. Elizabeth Reis has traced the etymological development of intersex through American culture and unearths similar words to Cal's *counterfeit* including monsters, frauds, deceptive beings. See *Bodies in Doubt*.

^{xxiii}. Though *Middlesex* is not autobiographical, Eugenides infuses the novel with many of his life experiences, foremost his adolescence in suburban Detroit in the 1960s. In a 2006 interview for Oprah's Book Club on *Oprah.com*, Eugenides explains his impetus for writing *Middlesex*, "The only way I could do it was to kind of create an autobiographical ground on which I could have firm footing. So what I did is I made Cal born in the same year as I. In the same city. His grandparents also are from Greece. I had him grow up on the same street and things like that" ("Oprah's Interview").

^{xxiv}. See also: "Situating Bio-Logic" 73-94.

^{xxv}. For more on dirtiness, toxicity and queer bodies see *Animacies* 206-211. For more on dirt and disability see Garland-Thomson 33.

^{xxvi}. Cal, of course, is the 'dirty' evidence made clean.

^{xxvii}. Melissa Stein elucidates on race scientists' convictions by stating that scientists believed that miscegenation was a true "threat to American civilization" (174).

^{xxviii}. The exact figures were 28.9% in 1960 to 75.7% in 1990 (*The Origins* 162). Additionally, Child Hill puts these changing demographics another way, "Between

1950 and 1970, Detroit lost two out of every three whites between the ages of twenty-five and forty-four” (Child Hill 10)

^{xxxix}. Sugrue argues, “In the postwar years, white urban dwellers fiercely defended their turf. They referred to the black migration in military terms: they spoke of “invasions” and “penetration,” and plotted strategies of “resistance” (*The Origins* 246). These military terms are also common terms used in medicine i.e. in fighting disorders attacking healthy bodies.

^{xxx}. Kristen Kasinsky also has an interesting reflection about Grosse Pointe: “As I moved north on the road to Grosse Pointe the streets and buildings became increasingly less maintained. At one point in my journey I found a road that was impassable due to large craters of missing and uneven concrete in the road. As I bypassed this road and continued on, it was quite clear when I had reached Grosse Pointe. A definitive line was drawn between well manicured and trash sprinkled lawns, between multimillion dollar mansions and single floor shotgun homes” (167).

^{xxxix}. The suburbs run from the northeast to the southwest (Warren 329).

^{xxxii}. Transition would, in this sense, include both gender behavioral modification and sex organ management via the removal and/or reshaping of internal and external genitals to match one, determined sex.

^{xxxiii}. In 1970, Sharon Hill, a nurse practitioner, similarly cautioned, in an article from *The American Journal of Nursing*, that “an innocent exposure of abnormal genitalia during normal childhood sex play would subject them to cruel taunts by their peers and subsequent gossip by neighbors” (814). While neighborhood location was unspecified, neighborhood gossip and the inability for others to forget easily may have had serve consequences for white suburbanites.

^{xxxiv}. Relatedly, Zine Magubane states that the ease of move that Dr. Money prescribed was obviously racialized. Black families would not have had the same housing opportunities nor freedom from violence in the 1950s-1960s like white families would have (“Spectacles and Scholarship” 778).

^{xxxv}. Stein details sexology’s attribution of ambiguous genitalia to “bodies that were already marked as racially suspect: African Americans, mixed race people...and “undesirable” immigrants” (172). Therefore, ‘uncorrected’ and unassimilable intersex bodies resided in the realm of off and nonwhiteness.

^{xxxvi}. After psychological assessment Dr. Luce affirms that Cal(lie)’s gender identity is appropriately feminine. This is most likely a result of intersex theory in this time period. Elizabeth Reis explains that Money, Hampson, and Hampson believed that it was important to “establish the psychology as male or female first and then surgically shape the genitals to match” (*Bodies in Doubt* 119). Callie’s psychology appears stable, surgery would, in theory, be possible after this.

^{xxxvii}. Because of Cal's flight he never undergoes surgery and his flesh is literally "unmarked" by intervention.

^{xxxviii}. For the first articulation of "doing gender" see West & Zimmerman 125-151. For more on "gender role theory" see "An Examination of Some Basic Sexual Concepts" 301-319.

^{xxxix}. For more on "imprinting" and gender role theory see "Imprinting and the Establishment" 333-336.

^{xl}. Schilt and Westbrook cite Adrienne Rich's 1980 conceptualization of "compulsory heterosexuality" through which heteronormativity sustains its power (Schilt & Westbrook 441). Robert McRuer, in kind, has taken Rich's theory and cited another, interlocking, compulsory existence: "compulsory able-bodiedness" (*Crip Theory* 8). McRuer, then, asserts, "precisely because these [heterosexist] systems depend on a queer/disabled existence that can never be quite contained, able-bodied heterosexuality's hegemony is always in danger of collapse" (31). Therefore, the novel, "does" able-bodied heterosexuality by constantly showcasing uncontained queer and racialized bodies as the main threat facing Cal's normative existence. However, Eugenides reveals to audiences not the fear of systemic hegemonic collapse but the need for non-normative bodies to claim their own individual incapacities and to accomplish both heteronormative and able-bodied interactions or performances.

^{xli}. For more on heterosexual men and disability see *Enforcing Normalcy*; Barounis 381-397.

^{xlii}. For more on "ungendering" see Spillers 64-81; Hammonds 127-145; Snorton. For more on "unsexing" see Stein 217-249. "Hyper-ability," as used by Moya Bailey, refers to the ways in which Black people are stereotyped as superhuman, monstrous, and terrifying; thus, providing reasoning for state violence (including labor exploitation). Examples include Hilary Clinton's "super predator," the trope of the strong Black woman, police murders of Black men who have been described as animal-like, unstoppable, and always threatening.

^{xliii}. Furthermore, Cal himself is a representation of non-productivity. As an intersex person, he shares that he, like many others, cannot reproduce (106). While is this a biological fact for many intersex persons, I also believe this is mentioned to reassure readers that "bad" genes end. Even if Cal wanted to reproduce and pass on his genes, he cannot.

^{xliv}. On *drapetomania* see Bailey & Mobley 25; "Coming Up from Underground" 17.

^{xlv}. For more on how disability cripples or makes "questionable" Black masculinity, see Pickens 93-103.

^{xlvi}. Metzl specifically tracks the rising number of Black male schizophrenic patients in urban Detroit through the 1960s-1970s (xvi).

^{xlvii}. The Zebra Room is Lefty's bar that by 1967 was out of date and failing much like Milton's restaurant (228).

^{xlviii}. Disability Studies also has a race problem. For more see "Introducing White Disability Studies" 275-282; Erevelles & Minear 127-145. This is not to say that disability scholars have not or would not be interested in Middlesex but that the intricacies of race and disability are more likely to be evaded.

^{xlix}. Mitchell and Snyder extend this line of thought to cultural studies claiming, "As feminist, race, and sexuality studies sought to unmoor their identities from debilitating physical and cognitive associations, they inevitably positioned disability as the "real" limitation from which they must escape" ("Disability as Narrative Supplement" 2).

^l. Lukin cites Jennifer James examination of post-Civil war Blackness and disability in James' *A Freedom Bought with Blood: African American War Literature from the Civil War to World War II*. James explains, "it was imperative that the black body and the black mind be portrayed as uninjured...in order to disprove one of the main anti-black arguments that surfaced after emancipation—that slavery had made blacks 'unfit' for citizenship," Lukin then reiterates a similar rhetoric in Post-World War II civil rights (Lukin 312). Similarly, Dennis Tyler rereads James Weldon Johnson's "The Best Methods of Removing the Disabilities as Caste from the Negro" (1892), arguing that Johnson attempted to counter "the racist rhetoric of white supremacists who held that African Americans were inherently disabled, who claimed that their innate depravity made them *unfit* for full citizenship..." (Tyler 185; italics mine).

^{li}. Christopher M. Bell emphasizes this importance in his introduction to *Blackness and Disability* and through various disability re-readings of historical black figures, naming Harriet Tubman, Emmett Till, and James Byrd as Black and disabled (1-3).

^{lii}. I have been so invested in this idea of "elsewhere" since reading Audre Lorde's *Zami*. Since then I have come across other contingent callings of elsewhere for Black, queer, and/or disabled people. When I use "elsewhere" I invoke the multiple iterations. Alison Kafer invokes elsewhere in *Feminist, Queer, Crip* by stating, "in imagining more accessible futures, I am yearning for an elsewhere—and, perhaps, an "elsewhen"—in which disability is understood otherwise: as political, as valuable, as integral" (3). Roderick Ferguson continuously invokes Lorde's somewhere else/something else in *Aberrations in Black*, harkening the need to "make space for something else to be," including new coalitions, "mode[s] of exploration," and interventions (110). In Dwight McBride and Jennifer Devere Brody's introduction to the *Plum Nelly* special issue of *Callaloo*, they theorize the location of Black queer studies and point to one of the definitions of "plum[b] nelly" meaning "one's state is "in the middle of nowhere," "or "an out-of-the-way place," (286). And in Robert McRuer's *Crip Theory* he imagines futures of

“critical queerness and severe disability” that are “about insisting that such a system [compulsory heterosexuality/able-bodiedness] is never as good as it gets, and about imagining bodies and desires *otherwise*” (32, emphasis mine).

^{liii}. This coupling, of course, is deeply imbedded and oversimplified within colonialism’s violent sexual discourse. Kobena Mercer explains, “the black subject is objectified into Otherness, as the size of the penis signifies a threat to the secure identity of the white male ego and the position of power whiteness entails in colonial discourse” (134). Marlon Ross, likewise, argues, “sexual violence against black men—and the sexual violence they perpetrate against others—is thus reduced to a matter of racial jousting between men of European and of African descent” (307). Eugenides perpetuates this “racial jousting” through Black male violence directed at the national body, the Stephanides’ emasculation, and Cal’s subsequent mobility via his passing cishet mobility.

^{liv}. Ostensibly, this scene connotes Freudian penis envy. Freud surmises, “[Girls] are ready to recognize them immediately and are overcome by envy for the penis—an envy culminating in the wish, which is so important in its consequences, to be boys themselves” (61). However, Freud also argues that both boys and girls experience castration complex in varying degrees. Nevertheless, this scene sparks the anxiety of loss and lack for which Cal recognizes his sexual body as injured beyond repair. Disability, as ultimate lack, thus prevents white heteromale inheritance.

^{lv}. *Yia yia* is the Greek word for grandmother. The audience member who asks this question also identifies themselves to Eugenides as Greek (“Interview and Q&A”).

^{lvi}. For more on the inherited “accumulation” of less desirable traits see Schuller 10.

^{lvii}. I further attribute this idea of “accumulation” and usefulness to Sara Ahmed in *Queer Phenomenology* and in a lecture entitled, “Queer Use” that Ahmed gave at the University of California, Berkeley on 16 Feb. 2018.

^{lviii}. I use the word “habitable” here in conversation with McKittrick and Woods’s introduction to *Black Geographies* in which they open the chapter restating New Orleans probable uninhabitability after Hurricane Katrina (1-2). I also wonder if spaces populated with undesirable bodies are ever truly habitable spaces. In *Middlesex*, Eugenides’ call for middle space, that Cal’s body signifies, seems impossible within an American imaginary that forecloses habitable space to queer, black, disabled, intersex. For hopeful imaginings and “livable black and trans worlds” see Snorton 14.

^{lix}. I reference queer looking through, again, Lorde’s remarks in *Zami* and “Eye to Eye: Black Women, Hatred, and Anger.” In *Zami* she recalls, “The Black gay-girls in the Village gay bars of the fifties knew each other’s names, but we seldom looked into each other’s Black eyes, lest we see our own aloneness and our own

blunted power mirrored in the pursuit of darkness. Some of us died inside the gaps between the mirrors and those turned-away eyes” (*Zami* 226). And inquisitively in “Eye to Eye,” “Why don’t we meet each other’s eyes? Do we expect betrayal in each other’s gaze, or recognition” (*Sister Outsider* 155)? My work has attempted to follow this feminist question and to extend our inability to look each other in the eyes to the whole body, to the fear of our bodies, that prevents critical disability, intersex, trans and queer theorizing at the heart of Black Studies’ enterprise.

Conclusion:
Remembering Honest Bodyminds: Seeking a Black Feminist Disability Love-Politics

Insulting Bodies

The first case Dr. Money encountered that made him want to pursue intersex medicine was of a young boy with Androgen Insensitivity Syndrome (AIS). He told journalists:

In retrospect, one can see that [the boy's case] was a case of extremely bad management. At puberty, he grew breasts instead of a male body shape. He was in the hospital to see if anything could be done for him. The remarkable thing about it was that in spite of the handicap of growing up without a penis, and in spite of the, shall we call it, *the insult of a body that grew* in female dimensions at puberty, he was quite persuaded in his self-understanding that he was a boy, and he had the general outlook of a boy. (Lyons 4)

In this conclusion, I meditate on disability and intersex as insultsⁱ to the normative “dimensions” of human life, insulting bodies that remain or desire to remain insulting, and insults and challenges to memory recollection. Briefly, I seek a Black feminist disability love-politics and a re-membering of Black bodyminds. This, I contend, is a necessary direction for Black feminist thought. Ambiguity, as Dr. Money bemoans in the above passage, was an insult to the patient's full (male) potential and coherent gender expression. I argued in this dissertation that anatomical coherence was a defining component of sexual character representative of American democratic values in the post-WWII era. Moreover, disability remained an insulting barrier, handicap, and immobilization that suppressed what *ought to have been* or what could have been without impairment. The young boy's body, in Dr. Money's viewpoint, stopped a normative biomedical course where insulting appendages, in the form of a female body and ‘lacking’ male genitalia, entered as a metaphorical and anatomical impasse.

The “insult of a body that grew” was also an insult to the futurity of the idealized white, male, heteronormative subject. However, this patient expressed a strong sense of identity even with his ambiguity. Dr. Money's ideology prevailed for his generation of intersex patients. Though Dr. Money explained, “in a sexual democracy, you'd find a place for [diverse] people. But I have a very strong suspicion that if we had a genuine sexual democracy, we would not create all of these problems in our children” (*Omni* 82), neither disability nor genital

incoherence were necessarily part of his sexual utopia.ⁱⁱ Alison Kafer and Moya Baileyⁱⁱⁱ cautioned that the future, imagined as a place free from pain and suffering, is frequently also liberated from painful bodies (like Alyson Patsavas' leaky body in chapter 2), from vestigial bodies (like Calliope in chapter 4's *Middlesex*), and audacious bodies (like Jules' in chapter three's *Yabo*). The future, in short, is one wherein "newly minted beings"^{iv} and remarkably uncomplicated and mobile Americans fill the literary and medical imagination.

I have explored instances of disabled bodyminds showing up in the future: The patient, in chapter 1, who felt marriage was "no place" he wanted to venture; Emma T, in chapter 2, who chose fluidity (a heterosexual marriage and a queer erotic life); A.J., in chapter 3, who instructed his parents to sign off on a future of his (re)creation; and the Black Detroiters of *Middlesex*, in chapter 4, who precariously forged their resistant lives in immoveable relation to white mobile. This project has aimed to develop Black feminist disability work that imbues a new politics of accounting for (more of) us.^v

I have argued that within intersex management, the success or failure of biomedicine depends upon a "there"^{vi} that bears few vestiges of the past, including variant bodyminds. I have disidentified with this stance and attempted to reveal middle ground in each chapter. For example, I asserted that Alexis De Veaux's *Yabo* is a counternarrative to intersexualization that projects heteronormative/straight time. Jules' gender pronouns, navigation through crip time, and melancholic relation to the Middle Passage experience was a response to clinical intersex language and to the passive ableism in our feminist, queer, and critical race methodologies. In totality, this project has called for insulting bodies and genital killjoys, more identities that we have to work harder to understand and to roll around in our mouths, and more attention to the blackening of vulnerability.

Honest Bodyminds and a New Sexual Politics

I have attempted to foster an honest conversation about bodyminds in biomedical and literary discourse. Likewise, I offered this historical project as resonant with our ever-present fears of *too muchness*.^{vii} The Black feminist blog *forharriet.com* published an article in 2016 entitled "The Vision for Black Lives is Incomplete without Disability Solidarity"^{viii} wherein Black disability activists named *The Harriet Tubman Collective* claimed that Black movements could not afford any longer to erase, sacrifice, or ignore the "unspeakable violence and Black death found at the intersection of ableism, audism, and anti-Black racism" (The Harriet Tubman Collective). They posited that no past movement for Black lives has existed without Black disabled lives nor will any movement in the future. Their message was clear: "We are not an afterthought. We are here. We are fighting for all of our lives" (The Harriet Tubman Collective). When South

African runner Caster Semenya^{ix} made headlines in 2009 for the results of her “sex determination testing”^x with the International Association of Athletics Federation (IAAF), Western feminists defended her by fervently disavowing the hypersexualization and masculinization of Black women at the root of race and gender science and discrimination.^{xi} Feminist criticisms sought to *claim* Semenya as ours, as another assailable woman made into “signifying property *plus*” (Spillers 65) that would serve as a corrective to the violence of science and biomedicine.

But the critique of racist gender ideology that has withheld femininity and womanhood from Black women and that saddles Black women with superhuman/hyper-abilities, also, abjures queer masculinities, intersexuality, and disability as desirable bodymind possibilities.^{xii} Critiques that transpose American feminist theory to South African politics, their history of science and medicine, and Semenya’s own self-definition inadvertently *possess* intersex and gender variant people for progressive feminist purposes.^{xiii} Jennifer Nash contends in *Black Feminism Reimagined* that, “Black feminism, then, has mirrored a larger US tradition in which to care for something is to assert ownership over it, and thus to protect it from imagined threat of trespass” (137). Thus, for Nash, relational connections that are not based in “racially saturated conceptions of property and ownership” (137) mark a path forward for Black feminisms. In agreement, I argue that humility, honesty, and what I introduced in chapter two through AnaLouise Keating, “listening with raw openness,”^{xiv} reorient African American Studies and Disability Studies to a requited bodymind theory and praxis. I contend that liberation is incomplete without the movement to relate and embrace—not *own*—others who we share a mutual history of exploitation and biomedical invasion. This means we have to radically alter our language, genealogies, and archives.

Patricia Hill Collins’ highly cited chapter in *Black Sexual Politics*, “Prisons for Our Bodies, Closets for Our Minds” conceptualizes heterosexism as the confining system that has led and will continue to lead us to our peril. In a continuation of June Jordan’s definition of the honest body,^{xv} Collins theorizes, in her final chapter, a Black sexual politics “grounded in the concept of the “honest body” that would enable individuals to reclaim agency lost to oppression” (*Black Sexual Politics* 282). “Honest bodies” or *honest bodyminds* “strive to treat the mental, spiritual, and physical aspects of being as interactive and synergistic” (283). Honest bodyminds attend to how “Black bodies feel, hear, and move” instead of the compulsory bindings that presume to know Black feeling and desires. Collins’ honest body, though not explicitly impaired, is conducive to disability and cripp bodymind expansion. She states, “expanding body politics beyond its current focus on the visual allows other themes to emerge, namely, new understandings of sexuality that rejoin ideals of soul and embodiment” (283).

Relational bodymind politics attest to the mutual construction of sexuality, disability, and race. Honest Black bodyminds are defined by respect for bodymind variance and autonomy. Therefore, an honest bodymind sexual politics is also a Black feminist love-politics.^{xvi} In chapter two I explained that crip-of-color methodologies cite the decolonial power of *being-in-common together*^{xvii} and *mutual vulnerability* that “recognizes that my survival and thriving depends on yours” (Nash 116). Black feminist love-politics, then, cannot come to fruition without honest bodyminds nor without an intellectual commitment to nourishing *honest* bodyminds.

Remembering When Remembering is Difficult

I introduced Leigh Raiford and Matt Richardson’s conceptualizations of Black collective memory and a Black collecting memory in chapter one and promised a return to memory in this chapter. Both scholars admit the limitations of collecting and disremembrance in the African American Studies project. However, both critiques take memory as a given through which all Black members may contest, remember, and contribute Black experiences. Richardson’s disremembrance motions against forgetting Black queer people.^{xviii} For Richardson, forgetting is a deliberate wielding of heterosexist and cissexist power to disappear unwanted queer others. But is forgetting ever unintentional? What if remembrance is not only painful, but impossible? How might we theorize disremembrance and simultaneously practice care and tenderness with others who unintentionally forget and misremember. Raiford’s collecting of Black memory is buttressed by the visual aspect of memory formation and the recall of images that move (us). However, can everyone, regardless of dis/ability, participate in this form of memory-making, even when the intended goal is to compassionately make space for our more vulnerable members?

I end this project with a final question: Can we remember remembering differently? I have asked African American Studies to devise other Black genealogies by way of intersex archives and through Disability and Crip Studies. And now I am asking to remember us differently and to remember the past differently with peripheral (intersex, disabled) subjects included. This may appear paradoxical to my critique of Black memory collection, but by asking us to remember I am not suggesting memory recall or another coherent iteration of a collective memory. Memory, I have argued, is disciplinary. Memory has instilled fear and trauma into identifying with the scientific conclusions about Black excess and health. Memory guards the Black collective from the potential fear and mourning that acceptance of the ailing body, the hypertrophic and androgenic body, the broken Black body and mind would beget.

In a sense, what is at stake in *insulting* Black memory? What might it mean to embrace Black biodiversity, to not to reject or recoil from all clinical language, diagnoses, measurements laid upon Black flesh, but to instead engage more critically with interlocking systems that bequeath happiness and other resources to an idealized citizenry? Insulting memory might also mean finding joy, resiliency, and method in forgetting. In forgetting memory, we might create new modes of relationality because we will have to rely on others to fill us in. To remember remembering differently is to repeat who we are, who we were, and the archives our bodyminds stick to. Each iteration, through whatever mode of communication, will be different, will be a little off each time, will sound, feel, and look different—but memory is not coherent. Nor promised. Sometimes it is insulting, vulnerable, and inapplicable. I conclude by asking: can we relate to each other without memory? What might await us on this new ground.

NOTES

- ⁱ. For more on the insult and dehumanization see *Animacies* 30-42.
- ⁱⁱ. In “John Money’s Specialty” he referenced intersex as “birth defects” in need of eradication. He stated, “a birth defect of the sex organ is about as common as a birth defect of the mouth, as in a harelip. But we certainly aren’t able to deal with a birth defect of the sex organs with the same degree of equanimity as we deal with a harelip” (5H).
- ⁱⁱⁱ. See *Feminist, Queer, Crip* 25-46. Additionally, Moya Bailey discussed Black disability futures at a lecture at the University of California, Berkeley on March 5, 2018. In the aftermath of Black Panthers’ release, Bailey critiqued the lack of disability visibility and questioned if we do indeed imagine disability in our Black futures.
- ^{iv}. I use the phrase “newly-minted beings” in chapter four to explain Jeffrey Eugenides’ hybrid subject of the future.
- ^v. This, again, is a reference to Christopher Bell’s critical intervention in “Doing Representational Work” from *Blackness and Disability*. Likewise, my work is in deep reverence to Moya Bailey’s interventions in “Misogynoir and Medical Media”.
- ^{vi}. This is a reference to Ahmed’s happy “there” theorized in chapter one of this dissertation.
- ^{vii}. Bailey & Mobley 21.
- ^{viii}. The Harriet Tubman Collective. “The Vision for Black Lives is Incomplete Without Disability Solidarity.” *forharriet.com*, 29 Sept. 2016.

wwwforharriet.com/2016/09/the-vision-for-black-lives-is.html. Accessed 22 April 2019.

^{ix}. A week after writing this conclusion, news broke that Semenya's lost her case against the IAAF. They ruled that all hyperandrogenic women would need to take antiandrogen medications and "maintain that reduced level for at least six months to be eligible to compete in certain track and field events in international competition" (Wamsley).

^x. Rubin 125-129.

^{xi}. Somerville 26-27; Reis 36-40; "Spectacles and Scholarship" 770.

^{xii}. For example, see: "Spectacles and Scholarship" 761-785. My critique of Magubane's article is that she still does not problematize disability nor the entangled ableist discourse in the United States or South Africa, nor does she deeply contemplate the desirability of Black gender variance or intersex. Though much of her article addresses the pathologization of Black bodies and genitals, especially the attention paid to clitoral size and Black women's sexuality, I do not believe her analysis goes far enough. Bodies are variant and some of us have larger than average genitalia. We should still leave room for acknowledgement and acceptance of all body forms even in critiques of colonial medical discourse. Moya Bailey addresses this gap by stating, "how do we understand bodies as they exist, without pathologizing those that are different from a standard rendering of what we imagine a body should be? And how does a standard body come to exist in the first place" ("Misogynoir" 12)? Bailey's reading recognizes human diversity and the impact of "what we imagine a body *should be*" in feminist theory (emphasis mine). We do not need to undo every molecule and curvature of Semenya's body and in fact this an erasure we should not perpetuate.

^{xiii}. Zine Magubane clarifies, "Semenya was never officially declared (nor did she declare herself to be) a person with an intersex condition...Nevertheless, scholars who wrote about her assumed that she did, indeed, have internal testes and elevated testosterone levels" ("Spectacles and Scholarship" 762). David Rubin, likewise, quotes Semenya's self-perception: "I am not a fake. I am natural. I am just being Caster. I don't want to be someone I don't want to be. I don't want to be someone people want me to be. I just want to be me. I was born like this. I don't want any changes" (Rubin 139). And Moya Bailey notes that Semenya's body was discussed "seemingly before she had been able to make sense of the speculations herself" which led Semenya to go into hiding and be put on suicide watch ("Misogynoir" 3).

^{xiv}. Keating 52-53.

^{xv}. Jordan 131-136.

^{xvi}. I draw my definition of “love-politics” from Jennifer Nash. Nash contends that in black feminism “[L]ove operates as a principle of vulnerability and accountability, of solidarity and transformation, that has organized and undergirded black feminist practice” and that in this text, “the notion of black feminist love-politics as undergirded by a dual commitment to *mutual vulnerability* and *witnessing*” (115-116).

^{xvii}. “Cripistemologies” 138.

^{xviii}. For another expression of Black queer and trans remembrance practices and care-taking see Snorton 177-198.

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