Georgiann Davis

*Contesting Intersex: The Dubious Diagnosis*


Reviewed by: Hanna Baus, Humboldt State University

In *Contesting Intersex: The Dubious Diagnosis*, Davis offers a compelling analysis about the current state of affairs for intersex people. Having discovered she was intersex as an adult, Davis provides a heartfelt account of growing up intersex, how it has affected her research, her career and her life. Here, Davis sensibly addresses the heated debate about the treatment of intersex individuals by medical professionals, and the change from intersex language to the more medically focused terminology of “disorders of sex development” or “differences of sex development.” She also provides an analysis of gender and sexual fluidity that is also a key component in this battle within medical professionals regarding the medical care for intersex people. Davis offers a powerful and emotional argument for better care, as well as, a deeper understanding of the intersex community. She wants the world to understand and see the struggles that the intersex community deals with on a daily basis, especially in regards to the treatment from medical professionals. Davis uses this monograph to entice her readers to take action, to learn about intersex and become better allies.

When she first began this research, Davis was originally an outsider at the meetings and conferences for intersex people. After opening up to those in the support groups, she became a member. Davis opened with an outline of some of the important support groups that are dedicated to working with intersex youth, adults, their families including others that are even open to working with medical professionals. The first part of the book focused on various support organizations, their respective histories, and the advocacy work that they have been involved with starting in the 1990’s.

Davis then moved into the medical jurisdiction over intersex bodies, and discussed the ways in which intersex people are subjected to questionable procedures that are not always as necessary, or as urgent as they are made out to be. Davis’s in-depth interviews with medical professionals across various fields were particularly interesting. Many doctors to whom Davis spoke discussed feeling uncertain when selecting the sex (read gender) for the babies they operated on. Davis expressed this as
dangerous to developing children and teens, and
tried to show medical professionals some of the
consequences of sex-determining surgeries early
on. Between the interviews with doctors and
parents of intersex children, Davis effectively
showed the tension and tentativeness that goes
along with these surgeries on intersex children.
While many doctors who were interviewed were
quick to defend themselves, Davis did talk to
some who were much more open to putting off
surgeries, and getting to know the intersex
community in an effort to learn how to treat
these patients better.

As she moved into the terminology of
describing intersex traits, Davis provided an
abundance of anecdotal evidence for both sides
of the argument. With the advocate and support
groups moving forward in the early 2000’s,
there was a lot of disagreement with the
terminology that should be used. Davis pointed
out that some individuals preferred the intersex
language, while others prefer disorders of sex
development (DSD). The divide in terminology
caused a great deal of angst in the intersex
community, as well as, among their supporters
and medical professionals. Here, Davis included
her own opinions about what terms should be
used and made a point to explain that no one is
inherently wrong in this situation; in fact, she
suggested that everyone should be able to freely
use whatever term is best for them. The
anecdotes became a bit redundant here as the
stories from those she interviewed seemed to
have the same opinions. This chapter was also
very laden with intersex language/DSD
terminology that made it difficult to discern
specific points from the individuals and groups
she talked about. However, Davis effectively
got her points across about the power in a name
when she described how the different terms can
have varying effects on the community, and
those who support or do not support intersex
people.

Davis delved deeper and included the
thoughts and opinions of parents who have
intersex children. Davis shared stories from
parents who were told to keep the intersex
“diagnosis” a secret from their kids for fear of
confusing them. She discussed the importance
of obtaining correct information about being
intersex. A lot of parents stressed that they felt
lied to or pressured into surgeries on their
children. Davis strongly suggested that medical
professionals offer more access to information
for parents of intersex children. As it stands,
doctors rarely pass on information to parents
about the intersex support groups and
organizations, which is leading to a disconnect
between the medical professionals and the
parents of intersex children. While her ideas
were relevant and clearly needed, Davis did not
offer a solution to this disconnect. Davis simply
stated that doctors need to be more open to
information from the intersex community, and
that the intersex community needs to be more
inviting to the medical professionals. Unfortunately, because of the strong distrust
and/or misunderstanding between the two
groups, she could have included more
suggestions to combat these foreseeable issues.

Davis’ conclusion left little to be desired, as
she seemed to effortlessly wrap up her
monograph. She began by continuing her point
from previous chapters about why intersex
became some sort of disorder and/or problem.
She moved forward to note that, regardless of
the terminology used to describe it, the resulting
arguments about terminology served the
purpose of spreading the word about the
intersex community. She concentrated on the
use of intersex characters in popular television
shows aimed at young adults, the rise of
meetings and conferences dedicated (at least
partially) to intersex people, and a mention of a
more cohesive understanding between some
medical professionals and the intersex
community.

For readers who are not very
knowledgeable about the intersex community or
about some of the obstacles faced by them,
avocates, support groups or the medical field,
this book proves to be a perfect starting point.
Though this reads a bit like an autoethnography, which Davis fully recognizes, it provides a great deal of information from various perspectives. It also offers information for many organizations and support groups for intersex people and their loved ones in an easy-to-read format. Throughout the text, Davis acknowledges various viewpoints and outlines any flaws in her research. By including information from all parties associated with the health and community of intersex people, her book is at once emotional and informational. Davis’s work is powerful, as it covers heated and sensitive topics in an insightful, and occasionally humorous, way. By opening the doors for discussion, her book allows a whole new conversation to start that permits intersex topics to come to the forefront. Davis pioneers a very powerful dialogue that could lead to the intersex community receiving the level of medical care and peace of mind that they desire and deserve.

Hanna Baus is a current student in the Public Sociology MA program at Humboldt State University. She is on the practicing track and her areas of interest include race/ethnicity, gender, crime and delinquency, and social justice. She is currently working on her thesis on alternative programs for prisoner reentry in rural communities.