6. Curriculum Guide

Below is a curriculum guide that explores social, medical, legal and academic approaches in critical intersex studies.

- 6.1 - Who Am I? Deconstructing Heterosexuality, Cisgenderism and the Gender Binary
- 6.2 - Intersex History Through 1950
- 6.3 - Medical Power and Surveillance: Intersex Pathologisation and Violence from the 1950s through 2006
- 6.4 - From Intersex Rights to Intersex Justice
- 6.5 - Medical Education (MED-ED) for Medical Students, Educators and Practitioners
- 6.6 - Discourse to Action

6.1 - Who Am I? Deconstructing Heterosexuality, Cisgenderism and the Gender Binary

Objective:

As preparation for intersex history, we will start unpacking our attachments to gender identity, heterosexuality and cisgenderism. This section will cover:

1. Exploring our attachments to the gender binary, heterosexuality and “cisness” through reflection, journaling and small group work.
2. Sharing how we are “shaped” by gender, race and interactions with the medical establishment.

Core Readings:

*Lena Eckert, Intersexualization: The Clinic and the Colony (intro chapter)

*Maria Lugones, Coloniality of Gender

*Celeste Orr, Cripping Intersex (intro)

*Adrienne Rich, Compulsory Heterosexuality and Lesbian Existence

6.2 - Intersex History Through 1950

Objective:

The personal is political. We reflect on how heterosexuality and the gender binary have deep roots in Westernization and colonization. We use our collective experience to develop a lens by which to understand intersex history. This section will cover:

1. Disrupting the Greek myth of Hermaphrodite
2. Indigenous recognition of sex variations
3. Colonial frameworks and hermaphrodites
4. Medical approaches to intersex embodiment

Core Readings:

*Alice Dreger, Hermaphrodites and The Medical Invention of Sex

*Jules Gil-Peterson, Histories of the Transgender Child (Chapters 1-3)

*Hil Malatino, Queer Embodiment: Monstrosity, Medical Violence, and Intersex Experience (Chapter 3)

Elizabeth Reis, Impossible Hermaphrodites: Intersex in America, 1620-1960

6.3 – Medical Power and Surveillance: Intersex Pathologisation and Violence from the 1950s through 2006

Objective:

How did second-wave feminism betray trans and intersex people? How did the field of sexology contribute to intersex pathologisation? With the introduction of terms such as gender, gender role and gender identity in the 1950s onward, women and trans communities discovered liberatory language, but intersex communities faced medical violence and secrecy until the intersex liberation movement emerged in the 1990s. This section will cover:

1. Dr. John Money and David Reimer
2. The Chicago Consensus and DSD
3. Dix Poppas, Medical masturbation and sexual abuse in the clinic

Core Readings:

*Carrie Battan, Leading Cornell Doctor Performing Genital Cutting

*John Colapinto, As Nature Made Him

*Alice Dreger, Bad Vibrations

*Alice Dreger, The Cutting and the Vibrations Continue

Jennifer Germon, Gender: A Genealogy of an Idea

Katrina Karkazis, Fixing Sex

*David Rubin, Intersex Matters (“An Unnamed Blank that Craved a Name” chapter)

*Jemma Tosh, The (In)Visibility of Childhood Sexual Abuse: Psychiatric Theorizing of Transgenderism and Intersexuality

*Yang, Felsen and Dix Poppas, Nerve sparing ventral clitoroplasty: analysis of clitoral sensitivity and viability

Casey Orozco Poore, https://pubmed.ncbi.nlm.nih.gov/37319358/

*interACT interview with Dr. Casey Orozco-Poore, There are no “nerve sparing” surgeries on children with CAH

Videos:

Oprah Winfrey interview with David Reimer and his mother

6.4 - From Intersex Rights to Intersex Justice

Objective:

Beginning with the Intersex Society of North America in 1993, intersex people began to find one another and share stories of medical violence, shame, secrecy, but also righteous anger. In this section, we will look at the shift from intersex representation, which was largely white and middle class, to a movement toward intersex justice, which incorporated disability, Black and people of color, sex workers and people with different intersex traits.

Core Readings:

Cheryl Chase, Hermaphrodites with Attitude: Mapping the Emergence of Intersex Political Activism

Rubin, Wolff, and Swarr, Creating Intersex Justice: Interview with Sean Saifa Wall and Pidgeon Pagonis of the Intersex Justice Project

David Rubin, Anger, Aggression, Attitude: Intersex Rage as Biopolitical Protest,

https://www.journals.uchicago.edu/doi/full/10.1086/713297

Finding Joy through Black intersex resistance

https://journals.sagepub.com/doi/10.1177/14647001251367039

Videos:

Tiger Devore interview with Oprah Winfrey

Hermaphrodites Speak!

What Does Intersex Mean?

Buzzfeed, What It's Like to Be Intersex

Hermaphrodites with Attitude Protest

Trailer for Every Body film by Julie Cohen

6.5 - Medical Education (MED-ED) for Medical Students, Educators and Practitioners

Objective:

With social and political history as a foundation, we are primed to start looking at how this shapes our approaches to working with intersex patients and families. This section will cover:

1. Understanding issues that intersex people face (structural barriers/health disparities)
2. Discussing surgical and medical complications
3. Unpacking the nuance of intersex identity (identity vs. medical condition)
4. Resourcing ourselves as providers and allies to the intersex community

Affirming medical illustrations by Katja Tetzlaff https://ktetzlaff.com/intersex/

Slack for medical students and healthcare professionals:



Curriculum for OBGYN students (developed by Fi van Wingerden and Omid Cohensedgh)



6.6 - Discourse to Action

Objective:

With the grounding we have in intersex studies, how can we apply this to our work? What are the possibilities? How can we interrupt cycles of harm? This section will cover:

1. Reflexive Exercise: What is the fear of interrupting harm?
2. Small group work: How can we partner with intersex and transgender people to shape our approaches to education?
3. Large group work: How do we create safer spaces for intersex children and adults? Who and what do we need to confront? What policies do we need to have in place?