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Reproducing Intersex Trouble: An Analysis of the M.C. Case in the Media

Jamie M. Lane

University of South Florida, jamielane@mail.usf.edu

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Reproducing Intersex Trouble: An Analysis of the M.C. Case in the Media

by

Jamie M. Lane

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of the requirements for the degree of
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Department of Women's and Gender Studies
College of Arts and Sciences
University of South Florida

Major Professor: David Rubin, Ph.D.
Michelle Hughes Miller, Ph.D.
Kimberly Golombisky, Ph.D.

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ABSTRACT

How do members of the media represent intersex people? Do the voices of intersex activists find their way into mainstream media representations, or are they ignored? What types of discourses are produced by the presence (or lack thereof) of activist voices in news articles? The goal of this thesis is to interrogate the discourse surrounding intersex, or individuals who fall outside of the typical male/female binary for sex classification, and intersex activism in the media. The legal case *M.C. vs. Aaronson*, settled in 2017, was one of the first legal cases in the United States involving an intersex person. This thesis analyzes the media coverage of this case. As much of the public is still unaware of the issues facing intersex people today, media representations of intersex have the ability to make great strides in promoting awareness about the goals of intersex activism. Therefore, it is vital to investigate the way that media representations construct ideas about intersex and intersex activism. Utilizing feminist critical discourse analysis in conjunction with a “Media Guide” produced by a leading intersex organization called InterACT, I dissect seven articles written about the *M.C. vs Aaronson* case to study the way that their authors reproduce harmful ideas about intersex people. I focus on four specific aspects of these articles: the way they utilize photos of babies and children, the erasure of M.C.’s race, the way the articles discuss sex and gender, and who is quoted in each article. I also make the case that the InterACT “Media Guide”, while a step in the right direction, continues the perpetuation of dangerous intersex tropes.

INTRODUCTION

M.C. Crawford vs. Aaronson (2017), also known as the M.C. case, was a lawsuit brought by legal representatives of an intersex person against the medical institution that performed normalizing surgery on M.C., an infant at the time, without his informed consent. The lawsuit concerned the ethics of the medicalization of people with intersex conditions. Intersex is “an umbrella term for individuals born with ‘atypical’ sex characteristics” (Rubin 2015, 1). As many scholars and activists have argued, intersex people are subject to unique forms of pathologization and stigmatization, including shame and secrecy (Chase 1998; Karkazis 2008; Davis 2015). The experiences of intersex people are infrequently discussed in mainstream media. What are the implications of this lack of representation for generating social awareness of intersex issues? When intersex issues—unnecessary surgeries, bodily autonomy, and informed consent, for example—are explored in news articles that provide little to no background information on the etiology or history of intersex, what is the impact on the discourse around intersex and, in turn, intersex people? What can studying these articles reveal to us about the history of intersex in media and activism?

Intersex people and issues are still widely invisible to many people within the United States. Ideas about fixing intersex bodies to make their sex “clear” still permeate medical literature and practices (Karkazis 2008). Beyond intersex people themselves and their loved ones, women’s and gender studies classrooms, and intersex activist organizations, many people in the US and beyond do not know what intersex is. Despite this, intersex is much more common than perceived. The Intersex Society of North America estimated that about 1

or 2 in 2,000 babies are born “so noticeably atypical in terms of genitalia that a specialist in sex differentiation is called in” (“How Common is Intersex”, n.d.). Why, then, is intersex not discussed more publicly and frequently? Considering that intersex activism began in the early 1990s and has become global in recent years (Stryker 2008), why does ignorance surrounding intersex persist? Due to the shame and secrecy still directed towards intersex people and conditions by the medical field, patients are told not to speak out, and sometimes are even unaware of their own medical history. One important goal of intersex activist groups is to create more awareness surrounding intersex, in order to change the way that intersex people are treated within the medical field and in society. Intersex Initiative Portland (2003) summarizes their goal: “in the long-term, we hope to remove those social barriers through education and raising awareness” (3). News media could be a handy tool in accomplishing these goals, as many news sources are read by millions of people each day. In order to do so, however, journalists must present intersex in a way that does not reproduce the same problems still faced by intersex people today. This is why analysis of current intersex media representations is so important: they shape, for better or worse, how intersex people are perceived and treated in the world. Therefore, it is worthwhile to study contemporary media discourse on intersex, to see what it reveals and obscures about intersex and intersex activist work.

In this study, I use feminist critical discourse analysis to dissect media coverage of the M.C. legal case in order to show how the media reproduces harmful ideas about intersex. Particularly, I point out the ways that the media uses medical and cultural narratives to paint an ignorant picture of intersex issues. I study the way that news media interacts only minimally with the knowledge produced by intersex activists, resulting in coverage that perpetuates harmful ideas around intersex people. To limit my analysis, I decided to focus only on online media coverage of the M.C. case and selected sources only from well-known national and regional

media organizations. Focusing on seven articles in particular, I argue that the articles I studied, while providing vital coverage of the M.C. case, end up reinforcing narratives of intersex trouble and promoting confusing ideas about intersex people. By “intersex trouble,” I mean a term that captures the problems that intersex creates within typical sex categorizations and the problems created by typical views of intersex (O’Rourke et al, 2009). Additionally, I make the case that, though intersex activist materials have made great strides in helping the media to represent intersex people, even their work reproduces harmful ignorance around intersex.

M.C.'S HISTORY

In order to critically analyze the media coverage of the M.C. case, I first present the background of the case and the conditions that led to the case's settlement. M.C. was born in 2004, in Greenville, South Carolina. According to the Southern Poverty Law Center, M.C. was diagnosed with Ovotesticular DSD— a condition where “an infant is born with the internal reproductive organs of both sexes” (Largent, 2015). Sources disagree about the events that led to M.C. becoming a ward of the state of South Carolina. According to some sources, M.C.'s parents gave up custody following his birth; other sources claim that parental rights were terminated by protective services. Under the care of the state of South Carolina, M.C. was brought to pediatric endocrinologists and eventually brought to the Medical University of South Carolina (MUSC) - one of the defendants in the M.C. v. Aaronson case. In April of 2006, M.C. had “sex assignment surgery in order to make his body appear female” (Largent, 2015) at MUSC. This decision was made by M.C.'s medical surrogates, the South Carolina Department of Social Services, and several doctors; according to the Southern Poverty Law Center, the child's biological mother signed a form consenting to the surgery as well. This is another point of contention, as not all sources claim that the biological mother was consulted; it is also unclear why M.C.'s biological mother would have been included in the decision if her parental rights were no longer intact.

Several months after the surgery occurred, M.C. was adopted by Mark and Pamela Crawford. His adoptive parents, having seen M.C.'s story online and then immediately inquiring about him, knew about his surgery and medical history prior to his adoption. They were advised to raise M.C. as a girl. However, as the child grew older, he showed a desire to identify as a boy.

His adoptive parents supported him and adjusted to treat him “as a boy.” Following this, his parents, the Crawfords, filed a suit against the hospital that performed the surgery, the Greenville Health System, and the Department of Social Services, on M.C.’s behalf. Due to the fact that he is a minor, M.C.’s parents have attempted to completely hide his identity during the time of the lawsuit, including in all media related to the case. No pictures of M.C.’s face appear in any of the published works on this case.

The Crawfords’s first lawsuit, filed in 2013, was pursued on the federal district court level. The court dismissed this case in 2015, when a judge ruled that “a reasonable official in 2006 did not have fair warning from then-existing precedent that performing sex assignment surgery on sixteen-month-old M.C. violated a clearly established constitutional right” (Largent, 2015). At the time, this case generated little media buzz. However, the next case, filed in the County of Richland Court of Common Pleas, focused on a different set of questions. This case, settled in 2017, centered “around informed consent, the role of state guardians in approving M.C.’s surgery, as well as intersex peoples’ agency in making decisions that affect their bodies” (Lampmann, 2015). The case reached an end in July 2017, with a monetary settlement paid by the defendant to M.C. According to InterACT, an activist organization for intersex youth, both sides of the lawsuit decided that it was “mutually beneficial to amicably resolve this case” (Intersex in the Courts, n.d.). Though there was monetary compensation given to the Crawford family, the terms of the settlement included that there was “no admission of liability or wrongdoing on the part of the Medical University of South Carolina, South Carolina Department of Social Services, or any of the physicians and/or employees” (Intersex in the Courts, n.d.).

Why is this information important? Why study this case through the lens of the media, rather than just analyzing the legal case itself? There is no doubt that one could examine the M.C. case from diverse critical perspectives; however, with intersex activist groups growing and

this being the most publicly visible case concerning an intersex person to date in the United States, it is vital to explore how the case is represented in the broader culture.

LITERATURE REVIEW

To understand the complex way that media coverage, activism, the law, and intersex (and the many combinations of the four) come together in the representation of the M.C. case, it is necessary to first review the existing literature on these issues. In this section, I explore relevant information relating to intersex people, providing a brief historical overview of intersex in general, the medicalization of intersex, and the legal treatment of intersex in the United States. Next I include a discussion of intersex in the media and other public forms of communication, and finally, information about the history and present state of intersex activism. All of this information becomes helpful to contextualize the ways that media narratives about M.C. are shaped and reshaped throughout the articles in this study.

My analysis focuses on intersex history and culture in the United States in the early twentieth century. The main reason for this is an obvious one: the M.C. legal case took place entirely in the United States, and therefore it is important to situate the case in that context. Though there is no doubt that transnational intersex study and activism has played a role in shaping US conceptualizations of intersex, and that this case may have implications outside of the United States, I will primarily focus on the US in this section and beyond.

A Brief History of Intersex

In *Bodies in Doubt*, Elizabeth Reis (2002) traces the history of intersex in the United States from the colonial era to the present. She writes, “some people were born with ambiguous genitalia or with body parts that allowed them flexibility in living as male and as female” (2). She goes on to describe the way that intersex babies were described as “monstrous births” (3).

The explanations for these births varied, but almost all of them were rooted in misogynistic criticisms of the mothers— for example, a mother’s “excessive imagination” (5)— or racist ideas, blaming “racialized fantasies and racial mixing” as the culprit (7). Conceptualizations of intersex people at the time also were tied to fear of same-sex relationships, as many thought that intersex men or women would be dishonest about their anatomy and engage in same-sex intimacy. Overall, intersex people were worrisome for the status quo in this time period, because “if God created no true hermaphrodites, then a person with indeterminate genitalia had a definite, though sometimes indiscernible, sex” (22). This idea is important; it had a profound impact on the way that intersex people came to be regulated to fit cultural norms of their “true” sex.

This trend of fear and distrust of intersex people continued on through the nineteenth and twentieth centuries, creating the foundation for the way that intersex people are often treated in the medical field and in the public today. In the nineteenth century, Reis explains that many doctors saw intersex people as deceptive, and “slipped deprecating words of repugnance into medical descriptions of their patients” (26). The twentieth century brought a view of intersex as “virtually synonymous with immorality and perversion” (57), equating intersex people with sexual deviants. Notions of a “real sex” also continued to prevail; doctors believed that “if those with ambiguous or nonconforming bodies were left alone, not only would they suffer unhappy, unfulfilled lives, but all manner of unruly behavior, particularly deviant sexual conduct, would probably ensue” (59). Medical treatment and surgeries for intersex people at the time also relied heavily on gender norms for men and women, taking into account the activities that a person liked, who they were attracted to, and the capability of a person’s body to have heterosexual sex to dictate what sex they “should be.” Though it may seem like these depictions and ideas are far removed from the current medical discourse on intersex, the opposite is true—these actions have lasting impacts on the medical industry that continue to harm intersex people today.

In the 1950's, medical expertise on intersex was shaped particularly by Dr. John Money. Money wrote that how the child was raised would dictate the gender of the adult, rather than any biological markers. Money and his team told parents of intersex children that they should “establish the psychology as male or female first and then surgically shape the genitals to match” (119). Again it was reinforced that decisions were being made for intersex children based on gender norms and the future possibility of a heterosexual relationship. Attached to this notion that children just had to be treated as whatever gender “matched” their biological appearance, Money claimed that “the genitals had to look ‘normal’...or parents would not be able to do their job of rearing effectively” (138). This sentiment is directly attached to the secrecy and shame associated with intersex so often today. Parents were taught that they must not tell anyone about the surgeries, not even the children themselves, leading to many adults who had no idea that they were intersex. In fact, many people did not know that they had a history of surgery until they were faced with later medical complications. Money claimed that these procedures, and the subsequent secrecy that followed them, would “alleviate confusion and doubt” (148) for the patients and those around them. Sadly, however, many of these unnecessary surgeries only proved to compound confusion and create shame while trying to make parents in the life of an intersex child feel more comfortable.

As I will address in the next subsections, intersex people currently continue to face medicalization, secrecy, and a general lack of awareness of their existence. Parents of intersex children are the ones usually entrusted to make the decisions about whether their child will have surgery, and what information their child will be given about their medical treatment. However, as I discuss in the next subsection, the medical community has also been impacted by years of cultural biases. Assuming these biases to instead be objective information, they continue to

reproduce the same negative conceptions of intersex people were created and reinforced through normalizing surgeries and dialogues.

The Medicalization of Intersex

In studying the way that intersex is medically managed and represented by medical professionals, it is important to keep in mind the way that medicine is impacted by culture. Kessler (2002) cites several attitudes within the medical community today that perpetuate the idea of intersex as “a treatable condition of the genitals, one that needs to be resolved expeditiously” (14). The first is modern surgery and endocrinology, allowing for “natural” looking genitals to be constructed on intersex children. Kessler asserts that “constructing good genitals is the primary consideration in physicians’ gender assignments” (27). Thus doctors are less concerned with how the child will grow up to identify, or even the function of their genitals, than with making the genitals appear to fall into the category of male or female. This directly relates to cultural anxiety over a “genderless baby” (21); because of cultural attitudes towards sex, doctors and parents alike often feel that a baby with ambiguous genitals just needs medical help to display a definitive physical sex. The way that doctors pass this information on to parents can also be problematic. When educating parents, doctors emphasize that gender is primarily social, and therefore the genitals just have to look “correct” to match their gender. Kessler also points to feminism, a movement that disrupted the view of women as vessels for reproduction. This change has shifted the focus of what defines biological sex, creating the idea that “the presence or absence of functional gonads is no longer the only or the definitive criterion for gender assignment” (14). The final attitude that defines reactions intersex, according to Kessler, is the distinction between gender identity and gender role. The focus on gender identity has reinforced a push for physicians to make the sex of a child “clear”, so that their gender identity can develop to match their supposed anatomical sex. These shifts in thinking, all cultural in

nature, have had widespread and long-standing impact on the way that doctors think about intersex people and the medicine that they practice.

Katrina Karkazis (2008) continues in the same fashion as Kessler, noting that not only are genitals considered in the diagnosis of sex, but the structures that are assumed to accompany them. Karkazis writes that genitals are “assumed to correspond with fully and uniformly differentiated internal sex organs and are further charged with the task of signifying and predicting gender” (95). Her point further complicates the way that sex is determined for intersex babies: what happens if a baby with “normal” genitals has internal organs different than those expected for their sex? And to dive deeper, how do hormones and chromosomes play a part in the diagnosis of sex? Karkazis points out that doctors are quick to use tests to determine the chromosomes of babies, and to take this as the “true” sex, adding an additional layer of bias to the way that doctors choose to treat intersex patients. The desire to find a child’s true sex, and do so in a timely manner, “leads them to different treatment suggestions about what is best for the child” (115). Due to the fact that doctors are human, their treatments will vary based upon their cultural values— but their surgical treatments have lasting physical impact on the child whose sex has been determined for them on varying criteria.

Intersex, Doctors, and the Law

In her book *Intersexuality and the Law*, Julie Greenberg (2012) describes the relationship that intersex has shared, and is currently experiencing, with the law and the court system in the United States and abroad. Specifically, Greenberg describes an uptake in debates about intersexuality in legal circles within the last decade. In legal texts, mentions of intersex people have increased; but unfortunately, not in a way that improves the rights of intersex people. These legal publications have “used the existence of intersexuality to support the expansion of rights of other sexual minorities” (1). This has led to a complete lack of laws in the United States dealing

with intersex people and the issues that impact them, and virtually no awareness in the law or in the courts as to the struggles they face.

Due to the fact that there are no explicit laws in the United States concerning intersex, there is virtually no legal protocol when deciding who gets to make decisions for an intersex infant or child. Decisions about the medical treatment of intersex children are usually made by their parents. Doctors claim that parents are “in the best position to determine what treatment would be in their child’s best interests” (28). Legally there are few ways to challenge this parental authority, because parents are assumed to “make decisions that are in the best interests of their children”; parents also have the right to “family privacy and parental authority” (31). There are very few cases where the legal right of a parent to make these decisions is challenged: if the child’s rights are being infringed upon, if there is a “significant risk of harm,” or if the parents of the child can not separate their own interests from the best interests of the child. Intersex surgeries are not usually subject to legal oversight, so it could be said that doctors do not see intersex surgeries as a violation of any of these principles. Greenberg believes there are currently three ways to deal with changing the legal and medical aspects of intersex surgeries—the surgeries could be banned completely, they could require “improvements in the informed consent procedures,” or they could require the involvement of a court and/or ethics committee (43). The implementation of any of these three would most likely involve the creation of laws, and Greenberg explores how this increased legal attention to intersex could be accomplished. When discussing solutions to the problem of representation for intersex people within the law, Greenberg offers a few possible ideas. She names several existing legal frameworks that could be used to attempt to protect intersex people—for example, laws that already exist based on disability rights or the prevention of sex discrimination. However, courts may be “unwilling to apply” these legal frameworks, limiting their success, so Greenberg suggests that intersex

people “encourage legislatures to adopt statutes that specifically protect the intersex community” (125). Sadly, due to the small numbers of intersex activists and a relative lack of awareness from much of the population, this method may also face impediments to practical application. In order for laws to be passed specifically regarding intersex people, their interests must be represented by a much larger group, and most likely would need to receive support from more individuals within the medical and legal establishments.

Intersex in the Media

Stephen Kerry (2010), writing about intersex representations within the media, argues that “news media’s attention towards those whose bodies fall outside of the normative notions of what it means to be a male or female is motivated by a need to entertain” (1). This, clearly, is a problem when dealing with intersex individuals and their medical lawsuits, as there is nothing entertaining about unnecessary surgeries performed without the consent of the patient. Kerry reflects on the case of Kathleen Worrall, an intersex person on trial for murder in Australia. Kerry discusses the media’s medicalization of Worrall following the discovery of her intersex status. In particular, Kerry highlights the “maintenance of ‘illness’ [categories] through discursive practices” (266) in medical texts and, in turn, media texts. He also reveals the imbalance of sources quoted in media representations of Worrall’s intersexuality—the individuals quoted are all doctors, law professionals, or psychiatrists. None of the articles that Kerry examined quoted intersex activists, though there are several organizations representing intersex individuals in Australia. Kerry claims that by making these choices, “the news media, as an agent of society and by directly quoting doctors, legitimizes their perspective and their power to name” (266). This is a recurring problem for intersex individuals: instead of putting discursive power into the hands of intersex people themselves—the media continues to replicate the idea

that the opinions of medical authorities are more important and have more weight than those of activist organizations and impacted individuals.

InterACT, an intersex activist group that is very active currently, particularly with intersex youth, produced a Media Guide for media organization that seek to cover the intersex community. In this guide, they include helpful tips for journalists. Among these, they discuss terminology, what questions to ask or avoid, and unique challenges that intersex people face in their everyday lives. Amongst these recommendations, InterACT calls for media organizations to “bring in expert opinions” (Media Guide, n.d.). They continue to list several sources considered expert, including intersex adults (those who had unnecessary surgeries and those who did not), parents of intersex children, intersex organizations, human rights organizations, and “intersex-friendly physicians and medical associations” (Media Guide, n.d.). By practically drawing on standpoint epistemology to center intersex people and their allies, this media guide has the potential to advance intersex media representation in important ways. The mere existence of the guide indicates that intersex organizations are cognizant of the importance of media representation. It is also a sign that intersex activists are aware of the mistakes made by the media in previous years in representing intersex people.

Intersex Activism: Past and Present

Intersex activist and social movements began taking shape in the 1990s. Georgiann Davis includes a chapter about these organizations in her book, *Contesting Intersex: The Dubious Diagnosis* (2015). Here she asserts that these organizations “bring together people with similar experiences and concerns in ways that position them to promote change” (28). She also adds that these communities “operate and organize for social change...[in ways] that seek to self-educate their members and change intersex medical care” (28). The Intersex Society of North America (ISNA) was formed in 1993. The creator of ISNA, Cheryl Chase (1998) created the organization

as a “support network” (197). Though the organization was developed mostly to provide a network for intersex people to comfort and support each other, Chase also describes working with news media staff—“I cooperated with journalists whom I judged capable of reporting widely and responsibly on our efforts” (197). Davis describes the 1990s as a period of intersex organizations “coming together to challenge the medical profession’s approach to intersexuality” (39).

From these descriptions, we can discern that the inception of intersex activism was focused on a few goals: first, creating community for intersex people to support each other and express themselves in relation to their intersex status. Second, the groups aimed to change medical practices and force doctors to reevaluate their treatment of intersex children. Third and finally, these groups wanted to create more awareness of the problems facing the intersex community, so that other intersex people did not feel alone, and intersex issues could be recognized on a larger scale in the media, in society, and worldwide.

ISNA closed its doors as an organization in 2007; however, plenty of other intersex activist organizations have come into existence before and since then. One of those organizations is Accord Alliance; amongst this group’s missions are developing “a model of care to guide the interdisciplinary team approach and family-centered decision making” in regards to the birth of intersex infants (“Our mission”, n.d.). This organization works towards medical rights for intersex patients more than any other goal. Other groups like InterACT, mentioned in the previous subsection, are focused on the human rights of intersex people. InterACT’s goals include objectives like “building international advocacy capacity,” “rais[ing] intersex awareness and visibility,” and “develop[ing] and nurtur[ing] intersex youth advocates” (“Mission Statement”, n.d.). There is also a United States chapter of Organization Intersex International, called The Intersex Campaign for Equality, or ICE. Similar to InterACT, ICE uses a human

rights framework to support their goals, and also emphasizes that they aim to be inclusive of all subgroups within the intersex movements, “regardless of sexual orientation, gender identity, race, religion, ability or class, particularly the rights to bodily autonomy, self-determination, and legal recognition” (OII Mission Statement, n.d). Their mission statements also include goals pertaining to legal representation, including “advocating for legal protection from discrimination based on intersex status,” and “providing information concerning the goals of the intersex advocacy community, the needs of intersex individuals, and the actual life experiences of intersex people from diverse communities, to all those working with intersex people.”

Looking at all of these organizations and their goals, it becomes apparent that current intersex organizations are focused on improving medical treatment for intersex babies and children, on creating support for the intersex community as a whole, protecting the legal rights of intersex people, and raising awareness of intersex issues. Studying the discourse produced by media organizations, I suggest, can reveal much about the ways that the media fails to work with intersex organizations.

THEORETICAL FRAMEWORKS

In this section, I explain the interdisciplinary theoretical frameworks that I use to analyze media representations of the M.C. case: critical intersex studies and queer feminist science studies, respectively.

Critical Intersex Studies

Critical intersex studies is characterized by questioning not only typical conceptions of sex and gender, but by questioning the terms and ideas that make up the concept of intersex itself. According to Morgan Holmes (2009), critical intersex studies “challenges the primarily North American and liberal humanist paradigm of intersex identity politics and clinical practices” and sees intersex as “not one but many sites of contested being, temporally sutured to biomedical, political and social imperatives in play in each moment” (2). Critical intersex studies historicizes the terms and concepts we use to discuss embodiment and normality, making it a particularly useful framework for studying how power operates through discourse. Critical intersex studies is also useful for analyzing and critiquing intersex activism and movements, due to the fact that it provides “a critique of the dominant paradigms internal to the contemporary intellectual and activist intersex movement” (5).

Queer Feminist Science Studies

Queer feminist science studies is a framework that questions the production of scientific notions that may have previously been taken for granted in both the sciences and in mainstream science and technology studies. This framework utilizes critical tools from both feminism and queer theory to “rethink and open up our definitions of science, science studies, and indeed

feminism” (Cipolla, Gupta, Rubin & Willey, 2017 6). Queer feminist science studies, or QFSS, is imperative to this study because of its potential to identify the ways in which medical paradigms and narratives circulate in legal processes and media representations of the M.C. case. QFSS can “rethink knowledge production... and challenge entrenched disciplinary divides” (9), allowing for an exposure of the complex way media narratives about the M.C. case reproduce or contest medial expertise, and what this means in the larger context and history of intersex activism.

Distinction Between Sex and Gender

At this point, it is necessary for me to point out what I mean by the terms “sex” and “gender” in this study. Sex refers to the classification of being male, female, or intersex, based primarily upon the genitals, chromosomes, hormones, or internal organs of an individual. Though (as mentioned earlier) sex is impacted by social constructions and expectations, it is typically associated with physical attributes of a person’s body. When referring to sex, the terms used are typically male/female. Gender refers to the social construction of an identity related to the way a person sees themselves and the way others perceive them. Gender is usually associated with behaviors and cultural attitudes. When discussing gender, the words typically used to depict the gender binary are man/woman (along with a variety of other terms which I do not name here simply because they are not contained in any of these articles). Though sex and gender are no doubt intertwined and unable to be neatly separated from each other, it is important to acknowledge that the two different terms signify different things, and makes the confusion of the two terms troubling.

METHODOLOGY

My aim in analyzing media coverage of the M.C. case is to critically identify the ways that news media present information about this case and intersex more generally, how this compares to the way that intersex activists advocate for intersex people to be represented, and what this comparison might reveal about the relationship between the media and the intersex organizations. I chose to limit my analysis to major national and regional coverage of the M.C. case in online news websites. Due to the fact that all news texts have human writers, and therefore are susceptible to bias and often dependent on the knowledge and view of the author, these articles can reveal much about the way that their authors view intersex. To interrogate these texts, I use feminist critical discourse analysis. Feminist critical discourse analysis reveals hidden ideological apparatuses in unique and productive ways. In this section, I will briefly explain feminist critical discourse analysis and the tenants of this method that are especially important for this study.

Fairclough (2010) describes critical discourse analysis as “a *relational*[1] form of research in the sense that its primary focus is not on entities or individuals... but on social relations” (3). Critical discourse analysis (CDA), studies the relationships between a variety of subjects in various mediums, making it useful for a wide array of research pursuits. Among other points, Locke (2004) asserts that CDA “views discourse as coloured by and productive of ideology” (1) and “views reality as textually and intertextually mediated via verbal and non-verbal language systems, and texts as sites for both the inculcation and the contestation of discourses” (2). According to these two descriptions, CDA is a systematic method of analysis: it

identifies patterns in in structures and the relations between them. CDA enables us to highlight systemic ideologies and how they impact various forms of discourse, and vice versa. Fairclough makes it clear that though the definition of CDA is broad, there are many things that the field is not. Critical discourse analysis is not just analysis of texts; it must include inquiry into the *systematic* elements of discourse. CDA is also concerned with “social wrongs and their discursive aspects” (Fairclough, 11). Importantly, CDA draws on the work of Michel Foucault to foreground “the ways in which power and dominance are produced and reproduced in social practice through the discourse structures of everyday interactions” (Holmes, 2005, 31). This aspect of CDA makes it particularly conducive to studying online news articles, because these articles and the sites that house them on are often woven into the everyday life of many people.

Due to the way that CDA works to uncover hidden ideological biases, a pairing with feminism makes perfect sense— both have similar approaches and objectives. Lazar (2005) writes of feminism and critical discourse analysis— “there is actually much overlap in terms of social emancipatory goals” (4). Feminist CDA developed originally as a way to expose the relationships between gender, power, ideology, and discourse. However, feminist CDA does not just focus on gender bias; this method can also be applied to many other forms of injustice in modern discourse. Due to the way that intersex issues are often ignored or trivialized in mainstream media, understanding the power dynamics of media discourse on intersex requires a discursive—and not merely textual—analysis. As Lazar explains, “much more pervasive in modern societies, however, is the operation of a subtle and seemingly innocuous form of power that is substantively discursive in nature” (9).

Fairclough (2010) describes discourse as “a complex set of relations, including relations of communication between people who talk, write and in other ways communicate with each

other, but also...describe relations between concrete communicative events” (3). Using this definition, discourse can include a variety of different means of communication: written word, spoken word, and a variety of other media. In this study, I understand discourse as the interaction between multiple schools of thought, groups of people, and written documents. Specifically, the object of my analysis is the discursive relations created and facilitated by the media covering the M.C. case. Media discourse includes what kind of ideas journalists create and perpetuate, as well as their relationship to the communities they cover, and the conversation that starts when the two come together, or when one opposes the ideas of the other. Additionally, the readership of the articles, the background of the news organizations in which the articles appear, and the date of publishing are all part of the discourse.

In selecting articles for this study I first attempted to use a news oriented search site, LexisNexis, in order to find objects to study. However, due to the specificity of the topic and wide array of search terms associated with the articles, these search methods returned an inadequate number of articles for this study. Therefore, I utilized a more basic search engine, Google, in order to find articles about the case. The articles chosen for this study were selected because they represented mainstream national and regional coverage of the M.C. case. This study includes seven articles, from a mix of well known national news sources and regional news sources alike. The articles included in this study are: 1) “Mark and Pam Crawford, Parents of Intersex Child, Sue South Carolina For Sex Assignment Surgery” by Meredith Bennett-Smith, published May 15, 2013 by Huffington Post; 2) “Hospitals, South Carolina sued over child’s sex surgery” by Tim Smith and David Dykes, published May 15, 2013 by USA Today; 3) “Parents sue South Carolina for surgically making child female” by Holly Yan and Joe Sutton, published May 15, 2013 by CNN; 4) “South Carolina Lawsuit Challenges Medical Treatment Of Intersex

Americans” by Erik Lampmann, published August 12, 2015 by Generation Progress; 5) “A Landmark Lawsuit About An Intersex Baby’s Surgery Just Settled for \$440,000” by Azeen Ghorayshi, published July 26, 2017 by BuzzFeed News; 6) “Family of intersex child settles lawsuit over genital surgery for over \$400,000” by Jeff Taylor, published July 31, 2017 by LGBTQ Nation; and 7) “Couple Settle Landmark Lawsuit Against Hospital For Performing Surgery On Their Intersex Son” by Kristina Marusic, published August 1, 2017 by NewNowNext. The articles are numbered in order of date published; in the chart within the next section, the articles are only identified by number.

In conjunction with feminist critical discourse analysis, I utilize InterACT’s “Media Guide”, a brochure produced by the organization that offers prescriptive practical and ethical guidance for how they believe the media *should* cover intersex people. The guide is available from InterACT’s website, and is therefore accessible to a variety of journalists looking to cover intersex news. The guide makes several points InterACT finds vital to media coverage of intersex people. First, the guide defines intersex, and distinguishes between language that is respectful of intersex people and outdated, offensive language. They advocate for expanding the standard definition of “expert knowledge,” and advise the inclusion of intersex activists, intersex adults, “experienced” parents of intersex children, as well as “Intersex-Friendly” physicians as the most appropriate experts. They recommend avoiding talking about intersex people’s genitals or bodies. And they advise letting intersex people “share their own stories.” Finally, the last page of the media guide covers the unnecessary surgeries that intersex people are often subjected to, the ways that they are impacted by this treatment, and the human rights organizations that are fighting to end these practices in a variety of countries. The guide thus advocates for a human

rights approach to intersex. In this regard, the guidelines established by InterACT mirror the way that activists have advocated for minority communities for many years.

At this point, I must make it clear that I am not advocating for InterACT's guide as the definitive way to talk about intersex people in the media. On the contrary, I intend for my analysis to reflect the shortcomings of both the media and the activist resources in reaching each other.

It is also imperative to note that the trends that I discuss are narratives perpetuated within the discourse surrounding intersex as a whole. They are not limited to news contexts. In fact, due to the extreme dearth of articles depicting the M.C. case (and intersex as a whole), it is impossible to make generalizations about the way the media depicts intersex people. Instead, I present themes that are widely used in discussions of intersex people, and also find their way into these articles. This is not meant to be a critique simply on the media; rather, it is a commentary on the state of the discourse around intersex as a whole, as seen through the medium of journalism.

ANALYSIS

To understand the discourse around contemporary intersex activism and the MC case in particular, I focus on seven online news articles that covered the case. I examine the different discursive elements that inform each article and analyze how these elements work to create and push forward certain narratives of intersex people. In analyzing the discourse used by these news articles, I noticed several important trends. These criteria, listed below, are based on the recommendations of the “Media Guide” and recurring threads between the articles:

- The sources quoted within the articles, specifically the presence of quotations from intersex activists and experts, doctors, and from MC’s parents or family;
- The way that sex and gender are presented and discussed in the articles;
- The links embedded in the articles, particularly those that lead to intersex activist sources or those that could be considered problematic in the context of InterACT’s media guide;
- The images present in the articles, and how these alter or enforce the message of the articles themselves.

Overwhelmingly, the discourse reflected and reproduced by these articles fails to portray intersex people in the ways recommended by InterACT. But the problem is deeper than a lack of activist representation: the news coverage actively harms intersex people by playing on and perpetuating harmful ideas about intersex. Before addressing the specific patterns I track in the above chart, I first want to address some significant points that stood out during initial readings of the articles.

Table 1: This table represents trends found through close reading and the InterACT “Media Guide”.

	1	2	3	4	5	6	7
Contains pictures of babies or children (not MC)	No	No	No	Yes	No	Yes	Yes
Number of quotes from intersex activists	5	1	0	0	3	2	0
Number of quotes from MC’s family	3	4	6	1	0	0	5
Number of quotes from medical personnel (not affiliated with intersex organization)	1	0	0	1	3	0	0
Links to intersex activist organizations/materials	2	0	1	1	3	0	5

One of the most interesting aspects of the articles concerns the links they chose to include within their coverage. Though many linked to organizations such as the Southern Poverty Law Center, or to other articles concerning the case, there were a few rather noteworthy links among them. One was found in *USA Today*’s article, “Hospitals, South Carolina sued over child’s sex surgery” by Smith/Dykes (2013). The link is found after the second paragraph of the article, surrounded by a description of the 2013 M.C. case and quotations from the court decision. The link leads to a separate article about trans individuals who experience “regret over gender switch.” The inclusion of this link in the middle of the article, with no explanation, conflates trans issues with intersex issues and depicts individuals as incapable of making decisions about their own sex and/or gender, an idea that is very dangerous in an article about an intersex child that faced unnecessary sex assignment without consent. The presence of the link in this article creates confusion and conflates different issues while insinuating that people should not be

allowed to choose their own gender or change their physical sex characteristics in any way, as they could end up regretting it. In just one sentence, this link subtly undercuts the autonomy of patients and reaffirms the decisions of doctors, a problem deeply linked to the history of medicalizing intersex.

Another interesting element of this article is the language used throughout. Although I address language revolving around sex and gender at a later point in this section, here it is worth noting that Smith/Dykes, in their article entitled “Hospitals, South Carolina sued over child’s sex surgery” (2013) uncritically uses the word hermaphrodite when referring to intersex people. The InterACT “Media Guide” (as well as most other intersex activist organizations today) warns against the use of this word. The guide describes it as “outdated, medically inaccurate, and... considered derogatory” (“Media Guide”). Smith/Dykes use the word twice, and on one of those occasions even uses it in the article’s subheading. This blatant mischaracterization signals the author’s lack of engagement with intersex activists. Even worse, those who read the article and do not look in other places to check the information may believe that this word is still acceptable to use to describe intersex people, and may continue to use this offensive term.

In what follows, I perform a close reading and analysis of four specific themes found in these articles. These themes are the use and confusion of sex and gender in the articles, the way stock baby photos are employed to provoke thought of futurity, the erasure of M.C.’s race in the photos the articles use, and the question of whose voices are emphasized as most important. All of these discursive themes are deeply intertwined with each other, and also with historical narratives surrounding intersex people. I argue that these four themes contribute heavily to perpetuating and maintaining negative conceptions of intersex people.

Sex and Gender: Definitions, Confusion, Exclusion

Published in 2013, the article titled “Mark and Pam Crawford, Parents of Intersex Child, Sue South Carolina For Sex Assignment Surgery” by Meredith Bennett-Smith opens with the phrase “M.C. feels like a boy,” followed by a period and a full line of space between this text and the next paragraph. The placement of this text works to spark the intrigue of the reader: “feels like” signals to that there is a qualifier to M.C.’s sex, and an accompanying explanation. Bennett-Smith’s wording in this sentence says to readers that M.C. is not a “real” boy. He just “feels” like one. The next sentence details how M.C. “acts like a boy and is accepted as a boy,” further building interest from the reader by leaving out the ‘reason’ that it is important to mention that he feels like a boy. Finally, after another full line of space, the article reveals that M.C. “is not biologically male— at least not anymore,” (Bennett-Smith) and details M.C.’s intersex status, describing M.C. as being born “with both male and female genitals”. In three short sentences, separated for dramatic impact, Bennett-Smith has used M.C.’s status as intersex to question the validity of his gender— he “feels like” a boy, not that he *is* a boy— and has reinforced the idea of a sex binary by writing that M.C.’s “male genitalia” were removed. At a later point in the article, Bennett-Smith writes that doctors realized they “chose the ‘wrong’ gender” for M.C. Using the word wrong here (though it is in quotes, it is not a direct quotation of any source) implies that doctors would have been “right” to surgically alter M.C. in a different way, ideally in a way that matches his gender presentation. Not only does this choice in words reinforce the sex binary, it presents the problem as the sex that doctors chose to assign, rather than the fact that doctors chose to make a surgical alteration to M.C.’s body without his informed consent. This idea puts the decision making back into the hands of the medical authorities instead of questioning and disrupting the foundation of the practices that continue to hurt intersex people. Intersex activist Anne Tamar-Mattis is quoted in the rest of the article warning against any surgeries for infants

without informed consent, but the damage is done: the article reproduces the idea that there are two physically defined sexes, and that surgery is only bad when doctors get it “wrong”.

The way these articles explain intersex also reveals a problematic view of sex: reinforcing the idea that certain genitals belong to certain sexes. Instead of just naming the genitals that she was referring to, Bennett-Smith uses the phrase “male and female genitals” and generalizes body parts as belonging to one of two medically defined sex groupings. In fact, almost every article in this study describes intersex in the same way—as someone with “male and female genitalia” in the case of Smith/Dykes and also Lampmann, “male and female organs” in Yan and Sutton or “male and female biological traits” by Marusic.

Another problem facing many of the articles in my study finds its way quickly into “Hospitals, South Carolina sued over child’s sex surgery” (2013) by Smith/Sykes, published in *USA Today*. In the subheading of the article, Smith/Dykes state that M.C. was operated on to “become female”. Due to the fact that M.C.’s surgery impacted only his genitals, Smith/Dykes’s description immediately links definitions of sex to genitals. All it takes to “become female” is to have a certain part of your body removed. Published in *CNN*, Holly Yan and Joe Sutton’s article is titled “Parents sue South Carolina for surgically making child female”. *GenProgress*’s Erik Lampmann writes that M.C.’s surgery “left him with only female bodily characteristics” in his article “South Carolina Lawsuit Challenges Medical Treatment of Intersex Americans” (2015). In her article “A Landmark Lawsuit About An Intersex Baby’s Genital Surgery Just Settled for \$440,000”, *Buzzfeed*’s Azeen Ghorayshi writes that “[doctors] eventually operated on the baby to make the genitalia appear more female”. Taylor and Marusic also refer to M.C.’s surgery as the process of making him “appear more female”. The way that these articles default into calling certain genitalia “male” or “female” reflects an uncritical view of the way medicine and culture

separates people into one of two options for sex, reinforces the idea that intersex people are outside of what is “ordinary” and that they should be medically normalized to fit established versions of sex.

Immediately following this, in the subsection labeled “story highlights”, Smith/Dykes writes, “even though the child now is physically a girl, he has always shown strong signs of being a male”. This sentence is problematic in a variety of ways: to start with, the description of M.C. as “physically a girl” continues to link body parts to not only sex, but also gender. Girl/Boy are words typically used to describe gender, while male/female are typically used to denote sex. Smith/Dykes use both in this sentence, confusing the reader and conflating sex and gender. M.C. shows “signs of being a male” (signs that she does not list explicitly) attributing M.C.’s sex to something in his behavior. In these ways, this article, like the others analyzed above, reinforces medical narratives of intersex even as it produces a discourse on intersex that does include some activist voices or at least links. In ultimately reinforcing medical narratives of intersex, these articles explicitly contradict one of the central aims of InterACT’s “Media Guide,” which is to rethink what counts as expertise in the representation of intersex. While the use of sex and gender in many of these articles works to reinforce the medicalization of intersex, the sources quoted in these articles continue the work of keeping power in the hands of doctors and keeping it away from intersex people.

Who Gets to Speak?

The question of who gets to speak in media coverage about intersex issues is an important one; in fact, it is a central topic in the InterACT Media Guide. The guide advocates for intersex people to tell their own stories and for journalists to aid them as they do so. This concept is complicated in the coverage of M.C., as M.C.’s identity is protected due to his minor status. Therefore, none of the quotes in these articles come from M.C. himself. Any quotations from

M.C. are delivered through his mother and father. Though there is no doubt that the Crawfords wish to accurately represent their son's wishes, using them as a conduit for M.C.'s words has the potential to represent the views of his parents as if they were his own (which may not be the case). The InterACT "Media Guide" lists "experienced parents of intersex children" as good sources of information, but fail to define what qualifies as an "experienced" parent. It is dangerous to uncritically accept what M.C.'s parents say without considering that he himself may have articulated his thoughts and feelings differently.

The second category of people quoted in the articles are those that fall under the "intersex activist" category. This encompasses any person attached to or formerly attached to an organization that advocates for or works with intersex people. Additionally, InterACT lists "Human Rights Organizations" as acceptable sources of information. The number of activist quotes that appear in each article varies widely, with anywhere from zero to five quotes, respectively. These quotes range in tone from appeals to emotion, to study based research. The way the articles depict the activist testimony, however, is interesting. For example, in "Mark and Pam Crawford, Parents Of Intersex Child, Sue South Carolina For Sex Assignment Surgery" (2013) by Meredith Bennett-Smith, activist Anne Tamar-Mattis's is quoted. Tamar-Mattis worked with Advocates for Informed Choice, an intersex activist organization that developed into InterACT and worked on the M.C. case. However, aside from being listed as an activist, Bennett-Smith writes that "the issue is personal for Tamar-Mattis, whose partner and friends are intersex". In contrast to the personal and emotional investment used to portray Tamar-Mattis, doctors are depicted as evidence based and without emotional attachment. In the same article, a pediatric urologist (with no connection to the case whatsoever) is quoted making claims that "there haven't been any studies that would support doing nothing" (Bennett-Smith, 2013). This theme continues throughout the articles, with multiple quotes from doctors who refer to studies

and other “scientific” medical information to refute the fact that M.C.’s doctors did anything wrong. In fact, in the articles where there are medical professionals quoted, there are no medical professionals that support M.C.’s case.

The result of these subtle differences- the association of intersex activist with feeling and personal attachment and doctors with hard facts and science- is a reinforced belief in the medicalization of intersex. Due to the way we (as a culture) view science and medicine as valid and true, no matter what, the differences in the way experts are quoted in the articles will tell readers that medical professionals know more and intersex activists are just too emotionally invested. Once again, the voices of those who are intersex or have worked with intersex people are silenced in favor of those who represent the field that continues to overwhelmingly harm intersex people.

Baby Pictures, Innocence, and Reproductive Futurism

One of the most common discursive threads among these articles is the appearance of photographs of babies and children. Three of the articles contained stock photographs of children other than MC, while two of the articles contain photos of MC himself, photographed from behind to maintain the secrecy of his identity.

Lee Edelman (2004) argues that the “child is the emblem of futurity’s unquestioned value,” (4) meaning that the child is used as a symbol of the political imperative to reproduce future generations. In using photos of children and babies, the authors of these articles encourage readers to feel of sympathy for intersex children while simultaneously creating a sense of fear regarding what future, if any, intersex children might have. Sympathy seems natural, as photos of babies usually signal innocence and purity. However, these photos, depending on the contents of the article, seem to ideologically reinforce the need for surgery to “fix” intersex children. In Erik Lampmann’s “South Carolina Lawsuit Challenges Medical Treatment of Intersex Americans”

(2015), there is a large color photo at the top featuring a laughing baby sitting on the lap of a woman, and interacting with a doctor. This photo, while seemingly an innocent shot of a doctor and patient, depicts a happy relationship between the child and the doctor. Pairing an article about a case critical of the medical industry with a photo showing a clearly pleasant interaction between patient and doctor shifts the message of the article; it could even go as far as to minimize the harm that the medical establishment has done to M.C. This photo clearly puts the doctor on the side of the child, meaning anyone who opposes the medical treatment of intersex children may be placed into the category of those who are not “for the kids.”

Fear for the future, as Edelman describes it, signifies the threat of queerness to the production of new generations. Edelman writes, “queerness names the side of those not fighting for the children” (3). Though M.C. is a child himself, the main reason that reproductive futurity is on the side of the child is not for the child, but for the continuation of heteronormative reproduction. Media discourse can render intersex children human, or it can render them queer—unassimilable to the human. Intersex children, particularly those who are operated on at a young age with certain surgeries, are often unable to have children themselves in the future. Thus, intersex people are represented in some of these articles as a threat to reproductive futurity. Though the authors of the articles may not have had this intention in mind, viewing the articles through Edelman’s lens certainly invites this conclusion. The connection of intersex children and a threat to the future calls back to the claims that intersex people were deceivers and liars. Worse yet, seeing intersex people as useless in reproduction makes it excusable for the news media and our culture in general to continue pushing intersex people into shame and secrecy.

Importantly, the InterACT “Media Guide” holds no recommendations concerning images. Due to the desire of news sites to be visually appealing, images are included in almost every news article today, making this oversight a missed opportunity for growth in the media--

an opportunity I address in the conclusion of this study. An additional oversight on the part of the “Media Guide” is race, an issue I discuss in the next paragraph.

Racializing Intersex Children

One of the most intriguing things about the use of baby photos in these articles is the racial politics of the babies pictured. M.C. is a child of color. However, in almost every stock photo used in these articles, the child pictured is white. The photos of these white children are posed with the children facing the camera and usually smiling, laughing or playing; their faces are usually clearly visible. In the one photograph with a child of color that is not M.C., the child’s face is not visible. This photo is simply an infant’s hand. The use of these photos reveals the way that media discourse about intersex tends to paint all intersex people as white and to ignore the ways that race complicates the issues that intersex people face, particularly within the medical establishment. In an article with just one photo of a white baby, a news organization creates the implicit association of intersex and whiteness.

Zine Magubane (2014) points out that genealogies of intersex are deeply intertwined with the maintenance of white supremacy in eugenics and sexology. She notes that “white deviant bodies were hastily and summarily normalized in ways that reflected a concern with preserving the foundations for citizenship enshrined by US liberalism,” (776) depicting the way that white intersex babies created (and continue to create) a moral panic that leads to normalizing surgeries. However, Magubane reveals that black intersex bodies have been treated poorly in completely different ways, as “black intersex bodies were treated with callous indifference” (776). Early medicine depicts the black body as inferior to the white body and the minds of black people as minds as useless (McHorter 2009). Because people of color were seen as inferior and hopeless, it was almost expected that their bodies would not conform to what white bodies were expected to look like. This way of thinking has continued to permeate medicine to this day, resulting in many

cases of medicalized racism. Due to the way bodies of people of color were already stigmatized for so long, making intersex people of color's bodies "acceptable" was not important. Interestingly, the InterACT guide contains no mention of race and the way that it impacts intersex. Similarly, none of the articles in this study mention M.C.'s race whatsoever. The combination of the lack of analysis of race, with the photographs ignoring M.C.'s race threaten to erase his identity altogether. The use of white babies in the stock photographs also imply that the white children are easier to empathize with, or that they embody the future more so than babies of color.

CONCLUSION

My analysis of these articles reveals, above all, that harmful and downright dangerous conceptions of intersex people still seep through media coverage of intersex people today. It is imperative for the media to devote coverage to intersex people in order to help generate awareness of bias against intersex people, which in turn will help to create social change. However, it will do no good for such coverage to exist if it does not critically and explicitly challenge the way that intersex people have been represented in the past. In this study I have exposed the ways that this coverage currently falls short, due to journalists reinforcing the medicalization and alienation of intersex people in a variety of ways.

My aim is not only to criticize the journalists who produced the news articles that I have analyzed, nor is it to criticize InterACT or claim that I know exactly how intersex should be represented in the media. On the contrary, I hope that this thesis helps to create opportunities to open up new conversations about the problems media representations of intersex generate. Intersex media coverage can be improved by addressing the problems head on. For example, medical authority must be questioned more often in explicit terms, rather than subtly propped up by these articles. When news articles use stigmatizing binary language concerning sex and gender, they eliminate the possibility of growth in the ways we represent intersex people. Instead, journalists should ask questions concerning these histories: why is sex considered such a hard distinction, and who does it benefit? Why are doctors given the utmost authority without question, in hospitals and in news articles? Why is intersex associated with whiteness, and what

does it do to intersex people of color to completely erase their identities from important conversations like the ones surrounding M.C.'s case?

Similarly, InterACT and other intersex organizations must reckon with their own shortcomings. Though there could never be one media guide that hold all the information possible on covering intersex people, the InterACT "Media Guide"'s contribution to perpetuating race erasure is shameful. Intersex people are not all the same, and though they face similar problems when it comes to medicalization, they will face different obstacles based on their other identities as well. InterACT does a disservice to intersex people and those seeking information when they fail to discuss these issues in a guide meant for media that reaches many people. InterACT also must adapt their materials to be useful in a variety of situations. For example, help concerning the use of images in articles. Had there been a section in the InterACT guide about what photos to use (and what photos to avoid), perhaps the news articles in this study would have been able to avoid associating intersex with whiteness. InterACT could offer links to help news articles avoid publishing links that insinuate intersex people are better off being medicalized than making their own decisions.

In dissecting the discourses of these sites and their coverage of the M.C. case, I have made the point that intersex people will suffer further medicalization and stigmatization at the hands of the news media when the media continues to use the same narratives that medicalize and stigmatize intersex people in the first place. My analysis reflects the way that the culture around the medical community impacts the media. However, the issues with this media coverage run even deeper. Because of the place media holds in our culture, these news organizations have the ability to either create change or reinforce harm. Currently, they are reinforcing harm. If news organizations can begin to question, criticize, and expose the inner working of the

medicalization of intersex, then they have a chance to truly help intersex people and change the culture as a whole.

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