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Chapter 26

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WHAT CAN QUEER THEORY DO FOR INTERSEX?

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With its interrogatory title, Morland's essay announces its aim to test queer theory's adequacy to intersex bodies. Morland argues that queer theory's valorization of pleasure risks characterizing postsurgical intersex bodies as irrevocably impoverished. Conversely, its discourse on shame allows an ethical recognition of the persistent effects of genital surgery on intersex bodies. The critical impact of queer theory's reliance on sensorial modes of critique, a critique premised on the interrelatedness of pleasure and shame, emerges in Morland's consideration of the queer discourse on touch. While queer touch offers a way to criticize the surgical emphasis on appearance and function, for Morland queer touching remains bounded by its unexamined reliance on the simultaneity of touch and tactility, obscuring the fact that touch requires a sensate body. Instead, Morland finds that queer theory's critical value lies in its theorization of desire independent of tactility. Morland figures this desire not as touching but as reaching, exceeding surgical attempts to discipline the intersex body.

The time of the touch

TO QUEERS AND nonqueers alike the visceral immediacy of the sexual touch might appear to be self-evident; contact between a lover's body and one's own is typically coincident with the mutual sensation of such contact. Even an unwelcome sexual advance is recognizable by its tactile impression—for instance, the brush of a hand from which one immediately recoils. In short, touching and feeling happen live.

My starting point in this essay is that when the nerves in one's genitalia have been damaged by surgery, the time of the touch changes. For example, one sees a lover's hand touching one's genitalia, but one does not feel it. Hence the apparently real time of sexual

experience—in which, as Sarah E. Chinn claims in an essay about queer touching, "our bodies feel and are felt outside solely visual perception"—turns into the contemplative voyeurism of pornography.[1] Touching happens, but it is seen rather than sensed, and in Chinn's opinion vision "is virtually useless when it comes to figuring out and describing the experience of sexual pleasure" (182). I know from direct personal experience that this is profoundly disorienting; when genitalia are insensate, the time of the touch stretches infinitely away from the moment of physical contact. Perhaps one can recall how it felt to be touched prior to genital surgery, or imagine how it might feel if sensation were to return in the future to one's genitalia—either way, touching and feeling are riven, too late or too early to coincide.

Consider in this regard a 1996 letter to the influential *Journal of Urology*, in which the founder of the Intersex Society of North America (ISNA), Cheryl Chase, described some of the postsurgical problems reported by society members. Several had experienced either diminished or extinguished genital sensation following surgery for intersex. One member whose clitoris was reduced in childhood found orgasm "so difficult to reach and so rarely attained" that she regarded her "sexual function as being destroyed."[2] Disturbingly, another felt "intense genital pain" following sexual stimulation (1140). More recently, a study by a London-based medical team evaluated clitoral sensation in six intersex women whose clitorises had been surgically reduced. The study was innovative because it used not merely a sexual satisfaction questionnaire but also electronic devices to measure clitoral sensitivity to temperature and vibration. These provided gradually increasing stimuli until participants pressed a button to register sensation. It was the first time that such "objective sensory testing" had been performed on individuals with a history of genital surgery.[3] Postsurgical clitoral sensation in the six women was found to be "profoundly abnormal" (138). All had atypical results for the sensation of cold, and five participants had abnormal results for the sensation of warmth and vibration. In response to the questionnaire four women said they had problems achieving orgasm. Worryingly, this was not the legacy of outdated surgical techniques: the authors of the study cautioned that "there is currently no justification for the optimism that modern surgical techniques are better for preserving clitoral sensation than previous operations" (138). The caution was an implicit rejoinder to the criticism by earlier clinicians that the individuals discussed in Chase's letter had not benefited from "changes in the surgical approach" since the mid-1970s.[4] Even if scholars in the theoretical humanities might query the London team's claim to objectivity, it's still pragmatically useful in making their study authoritative to other doctors, as well as in substantiating Chase's letter.

What kinds of critiques of genital surgery does queer theory enable or substantiate? In this essay I investigate what queer theory can do for intersex bodies that have been desensitized by genital surgery. Of course, surgery for intersex does not wholly desensitize entire bodies, but in what follows I refer often to desensitized postsurgical *bodies* rather than merely genitalia for three reasons. The first reason isn't specific to intersex: any experience of surgery extends beyond the scalpel's cut. Even anesthesia can cause postoperative nausea and vomiting.[5] The second and third reasons are more specific. Nerve damage can alter the perception and tactility of areas other than those where cutting has been performed.[6] Finally, surgery for intersex does not operate solely on exterior genitalia: it can also change, reposition, or remove internal structures, for instance by creating a vagina from a segment of colon.[7] In short, the whole body undergoes surgery, and the experience of surgery is lived by the body as a whole, even if the body is cut in only a small area—hence one ISNA member's claim that clitoral surgery had destroyed "sexual function" in general. My aim, then, is not to use queer theory to undo the diverse bodily effects of genital surgery. Rather, I evaluate whether a critique of surgery's effects is possible from a queer theoretical perspective on the body.

To this end I make four key claims, beginning with my reservations about queer discourses of pleasure and shame. My first claim is that the desensitized postsurgical body cannot be accounted for by a queer discourse in which sexual pleasure is a form of hedonistic activism. Consequently, I seek to follow Robert Jensen's recommendation that our task as sexual dissidents "is not necessarily imagining new ways of touching but always being attentive to the ethics and politics of the touch."[8] In other words, a queer reaction to the problems of intersex surgery cannot be simply the advocacy of more and better sex, because that's precisely what intersex surgery can make at best pointless and at worst impossible. Instead we must proceed with careful awareness of how previous touches on intersexed bodies, such as the desensitizing touch of the surgeon, change those bodies and thereby constrain the possibilities for queer critique. My second claim is that a queer discourse of shame enables a critical engagement with the surgical creation of atypically sensate bodies. As Sara Ahmed has commented, an ethics of touch is not just about touching others but about sensitivity to the way others have already been touched and affected—in this instance how bodies obdurately remember the shameful touch of surgery, no matter how desperately we may wish to brush its effects away.[9] Nevertheless I do not wish to suggest that queer critics need simply to choose between theorizing intersex in terms of either pleasure or shame. There is really no such opposition. My third key claim, then, is that queerness is characterized by the sensory interrelation of pleasure and shame, for as David M. Halperin puts it, "the genius of gay sex—and not only *gay* sex—lies precisely in its ability to transmute otherwise unpleasant experiences of social degradation into experiences of pleasure."[10] If there exists "a queer ethic of dignity in shame," in Michael Warner's words, my interest lies not in revealing shame to be a kind of pleasure or vice versa.[11] I am interested instead in the fact that shame and pleasure are both queer *sensations*; I argue that queer theory's assumption of a sensorial basis to cultural critique flounders when confronted with the desensitized intersex body. In the light of this, my fourth and final claim is that if queer theory is figured as a kind of reaching—but not necessarily touching—then it can be of greater use in accounting for the problematic effects of intersex surgery. Thus the reach is queerer than the touch, for it is a recognition that, as Lee Edelman has written, "queer theory can only remain a desire, and like desire it depends for its energy, for its continuing power to grip us, on the impossibility of knowing its boundaries, of knowing its coherence as a state."[12] In my opinion, desire is what queer theory and the postsurgical intersex body have in common. But for this reason I think Edelman's idea of "gripping" isn't quite right; I would say that desire *reaches* through queer and intersex bodies alike. I argue in closing that desire's reach confounds the surgical project of touching atypical bodies in order to make them sexually normal.

Queer pleasures

Queer theory would appear to facilitate a critique of diminished sexual pleasure following intersex surgery. This is because queer theory, together with related strands of third-wave feminism, is the academic discourse that has had the most to say about the cultural significance and experience of human sexual pleasure: it is a "vision of social production that engages the libidinal," in Edelman's words (344). Unlike the emphasis within second-wave feminism on gender, and specifically in "antisex" feminism on sexual pleasure as a ruse of gender oppression, queer theory has taken the sexual and its pleasures as central objects of study. In her groundbreaking 1979 essay "A Secret Side of Lesbian Sexuality," Pat Califia drew a contrast between the "pleasure" of sadomasochism and "real slavery or exploitation."[13] The contrast would become a central issue for both third-wave feminism and

queer theory. Significantly, Califia described as "ephemeral" sadomasochism's pleasures, unlike "economic control or forced reproduction" (166). The opposition here was not only between pleasure and displeasure but also between the felt immediacy of sexual activities and the protracted historicity of institutionalized heterosexuality. In this way sadomasochism is "time-consuming and absorbing," in Califia's words (166), paradoxically because its pleasures are transitory—a series of present moments that viscerally envelop the sexual subject, rather than a history of sexuality of which the regulated sexual subject is the effect. By equating sadomasochism with a unique time of pleasure, Califia was able to articulate a feminism that was distinctively neither heterosexual nor antisex. During the 1980s and 1990s such countercultural possibilities of sexual pleasure would be analyzed and celebrated by third-wave feminism and in turn queer theory. Of course other queer theories would also emerge—such as those centered upon shame, loss, drag, and temporality, on which I'll draw later in this article—but I want to discuss pleasure first because the diminution of pleasure seems to be the defining problem with genital desensitization. If queer theory can tell us why pleasure is valuable, then it follows that a queer discourse of pleasure can pinpoint why the diminution of pleasure makes genital desensitization wrong.

The central theme of Califia's account—sexual pleasure as converse to sexuality's institutional formations—has shaped the interface between queer theory and intersex. An important axiom of queer theory has been that sex acts can be pleasurable even if—or perhaps because—they occur outside mainstream norms. This is demonstrated by Califia's contrast between subcultural sadomasochism and institutionalized heterosexuality. Just as a queer discourse of pleasure prioritizes transient sexual activities over stable gender identities, so too has intersex activism emphasized healthy sexual functioning as an alternative to reforming gender categories.[14] Thus intersex activism and much queer theory have in common the project of "opening up a new space for the subject of desire," as one commentator on queer theory has described.[15] In this regard both discourses address a subject for whom sexuality functions without adherence to mainstream norms. Now this does not mean that individuals with intersex anatomies necessarily have queer desires; rather, several intersex activists and scholars have called intersex bodies queer in their deviation from norms of embodiment.[16] Queer theory and intersex activism converge on the belief that such deviation is not an obstacle to sexual pleasure, contrary to what medicine has traditionally assumed. A queer discourse of pleasure, then, is useful in critiquing the normalizing use of genital surgery—for instance, when clinicians have evaluated vaginal surgery in terms of whether "adequate intercourse . . . defined as successful vaginal penetration" is possible postoperatively, or when they have reported in childhood surgical outcome studies on whether patients have subsequently entered into heterosexual marriages.[17] As Morgan Holmes complains, "When parents sign consent forms, allowing doctors to remove the erotogenic tissue of their children, they are willingly following a heterosexist requirement that humans live as either male or female."[18] The sacrifice of sensation ("erotogenic tissue") to the norm ("heterosexist requirement") is opposed by Holmes. Nevertheless, to enjoy sexual pleasure outside mainstream norms is not the same as to enjoy sexual pleasure in the absence of all constraints; I return to this caveat shortly.

Another queer axiom presciently thematized in Califia's essay is less a simple rejection of heterosexuality than a deployment of pleasure to resist sexuality's institutionalized forms, of which mainstream heterosexuality is one formation among others. For example, Douglas Crimp has eschewed the perceived institutionalism of gay marriage in favor of the "life-affirming and pleasure-filled world" of homosexual subculture.[19] More than a critique of gender identity, queer theory has enabled an understanding and experience of sex acts as signifiers of pleasure, not signifiers of sexual identity. Sex acts can therefore be resignified within a queer discourse of pleasure, much as the word *queer* has itself undergone

countercultural reclamation and revision.[20] Such resignification encompasses acts commonly considered heterosexual, for as Califia has argued, "a belief in sex differences and a dependence on them for sexual pleasure is the most common perversion."[21] In this view heterosexual sex is not motivated by heterosexual identity; it is merely one perversion among many, pursued for pleasure while overlaid by privilege. When heterosexual sex is cast as a pleasure like any other, the institutionalized privileges of heterosexuality are highlighted as unwarranted. The surgical sacrifice of genital sensation to heterosexuality is therefore not only a curtailment of individual pleasure, but also a fundamental misrecognition of the individual as the institution. For the former, heterosexual sex is a source of pleasure; in the latter, heterosexual identity is a source of privilege. Consequently, to create a heterosexual individual through desensitizing genital surgery is a contradiction in terms.

The work of Michel Foucault has been instrumental in the politics of resignification. Despite some leftist resistance to the first volume of Foucault's *History of Sexuality* for its incongruous coupling of a sweeping account of sex and power with an obtusely brisk discussion of how such power can be resisted, Halperin argues that "lesbian and gay militants" have been perhaps the most receptive audience for Foucault's thought.[22] This includes such activists as the AIDS Coalition to Unleash Power, because as Halperin notes, "the public response to AIDS" in the United States in the 1980s perfectly illustrated "the mutual imbrication of power and knowledge" concerning sex that Foucault analyzed—for example, the "endless relays between expert discourse and institutional authority . . . and local struggles for survival and resistance" (27). Consequently, Halperin envisages AIDS activism as accelerating "a multiplication of the sites of political contestation beyond such traditional arenas as the electoral process" to "ultimately the public and the private administration of the body and its pleasures." This strategy, which includes critical interventions into medical practice, is Foucauldian to the extent that volume 1 of *The History of Sexuality* "had already treated the body as a site of political struggle" (28). There Foucault asserted that sexuality is "organized by power in its grip on bodies and their materiality, their forces, energies, sensations, and pleasures," and famously recommended that "the grips of power" should be resisted by "bodies and pleasures."[23] Foucault argued, in other words, for bodily pleasure as a way to resist power.

Within queer theory there have emerged two distinct views on the relation between bodies and pleasures. According to one view, pleasure is obtained exclusively or most effectively through use of the genitalia. Hence for Queer Nation, in the words of Lauren Berlant, genitalia were "not just organs of erotic thanksgiving, but weapons of pleasure against their own oppression."[24] What makes such genital terrorism queer is the combination of genitalia in a given sex act; queer sex for that reason can shock heterosexual culture. This is what Tim Dean has called queer theory's "insistence on the specificity of genital contact as the basis for all political work."[25] According to the other view of the relation between bodies and pleasures, queer pleasure is characterized by a focus not on genitalia but on the body as a whole. For example, according to Mark Blasius, homosexual relations become queer when they use "every part of the body as a sexual instrument in order to achieve the greatest intensification of pleasure possible."[26] The result is what Halperin called "a multiplication of the sites of political contestation" on the level of the body. In this distinctly Foucauldian view, queer sex can effect cultural change through its stylized attention to reciprocal "erotic pleasure," quite aside from the genital morphologies of its participants.[27] The latter view is notable also for the continuity that it signals between queer theory and third-wave feminism, in which heterosexual relations are often acceptable so long as they are similarly "nongenitally organized."[28] For writers like Califia, sadomasochism is paradigmatic of such relations.

In both views, the valorization of pleasure in queer subcultures can be a source of pride. But the capacity of the postsurgical body to participate in such subcultures is unclear. Chase, anorgasmic after genital surgery for intersex, has criticized "sex radicals and activists" who claim that she is having "vaginal" or "full-body" orgasms despite her insistence to the contrary. Understandably, Chase finds highly patronizing their assumption that she will "learn how to orgasm."[29] A queer theory focused on pleasure alone, whether exclusively genital or diffusely "full-body," risks characterizing postsurgical intersex bodies as irrevocably impoverished.[30] Correspondingly, a queer critique of intersex treatment, advanced on the grounds that presurgical intersex bodies are queer in their physical sexual dissidence, may cast postsurgical intersex bodies as *less* queer—or not queer at all. To clarify this assertion, I don't mean that after surgery intersex bodies are less queer because surgery successfully eliminates a queer presurgical anatomy. Rather, I am making a point about physiological functioning: the postsurgical body, irrespective of the degree to which it still looks sexually ambiguous, may be less amenable to queer analysis and political participation because of its diminished capacity for sexual pleasure.

Queer shame

Readers might object that my discussion in the previous section presumed sex between bodies that *haven't* had intersex surgery to be straightforwardly pleasurable, and further that the presence of pleasure is inversely proportional to pleasure's absence. But as I discuss now, not all queer discourse has conceived of sex in this way, so different queer theories of the postsurgical intersex body are possible.

One's conception of sexual pleasure determines one's conception of desensitizing genital surgery as injurious. Although the discourses of pleasure discussed above enable a queer critique of surgery on the grounds that the loss of sexual pleasure is bad, such criticism depends on the conception of sexual pleasure as something that can be lost. Likewise, within those queer discourses the diminution of sexual pleasure is objectionable in part because it raises the possibility of sexual pleasure's extinction. Now if sex is purely pleasurable, and pleasure is the opposite of no pleasure, then it is indeed possible to lose the capacity for, and hence the experience of, sexual pleasure. However, if sex is something more or other than pleasurable, then pleasure's presence and absence are not necessarily opposed, and accordingly the idea of lost sexual pleasure is far less straightforward. While some queer theory, in line with much gay pride discourse, has measured the effects of homophobia by the extent to which homophobia limits subcultural sexual pleasures, other queer theorizations of sex have been more ambivalent. Specifically, they have queried the Foucauldian conception of sex as a matter of bodies and pleasures, for as Sally Munt argues, however "strategically essential" pride in sexual dissidence may be, "the presence of shame has been repressed in the discourse of homosexual rights in an unhelpful way, and in order to gain greater agency, we must learn to revisit its ambivalent effects."[31] In light of Munt's claim I want to evaluate what queer attention to shame, rather than to pleasure, might do for intersex.

Within queer theory the most well-known account of sex—and not merely queer sex—as an experience more ambivalent than pleasurable was given by Leo Bersani in his 1987 essay "Is the Rectum a Grave?" The essay's provocative title reflects the fact that Bersani was writing in reaction to the AIDS crisis. Although, as I've shown, Halperin has presented a Foucauldian turn to bodies and pleasures as resistant to those structures of power and knowledge that conflated homosexuality with social collapse and death, Bersani's incendiary response to the same epidemic was to query whether homosexuality is, after all, in some way antithetical to the social as it has been defined in mainstream Western culture. The big secret

about sex, Bersani advances, is that "most people don't like it"—which is to say neither that people don't think about sex a lot, nor that people don't want to have a lot of sex.[32] Instead, Bersani's point is that sex is not as pleasurable as it might seem to us while we're daydreaming about it. When we actually have sex, Bersani claims, we are no longer self-contained subjects enjoying an easily quantifiable experience of pleasure that we have contemplated beforehand. Quite the reverse: for Bersani, sex is an experience of radical dissolution that he calls "self-shattering" (222). Sexuality is therefore "socially dysfunctional," in Bersani's words, not because it can sometimes be the genital terrorism of Queer Nation but because it always undoes "the supposed relationality or community of the couple (which depends on selfhood)," as a commentator on Bersani's essay puts it.[33] Regardless of the number of participants, sex is a profoundly solipsistic experience. So in Bersani's account the passive "suicidal ecstasy" of the gay bottom exemplifies a general theory of sex as nonrelational.[34] This has subsequently become known as the "antisocial thesis" in queer theory.[35]

The antisocial account of sex puts in question the apparently self-evident badness of desensitizing genital surgery. If sex isn't pleasurable anyway, then the diminution or loss of sexual pleasure is at least a misnomer and perhaps also a contradiction. It is a misnomer if something other than pleasure—a shattering—is lost to postsurgical sex; it is a contradiction if a loss of pleasure—again, a shattering—characterizes sex in general. An obvious way to resolve this conundrum would be to say simply that shattering is just another name for pleasure, which is what Bersani argues elsewhere about the apparent pain of masochism: we might then say that self-shattering describes only the transformation of "stimuli generally associated with the production of pain into stimuli that set off intense processes identified as pleasurable," as Bersani comments on masochism.[36] But rather than try to sanitize shattering by defending it as a "pleasurable debasement," the antisocial thesis in queer theory has developed into a complex discourse about negativity, futurity, and—most significantly for my argument—shame.[37] In short, the antisocial character of sex—debasing, disintegrating, demeaning—makes sex shameful. Queer subcultures, it has been argued, have a distinctive relationship to such shame; if sex for both queers and nonqueers is a kind of shattering, then what distinguishes queer subcultures isn't the performance of certain sex acts (genital terrorism, whole-body sadomasochism, or anything else) but a particular attitude toward the antisocial experience of sex. In queer subcultures, according to Warner, "one doesn't pretend to be *above* the indignity of sex," since "we're all in it together."[38] In this way, an "acknowledgement of all that is most abject and least reputable in oneself"—namely, the solipsistic evacuation described by Bersani—perversely enables "the special kind of sociability that holds queer culture together" (35). That is, queer subcultures are characterized by the recognition that sex is antisocial.

Nonetheless, if sex is really as shamefully antisocial as Bersani describes, one has to wonder why people have sex at all. I'm not raising this issue in order to retreat from Bersani's claim to a version of queer sex that is cuddly hand-holding; his claim is important and deserves interrogation. Even though Bersani aims to "desexualize the erotic" by casting it as antisocial, his account remains resolutely sexualized in its valorization of gay anal penetration as the exemplary "intensification or . . . mode of revelation of an always-already shattering self," as Kathryn Bond Stockton writes in her book about shame.[39] As a consequence, there is a circularity in Bersani's argument. He explains, through reference to sex, why "most people don't like sex," as if most people don't like it because they've had it, but didn't like the way in which it shattered them. This doesn't account for those people who haven't had sex, can't have it, or don't want to have it in the first place. Yet I think those people may be no less queer. A critique of queer theory by Heather Love is useful on this point. Love has argued that "queer desire is often figured as . . . excessive, dissonant desire. But it would also make sense to understand queerness as an absence of or aversion to sex."[40] Both types of queerness

presented by Love are possible on the basis of the antisocial thesis, but much queer theory has alighted on the first (queerness as an excessive embrace of shameful shattering) while failing to investigate the second (queerness as a rejection of, or withdrawal from, sex). The absence of sex, as Love admits, is "not very sexy," and for that reason has received little critical attention (175n22). But if queer theory is to do anything for intersex, it needs to theorize the ways in which postsurgical bodies may be asexual, and even downright unsexy to some people—including sometimes those who dwell in such bodies. The shattering experience of sex might be shameful—the antisocial thesis teaches us that much—but not having sex, or having sex without shattering, can be shameful, too.

In queer discourse the body of the stone butch is sometimes presented as the somatic personalization of the absence of or aversion to sex described by Love. Traditionally, a stone butch makes love to her femme partner but refuses to be touched in return.[41] In a groundbreaking essay on the subject, Judith Halberstam has criticized any simplistic conception of stone butch "impenetrability" as a "closed" sexuality (63, 68). In an argument that may seem equivalent to Chase's rejection of claims that she will learn how to orgasm, Halberstam contests the representation of stoneness as "a wall that has been built up and could come down with the right femme" (68).

Despite the stone butch body's closure to genital penetration, Halberstam suggests that it is "open to rubbing or friction," and in this regard "butch untouchability multiplies the possibilities of touch," as one commentator on Halberstam notes.[42] To be stone, then, is "a courageous and imaginative way of dealing with the contradictory demands and impulses of being a butch in a woman's body," according to Halberstam (69). But for this very reason there are two critical differences between stone butch and intersex. The former is a "sexual identity" (71), whereas the latter is an anatomy. I agree with Ellen K. Feder, [. . .] that there are not "intersex individuals" in the same way that there are "homosexual individuals."[43] Further, because the queerness of the stone butch lies not in sexual "closure" but in the performance and reception of certain kinds of touching, the stone butch body is still a tactile body. It is therefore vital to examine whether there is a similar place for the postsurgical intersex body in the relation between queerness, tactility, and touch.

Queer touching

The idea that queer theory is a kind of touch has been formatively elaborated by Carolyn Dinshaw in an essay titled "Chaucer's Queer Touches/A Queer Touches Chaucer."[44] For Dinshaw, queerness can touch on bodies and cultural structures alike, and its force on both is transformative. In this section I consider the critical context of Dinshaw's argument, as well as its implications for the difficult relation between queer theory and intersex bodies of diminished tactility. To be clear: I am not referring here to a postsurgical diminution of sexuality or sex drive, even if impaired tactility may sometimes correlate with such diminution.

Writing on touch is often an occasion to comment on the human condition. For instance, in a major book on the subject, the anthropologist Ashley Montagu has advised gravely that "inadequate tactile experience will result in . . . inability to relate to others in many fundamental human ways."[45] In this fashion touching has frequently been presented as both figure and ground for interpersonal relations: it at once exemplifies relations and makes them possible. This is because the touch, in Margrit Shildrick's words, is "an undecidable moment of exchange" during which one's "sense of wholeness and self-sufficiency dissolve."[46] Here is shattering not as asocial but conversely as the basis for sociality. Accordingly, several feminists and queer theorists have celebrated the "conjoining power of touch" as ethically and

sexually superior to what Shildrick calls an "anaesthetic" ethic grounded in "separation and division" that some critics have associated with vision.[47] Conjoining is suggested by the syntax of Dinshaw's title "Chaucer's Queer Touches/A Queer Touches Chaucer": it indicates that queer criticism will emerge where author and critic touch. Undecidable exchange is stressed by Dinshaw's substitution of an ambivalent slash for the conventional academic colon that would hierarchize title and subtitle.

The nonhierarchical configuration of text and critic indicates how touching connotes equality between individuals; similarly, Warner has used a spatial metaphor to claim that there is equality in shame, since in queer subcultures the indignity of sex is "spread around the room, leaving no one out, and in fact binding them together."[48] Shame here touches individuals and connects them, without separation and division, weblike. And just as there is no "sub" in Dinshaw's title, so too has Califia argued that queer sexual practices focused on touching are mutually respectful and nonhierarchical. During gay sex, writes Califia, "there's good sex, which includes lots of touching, and there's bad sex, which is nonsensual": touching is more than mere foreplay.[49] Consequently, in both the queer views on the relationship between bodies and pleasures that I discussed above, touching is crucial. While Blasius's model of sex that engages the entire body does demote the genitalia as the primary location of sexual activity, it simultaneously promotes touching just as much as the genital-centered behavior that it is intended to supersede.

Queer attention to touch is certainly an effective counterpoint to the medical project of making genitalia look normal at the cost of desensitization.[50] For example, in an anthology of writings on queer body image, Chase has eschewed the cultural use of "infant genitals . . . for discriminating male from female infants" on the grounds that "*my* genitals are for *my* pleasure."[51] In this respect queer theory lets us argue that desensitization is not an acceptable side effect of normalizing surgery, because genitalia are for touching, not for looking at. But implicit in this type of critique, whereby a medical concern for appearance is distinguished from a queer concern with touching, is a highly significant conflation of touch and tactility.[52] Touch and tactility are not the same: the former is an action, whereas the latter is a sense. Hence a body can touch without tactility, for instance, if one's hands are numb from exposure to cold weather. Likewise, a tactile body is not necessarily a body that is touched, as the figure of the stone butch exemplifies. Then again some bodies are indeed tactile, touching, and touched, all at once. My point is that touching and tactility are different, so they do not always coincide, although I recognize that for many bodies they do. Crucially, then, the conflation of touch and tactility is what enables a queer critique of surgery. This is because surgical desensitization impairs touching only if touching is assumed to entail tactility. After all, desensitized genitals can still touch and be touched; it is their tactility that surgery damages.

More than arguing for a queer critique of the impairment of tactility, I want to consider whether queerness itself is a kind of tactility or sensitivity to impressions. Elizabeth Freeman has recently called queer history "a structure of *tactile* feeling," and I am interested in whether postsurgical bodies can find a place within such a queer sensorial structure.[53] The shattering experience described by Bersani demonstrates that queer pleasure and shame are not necessarily opposed, for pleasure and shame are both "sensations of minority," to borrow a delightful phrase from Berlant.[54] As sensations, pleasure and shame have in common a position of exteriority to the social. In making this claim, my interest lies not in determining whether such sensations are inexorably antisocial but merely in suggesting that if pleasure and shame are embodied sensations, then by definition they are situated outside the social. They are in the body. For instance, critics have described shame as "an embodied emotion" that "makes our bodies horribly sensitive."[55] Meanwhile, Foucault has criticized the failure of "modern Western societies" to recognize "the reality of the body

and the intensity of its pleasures."[56] All the same, the relation of exteriority that I'm describing is more complex than an opposition between body and society. I argue that queer sensations are exterior to the social as it has been defined in mainstream Western culture, because such sensations are cultivated through embodied participation in queer communities.[57]

Consider in this connection an account by Berlant and Warner of watching a performance of "erotic vomiting" at a leather bar. Describing the audience's transfixion, Berlant and Warner comment that "people are moaning softly with admiration, then whistling, stomping, screaming encouragements."[58] In other words, both the bodies of the performers and those of the audience are affected by the scene. For Berlant and Warner, this is the production, via sex in public, of "nonheteronormative bodily contexts" (208). The result is a queer community as the audience presses forward into "a compact and intimate group" of bodies before the performers (207). In light of this attention to the embodied sensations of minority, we can understand the Foucauldian emphasis on pleasure and the antisocial emphasis on shame (for surely both are in circulation during the erotic vomiting performance) as ways to privilege minority sensations. To be precise, such sensations not only signal but actually constitute a resistant relation to mainstream society. In other words, they have countercultural force.

Cultural change for Dinshaw is correspondingly accomplished not through touching alone but through the queer *sensation* of the touch. Berlant and Warner remark that heteronormativity can be unmarked, naturalized, and/or idealized (209n3), and it's Dinshaw's queer contestation of the second of these attributes—naturalization—that interests me most. She states that the "disillusioning force" of a queer character like Chaucer's Pardoner "shakes with his touch the heterocultural edifice": these sensory metaphors of shaking and force describe not only touching but moreover the tactile impression of being touched.[59] Similarly, Dinshaw asserts that twentieth-century readers of the Pardoner "can feel the shock" of the character's discourse and thereby "appropriate that power for queer use" (79). I suggest that queerness in Dinshaw's argument names the simultaneity of touching and tactility. Because of this simultaneity, queerness for Dinshaw can "provoke perceptual shifts and subsequent corporeal response in those touched" (76). It is through queer sensations, then, that cultural change is accomplished. As Dinshaw explains: "Queerness articulates not a determinate thing but a relation to existent structures of power. Despite its positioning on the other side of the law, it is arresting: it makes people stop and look at what they have been taking as natural" (77). It is as if bringing into relation "existent structures of power" and "the other side of the law" would enable some intermingling between these positions—as if making queerness and heteroculture touch could reveal the natural to be a construction after all. Now if one can relate to Shildrick's description of touching as an undecidable exchange in which self-sufficiency dissolves, then it's easy to imagine that when queerness and heteroculture touch, cultural change will happen. But with genitalia of diminished tactility, the catalytic (or shattering) potential of touching is far less clear. Dinshaw claims later that the queer touch renders strange "what has passed until now without comment" (79). I agree that queerness can have that disorienting effect, but what remains absolutely *not* strange in Dinshaw's queer analysis is the simultaneity of touching and tactility.

In summary, queerness as a critical kind of touching requires a tactile surface—whether of an individual subject or a cultural structure—for the registration of its contact. Evidently the conflation of touch and tactility may stigmatize as less than fully human (unable "to relate to others," as Montagu speculates) those individuals whose genitalia are without sensation. But that's not my main quarrel with this discourse. Rather, I would query the assumption that the body produced by normalizing genital surgery "passes without comment" and so is susceptible to queer denaturalization in the manner described by Dinshaw. If we think of

surgery itself as touching, its effects are more ambivalent, so a different kind of critique will be necessary.

Queering surgery

My critique of surgery in this section is intended to show why most queer accounts of touch are, in my view, insufficient for theorizing intersex. This is because not only recognizably queer touches defamiliarize. Indeed, touching may be defamiliarizing quite aside from its simultaneity with any particular sensation, as the surgical creation of insensate genitalia demonstrates. Put differently, the surgeon's desensitizing touch makes bodies strange.

To understand how genital surgery is a kind of touching, it's necessary first to analyze an implicit distinction in accounts such as Dinshaw's of the queer touch. The queer touch as discussed above is implicitly organized around a difference between cultural and natural, and therein lies a contradiction. On the one hand, the queer touch is cultural, in its opposition to naturalized cultural structures: it transmits a denaturalizing constructivist force. But, on the other hand, the fact that the simultaneity of touching and tactility passes without comment in queer discourse is naturalizing: in this regard the queer touch seems beyond construction. This contradiction doesn't mean that we should give up trying to theorize queer touching, but it does suggest that we should shift the terms in which the touch is theorized away from the distinction between cultural and natural. This enables a more interesting critique of genital surgery, because such a critique will not depend on a judgment about whether surgery naturalizes or denaturalizes intersex genitalia.

With this purpose in mind I find extremely useful the "minoritizing" and "universalizing" terminology that Eve Kosofsky Sedgwick proposes in *Epistemology of the Closet*. The aim of her terminology is to address the question, "in whose lives is homo/heterosexual definition an issue of continuing centrality and difficulty?"[60] Or put another way: to whom is homosexuality important—homosexuals (in a minoritizing view) or everyone (in a universalizing view)? Whether one argues that the importance of homosexuality is natural or cultural is secondary. For example, everyone may be naturally homosexual, but most people may be socialized into heterosexuality; or only some people may be naturally homosexual, and the rest may be naturally heterosexual; or homosexuality may be an entirely cultural phenomenon; and so on. The value of Sedgwick's terminology is that it permits analysis of how and why the distinction between natural and cultural is used, rather than using that distinction as an explanatory framework. Sedgwick therefore offers these unusual terms as a wholesale alternative to "essentialist versus constructivist understandings of homosexuality" (40): whereas those understandings can lead to contradictions similar to the one I've identified in the queer touch, universalizing and minoritizing views of homosexuality can coexist without contradiction. Hence we can now see that Dinshaw universalizes the queer touch as "no one's property," shifting between characters and readers while simultaneously minoritizing it to twentieth-century critical readers who alone "can feel the shock" of a character such as the Pardoner.[61] The coexistence of universalization and minoritization in Dinshaw's account generates the denaturalizing power of the touch and also its naturalization: it is uniquely queer, yet it queers things for everybody. So the question I wish to ask is, to whom is touching important—queers or everyone?

Genital surgery for intersex is an example of how bodies touch. It is an embodied encounter between patients and surgeons.[62] The operating room, a space of stylized hygiene, makes possible extraordinarily intimate touches in which normally unseen and inaccessible bodily interiors are touched by other bodies and their technological prostheses.[63] Technology such as the scalpel extends the temporal reach of the surgeon's touch. The scalpel lends the

surgeon's touch a force of which durability is an effect: by having the power to cut the body, the surgeon's touch persists in ways that would be impossible otherwise, changing for life the patient's genitalia.[64] In Ahmed's words, "the wound functions as a trace of where the surface of another entity . . . has impressed upon the body."[65] The corollary of this is the immobility of the patient's anesthetized body, which in its meaty docility is receptive to the impression of the touch. Giving willingly to the surgeon and medical team the ability to see oneself without being seen, during the time of anesthesia, is a corporeal gift that subverts the assumption by some critics that "the ability to see without being seen" is a "masculinist and imperialist" fascination.[66] Later, as the pain of wounds fades, the formation of scars constitutes a visual record of the cutting that anesthesia has hidden from the patient's memory.

In my opinion the touch of genital surgery on the body is strikingly similar to Esther Newton's account of how drag performers incongruously mix "sex-role referents" such as a tuxedo and earrings.[67] The performers in Newton's study called this "working with (feminine) pieces" (101), a phrase that I think describes what surgeons do when operating on intersex anatomies, although the "pieces" are not sartorial items but body parts, and not only feminine ones are manipulated. The surgeon's touch has the force to detach, move, reshape, and even injure such pieces. The resultant "drag" of surgery may take the form of contrasts between conventionally masculine and feminine genital parts, such as a phallus and labia, or it may take the form of juxtapositions between scarred tissue and undamaged flesh. Now it could be argued that genital surgery is a drag act that performatively produces gender by "dragging on" in the life of the postsurgical subject. In some instances this may be true. However, this is not my main point because I don't think we can assume that genital surgery necessarily has anything to do with gender. It may simply be stigmatizing, and that is all; gender may be formed by other means.[68]

Therefore this is drag not as disguise or impersonation but as a fragmentary working with pieces whereby the postsurgical body neither remains intersex nor becomes convincingly nonintersex. It is readable incongruously as both at once. The lived experience of this is that one's sexual anatomy seems both glaringly unusual and yet brutally normalized—one reason why postsurgical individuals may be fearful of sexual relations.[69] Surgery can leave one unsure as to whether an explanation for one's genital appearance and function needs to be offered to sexual partners—and if so, whether such an explanation should presume that partners have already noticed the effects of intersex, of surgery, or of both. The deficiency of the distinction between cultural and natural as a critical framework for understanding genital surgery also becomes apparent here: the postsurgical body is neither successfully constructed by surgery into a clearly male or female form, nor is it still naturally intersex. At the same time, depending on who is looking, the body's intersex condition may seem an unnatural residue that has not been adequately naturalized by surgery.[70] So the effect of the surgeon's touch is highly ambivalent in its production of persistently incongruous bodily "pieces"—masculine and feminine, intersexed and nonintersexed, presurgical and postsurgical.

For these reasons, one might even conclude that genital surgery makes bodies *more* intersex than they started out, as Holmes brilliantly puts it.[71] Certainly genital surgery can render strange anatomies that would otherwise have passed without comment. For instance, when I was about eleven, in the school locker-room (that fabled location on which some surgeons base judgments about the fate of intersexed people who don't receive surgery) I was teased *not* because of intersex characteristics that remained after surgery but specifically because of scars *caused* by surgery.[72] The copresence on my body's surface of presurgical and postsurgical times—the pieces of intersex alongside the pieces of surgery—made my intersex condition less notable but my body more strange. This was a nonheteronormative bodily

context, in Berlant and Warner's phrase, if ever there was one. So although surgery is evidently an instrument of what Dinshaw calls heteroculture, I'd argue that it's nonetheless a queer practice according to her own definition. Surgery is an example of what Freeman has named "temporal drag"—the registration of "the co-presence of several historically specific events" on bodily surfaces.[73]

The diminution of genital tactility is one way in which a historically specific event persists on the body's surface. As Ahmed explains in her book on the cultural politics of emotions, "It is through the recognition or interpretation of sensations, which are responses to the impressions of objects and others, that bodily surfaces take shape."[74] I think Ahmed is right, but she tells only half the story: I argue further that the body's very capacity for sensation is shaped by the impressions of objects and others on its surfaces. One such object is the surgeon's scalpel. It is not simply that we feel touches but that certain touches, depending on their force and durability, determine what we are able to feel. In this way I concur with Gayle Salamon that "as a perceived and perceiving entity, the body depends on a substratum of history."[75] Surgery's effects show how tactility, far from being simultaneous with touching, always has a constitutive history. A history of surgery forecloses the kinds of touches that a body can feel and drags the genitalia permanently back into the time of anesthetized insensitivity when surgery took place. Genital surgery thereby limits the extent to which the queer touch can be universalized to people with intersex bodies. Whether one regards surgery's aims and outcomes as naturalizing or denaturalizing, in matters of touch surgery is minoritizing, and I think this is reason enough to object to it.

The time of the reach

In this final section I consider what constraints desensitizing surgery places on the future for intersex bodies and show how queer theory might engage with desires that curiously persist after surgery. Halberstam has suggested that queer subcultures allow their participants "to believe that their futures can be imagined according to logics that lie outside of those paradigmatic markers of life experience—namely, birth, marriage, reproduction, and death."[76] There is an affinity here between queerness and intersex because both phenomena can disrupt the heterocultural scripts for birth, marriage, and reproduction. However, to accomplish this, queer subcultures tend to emphasize "flexibility" in desires, practices, and identifications, as Halberstam has noted elsewhere.[77] This leads to an opposition between flexibility and inflexibility, which in Halberstam's words "ascribes mobility over time to some notion of liberation and casts stubborn identification as a way of being stuck in time, unevolved, not versatile" (190). My concern as I draw to a close is not with identification (either as queer or as intersex) but with the flexible/inflexible binary itself. The queer touch is emblematic of flexibility because in Dinshaw's formulation it "moves around, is transferable," and can even work "across time."[78] I discuss whether the postsurgical body may be more flexible than a queer account might suggest, but I also argue that its flexibility shouldn't be the only measure of its future—or indeed the measure of only its future.

Even though the postsurgical body of diminished tactility is unquestionably material, it is still constructed, and in a queer reading this may imply a capacity for future change. As I've demonstrated, to say that the intersex body is constructed is to describe its materiality as contingent on the enduring touch of genital surgery. It's not to imply that the body is unreal but to tell the history of its realness—and thereby to insist that its realness is worth explaining. Contrary to most commentaries in the humanities on intersex, I offer this account not as a rejoinder to medicine but as a caution to queer theory. Queer theory as much as medicine has overlooked the construction of the tactile body (which includes the nurturing of tactility for

some bodies as well as the destruction of tactility for others), despite the queer constructivist agenda and its attention to other aspects of the body's cultural formation. Moreover, there is no necessary relation between the revelation of the postsurgical body's construction and its deconstruction or reconstruction as something else. It may resist such constructive flexibility. So whereas queer theory often assumes that change follows from the revelation of construction, revealing the constructed character of the postsurgical intersex body makes possible no change: the insensate genitalia remain.[79]

In much queer theory, the idea of cultural change is sexualized as the hope for a future in which sex will take place, whether inside or outside the social. For example, Amber Hollibaugh has declared that "there is no human hope without the promise of ecstasy."[80] In this respect, I think Donald Morton was correct to state in his notorious 1995 *PMLA* essay on queer theory that "when queer theorists envision a future, they portray an ever-expanding region of sensuous pleasure, ignoring the historical constraints need places on pleasure."[81] Although I disagree with much of Morton's essay—in particular its simplification of the problems with queer politics to a flimsy opposition between "ludic" postmodernism and materialism (372)—I think he was right to critique the assumption that a queer future must be a "sensuous" one. But whereas Morton characterized the historical constraints on queer sensations as matters of material need, in the case of intersex a sensuous future is apparently closed down by the body's history of surgery. In other words, the problem with genital surgery for a queer account of intersex is surgery's foreclosure of the flexibility privileged in queer subcultures and exemplified by touching.

Nevertheless, to align what Salamon calls the body's "sedimented history" with material need versus ludic sensuality would be to give the postsurgical body an unwarranted inevitability.[82] My objection to this is not, for the reasons I explained in the previous section, that it would naturalize the body. Rather, I am concerned that a critique of queer sensations from the point of view of Morton's "historical materialism" would turn that critique into a reiteration of surgery's enduring effects.[83] Put another way, history would come to mean inflexibility. In Morton's attack on queer theory, history (as if this were a singular "systematic development," in his phrase [369]) becomes an explanation for pleasure's limits, and thereby imposes a limit of its own on critical analysis: history becomes the boundary beyond which critique cannot pass. Although Morton doesn't say so, this is because critique itself is a historical formation. So while history may explain why a sensuous future could be problematic, history's force as an explanation cannot be theorized in Morton's critical framework. Similarly, to represent the desensitized intersex body as the historical cause of a future without sex is to fail to imagine that anything other than tactility might organize sex. Therefore instead of critiquing queer theory in Morton's style by hammering it over the head with historical materialism, we might usefully unravel the opposition between historical inflexibility and queer flexibility.

Desire unravels this opposition, I believe. Consider that a diminution or loss of genital sensation may have nothing to do with desire, which might function independently of tactility. David Reimer, whose alleged sex reassignment from male to female after a circumcision accident was often cited as proof of surgery's capacity to change gender identity in children with unusual genitalia, has described the persistence of desire following the removal of his penis.[84] "If you lose your arm," he explained to his biographer, "and you're dying of thirst, that stump is still going to move toward that glass of water to try to get it. It's instinct. It's in you."[85] In this comment Reimer differentiates between desire and history, but for Reimer, unlike Morton, these are not mutually exclusive. Morton regards desire in queer and postmodern theory as "an autonomous entity outside history," opposed to historically determined need.[86] Desire in Reimer's account, though, is neither wholly inside nor wholly outside history, for it is the experience of the past's failure to determine fully the present.

Therefore although history persists in the present by leaving the postsurgical individual with a "stump" (whether literally or metaphorically), the stump may be invested with desire in ways that could not be anticipated by a historical materialist explanation of how the stump came to be. Put another way, desire arises from the difference between past and present, but it cannot be reduced to an effect of the past on the present. Desire in my analysis is therefore separate from the question of how we might imagine and reach a queer future.[87] It is a matter of how we reach and inhabit the present.

So desire is also distinct from the issue of how we might pursue and archive a queer history as Dinshaw envisages it.[88] At first glance, Reimer's account is akin to Dinshaw's theory of the queer touch: a text such as the *Canterbury Tales* may activate and engage readerly desires that cannot be explained by history of the text. These desires arise when text and critic come into contact across time, as Dinshaw states. Yet there is a key difference between Dinshaw and Reimer: the former describes touching; the latter, reaching. Although the reach doesn't "move around" quite like the touch, it is nevertheless a dynamic "moving toward," to use Reimer's phrase. Desire in this way cannot be reduced to an embodied affect, for its situation is neither in the postsurgical body nor in the presurgical body. Instead, desire names a relation between these bodies for the individual who inhabits the narrative of their succession. Reimer's narrative of reaching interestingly demonstrates both the flexibility of desire and also desire's stubbornness—its persistence after genital modification signals its adaptability just as much as its intractability. This account of desire thereby confounds the canonical, queer binary between flexibility and immobility.

Edelman has argued that queer theory should "remind us that we are inhabited always by states of desire that exceed our capacity to name them."[89] If Edelman is correct, then I think a queer understanding of the postsurgical body need *not* attend to the genitalia on which surgery operates, and which surgery attempts to name as female or male for heterosexist ends. Other types of critique, such as those from feminist science studies, can make those complaints.[90] A queer understanding ought to attend instead to the desires that exceed such naming. Otherwise, queer theory may echo the medical attempt to normalize bodies as markers of dichotomously sexed heterosexual desire by attempting to locate in bodies the nonheteronormative sensations of minority. What queer theory can do for intersex, then, is critique genital surgery without presuming to know in advance what comes after surgery, after desensitization, or even after queer theory—shame or pleasure; naturalization or denaturalization; familiarization or defamiliarization.[91] Queerness is useful instead for its interrogation of the meaning of the "after," which is the flexibility and inflexibility of history in the present.

Notes

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1 Sarah E. Chinn, "Feeling Her Way: Audre Lorde and the Power of Touch," *GLQ* 9 (2003): 192.
2 Cheryl Chase, letter to the editor, *Journal of Urology* 156 (1996): 1139; see also Morgan Holmes, "Rethinking the Meaning and Management of Intersexuality," *Sexualities* 5 (2002): 163.
3 N.S. Crouch et al., "Genital Sensation after Feminizing Genitoplasty for Congenital Adrenal Hyperplasia: A Pilot Study," *British Journal of Urology International* 93 (2004): 137.
4 J.P. Gearhart, A. Burnett, and J.H. Owen, letter to the editor, *Journal of Urology* 156 (1996): 1140.
5 Alain Borgeat, Georgios Ekatodramis, and Carlo A. Schenker, "Postoperative Nausea and Vomiting in Regional Anesthesia: A Review," *Anesthesiology* 98 (2003): 530–47.
6 Gillian Einstein, "From Body to Brain: Considering the Neurobiological Effects of Female Genital Cutting," *Perspectives in Biology and Medicine* 51 (2008): 84–97.

7 Rakesh Kapoor et al., "Sigmoid Vaginoplasty: Long-Term Results," *Journal of Urology* 67 (2006): 1212–15.

8 Robert Jensen, "Getting It Up for Politics: Gay Male Sexuality and Radical Lesbian Feminism," in *Opposite Sex: Gay Men on Lesbians, Lesbians on Gay Men*, eds. Sara Miles and Eric Rofes (New York: New York University Press, 1998), 165.

9 Sara Ahmed, *Strange Encounters: Embodied Others in Post-Coloniality* (New York: Routledge, 2000), 155.

10 David M. Halperin, *What Do Gay Men Want? An Essay on Sex, Risk, and Subjectivity* (Ann Arbor: University of Michigan Press, 2007), 86.

11 Michael Warner, *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life* (Cambridge, MA: Harvard University Press, 1999), 37.

12 Lee Edelman, "Queer Theory: Unstating Desire," *GLQ* 2 (1995): 345.

13 Pat Califia, "A Secret Side of Lesbian Sexuality," in *Public Sex: The Culture of Radical Sex*, 2nd ed. (San Francisco: Cleis, 2000), 166.

14 Intersex Society of North America, "Why Doesn't ISNA Want to Eradicate Gender?" (2006), www.isna.org/faq/not_eradicating_gender. My claim here is not that queer theory has had nothing to say about gender but that it has critiqued gender for the perceived limitations that it places on sex and sexuality. Accordingly, and unlike much second-wave feminism, queer theory has generally argued that gender identities should be "fucked" (blended, dissolved, crossed, and so on) instead of more equitably defined. See, for example, Stephen Whittle, "Gender Fucking or Fucking Gender?" in *Queer Theory*, eds. Iain Morland and Annabelle Willox (Basingstoke: Palgrave, 2005), 115–29.

15 Donald Morton, "Birth of the Cyberqueer," *PMLA* 110 (1995): 370. Although I think Morton is right on this point, I have reservations about much of his essay, which I discuss below.

16 See, for example, Betsy Driver, preface to special issue, *Cardozo Journal of Law and Gender* 12 (2005): 3; Peter Hegarty in conversation with Cheryl Chase, "Intersex Activism, Feminism, and Psychology: Opening a Dialogue on Theory, Research, and Clinical Practice," *Feminism & Psychology* 10 (2000): 127; M. Morgan Holmes, "Queer Cut Bodies," in *Queer Frontiers: Millennial Geographies, Genders, and Generations*, ed. Joseph A. Boone et al. (Madison: University of Wisconsin Press, 2000), 98; Emi Koyama, *Intersex Critiques: Notes on Intersex, Disability, and Biomedical Ethics* (Portland: Confluere, 2003), 3, 7, 15.

17 John P. Gearhart, quoted in M. M. Bailez et al., "Vaginal Reconstruction after Initial Construction of the External Genitalia in Girls with Salt-Wasting Adrenal Hyperplasia," *Journal of Urology* 148 (1992): 684; W. Hardy Hendren and Anthony Atala, "Repair of High Vagina in Girls with Severely Masculinized Anatomy from the Adrenogenital Syndrome," *Journal of Pediatric Surgery* 30 (1995): 91.

18 M. Morgan Holmes, "Queer Cut Bodies: Intersexuality and Homophobia in Medical Practice" (1995), tinyurl.com/6aw334. Note that this version differs from Holmes's chapter of the same name in *Queer Frontiers*.

19 Douglas Crimp, "Melancholia and Moralism," in *Loss: The Politics of Mourning*, eds. David L. Eng and David Kazanjian (Berkeley: University of California Press, 2002), 199.

20 The most influential articulation of "resignification" as a third-wave feminist/queer practice is in Judith Butler's *Gender Trouble: Feminism and the Subversion of Identity*, 2nd ed. (New York: Routledge, 1999), 42.

21 Pat Califia, "Genderbending: Playing with Roles and Reversals," in *Public Sex: The Culture of Radical Sex*, 2nd ed. (San Francisco: Cleis, 2000), 185.

22 David M. Halperin, *Saint Foucault: Towards a Gay Hagiography* (New York: Oxford University Press, 1995), 26. I find Halperin's account informative, but it also has limitations, which are demonstrated by Halperin's suggestion that "Foucault's focus on sexuality, and his refusal to subordinate the analysis of its instrumentality to the politics of gender, race, or class, made his work particularly useful for addressing the irreducibly *sexual* politics of the AIDS crisis" (27). While this focus on the sexual may seem paradigmatically queer (and as Halperin clarifies in a note, it enables an analysis of homophobia [195n26]), it for the same reason fails to consider how the other kinds of politics mentioned by Halperin not only affect sexuality but constitute the sexual *as* irreducible for particular subjects. In fact in his later book *What Do Gay Men Want?* Halperin acknowledges that "the focus on gay subjectivity [in public discourse on HIV/AIDS prevention] is sharpest in the case of white, socially privileged gay men, whose agency and autonomy are not likely to have been compromised by political oppression or external constraint and whose behavior therefore cannot be explained by other social factors" (23). But even this later formulation is somewhat unsatisfactory; I would suggest that uncompromised agency and autonomy are indeed explicable by "other social factors" such as race, class, and gender (see, for example, Damien W. Riggs, *Priscilla, (White) Queen of the Desert: Queer Rights/Race Privilege* [New York: Peter Lang, 2006]). Judith Halberstam offers a provocative analysis

of such ongoing tensions in queer identity politics in "Shame and Gay White Masculinity," *Social Text* 23, nos. 3–4 (2005): 219–33.

23 Michel Foucault, *The Will to Knowledge*, vol. 1 of *The History of Sexuality*, trans. Robert Hurley (Harmondsworth, UK: Penguin, 1998), 155, 157.

24 Lauren Berlant, *The Queen of America Goes to Washington City: Essays on Sex and Citizenship* (Durham, NC: Duke University Press, 1997), 158.

25 Tim Dean, *Beyond Sexuality* (Chicago: University of Chicago Press, 2000), 172.

26 Mark Blasius, *Gay and Lesbian Politics: Sexuality and the Emergence of a New Ethic* (Philadelphia: Temple University Press, 1994), 110. See also pages 125 and 221 on the "queerness" of Blasius's "new ethic."

27 Blasius, *Gay and Lesbian Politics*, 125; see also Michael Bronski, *The Pleasure Principle: Sex, Backlash, and the Struggle for Gay Freedom* (New York: St. Martin's, 1998), 157. On the Foucauldian basis of this claim, see Michel Foucault, "Sex, Power, and the Politics of Identity," interview by B. Gallagher and A. Wilson, in *Ethics: Subjectivity and Truth*, vol. 1 of *The Essential Works of Foucault, 1954–1984*, ed. Paul Rabinow, trans. Robert Hurley et al. (New York: New Press, 1997), 163–73, esp. 164–65.

28 Amber Hollibaugh, in Deirdre English, Amber Hollibaugh, and Gayle Rubin, "Talking Sex: A Conversation on Sexuality and Feminism," *Feminist Review* 11 (June 1982): 44.

29 Cheryl Chase, "Affronting Reason," in *Looking Queer*, ed. Dawn Atkins (New York: Harrington Park, 1998), 207.

30 Beyond the context of intersex, Jensen has made a comparable criticism of gay male culture ("Getting It Up for Politics," 166).

31 Sally R. Munt, "Shame/Pride Dichotomies in *Queer as Folk*," *Textual Practice* 14 (2000): 533, 536.

32 Leo Bersani, "Is the Rectum a Grave?" in *AIDS: Cultural Analysis/Cultural Activism*, ed. Douglas Crimp (Cambridge, MA: MIT Press, 1988), 197–98.

33 Bersani, "Is the Rectum a Grave?" 222; Kathryn Bond Stockton, *Beautiful Bottom, Beautiful Shame: Where "Black" Meets "Queer"* (Durham, NC: Duke University Press, 2006), 15.

34 Bersani, "Is the Rectum a Grave?" 212; see also Stockton, *Beautiful Bottom*, 15.

35 Robert L. Caserio, "The Antisocial Thesis in Queer Theory," *PMLA* 121 (2006): 819–21.

36 Leo Bersani, *Homos* (Cambridge, MA: Harvard University Press, 1995), 93; see also 94.

37 Stockton, *Beautiful Bottom*, 15. The antisocial relationship between negativity and futurity has been most polemically explored by Lee Edelman in *No Future: Queer Theory and the Death Drive* (Durham, NC: Duke University Press, 2004).

38 Warner, *Trouble with Normal*, 35, 36.

39 Bersani, *Homos*, 80; Stockton, *Beautiful Bottom*, 15.

40 Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, MA: Harvard University Press, 2007), 40. However, Love does ultimately seem to recuperate as "bound up with pleasure" the emotions associated with an aversion to sex (161).

41 Judith Halberstam, "Lesbian Masculinity, or Even Stone Butches Get the Blues," *Women and Performance* 8, no. 2 (1996): 64.

42 Halberstam, "Lesbian Masculinity," 68; Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham, NC: Duke University Press, 2003), 67.

43 Ellen K. Feder, "Imperatives of Normality: From 'Intersex' to 'Disorders of Sex Development,' " *GLQ* 15.2 (2009): 225–47. Some people do identify as "intersex" or "intersexual," of course, and I used both terms throughout "Is Intersexuality Real?" (*Textual Practice* 15 [2001]: 527–47). But I still don't think either term is comparable to *homosexual* because a sexual identity is just one of many things to which the terms could refer—anatomies (pre- and postsurgical), desires, gender identifications and roles, and so on. In particular to say that "intersex" names a sexual identity specific to a certain anatomy is to insinuate that all sexual identities are based in anatomy.

44 Carolyn Dinshaw, "Chaucer's Queer Touches/A Queer Touches Chaucer," *Exemplaria* 7 (1995): 75–92.

45 Ashley Montagu, *Touching: The Human Significance of the Skin* (New York: Columbia University Press, 1971), 292.

46 Margrit Shildrick, "Unreformed Bodies: Normative Anxiety and the Denial of Pleasure," *Women's Studies* 34 (2005): 329.

47 Chinn, "Feeling Her Way," 195; Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: Sage, 2002), 119; Iris Marion Young, "The Scaling of Bodies and the Politics of Identity," in *Space, Gender, Knowledge: Feminist Readings*, eds. Linda McDowell and Joanne P. Sharp (London: Arnold, 1997), 221.

48 Warner, *Trouble with Normal*, 36.

49 Pat Califia, "Gay Men, Lesbians, and Sex: Doing It Together," in *Public Sex: The Culture of Radical Sex*, 2nd ed. (San Francisco: Cleis, 2000), 194.

50 For a further analysis of the extent to which surgery creates "normal-looking" genitalia, see Iain Morland, "The Injustice of Intersex: Feminist Science Studies and the Writing of a Wrong," in *Toward a Critique of Guilt: Perspectives from Law and the Humanities*, ed. Matthew Anderson (New York: Elsevier, 2005), 60–62.

51 Chase, "Affronting Reason," 210.

52 In this discussion I use the term *tactility* rather than *feeling* to avoid additional conflation with affect. Other critics have argued for the interrelation of tactility and affect. Eve Sedgwick in a book called *Touching Feeling* has suggested that the verbs in her book's title carry a double meaning, "tactile plus emotional." To be sure, the words may bear double meanings, but it doesn't follow that the tactile and affective realms are necessarily interconnected. Nonetheless, Sedgwick continues that "a particular intimacy seems to subsist between textures and emotions." Even though she advances this claim as "intuition" rather than a fact, it's unsatisfactorily circular because it attempts to explain touching (as tactile, textural) in terms of touching (as the affective intuition of a proximate "intimacy"). See Eve Kosofsky Sedgwick, *Touching Feeling: Affect, Pedagogy, Performativity* (Durham, NC: Duke University Press, 2003), 17. For a further argument about the significance of affect to queer theory and sexualities, see Ann Cvetkovich, "Public Feelings," *South Atlantic Quarterly* 106 (2007): 459–68.

53 Elizabeth Freeman, "Time Binds, or, Erotohistoriography," *Social Text* 23, nos. 3–4 (2005): 66; emphasis in original.

54 Lauren Berlant, "68 or The Revolution of Little Queers," in *Feminism Beside Itself*, eds. Diane Elam and Robyn Wiegman (New York: Routledge, 1995), 301.

55 Noreen Giffney, preface (with Michael O'Rourke) to Sally R. Munt, *Queer Attachments: The Cultural Politics of Shame* (Aldershot, UK: Ashgate, 2008), ix; Elspeth Probyn, *Blush: Faces of Shame* (Minneapolis: University of Minnesota Press, 2005), 127.

56 Michel Foucault, introduction to *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite*, trans. Richard McDougall (New York: Pantheon, 1980), vii.

57 Of course, sensations of pleasure and shame can equally be firmly mainstream—for example, the visceral titillation, for some, of watching a heteronormative movie.

58 Lauren Berlant and Michael Warner, "Sex in Public," in *Publics and Counterpublics*, by Michael Warner (New York: Zone, 2002), 207.

59 Dinshaw, "Chaucer's Queer Touches," 92, 89.

60 Eve Kosofsky Sedgwick, *Epistemology of the Closet* (Berkeley: University of California Press, 1990), 40.

61 Dinshaw, "Chaucer's Queer Touches," 79.

62 Rosalyn Diprose, *Corporeal Generosity: On Giving with Nietzsche, Merleau-Ponty, and Levinas* (New York: State University of New York Press, 2002), 107–21.

63 For a seminal account of the stylized aspects of the operating room, see Pearl Katz, "Ritual in the Operating Room," *Ethnology* 20 (1981): 335–50.

64 Another way to theorize this durability is as a kind of writing. See Iain Morland, "The Glans Opens Like a Book': Writing and Reading the Intersexed Body," *Continuum* 19 (2005): 335–48.

65 Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 27.

66 Chinn, "Feeling Her Way," 195.

67 Esther Newton, *Mother Camp: Female Impersonators in America* (Chicago: University of Chicago Press, 1979), 101.

68 Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, MA: Harvard University Press, 1998), 200.

69 See, for example, Mary E. Boyle, Susan Smith, and Lih-Mei Liao, "Adult Genital Surgery for Intersex: A Solution to What Problem?" *Journal of Health Psychology* 10 (2005): 573–84; and Lih-Mei Liao, "Learning to Assist Women Born with Atypical Genitalia: Journey through Ignorance, Taboo, and Dilemma," *Journal of Reproductive and Infant Psychology* 21 (2003): 233.

70 For another account of how intersex is "constructed," see Morland, "Is Intersexuality Real?" 533.

71 Holmes, "Rethinking the Meaning," 174; on the failure of surgery to "normalize," see also Holmes, "Queer Cut Bodies" (*Queer Frontiers* version), 104.

72 On the rhetoric of the "locker-room" in medical discourse about intersex, see Iain Morland, "Plastic Man: Intersex, Humanism, and the Reimer Case," *Subject Matters* 3–4 (2007): 82–83.

73 Elizabeth Freeman, "Packing History, Count(er)ing Generations," *New Literary History* 31 (2000): 728, 729; see also Freeman's ingenious analysis of Frankenstein's monster's body as the literalization of the queer touch ("Time Binds," 60). I'd prefer not to argue that postsurgical bodies are Frankensteinian. In future work I'll discuss in more detail the bodily coexistence of different time periods after surgery, including the relation between body parts with and without tactility.

74 Ahmed, *Cultural Politics*, 25.

75 Gayle Salamon, "Boys of the Lex: Transgenderism and Rhetorics of Materiality," *GLQ* 12 (2006): 583.

76 Judith Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives* (New York: New York University Press, 2005), 2.

77 Judith Halberstam, "Theorizing Queer Temporalities: A Roundtable Discussion," Carolyn Dinshaw et al., *GLQ* 13 (2007): 190.

78 Dinshaw, "Chaucer's Queer Touches," 79; Carolyn Dinshaw, *Getting Medieval: Sexualities and Communities, Pre- and Postmodern* (Durham, NC: Duke University Press, 1999), 21.

79 As Love argues, "Critics [in queer studies] have ignored what they could not transform" (*Feeling Backward*, 147).

80 Amber Hollibaugh, "My Dangerous Desires: Falling in Love with Stone Butches, Passing Women, and Girls (Who Are Guys) Who Catch My Eye," in *Queer Cultures*, eds. Deborah Carlin and Jennifer DiGrazia (Upper Saddle River, NJ: Pearson Prentice Hall, 2004), 383.

81 Morton, "Birth of the Cyberqueer," 375.

82 Salamon, "Boys of the Lex," 583.

83 Morton, "Birth of the Cyberqueer," 369.

84 For a full account of the Reimer case in relation to intersex treatment, see Morland, "Plastic Man."

85 John Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl* (London: Quartet, 2000), 148.

86 Morton, "Birth of the Cyberqueer," 371.

87 Kate Thomas has described the movement to a queer future as a sensation of reaching—a "muscular, epistemic stretch" ("Post Sex: On Being Too Slow, Too Stupid, Too Soon," *South Atlantic Quarterly* 106 [2007]: 623–24).

88 Desire in my account is also slightly different to the psychoanalytic argument about historical practice and the past made by Valerie Traub in *The Renaissance of Lesbianism in Early Modern England* (Cambridge: Cambridge University Press, 2002), 353–54.

89 Edelman, "Queer Theory," 345.

90 See Morland, "Injustice of Intersex."

91 A recent special issue of *South Atlantic Quarterly*, titled "After Queer Theory," engages with some of these questions of queerness, although intersex is mentioned only once, and in passing, in the issue (Carla Freccero, "Queer Times," *South Atlantic Quarterly* 106 [2007]: 491).

Chapter 27

Judith Halberstam

TRANSGENDER BUTCH: BUTCH/FTM BORDER WARS AND THE MASCULINE CONTINUUM

Judith Halberstam is Professor of English, American Studies, and Ethnicity and Gender Studies at the University of Southern California. Her most recent books are *In a Queer Time and Place: Transgender Bodies, Subcultural Lives* (2005) and *The Queer Art of Failure* (2011).

In this chapter from *Female Masculinity* (1998), Halberstam considers how the public emergence of FTM (female-to-male) transsexualities complicates other identifications and experiences of female masculinity, such as the tomboy, butch lesbian, and stone butch. Problematizing the notion of gender and the crossing of sexual borders, Halberstam reveals how conservative transsexual discourses depend not only on essentialized understandings of sex and gender, but also on whiteness and class privilege. In attending to those moments in transsexual discourse that threaten to reconsolidate dominant forms of masculinity via the desire for an authentic transsexual body, Halberstam demonstrates the complex and at times contradictory dynamics of cross-identification, sexual preference, and gendered embodiment. Meditating on what possible future gender-queer identities transsexual discourse may both enable and foreclose, Halberstam finds in the relatively new category of transgender a progressive rubric that promises dialogue and cohabitation in gender-queer worlds.