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Intersex Bodies and Subjectivities: From Medicalization to Self-Determination. A Critical Genealogy of the Sociomedical Treatment of Intersexualities

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Intersex Bodies and Subjectivities: From Medicalization to Self-Determination

A Critical Genealogy of the Sociomedical Treatment of Intersexualities

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Abstract

This paper presents a critical genealogy of the sociomedical treatment of intersex bodies in the Western tradition, analyzing the epistemic and ontological transformations that have defined their understanding, classification, and intervention from Ancient Greece to the present day. Through a methodological approach that combines Foucauldian genealogical analysis with feminist epistemologies, the research examines how perceptions, discourses, and practices surrounding intersex corporealities have been historically constructed and regulated through complex power-knowledge entanglements.

The analysis identifies three fundamental historical moments: the "Age of pre-medicalization" (Ancient Greece and Middle Ages), characterized by mystical and religious interpretations; the "Age of medicalization" (18th-20th centuries), marked by the rise of biological determinism and the emergence of sexology; and the "Age of post-medicalization" (late 20th century onwards), defined by technological advances, internet activism, and feminist and queer theoretical critiques. This genealogical exercise reveals how each epoch has constructed its own devices of corporal regulation, specific taxonomies, and intervention technologies, exposing the historical contingency of categories that claim to define "correct" ways of being and living a body.

Drawing on contributions from feminist theorists including Simone de Beauvoir, Judith Butler, Monique Wittig, Elizabeth Grosz, and Anne Fausto-Sterling, the work demonstrates how intersex bodies constitute a key site of contestation against hegemonic

norms about sex and gender. The research employs the analytical framework of health-illness-care processes to examine how biomedicine has established itself as the dominant model for defining and treating intersexuality, while also considering practices of self-care and emerging alternative narratives.

Keywords: intersex, medicalization, genealogy, feminist epistemologies, body, subjectivity, biopower

1. Introduction

The body has constituted an important field of study for the social sciences, where feminisms have been fundamental in generating anti-determinist and anti-essentialist questioning. However, this interest emerged relatively late in the Western academic tradition. In the specific case of intersex bodies, the various ways of understanding them throughout history have been permeated by philosophical and religious notions, but mainly by medical discourses that have operated through an epistemic framework oriented toward classifying, diagnosing, and frequently "correcting" those corporeal variations that do not conform to the normativities established for bodies considered typically masculine or feminine in Western thought.

This research addresses the fundamental contradictions about the classification and signification of intersex bodies in different historical periods—contradictions that have been naturalized and reproduced by the hegemonic social imaginary. Any periodization constitutes, to some extent, an "academic fantasy" that reduces the complexity of historical processes to simplified representations for analytical purposes. Nevertheless, these periodizations, while inevitably imperfect constructions, can be valuable heuristic instruments for clarifying and understanding ontological transformations in the sociomedical treatment of intersexualities and the discourses that have configured their experiences to the present day.

The purpose of this genealogical exercise transcends mere historical reconstruction to constitute a critical-political exercise that allows us to analyze how perceptions, discourses, and practices surrounding non-normative corporealities have been historically constructed, modified, and regulated through complex power-knowledge entanglements. By examining different moments of rupture, contradiction, and transformation in discourses about intersexuality, we reveal how each epoch has elaborated its own devices of corporal regulation, specific taxonomies, and intervention technologies. Revealing the historical contingency of categories destabilizes the idea that there is a single "correct" way to be or live a body.

2. Theoretical Framework

2.1 Body, Subjectivity, and Power

This analysis is conducted from a critical perspective that understands the body as a sociocultural and historical construction without denying its biological materiality. The methodological approach combines Foucauldian genealogical analysis with feminist epistemologies, privileging the understanding of power discourses and their technologies, as well as the resistances and ontological transformations that have emerged against them.

Following Foucault's conceptualization of biopower, the regulation of pleasures, sexuality, and reproduction became fundamental for population administration. Sex was redefined as a marital practice oriented exclusively toward procreation, and consequently, homosexuality and other "deviations" began to be seen as threats to political and economic order. The proliferation, births and mortality, health level, life duration and longevity, with all the conditions that can make them vary, were taken over by a series of interventions and regulatory controls: a biopolitics of the population.

2.2 Feminist Contributions to Understanding Intersex Bodies

Feminist theorists have been essential in questioning biomedical determinism regarding intersex bodies. Simone de Beauvoir's foundational work, though not directly addressing intersexuality, provides crucial insights into how gender assignment to intersex bodies is not determined by biology per se, but by social context and cultural expectations that assign meaning to bodies.

Judith Butler's theory of gender performativity offers a key framework for analyzing intersexuality. From this approach, intersex bodies reveal the artificiality of binary sex categories. Medical intervention on intersex bodies seeks to reaffirm the idea that sex is a fixed and natural category when, in reality, sex itself is performative and subject to social norms. Surgery does not "discover" the infant's true sex but produces it through performative medical acts that reiterate and reinforce the heterosexual matrix.

Anne Fausto-Sterling, from a biological and feminist perspective, has been one of the most influential voices in the study of intersexuality. She questions the medical practice of surgically assigning a sex to intersex children without fully considering the long-term impact on their psychological well-being. Her work critiques how these medical interventions are based more on social norms about gender and sexuality than on genuine scientific understanding of human development. She advocates for a more comprehensive and less invasive approach to treating intersexuality, allowing children to grow without immediate surgical interventions and enabling them to eventually decide their own gender identity (Casanova-Molina 2023, 2025).

3. Historical Periodization

3.1 Age of Pre-Medicalization: Ancient Greece and Middle Ages

During what Eckert (2003) called the "Age of pre-medicalization," one of the first indications of treatment of intersex bodies refers to the word "hermaphrodite" used since classical Greece. In this era, it is possible to evidence society's attempt to conceptualize this experience as a physical manifestation of two sexes in one body, uniting masculine and feminine characteristics.

This notion derived from mythology, in which Hermaphroditus, son of Hermes and Aphrodite, embodied a duality of genders. Although one might think that their relationship with this divinity gave them a certain space of social privilege, historical evidence reveals persecution or social exclusion, with bodies sometimes used for entertainment purposes, even exhibited in public spaces.

In philosophy, thinkers like Plato maintained that original human beings were androgynous and were divided by the gods, so dual nature was seen as part of humanity's mythical origin and not as an error or anomaly. Hippocratic physicians believed that sex existed on a spectrum, from completely masculine to completely feminine, with intersexuality at an intermediate point.

In contrast, Aristotle considered hermaphrodites to be products of incomplete conception, where the mother did not provide sufficient matter to create two complete twins, but enough to form additional organs. In his vision, genitals did not determine masculinity or

femininity; rather, this was determined by heart heat, and therefore hermaphrodites fundamentally belonged to only one of two sexes.

During the Roman Empire and Middle Ages, with the rise of Christianity in Europe, hermaphroditism began to be viewed negatively. The concept of teratology (the science of monsters) emerged in this period, and intersex bodies were classified as "monstrous" or "abnormal." Biblical scriptures, particularly the creation of Adam and Eve, reinforced the idea of a natural binary order, where any deviation from this model was seen as sin or deviation from the divine plan.

3.2 Age of Medicalization: From Religious Thought to Biological Determinism

The transition from medieval to Renaissance thought was not abrupt but represented a gradual transformation in which elements of both worldviews coexisted. The fundamental change lay in the displacement of control over bodies from religious institutions to emerging scientific communities.

During the 18th century, physicians consolidated observation and anatomy to decide which sex an intersex person belonged to, replacing personal or social decision with medical authority. According to this theory, during the Enlightenment "Science will be the authority in charge of sexual matters." This ontological change regarding the treatment of intersex bodies marks the establishment of the "Age of medicalization."

3.2.1 The Age of Gonads (19th Century)

During the 19th century, technological advancement in how sex was defined became established, driven by the development of sexology and the strengthening of biological determinism. The medical community, which until that point had been consulted by judges to determine a person's sex in legal situations, began to acquire increasing authority to decide, and could even intervene directly in intersex people's bodies, grounding this in the growing prestige of the scientific method.

In this era, the idea of "true sex" was determined by the presence of ovaries or testicles, which gave full power to determination through gonads. Physicians classified types of intersexuality between "true hermaphrodite" (with both testicular and ovarian tissue) and

"pseudo-hermaphrodite" (those with ambiguous genitals but without both types of tissue), establishing bases for different intervention protocols based on anatomical criteria determined by which genital organ presented "more development."

The appearance of Darwin's evolutionary theory was especially relevant in this context, as its emphasis on reproduction as the ultimate end of sexual existence in living beings strengthened binarist notions of man/woman and heterosexual relations as the only useful way capable of ensuring species continuity. This contributed to hermaphroditism being seen as an anomaly that impeded "natural" reproductive function, which reinforced the need to correct it through surgical and hormonal interventions.

3.2.2 The Era of Surgical Interventions: Medical Technology and Corporal Control in the 20th Century

During the mid-20th century, advances in surgical technology allowed physicians to intervene more aggressively on intersex people's bodies. Fausto-Sterling calls this era "the age of conversion," as surgery and hormones became basic tools to "normalize" intersex bodies.

A possible turning point at the beginning of this stage was the use of the term "intersex," first used by German geneticist Richard Goldschmidt in the 1910s decade. This terminological change allowed opening a space to understand sexual development as a spectrum rather than a strict dichotomy.

One example of subsequent developments was experiments conducted by John Money (1957), a leading sexologist and psychologist who coined the term "sexual orientation" and advocated for on-demand surgery for "transsexual" people. He also established the word "gender" as the psychosocial complement to physiologically-based "sex," defining the new concepts of "gender role" and "gender identity."

This distinction led to prioritizing surgical and hormonal reassignment to align the body with assigned gender, but also led the physician to postulate an "early intervention model," which argued that gender identity could be molded through surgical and hormonal interventions performed in childhood, before the person developed a solid gender identity. This model sought to eliminate any genital ambiguity to align bodies with binary gender expectations, leading to systematic and structural surgical practice to

"correct" intersex bodies through gonadectomies and/or construction of "normative" genitals between 0 and 2 years of age without informed consent from the patient, as decisions were made by physicians and endorsed by parents.

3.3 Age of Post-Medicalization: Feminisms and New Corporeal Paradigms

From the 1970s onwards, with the influence of feminism, queer theories, and the rise of intersex activist movements, criticism of medicalization and surgeries performed without the consent of affected persons began. In this stage, the approach shifted from surgical correction and pathologization toward respect for bodily self-determination and human rights.

However, in 2006, an international consensus among endocrinologists and geneticists, called the "Chicago Consensus," imposed the term "Disorders of Sex Development" (DSD) to group various medical conditions related to intersexuality. This term came accompanied by a medical approach (now international) focused on "normalization" of the body through surgeries and hormonal treatments in intersex people from infancy. The purpose was to provide a more scientific and precise classification, which translated into changes in language and classifications that defined these conditions as involving medical challenges requiring clinical intervention.

4. Health-Illness-Care Processes

Health-illness-care processes constitute a universal aspect that acts structurally in all societies and in the various social groups that comprise them, although in differentiated ways. Events such as birth, death, illness, and health damage recurrently and inevitably affect people's daily lives, making these phenomena social facts.

Highlighting the social character of health and illness implies recognizing that there are no biological conditions that, by themselves, define themselves as such without the intervention of social meanings. These are established from interpretive judgments that determine what biological condition will be seen as illness. In other words, it is not possible to speak of health or illness without someone recognizing and defining them.

4.1 Hegemonic Dimensions

The way societies organize these social responses to ailments and illnesses is reflected in more or less structured representations and practices that arise in said social responses. In turn, professions and institutions develop that hold variable quotas of power and legitimacy to define and act upon illness. In the case of intersexuality, this allows reflection on processes of social construction within fields of dispute and power relations that establish hegemonic modalities for conceptualizing and treating intersexualities.

Medicine achieved special status in Western society, becoming a dominant system of knowledge and practices within a complex division of labor whose central axis is the diagnosis and treatment of illnesses. Medicine, through its professionalization, achieved high degrees of autonomy and monopoly over its own practice. As Freidson notes: "in the process of obtaining a monopoly over its work, medicine has also acquired almost exclusive jurisdiction to determine what is illness and, consequently, how people should act to be treated as sick."

From this perspective, the regulatory function of the medical apparatus is highlighted, acting as the dominant authority in the process of labeling certain behaviors as abnormal and medicalizing them with the objective of normalizing them. Medicine, in this sense, operates as an agent of social control, given that illnesses are social constructions impregnated with negative judgments and moral definitions.

4.2 Models of Care: Hegemonic Medical versus Self-Care Models

The hegemonic medical model refers to "a set of practices, knowledge, and theories derived from the development of what we know as scientific medicine, which, since the end of the 18th century, has managed to subordinate the practices, knowledge, and ideologies that previously prevailed in societies, until positioning itself as the only legitimate form of addressing illness, endorsed both by scientific criteria and by the State."

The second relevant model is self-care, which refers to the set of "representations and practices that people use at individual and group levels to diagnose, explain, treat, control,

relieve, endure, cure, resolve or prevent health problems, whether real or imaginary" without the intervention of a health professional such as physicians. This self-care ranges from daily body care and food preparation to self-medication and other health-related practices.

5. Conclusions

This genealogical journey through the historical treatment of intersex bodies reveals profound epistemic and ontological transformations in how these corporealities have been conceived, categorized, and intervened upon. The evolution demonstrates that what we understand as intersex bodies is not a timeless or universal reality but a historical and sociocultural construction permeated by power relations.

The genealogical analysis conducted reveals how each epoch has constructed its own devices of corporal regulation, specific taxonomies, and intervention technologies. By revealing the historical contingency of these categories, the idea that there is a single "correct" way to be or live a body is destabilized, opening possibilities for articulating alternative narratives that promote a more inclusive understanding of human corporeal diversity.

Feminist contributions have been essential in questioning biomedical hegemony, providing theoretical and scientific frameworks that have helped question medical and social practices that traditionally have treated intersex people. This has opened possibilities for them to embody their own intersex experience and re-appropriate their bodies through narratives, activism articulation, and other instances that promote bodily self-determination and human rights.

The shift from gonadal determinism to the era of surgical interventions, and subsequently to post-medicalization paradigms, reflects not only technological advances but also paradigmatic changes in how Western society has conceived the "normalization" of bodies. Currently, we witness the emergence of new ontologies that understand intersex bodies not as passive objects of medical intervention but as sites of political resistance and self-determination, recognizing their potential to destabilize gender and sex binarisms.

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Conflict of Interest Statement

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Data Availability Statement

Interview transcripts cannot be shared due to confidentiality agreements with participants and the sensitive nature of the data. Anonymized demographic information and interview guides are available from the corresponding author upon reasonable request and with appropriate ethical approval.

Ethics Statement

This research involving human subjects was conducted in accordance with ethical principles and approved by the Ethics Committee of Universitat Autònoma de Barcelona.

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