

The Courage of Conversation

Orchids: My Intersex Adventure. Directed by Phoebe Hart, Australia.

Women Make Movies, 2010. 60 min. Color. DVD. English. \$295.00 (University price).

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Orchids is a welcome addition to the dozen or so films about intersex people (e.g., Celeste et al. 2005; Hsu and Thomas 2006; Puenzo 2008) and has the advantage of being directed by someone who identifies as such. Most of these films are U.S.-based; exceptions will be noted in the review. Defined as “congenital conditions in which genital, chromosomal, or anatomical sex development is atypical” (Lee et al. 2006), intersex bodies challenge the binary nature of biological sex. In 2005, the APA authorized a task force to review the state of knowledge about both transgender and intersex, but the task force decided it wasn’t feasible to consider both in the same report and focused their attention on transgender issues alone; the APA Task Force Report on Gender Identity and Gender Variance (APA 2009) was the result. As of yet, there has been no task force appointed to look at intersex. But an international body of medical experts convened in 2005 to produce a “Consensus statement on the management of intersex disorders” (Lee et al. 2006). This document defines optimal care as involving the recognition that intersex conditions are not shameful, and calls for open communication between medical personnel and families, avoidance of repeated genital examinations of intersex children and adolescents, and not performing surgery except in extreme cases of virilization, among other things. Such recommendations would go a long way towards mitigating the secrecy and silence surrounding intersex conditions and the people who are affected by them. With playful yet searing honesty, Phoebe Hart’s autobiographical account of self-discovery offers an object lesson in the harms created by such silence, as well as an instructive look at the family dynamics created when intersex conditions are shrouded in secrecy and shame.

While the details of Phoebe’s story are specific to her Androgen Insensitivity Syndrome (AIS) and her Australian familial and historical context, there are many resonances with the lives of intersex people in the United States and Britain (Dreger 1999). Phoebe was 5 years old when her parents learned of her condition but it wasn’t until she was a preadolescent and started asking questions about when she would menstruate that her mother told her she didn’t have a uterus and never would. That was the end of the conversation. Later, at a sleepover party with her girlfriends, where they were practicing inserting tampons, Phoebe realized that her vagina wouldn’t accommodate one, and she gathered that something was “very wrong with her”. When she asked more questions, her mother revealed that she had “testicular feminizing syndrome”; the realization that she had an actual medical condition was a relief. But there was no further discussion and there followed a period of depression, bulimia, and isolation, in marked contrast to what had been a happy and uncomplicated childhood. Phoebe suffered alone with her secret until the year before she entered university, at which time she had surgery (presumably to remove undescended testes). When she mustered the courage to ask her doctors how she could find other people like herself, they told her not to even look because no one would want to expose themselves as such. It took another 10 years before Phoebe felt brave enough to embark on the intersex adventure that is the focus of this film.

Phoebe’s road trip across Australia constitutes the heart of the film as she meets up with other intersex people she’s contacted through internet support groups, as well as with members of her immediate family. Her goal is not only to learn more about people with intersex conditions but to directly challenge the silences with which she grew up. The profound importance of meeting others like herself is powerfully conveyed here and Phoebe is clearly inspired by their

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courage in living their lives openly and without shame. The stories they tell share elements in common with her own, and recurring themes reflect what is found in the psychological literature on intersex: unwanted surgeries and hormone treatments, being made into medical spectacles, violence directed at them, familial shame and secrecy, gender dysphoria, and issues with intimacy (Kessler 1998; Dreger 1999; Karkazis 2008). Countering these negatives and critical to the self-acceptance and pride which Phoebe and her new friends express is “the power to disbelieve” what medical ‘experts’ have claimed about their reality (hooks 1984, p. 93).

Of the relatively few audiovisual materials available on intersex, most are documentaries produced for TV in which people with intersex conditions are interviewed. One notable documentary which looks at a range of sex and gender variations, both within and beyond the U.S., and including intersex people, is *Middle sexes: Redefining he and she* (Hsu and Thomas 2006). A few are feature length dramatizations, e.g., *Both* (Celeste et al. 2005) and the Argentinean film *XXY* (Puenzo 2008). *Orchids* joins Cheryl Chase’s (1997) groundbreaking *Hermaphrodites speak!* as only the second film to be produced by intersex people themselves. In narrating her own story, Phoebe has access to members of her immediate family and so the viewer is able to see how the secrets and silence affected them as well. One surprising twist is that Phoebe’s younger sister Bonnie also has AIS, but this is something neither knew while growing up; they each suffered alone. Filmed interactions between the sisters are especially poignant as they make up for lost time and conversations they never had. Her other younger sister Sophie is a carrier of the AIS gene and in a revealing moment (ripe with opportunities for post-film discussion) tells Phoebe that their mother conveyed that should she become pregnant, the fetus could be tested for AIS and aborted if she so chose. While Sophie denies that she would ever consider it, this does raise a critical point of concern to intersex activists (Dreger et al. 2012). While not all intersex conditions can be detected prenatally, AIS is one condition that can be, if the mother is known to be a carrier (Karkazis 2008, p. 295).

Phoebe is a persistent videographer, fearlessly stepping into difficult conversations; by far the most riveting scenes in the film are when she demands that her parents break the silence (she does not edit out the scenes in which her mother’s adamant disapproval expresses itself by covering the camera lens with her hand). She shows similar perseverance with her partner James, who emerges in this video as a deeply loving, supportive spouse who after his own initial resistance opens up in talking about issues that can arise with an intersex partner, e.g., not having one’s own biological children. In the end Phoebe’s parents drop their resistance and agree to be filmed. The father’s resigned expression that “this was just the way it had to be” reflects his sense that it would have been unthinkable to question medical experts who told them not to

be open with their daughter (the film is vague on when Phoebe was born; this reviewer would conjecture that it was at some point between 1975 and 1985). The mother’s sense of shame and guilt is still very much in evidence and it’s clear that the silence has taken its toll on her as well. As a result of Phoebe’s perseverance, they seem able to reconcile what’s in the past, which makes for a film that is as much about the unhealthy impact of secrets within families and the reconciliation that can occur when the silence is broken, as it is about intersex.

In the broadest sense, *Orchids* illustrates that bodies are not strictly male or female, and invites the viewer to question why bodies that don’t adhere to such distinctions are rendered invisible and unspeakable. While it is very suitable for showing in high school or college settings it is not strong on providing basic information about the different intersex conditions. For example, in describing her own AIS, Phoebe variously explains that she has male chromosomes, or that her body is resistant to “male hormones” or simply, “I am part male and part female”. There is no elaboration offered on the distinction between *partial* AIS (PAIS) and *complete* AIS (CAIS), the difference having to do with the degree of insensitivity to androgens. In CAIS, which appears to be the case for Phoebe, the condition is typically not detected at birth, as a child with an xy karyotype is born with phenotypically female genitalia, thus identified and raised as a girl (Karkazis 2008).

Among the other intersex people we meet in the film is Aleysha who is identified as having Congenital Adrenal Hyperplasia (CAH), but the viewer does not learn that this is the most common form of intersex (Karkazis 2008), or how gender is assigned in such cases. Aleysha tells us that she was raised as a male, subject to surgery and hormone treatment until she was 18 and made the decision to stop (at which point she developed breasts, and considered this “the happiest day of my life”). One can surmise that she was born with significantly virilized genitals and so was thought to be male, raised as a boy and her CAH identified later in development. In most cases of CAH however, gender identity is consistent with gender assignment (Meyer-Bahlburg et al. 2006).

We also meet Andie who Phoebe tells us has AIS, just like her. But here again there are nuances. Unlike Phoebe, Andie was raised as a boy, thus I would presume she had PAIS in contrast to Phoebe’s CAIS. We meet Chris, Phoebe’s influential high school photography teacher, who describes himself as “XXY”, otherwise known as Klinefelter’s Syndrome (but not identified as such in the film). This condition manifests itself in a variety of ways in different people; Chris’s story while very telling when it comes to the non-dimorphic nature of bodies is not necessarily typical. Finally, there is Tony, whose intersex condition is unspecified. Raised as a girl, he has embarked on his own journey of self-discovery by starting to take testosterone to see who he was “supposed to have been” had his testes not been removed. One can conjecture that he was born with micropenis due to PAIS or some other

intersex condition, assigned female as a result, but that the gender assignment never felt right.

Exposure to people with different intersex conditions is a strength of this film, but because the viewer is only introduced to four people and minimal information is offered about the nuances of each condition, it needs active supplementation. Without context for understanding the many different factors that affect gender assignment (namely the particular intersex diagnosis, how early it is detected, the degree of genital ambiguity, potential for fertility, physician belief in brain virilization, etc.), the viewer could easily be confused as to the nuanced calculations involved in gender assignment, and how often gender dysphoria results (Karkazis 2008).

This issue of gender dysphoria, while not explicitly addressed, is there to be teased out. As is the case with many CAIS individuals, Phoebe is quite feminine looking (Jordan-Young 2010); while she knew that something was different about her body, she didn't ever question the gender category to which she had been assigned, as did Aleysha, Andie and Tony. It also appears that she never questioned her sexual orientation; she narrates a history of sexual experiences with men, and currently enjoys a warm and loving relationship with her partner. Part of her journey of self-discovery entails her desire to be a mother which the film depicts as it chronicles the couple's progress in seeking to become adoptive parents. Despite her intersex condition, Phoebe was normatively gendered and as she herself acknowledged, found it "easy to be anonymous". This is not a choice other intersex people necessarily have, and post-film discussion of this point would be beneficial for understanding why some (but not all or most) intersex people experience gender dysphoria (see Karkazis 2008, for fuller discussion of this issue).

Despite her gender normativity, Phoebe suffered unnecessary and harmful secrecy surrounding her condition. In fact, what is common across the experience of all of the individuals we meet in the film (both intersex and not) is the pervasiveness of the silence (and hence the invisibility of intersex) and the harms that result. At one point in the film, Phoebe wonders aloud about what might have been the effect of having these difficult conversations with her parents and sisters as she was growing up rather than so many years later. It's not at all hard to imagine that it would have been much better for everyone. In fact, the 2006 Consensus Statement (Lee et al. 2006) explicitly calls for an end to the secrecy and silence by offering guidelines for physicians to openly communicate with families about intersex conditions, involve them fully in the decision making processes, recognize the importance of

support groups and encourage specialized mental health care from qualified professionals. Orchids suggests just how important these revised standards of care will be for new generations of intersex people.

This film could be effectively used in psychology, women's studies, and/or sexuality courses to challenge sex and gender binaries, make visible the variations between female and male, and highlight changing ideas about how best to raise intersex children. In addition to providing vivid testimony of the harms done by treating intersex conditions as if they are shameful and must be kept invisible, students might well come away with a message about the empowerment that can result from talking openly about the differences in our bodies and gendered experiences.

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