



FEBRUARY 5, 2016 (/INTERSEX-2/2016/2/5/GEORGIANN-DAVIS-TOTAL-BOSS)

Georgiann Davis. Total Boss. #InterViews (/Intersex- 2/2016/2/5/Georgiann- Davis-Total- Boss)

Hello, Thank you so much for taking the time to answer these. First off, tell us a bit about yourself.

I'm an assistant professor of sociology at the University of Nevada, Las Vegas. I'm also the former president of the AIS-DSD Support Group (2014-2015), and a current board member for InterACT. I've written numerous articles on intersex in various venues ranging from *Ms. Magazine* to the *American Journal of Bioethics*. In my book, *Contesting Intersex: The Dubious Diagnosis*



(<http://nyupress.org/books/9781479887040/>) (2015, NYU Press), I explore how intersex is defined, experienced, and contested in contemporary U.S. society. You can read more about my work at www.georgiandavis.com (<http://www.georgiandavis.com/>).

What is your Intersex variation?

I have complete androgen insensitivity syndrome. It was discovered when I was a young teenager, but I wasn't told the truth about my diagnosis. Several years later, when I was 17 years old, my internal testes were removed.

How did you feel immediately after you were diagnosed, and how do you feel now?

I didn't learn I was intersex until years after I was diagnosed. Instructed by doctors, my parents kept the diagnosis from me. When I learned the truth, I was confused and deeply ashamed. I was mortified, not because I was intersex, but because I didn't understand why people lied to me.

Today I feel fortunate to be intersex. I couldn't imagine my life without it. I've met so many amazing people in the intersex community from all around the world, and I'm pretty damn lucky to have a career in a reasonably accepting workplace. While colleges and universities are far from perfect, they are, in my opinion, some of the safest and most accepting places in our sexist, racist, ableist, classist, and homophobic society for marginalized folks to work.

What has been your biggest challenge in relation to your Intersex variation?

I'm 35 years old and I very much want to be a parent, but I can't have biological children. While I realize adoption and/or surrogacy are options for those who can't have biological children, I'm also well aware that those routes require an incredible amount of resources, financial and otherwise. However, in the grand scheme of things, when I consider my career, overall health, and the like, it seems selfish to dwell on the fact that I'm unable to have biological children. There are others ways to parent.

But, an even bigger challenge that I deal with on a day-to-day basis is finding high quality healthcare. Doctors are ignorant when it comes to intersex. They want to make everything about intersex, when they know little about it. They also can be very offensive and voyeuristic in the questions they ask about my experiences and my body.

Your research is focused on a feminist sociology of diagnosis. Tell us more about that.

Mainstream medical sociology is really white, masculine, and heterosexual. Many, although certainly not all, medical sociologists don't critically engage race, feminist, or queer theories, when they ought to in order to more fully understand medical processes and practices.

In my work, I try to bring feminist theories, especially those centered on gender, to mainstream medical sociology.

How do you reconcile intersectionality within your research on Intersex traits?

This is a great question. In my thinking and writing about intersex, I attempt to examine how race, class, gender, sexuality, and the like intersect to shape each intersex person's experience in unique ways. For example, I'm currently thinking about how whiteness and middle class resources and ideologies shape U.S. intersex advocacy. To assume intersex is experienced the same by all people is dangerous. One concern I have is that many studies on intersex rely on the experiences of those involved in peer support or advocacy. The problem here is that these spaces are very white and middle class. I'm not sure why this is, but I suspect it has to do with the fact that people of color don't feel welcome in such spaces, and/or perhaps intersex is not so central in the lives of people of color who are forced to face social problems they feel are more dire including police brutality, educational inequalities, and more.

In your book 'Contesting Intersex' you talk about relationships between language, binary understanding of sex, gender, and sexuality, and unnecessary medical intervention. What impact do you think language has on understanding Intersex?

Words have power, and I strongly feel this power can be used to control people's actions or, more specifically, how people respond to the intersex diagnosis. If you present intersex as a medical problem known as a disorder of sex development, you're likely to warrant a medical response that's medically unnecessary but also irreversible. As one of my participants shared with me, "I'm not disordered."

As an academic, what kind of role do you see academia playing in furthering Intersex education and equality, particularly in Intersex activism?



Academics who study intersex should play a supportive, rather than lead, role in our fight for intersex rights. Academics should ask intersex activists what data we need, what research questions we want explored, etc. This is our fight because it is our bodies. We need you cheering us on in a background role, not standing in the spotlight for your own academic gain. When journalists reach out to academics, I'd hope they redirect the journalists to

activists who vulnerably put themselves out there on a day-to-day basis not to build a CV but to change the world. As an intersex academic, I'm trying to be more mindful of my position as well. All academics, myself included, need to share the spotlight, step back, and let others voice their concerns.

If you could give a piece of advice for someone newly 'diagnosed', what would it be?

I encourage you to connect with other intersex people. Feeling alone while you navigate the intersex diagnosis and medical recommendations can be intimidating.

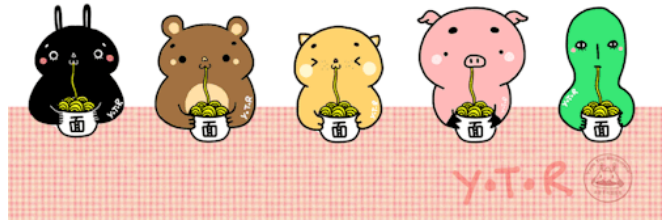
QUICK FIRE:

Favourite food: Miso Ramen, Gyros, and Chocolate Ice Cream

Favourite film: *The Shawshank Redemption*

Favourite TV show: *Big Brother*

Favourite book: C. Wright Mills' *The*



Sociological Imagination

Favourite intersex role model: Intersex activists near and far. They've taught me that we are in this together.

Read more about Georgiann and her work:

www.georgiannandavis.com



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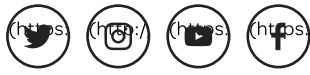
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