Research Journal in Advanced Humanities

RJAH

https://doi.org/10.58256/xder5t34

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RESEARCH ARTICLE **Section:** *Language and Linguistics*

Intersexuality and its discontents: An analysis of Vijayarajamallika's journey as an intersex person in *Mallikavasantham*

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ABSTRACT

In India, the intersex community, clinically known as persons with disorder of sex development (DSD), persist to be one of the marginalised and stigmatised sexual minority, despite the attempts to achieve queer liberation. Due to their non-conforming sexual and gender identity, they are usually labeled as abnormal, and this often results in them undergoing medical interventions before they reach the age of consent. Vijayarajamallika, a transgender poet from Kerala, is such an intersex person who was subjected to hormone therapy without her informed consent, at a very young age. This paper explores the socio-cultural perspectives which stigmatises intersexuality in India, through an analysis of Vijayarajamallika's autobiography, Mallikavasantham (2019). It brings forth how the binary construction of sex and gender, and the reluctance to accept sex as a spectrum, alienates and marginalises them. The study also traces how the medical procedures Mallika underwent led to her loss of agency and bodily autonomy, and how this eventually deteriorated her mental and physical health and resulted in psychological issues. It sheds light on the importance of accepting intersex embodiment in its plurality and concludes that only the adoption of an agency-based model of intersex could support them to achieve liberation. The significance of this paper lies in the absence of a comprehensive literary study in the mentioned area, especially in the cultural landscape of India.

KEYWORDS: DSD, lived experiences, intersexuality, stigma, trauma

Research Journal in Advanced Humanities
Volume 6, Issue 1, 2025
ISSN: 2708-5945 (Print)
ISSN: 2708-5953 (Online)

ARTICLE HISTORY
Submitted: **9 December 2024**
Accepted: **19 February 2025**
Published: **31 March 2025**

HOW TO CITE
George, A., Deepa Mary Francis, & Veena Selvam. (2025). Intersexuality and its discontents: An analysis of Vijayarajamallika's journey as an intersex person in Mallikavasantham. *Research Journal in Advanced Humanities*, 6(1). https://doi.org/10.58256/xder5t34

Published in Nairobi, Kenya by Royallite Global, an imprint of Royallite Publishers Limited

Introduction

'Is it a boy or a girl?' This is one of the questions which is often asked when a child is born. This question is not merely a casual enquiry of the sex of the infant, but it is a reinforcing of the existing sex binary which positions those who do not conform to the binary, as abnormal. In India, the social bodies function in a way that supports the binary conceptions of gender and sex, despite queer activism and movements around the globe that call for the inclusion of marginalised gender and sexual minorities. All the institutions in our society like law, healthcare, education and religion support the dichotomy in the construction of sex and gender. The rights, responsibilities and privileges for individuals are built for citizens who are either male or female. The rigorous system of binary sex and gender also supports and normalises heterosexuality as the suitable form of sexuality, as both heterosexuality and reproductive sex are necessary for societal survival. In such a heteronormative society, binary gender identities are strongly associated with binary biological sexes. Heteronormative society expects people not only to be either male or female, but also to be congruous with the social and cultural expectations of their gender, and to be heterosexual. The invisible force known as heteronormativity sets limits on what constitutes acceptable sexual behaviour and even appropriate social relationships.

However, the intricate web of human diversity encompasses a variety of identities, life experiences and biological differences that defy easy classification. Among these, intersex people serve as a living example of both the limitations of binary ideas of sex and gender, and the complexity of human biology. The people who have disorders of sex development (DSD) are viewed as threats to this binary system of sex and gender. So, when an intersex infant with "atypical or conflicting biological markers of gender" is born, their body disturbs the well-constructed borders of the properly gendered subjects (Karkazis, 2008). In a society like this, it is difficult to provide space for someone with issues related to sex development. Despite the fact that intersexuality has been observed historically and, in many cultures, it is still stigmatised and veiled in myth. From ancient civilizations to modern medical procedures, intersex individuals have been scrutinised, pathologised, and attempted to normalise by surgical interventions that conform their anatomy to binary concepts of sex. People who identify as intersex may experience the societal pressure to fit in with binary ideas about gender and sex, which frequently lead to medical procedures like surgery to "normalise" their body.

Vijayarajamallika is a transgender poet who hails from Kerala, who has experienced the stigma and shame of intersexuality. Vijayarajamallika, who was assigned a male at birth, did not have ambiguous genitalia. But she was diagnosed with male hormonal deficiency at the age of fourteen. It was discovered that Vijayarajamallika, who was then Manu, did not have enough hormonal and genital growth for male reproductivity. Besides, Manu was effeminate and had an inclination towards feminine gender. However, as Mallika's family wanted her to live as a man, she was subjected to hormone therapy without her informed consent. Male hormone was injected into her body during the treatment, as an attempt to fix her intersex body and to make her complete as a man. However, the treatment was unsuccessful as Mallika's body did not respond to the treatment positively. Mallika suffered the consequences of the treatment physically and mentally. It was only at the age of 32 that she was diagnosed with Klinefelter syndrome (XXY chromosome), a chromosomal variation, along with Sertoli cell only syndrome, which led to the recognition of her intersexuality. Later, Manu transitioned into Mallika through a sex reassignment surgery.

Even though Mallika's disorder of sex development is not a classic case of intersexuality, her life and experience as an intersex demonstrate the rigidity with which our society views biological sex. Mallika recollects and shares her journey as an intersex and a transgender person through her autobiography, *Mallikavasantham*, which was published in 2019. Most of the research on intersexuality in India is carried out from a medical perspective. The autobiography of Mallika is selected for the study with the rationale that it offers enough first-hand experience of an intersex person to contribute to the existing literature on intersexuality from a sociocultural perspective. The paper is an attempt to analyse the lived experience of Mallika as an intersex person to understand the stigma associated with intersexuality, and how the sex and gender binary is imposed on intersex individuals. The paper does not focus on Mallika's journey as a transwoman, rather as an intersex individual, and how the societal and structural stigma towards intersexuality alienated and marginalised her. It also explores the physical and psychological repercussions Mallika had to deal, in a society that demands sexual conformity to binary.

Literature Review

According to the article titled "Intersex Awareness" by United Nations, "intersex people are born with sex characteristics that don't fit typical definitions of male and female". "To be intersex means that a person has genitals, reproductive organs, secondary sex characteristics, hormones, and/or chromosomes that fall outside the commonly known binary definitions of either male or female sex" (Khanna, 2021). Intersexuality was known as hermaphroditism earlier when the medical interventions were not developed enough to understand it and when medicine did not have the capacity to intervene surgically or in any other ways. Hermaphrodite, a term based on the Greek myth of Hermaphroditus, is now considered as an outdated and derogatory term. The clinical term for intersex is Disorders of Sex Development (DSD). It was only during the first half of the twentieth century that the medical approaches towards intersexuality advanced enough to discover medical interventions like surgery and hormone therapy. Karkazis says,

> Advancements in surgical techniques, the discovery of sex hormones, new understandings of sex differentiation in embryology, and the ability to test for sex chromosomes—as well as the consolidation of medical and scientific authority—not only shaped how somatic sexual difference was understood but also how intersexuality could be treated by suggesting sites and modes of intervention. (Karkazis, 2008)

However, the approaches to intersexuality even in the twenty-first century are rooted in the belief that sex is naturally present in binary, even though there are evidences from human and animal biology which question this binary (Karkazis, 2008).

If an intersex child is born, the usual and immediate medical practice is to perform a "corrective" surgery to conform the child to either one of the biological sexes. The "atypical" sexual features of the intersex children are considered to be "repaired" through corrective surgeries, so that they will have "normal bodies". The restrictive nature of such medical practices reflects the restrictive nature of the construction of binary sex. The binary sex is considered as "normal" and "natural" and anything which does not abide by this system is considered as abnormal. In *Fixing Sex: Intersex, Medical Authority and Lived Experience*, Katrina Karkazis (2008) says "In the case of intersexuality, sex is not merely conceived but enacted, thereby producing and reproducing the category sex and our understanding of what males and females are". So, intersexuality becomes another medical phenomenon which is employed to produce and reproduce this prevalent binary categorisation of sex which others the people with disorders of sex development.

In our healthcare system, the birth of an intersex child is seen as a "medical and psychosocial emergency" not only because it is a physiologically challenging situation for some infants, but because it questions the cultural construction of binary sex (Parker, 1998). Within many cultural societies, the birth of an intersex child is commonly interpreted as a sign of bad luck or a curse. In an article titled "Intersex Babies Killed at Birth because "they're bad omens"" published by Mail & Guardian, which discusses the stigma towards intersex people in Africa, it is said that "There is a belief in some cultures that intersex babies are bad omens. They are seen as a sign of witchcraft and a curse on the family and the community as a whole" (Collison, 2018). Intersexuality is considered as a taboo and the birth of an intersex child is usually kept as a secret. Reluctance to acknowledge physical variation and strict adherence to binary concepts of sex lead to the perception that intersex people and their bodies are abnormal. The corrective surgeries intend to eliminate this abnormality and attempt to locate them inside the matrix of binary sex.

The social stigma associated with intersexuality is stated as a reason for the parents and healthcare professionals to go for an immediate medical intervention after an intersex infant is born. However, this also demonstrates the inability of the society to accept anatomical sex as a spectrum, and the fixation on the "normal" and "correct" body. The idea of a morphologically correct and a normal body is prioritised over the infant's sense of belonging to a particular biological sex and gender identity in such situations. As Lev (2006) opines in "Intersexuality in the Family: An Unacknowledged Trauma", "decisions about altering the infant's genitals rarely take into consideration issues of future sexual arousal or sexual functioning, as the more pressing concern is that the child appears normal". Besides, the medical interventions which are done without the consent of intersex persons often result in their experiencing gender dysphoria, and psychological and bodily traumas. As Roen (2008) says, "people who have undergone such surgery will read its effects on their bodies in unintended ways".

In India, intersex identities are still largely invisible and unacknowledged, legally and culturally. In the historical context of India, intersex people are widely recognised as a part of hijra community who are known as the third gender. "It is important to note that although the majority of individuals in this community are phenotypic men (for lack of another phrase) with a variety of sexual dysfunctions and homoerotic desires who subsequently excise their genitalia, a minority are intersexed individuals, or people born with ambiguous genitalia, whatever their chromosomal and hormonal makeup" (Reddy, 2005). However, it only includes persons whose genitals are ambiguously male-like at birth.

The legal framework of India is not yet inclusive of the intersex persons and their rights. In Beyond the Binary: Advancing Legal Recognition for Intersex Persons in India, Kothari et al. (2020) write "While the trans rights movement is extremely vibrant and strong in seeking the right to self-identify one's gender identity, intersex persons working as part of the trans rights movement have been invisible, largely because so little was known about intersex persons". The first judicial mention of intersex persons in India was in the NALSA judgment of 2014 by the Supreme Court. In 2019, Madras High Court in a landmark judgment prohibited the sex reassignment and corrective surgeries on intersex children except in life-threatening circumstances. However, The Transgender Persons (Protection of Rights) Act of 2019 failed to recognise intersex persons as a distinct category, and to address their issues specifically. "The intersex identity is invisible primarily because it is considered the same as the transgender identity" (Kothari et al., 2020). States like Kerala has introduced the option of intersex in birth and death registration. But it has been criticised as not being sufficient to support intersex persons.

Besides, there is a tendency to equate intersexuality with disability and to view intersex persons as disabled in India. Singh et al. (2023) state, "The medical model of disability is often applied to bodies that are non-normative. That is why such differences of sex development (DSD) or diverse sex development, or variation of sex development/characteristics are medicalised as 'Disorders of Sex Development' (DSD) in the medical literature, that need to be 'repaired' or 'cured'". The discussion of and research on intersexuality in India is highly medicalised which often ignores the sociocultural perspectives of intersexuality. Apart from the medical challenges, intersex individuals face sociocultural hurdle in Indian society. Arpita Das (2020) states, "gender assignment decisions are influenced, if not led, by these factors where intersex people are considered 'incomplete', and 'incomplete' men are considered better than 'incomplete' women".

To understand the highly neglected sociocultural dimensions of intersexuality, there is a need to analyse the lived experiences of individuals with disorders of sex development. Concepts like stigma, consent and trauma should be discussed to understand how intersex persons perceive and experience medical interventions and societal stigma. Analysing personal narratives written by intersex persons is ano effective way to learn more about their personal lived experiences. Amato (2016) writes, "Narratives that renegotiate intersex lives, intersex experiences, and the cultural meaning of the category of intersex from an intersex person's perspective have the power to challenge hegemonic medico-cultural narratives, to reject the definitions and terms through which intersex was and is understood, and to provide the conditions for a resignification of intersex". This paper aims to address the research gap in the study of intersexuality from the perspective of an intersex individual.

Research Methodology

The study employs a qualitative approach to explore the concept of intersexuality from a sociocultural perspective. A qualitative research design is adopted to analyse the text written by Vijayarajamallika, using concepts such as stigma, agency and trauma from queer studies and disability studies. Qualitative methods such as content analysis and discourse analysis are chosen for the in-depth analysis of the text.

Discussion

Stigma, Secrecy and Shame

The normalisation of binary categorisation of sex and gender, along with heteronormativity, simultaneously marginalises and alienates intersex individuals. Anatomical sex is normally perceived as a binary of male and female, and therefore, intersexuality is considered as a deviation of the normal as it falls outside the "cultural matrix of intelligibility" (Butler, 1990). Stigma is created around intersexuality and intersex individuals on the grounds of this deviation from the normalised anatomical sex. The role of sociocultural notions on sex, gender and sexuality is paramount in creating stigma around the concept of intersexuality in India.

Vijayarajamallika suffered from social and structural stigma due to her intersexuality. Her intersexuality is slightly different from the usual narrative of intersexuality, as she did not have ambiguous genitalia when she was born. She was assigned as male at birth and brought up as a boy, Manu, by her parents. At the age of 14, she was diagnosed with male infertility through a testicular biopsy. However, her family hid this information from her. At the age of 18, she was subjected to hormone analysis as she suffered from continuous and severe urinary infections. Through the analysis, it was revealed that Mallika did not have enough hormonal growth. She did not have the adequate amount of testosterone and on the other hand, she had more estrogen and progesterone like a female, according to the medical definitions. According to Makiyan, “sex differentiation includes the following distinct sequential stages: genetic, gonadal, hormonal, phenotypic and psychological” (Makiyan, 2016). It was evident from the hormone analysis and biopsy that she had issues of sex development. Despite being aware of her impotency, her female secondary sex characteristics and her inclination towards feminine gender, Mallika’s family wanted her to continue living as a “morphologically” correct male and thus, hindered further treatment and diagnosis of her health condition. She says, “they embarked on a venture to establish that I am a man” (Vijayarajamallika, 2019). As a part of this attempt, she was subjected to hormone therapy at the age of 18.

Mallika, like most of the intersex individuals, underwent hormone therapy without a complete knowledge of her biological condition. Her parents and family members perceived her disorder of sex development with fear and stigma. The doctors who were involved in her treatment intensified this stigma by gatekeeping information about her body. Danon and Yanay (2016) opine that “procedures to erase the original body and its memory are not only surgical but also social, predominantly by hiding the intersex body and its history beneath a veil of secrecy”. Her disorder of sex development was treated as a secret and her intersex identity was not discovered and acknowledged properly by her parents and doctors due to the stigma associated with anything which falls outside the compulsory binary construction of gender. They handled the situation as most of parents in India would have done. However, the decisions to not pursue further analysis of her condition and to treat her with hormone therapy along with silence and secrecy with which it was dealt, aggravated the shame and stigma of intersexuality. This delayed the diagnosis of her condition.

The stigma, silence and secrecy associated with Mallika’s intersex embodiment brought a sense of shame and inadequacy to her identity. For Mallika’s family, this sense of shame was brought not by the presence of an atypical genitalia, but by her inadequacy to reproduce as a man. Stigma of being an infertile man was added to the shame of being a person with disorder of sex development. In addition to this, she was physically and sexually attracted towards men. The normalcy of being a heterosexual, which Adrienne Rich calls compulsory heterosexuality, was threatened by Mallika’s intersexuality. The shame of being an intersex was intensified as Mallika could not conform to the heterosexual matrix which assumes a linear and causal relationship between biological sex, gender and sexual desire.

Besides the fear of being impotent, Mallika’s effeminacy was another reason for the shame associated with her intersex body. Even though Mallika (Manu) had a physical appearance of a man, she was always inclined towards feminine gender. Mallika realised the woman in her when she was in sixth standard. She laments the decision of her parents to not treat her with female hormones at that age. She says, “Now I know that there would not have been this much suffering, humiliation and ailments, if I had treated with female hormones then itself” (Vijayarajamallika, 2019). Being a male and being effeminate is considered as a paradox in the Indian society as a society which resonates only with the idealised and the normalised binary of sex and gender. Mallika, while she was Manu, was feminine in her body language and voice. She also developed female secondary sex characteristics like broad hips and breasts due to Klinefelter syndrome. “Klinefelter’s is characterized by the presence of one or more additional X chromosomes, which produce bodies with fairly masculine external genitals, above-average height, and somewhat gangly limbs. At puberty, people with K. S. often experience pelvic broadening and the development of breasts” (Chase, 2006). It was impossible to categorise her intersex body into either one of the biological sexes. This “gender trouble” frightened her parents as it challenged the collective gender consensus. They were terrified not only of the abuse and bullying their son may experience because of the effeminacy, but most importantly of the shame that his gender and its performativity may bring into the family. The stigma and shame of intersexuality impacted Mallika's parents to opt for hormone therapy without her informed consent to fix her intersex body. In addition, to make things worse they made her marry a woman without her consent "to ensure his identity as a man" (Vijayarajamallika, 2019). In India, a heterosexual marriage is considered as a gender performance to conform to heteronormativity and sex/gender binary. Mallika explains how it adversely affected her mental health as it intensified her self-loathing, frustration and stigma.

Most often, the stigma of intersexuality leads to a stage where the intersex person is stereotyped and dehumanised. The severe stigma can result in what Erving Goffman calls "spoiled identity", when a stigmatised person's identity is ruined by the stigma. For intersex individuals like Mallika, this can lead to a more dangerous condition when this societal stigma and spoiled identity are internalised by them and they begin to perceive themselves with a sense of shame. It can affect their self-image and can lead to identity crisis, confusion and alienation. The hyperfocus on their body and the stigma associated to the "abnormality" damage their social identity.

Fixing the Intersex Body

The body of an intersex infant is medicalised and pathologised as soon as it is born, not because it is merely a medical emergency but a "psychosocial" one (Parker, 1998). The intersex body defies and challenges the societal expectations and norms related to "normal body", and medical interventions such as corrective surgery and hormone therapy are initiated as soon as possible to normalise and fix the intersex body. Katrina Karkazis (2008) says "In the case of intersexuality, sex is not merely conceived but enacted, thereby producing and reproducing the category sex and our understanding of what males and females are". Hence, intersexuality becomes yet another social phenomenon which is employed to produce and reproduce this prevalent and rigid binary categorisation of anatomical sex, which eventually erase the intersex body. Danon and Yanay (2016) say,

> Because intersex is perceived as a biological anomaly, doctors, neurosurgeons, psychologists, social workers, and the parents (reassured by doctors) strongly believe that surgery followed by treatments can normalize the intersex body and "fix" the anomaly in such a way that the child will be able to grow up as a "normal" male or female, on the condition that the child (and the rest of the extended family, including siblings) will remain ignorant of the intervention.

In Indian society, intersex body is conceived and pathologised as an abnormality or disability which has to be cured or fixed immediately. A predominant trend is to equate the intersex body with a disabled body, so that attempts to "normalise" the intersex body are justified. Both intersex people and people with disabilities confront "anomalous classification, medical management, silencing, and shame" (Colligon, 2004). Das says, "Both people with physical disabilities and inter-sex people do not fit in the standards that society sets for the 'normative' body. As such, they are both considered anomalies of nature" (Vijayarajamallika, 2019). Similarly, Mallika's intersex embodiment was viewed as a disability which should be either cured or concealed from the society. She says, "There are people who consider intersexuality as a curse and a disability" (Vijayarajamallika, 2019).

The medical professionals often claim that the intention behind medical interventions carried out on intersex bodies is to "help" them lead a "normal" life. "The sort of deviation from sex norms exhibited by intersexuals is so highly stigmatized that the likely prospect of emotional harm due to social rejection of the intersexual provides physicians with their most compelling argument to justify medically unnecessary surgical interventions" (Chase, 2006). The stigma towards intersexuality and fear of intersex body are camouflaged as care for intersex individuals. Vijayarajamallika also confronted similar experiences when her intersexuality was discovered. Even though she did not undergo corrective or sex assignment surgery when she was born, attempts were made to fix her body through hormone therapy without her informed consent. Male hormone was injected into her body to fix her intersexuality and to make her conform to the hegemonic notions of being a male. Mallika recollects and reminisces the instances where she never felt right about this process of "fixing" or "correction" and reminisces it as the "treatment which was done to transition her to being a male" (Vijayarajamallika, 2019). The need to "fit the person as much as possible into the physical category of either female or male" is emphasized during these practices (Meyerowitz, 2004). Her body is treated as a medical anomaly and these practices make her intersex body a subject of shame and a site of dispute. Consequently, she had to cope up with various health issues including extreme pain, weight gain, osteoarthritis, fatty liver, diabetes, frequent infections and fevers.

Mallika's parents thought that hormone therapy would be the best solution to the intersexual crisis that they were confronting. Katrina Roen (2008) enumerates the humiliation and the bullying that the child may face, and the sexual abuse that child may be subjected in the future because of the ambiguous genitalia, as the two major reasons for parents to opt for corrective surgery for their intersex children. Even though Mallika did not have ambiguous genitalia, her parents feared that her effeminate nature and atypical physical features would cause her to experience bullying, humiliation and sexual abuse from the society. Mallika states that her parents agreed for the hormone therapy as they did not want their child to suffer from the humiliation and bullying from the society (Vijayarajamallika, 2019). Mallika's parents did not have any strong or valid reasons like the risk of cancer or the inability to have normal sex life of their son, to make that decision. Even though her parents knew that Mallika (Manu) was not going to perform sexually as a man and reproduce, they wanted him to appear as a "normal man" in the society. They preferred a son with an anatomically "correct" male body over an intersex person. A man with enlarged breasts, broad pelvic and feminine body language and voice is unacceptable by the society and is viewed as an anomaly. Mallika's lived experiences as an intersex individual shows that the attempts to "fix" her intersex body were motivated not by solely medical reasons, but by a desire to avoid social stigma and conform her intersex body to social and cultural conventions regarding normal sex and gender. Her body was violated to reinforce and reestablish social and medical ideas of normativity. The violation and erasure of Mallika's body is justified with concern for her health and her future, and the emotional and the physical harms that could emerge from this violation are seriously undermined. Susan Wendell (1996) says, "The desire for perfection and control of the body, or for the elimination of differences that are feared, poorly understood, and widely considered to be marks of inferiority, easily masquerades as the compassionate desire to prevent or stop suffering".

The medicalisation and violation of intersex body is a form of social control which deeply neglects the erasure of agency and bodily autonomy of intersex individuals. In *Intersex and Identity: The Contested Self,* Preves (2003) writes, "participants reported that 'corrective' medical procedures served to decrease their sense of autonomy as well as undermine the development of a solid notion of self". Mallika shares instances while she was undergoing hormone therapy when she could not identify herself. She experienced helplessness and loss of control over her body which resulted in suicide attempts. As she was not aware of her own condition, Mallika was confused with the uncontrollable and simultaneous presence of feminine and masculine gender traits. She went through a phase of life where she had no agency over her own body. It was only at the age of 32 that she discovered that she was an intersex. Mallika expresses the sense of relief she felt when she realised that she was not born as a man. The discovery of her intersex identity and embodiment helped her to reclaim and reaffirm the agency and bodily autonomy she had since she was 14.

In Mallika's case, the hormone therapy worsened the situation as she identified as a woman. She says, "I was a woman from the age of 13 to the age of 18. Manu was just a name" (Vijayarajamallika, 2019). She explains the time when she was undergoing hormone therapy as a time when she could not comprehend her gender identity. Her agency over her sexual identity and gender identity was lost during this time. She was distanced from her true self and this made it impossible for her to embrace her intersex identity and to be the person she wanted to become. Through medical interventions, Mallika was deprived of the chance to have the lived experience of being an intersex person. Preves (2003) quotes the words of an intersex person, "You can't become a real person until the reality of your life is acknowledged. And if you're an intersexed person, you can't be real until you can say, 'I'm an intersexed person . . .' And no matter what path you take from that reality, it can't be surgicalized away. If you try and destroy that reality, you destroy big pieces of human beings".

Mallika transitioned into a woman through a sex reassignment surgery at the age of 32. This act of transforming her body might be labelled as a contradiction as she changed her intersex embodiment. But the difference is that she opted for the sex reassignment surgery with her complete informed consent and it was carried out not to "correct" her body. The hormone therapy was done to her without her consent. As Cheryl Chase (2006) says, "The key point is that intersex subjects should not be violated for the comfort and convenience of others".

Psychological Impacts of Stigma and Medicalisation of Intersexuality

The individuals with disorders of sex development confront mental health issues and traumas throughout their lives. It is not their intersexuality which causes trauma, but rather the medical interventions that are carried out on their body from a very young age, and the stigma and the humiliation they have to face from the society together cause trauma. The concept of trauma is generally understood as a "severely disruptive experience that profoundly impacts the self's emotional organization and perception of the external world" (Balaev, 2018). Trauma is a "wound inflicted not upon the body but upon the mind" (Caruth, 2007). In "What is the Agenda of the Intersex Patient Advocacy Movement?", Cheryl Chase (2003) says, "Physicians and other helping professionals, the media, and the general public have typically interpreted intersexuality as being primarily a problem of gender. At the Intersex Society we understand intersexuality primarily as an issue of stigma and emotional trauma". Primarily and most importantly, the attitude towards intersexuality, and the way the society perceives it as an abnormality make the intersex individuals endure trauma. They experience trauma and it is "constituted in large part by the shame that appears so consistently to characterize the experience of children diagnosed with intersex" (Feder, 2014). The trauma experienced by intersex individuals can be a cumulation of psychological and medical traumas. Psychological trauma is a person's emotional response to distressing events which have caused to feel a sense of helplessness and fear, whereas, medical trauma refers to the "trauma that occurs from direct contact with the medical setting, and develops through a complex interaction between the patient, medical staff, medical environment, and the diagnostic and/or procedural experience that can have powerful psychological impacts due to the patient's unique interpretation of the event" (Hall & Hall, 2016). The trauma suffered by an intersex individual can result in psychological issues like PTSD, identity crisis, anxiety and depression, and physical issues like sleep disorders, fatigue and obesity.

The intersex individuals experience identity crisis as they encounter unacceptability of their identity from the society they live in. Preves (2003) says "Negotiating identity, one's basic sense of place and self, is a challenge for many of us, and is potentially far more challenging for people whose sex is called into question". The constant attempts of the healthcare professionals and parents to correct their body through medical interventions from a very young age convey the impression that their body is unacceptable. The intersex persons encounter unacceptability of their identity primarily from their family. Parents, who are hesitant about the intersexual condition of their children, pass on the irrational fear and shame to the children. As a result, the intersexual individuals begin to feel shame and disgust about their own body. In *Mallikavasantham,* the fact that Mallika's intersexuality was handled as a secret by her family gives her the idea that her body is something to be ashamed of and to be hidden from the public. Ideally, family is considered to be the safest space for children. However, for Mallika, family was a site of isolation, where she had to hide her true identity and endure gender policing and stigma. Her parents were overwhelmed by shame and confusion regarding her ambiguous sexual characteristics and she did not receive support from her family to be content with her intersexual identity and embodiment.

Medical trauma is another area of concern for intersexual individuals where they may have incurred trauma from medical interventions like surgeries or diagnoses which they have undergone in the past. For intersex persons, the medical interventions begin from childhood itself. When private subjects such as sex and gender are discussed by a group of medical professionals who are strangers to the child, it can also cause trauma for the child. In Mallika's case, she was subjected to genital examination, hormone analysis and biopsy when she was in her teenage years. The monster approach by the medical professionals, along with the medical interventions makes their body a site of contest. The loss of body autonomy at a very young age causes the child to experience a loss of control and agency. The partial information or misinformation regarding the treatments they are undergoing also causes trauma for intersex children. In *Making Sense of Intersex: Changing Ethical Perspectives in Biomedicine*, Ellen K. Feder (2014) talks about "the trauma experienced by affected individuals who have not been provided full information about their conditions or treatment they underwent as infants and young children".

The trauma Mallika suffered was twofold. The stigma and shame which surrounded her body and the medical interventions was the primary reason for her trauma. However, her gender identification as a transwoman which was suppressed by social and medical interventions was another major cause of trauma for Mallika. While undergoing hormone therapy, she had to constantly suffer from the physiological, emotional and psychological impacts of it. Mallika suffered from gender dysphoria till she decided to opt for a sex reassignment surgery at the age of 32. According to the American Psychiatric Association (2022), gender dysphoria refers to the "psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity". Mallika suffered from gender dysphoria since she was a fourteen-year-old boy. Her effeminate nature and the sexual attraction towards men made her realise this incongruence between her sex and gender from a young age. While she was undergoing hormone therapy, she experienced extreme emotional conflicts as she could not recognise herself as either a man or a woman. The inability to express her feminine gender identity made her eccentric. The simultaneous attempts of her parents and doctors to make her a man made it difficult for her survive. Along with gender dysphoria, she suffered from depression and anxiety. This resulted in episodes of hallucination, self-harm and suicide attempts. Unable to understand what is going on with body and mind, she tried to suppress her sexual and emotional desires.

The trauma Vijayarajamallika suffered throughout her life is a testimony to the traumatic life an intersexual person has to lead in a society which reinforces binary sex and gender, and heteronormativity. The pain and sufferings of intersex persons are normalised as a part of their life when most of them are caused by societal stigma and unnecessary medical interventions.

Conclusion

Despite the attempts of queer activists and academics to make the world a more inclusive space for LGBTQI+ community which includes intersex persons, our society is still deeply ingrained with restrictive binary notions of sex and gender. The nuances of binary construction of sex and gender were believed to be helpful for the sustenance of a successful society. However, it is also important for the society to be equitable and unbiased for the gender and sex minorities, for the world to be nondiscriminatory experience.

The important step to be taken is to deconstruct the notion that intersex embodiment is a disorder. It should be perceived as a biological reality and as a part of bodily diversity. The understanding of intersexuality should be based on the lived experiences of intersex individuals rather than only on its pathology, in order to manoeuvre an intersex inclusive society. The first step towards this goal is to comprehend sex as a spectrum rather than a binary of male and female. The change should begin from the field of medicine through a different approach to the pathologisation and the medicalisation of the condition of intersexuality which disrupts the age-old medical narratives of intersexuality. An agency-based model of intersex should be adopted where the primary agency of their body should not be removed from the intersex person and where their "physical, psychological and social needs are adequately met" (Hart & Finch, 2021).

The autobiography of Vijayarajamallika is merely a glimpse to the social, cultural and medical stigmas an intersex person has to endure in our society. However, Mallika's autobiography serves as a window to how an intersex individual experiences the societal stigma towards and medicalisation of intersexuality. The resilience it takes for the intersex individuals to resist this stigma and to overcome the loss of agency is remarkable. To reduce this stigma and trauma, the only way is to focus more on the psychosocial aspects of intersexuality in order to ensure self and societal acceptance, emotional wellbeing and support. The psychosocial aspect of intersexuality should be emphasised more than "correction" of the body, so that these practices can "enhance self- acceptance, increase insight, destigmatize intersex bodies and experiences, introduce goal- setting (for individuals, families and MDTs), increase understanding, and to reduce affective, cognitive, behavioural or social barriers to the effectiveness of treatment" (Garland and Travis, 2022). In this manner, they might be able to live without sacrificing their agency and body autonomy.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflicts of interest.

Disclaimer Statement

This work is not a part of the thesis to be submitted to the university and it does not contain any sections from the thesis of the researcher.

Biographies

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Authorship and Level of Contribution

Aleena George has done the idea formulation, content formation and wrote the research paper based on the findings.

Dr. Deepa Mary Francis is the doctoral supervisor of the first author and has contributed to the paper by providing proper guidance in idea formulation and writing of the paper, rigorous reviewing as well as with insightful suggestions and corrections.

Dr. Veena Selvam is first author's research coordinator. She has contributed to the paper by providing corrections and suggestions.

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