

Film Review

XXY Offers a New View of Life in an Intersex Body

XXY (Film Movement 2008) Directed by Lucía Puenzo; written (in Spanish, with English subtitles) by Lucía Puenzo, based on a short story by Sergio Bizzio. Running time: 1 hour 31 minutes. Not rated.

Reviewed by Anne Tamar-Mattis[†]

I was ready to hate *XXY*,¹ the much-lauded film by Argentinean filmmaker Lucía Puenzo. The film is a fictional account of the coming-of-age of Alex (Inés Efron), an intersex adolescent living in a remote coastal village in Uruguay. In general, I approach fictional and mainstream media representations of intersex people with some trepidation. Too often, these stories drip with a romanticized view of what it means to be intersex: the intersex person as a tragic, isolated figure,² as an idealized blend of male and female,³ or as an exotic and objectified specimen.⁴ Such facile depictions make me wince, in part because I happen to know and care about more than a few intersex people.

Through my life partner, openly intersex activist and physician Suegee Tamar-Mattis, and more recently through my work as director of a national legal project serving the needs of children with intersex conditions, I have come to know intersex people of many ages and experiences from around the world. Some have become good friends, some have become clients, and more than a

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1. (Film Movement 2008).
2. See, e.g., MICHEL FOUCAULT, *HERCULINE BARBIN: BEING THE RECENTLY DISCOVERED MEMOIRS OF A NINETEENTH CENTURY FRENCH HERMAPHRODITE* (1980) (recounting Barbin's exposure as a "hermaphrodite" and eventual suicide).
3. See, e.g., JEFFREY EUGENIDES, *MIDDLESEX 3* (2002) (opening with "I was born twice: first, as a baby girl . . . and then again, as a teenage boy . . .").
4. See, e.g., Robert Marion, *The Curse of the Garcias*, *DISCOVER*, Dec. 2000, at 42-44. (Case study of a woman with Androgen Insensitivity Syndrome, an intersex condition. "Her endocrine system was screaming for her body to make a man, but her cells were deaf to those instructions." While he describes her body in intimate detail for the edification of readers, the physician deceives the patient about the true nature of her condition.)

few have generously shared their stories. I have not yet met anyone who fits either “the best of both worlds” or the “tragic hermaphrodite” stereotypes that animate popular conceptions of intersexuality. But I have met many intersex people who have been treated cruelly as a result of the misconceptions and myths that surround them.

Happily, *XXY* gets it right. The film is beautifully shot, evocative, and emotionally compelling. More importantly, it avoids the hand-wringing I expected—Is Alex a boy or a girl? How will she⁵ decide? How can she live with the confusion? Instead, the film offers an unsentimental look at an adolescent who is struggling with issues of identity and a developing sexuality in much the same way that all adolescents do. Much of the emotional tension in the film is carried by the parent-child relationships, as Alex’s parents grapple with the question of how best to protect her from harm while giving her true self room to emerge. In doing so, *XXY* offers a welcome re-framing of the conversation about intersex children while giving the non-intersex viewer an opportunity to find points of reference with the intersex character’s story.

WHAT IS INTERSEX?

One challenge inherent in a film discussing intersex issues is that few potential viewers are familiar with the term “intersex” or even aware of the existence of intersex people. The film offers little in the way of explanation, so I will begin by providing some context.

“Intersex” is a general term used for a variety of conditions in which a person is born with atypical reproductive or sexual anatomy.⁶ For example, a child might be born with a typical female external appearance, but with an XY chromosome pattern, no uterus, and internal testes instead of ovaries.⁷ Or a child may be born with genitals that seem in-between typical male and female genitals.⁸ A child born with XX chromosomes and internal female organs may have a noticeably large clitoris or lack a vaginal opening.⁹ A child born with XY chromosomes and testes may have a notably small penis, or a scrotum that is divided so that it seems more like labia.¹⁰ A range of chromosome patterns is also possible: XXY, XO, XXX, XXXY.¹¹ A child can even have some cells with XY chromosomes and some with XX.¹²

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5. Alex is identified by the female pronoun throughout the film and the liner notes, although the film strongly implies that she may ultimately decide not to live as a female. I will continue this convention in the review.
 6. Intersex Society of North America, *What is Intersex?*, http://www.isna.org/faq/what_is_intersex (last visited Mar. 14, 2009).
 7. *Id.* XY is the chromosome pattern typical for males.
 8. *Id.*
 9. *Id.*
 10. *Id.*
 11. Melanie Blackless et al., *How Sexually Dimorphic Are We? Review and Synthesis*. 12 AM. J. HUM. BIOLOGY 151, 152-53 (2000), available at <http://bms.brown.edu/faculty/f/afs/dimorphic.pdf>.
 12. Intersex Society of North America, *supra* note 6.

An estimated one in 2,000 babies is born with an intersex condition.¹³ Beginning in the 1950's, infants and children with intersex conditions have routinely undergone multiple surgeries and other medical interventions intended to make their bodies appear more typical.¹⁴ Doctors also used to counsel extreme secrecy, advising parents to tell no one—not even the child.¹⁵ The birth of an intersex child has long been considered a “social emergency”¹⁶ that justifies both radical, unproven elective surgery and levels of non-disclosure that would be considered unethical in other contexts.¹⁷

This model of treatment has become increasingly controversial since the mid-1990's, when intersex adults began stepping forward to say that the medical treatment they received in childhood was harmful and led to ongoing pain, scarring, incontinence, loss of genital sensation and sexual function, and depression.¹⁸ Many also pointed out that the secrecy surrounding their conditions led to damaging feelings of shame and stigma.¹⁹ Intersex adults who have spoken publicly on the topic have consistently said that decisions about elective genital surgery should be left to the child.²⁰

In spite of more than fifteen years of concerted activism by the intersex community, little has changed. Doctors now counsel a bit more caution in choosing surgery and more openness with the children, but surgical reshaping of intersex children's genitals is still routine.²¹ Parents report agonizing over the

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13. Blackless, *supra* note 11 at 161. This statistic is not precise, and will vary depending on how “intersex” is defined. *See generally* Leonard Sax, *How Common is Intersex? A Response to Anne Fausto-Sterling*, 39 J. OF SEX RES. 174 (2002) (arguing that for the term intersex to retain clinical meaning, the term should only be applied to certain conditions, a change that would result in lower rates of children born with intersex conditions).
 14. Hazel Glenn Beh & Milton Diamond, *An Emerging Ethical and Medical Dilemma: Should Physicians Perform Sex Assignment Surgery on Infants with Ambiguous Genitalia?*, 7 MICH. J. GENDER & L. 1, 2-3, 16-27 (2000); ANNE FAUSTO-STERLING, *SEXING THE BODY: GENDER POLITICS AND THE CONSTRUCTION OF SEXUALITY* 86-87 (2000); Patricia L. Martin, *Moving Toward an International Standard in Informed Consent: The Impact of Intersexuality and the Internet on the Standard of Care*, 9 DUKE J. GENDER L. & POL'Y 135, 140 (2002).
 15. Beh & Diamond, *supra* note 14 at 7.
 16. *See, e.g.*, José F. Cara, *Approach to the Management of Intersex: Past and Present Concepts*, MEDSCAPE PEDIATRICS, Dec. 2002, <http://www.medscape.com/viewarticle/446418> (“[T]he birth of an infant with sexual ambiguity has been traditionally considered a ‘social emergency.’”).
 17. Anne Tamar-Mattis, *Exceptions to the Rule: Curing the Law's Failure to Protect Intersex Infants*, 21 BERKELEY J. GENDER, L. & JUST. 59, 65 (2006); *see also* A. Natarajan, *Medical Ethics and Truth Telling in the Case of Androgen Insensitivity Syndrome*, 154 CAN. MED. ASS'N J. 568 (1996) (winner of a medical ethics writing contest, proposing intersex condition as an example of a situation where lying to a patient would be ethically appropriate).
 18. Tamar-Mattis, *supra* note 17, at 68-71; Intersex Society of North America, *What's the History Behind the Intersex Rights Movement?*, <http://www.isna.org/faq/history> (last visited Mar. 8, 2009).
 19. Tamar-Mattis, *supra* note 17, at 68-71.
 20. *Id.*
 21. Peter A. Lee et al., *Consensus Statement on Management of Intersex Disorders*, 118 PEDIATRICS e488, e490-92 (2000), *available at* <http://pediatrics.aappublications.org/cgi/reprint/118/2/e488>.

decision, fearful that their child will someday resent having the choice taken away, but most still ultimately elect surgery.²² The practice raises important questions of children's rights, informed consent, the boundaries of the doctor-parent relationship in making decisions on behalf of children, and the limits of parental control over a child's body.²³

Why does such a questionable—and unproven—practice continue? There are many reasons: cultural anxiety about sex and gender, excessive faith in the power of medicine, the impulse to intervene when a body is atypical.²⁴ I have argued elsewhere that genital surgeries are also perpetuated by a failure of imagination.²⁵ Doctors and parents are unable to conceive of an alternative. As one medical treatise stated in 1969, "To visualize individuals who properly belong neither to one sex nor to the other is to imagine freaks, misfits, curiosities, rejected by society and condemned to a solitary existence."²⁶ More recently, a leading pediatrician referred to the birth of a child with "ambiguous genitalia" as "a terrifying prospect"²⁷—one for which the only answer seems to be medical intervention. Parents of children born with intersex conditions, most of whom were unaware of such conditions before their children were born, may struggle to envision a future for a child with atypical genitals. Who will love her? What will happen when he goes to school? How will others react to the child's atypical body? Surgical "correction" may seem like the only solution.

A DIFFERENT VISION

Puenzo's triumph in *XXY* is in offering a realistic depiction of an intersex adolescent who is strong, connected, loved, and making her own choices. Alex's family comes from Argentina, but has moved to a small town on the coast of Uruguay where her father, a scientist, is studying endangered sea turtles (and, we sense, where the family may be less subject to prying eyes). Her father, Kraken (Ricardo Darín), and her mother, Suli (Valeria Bertuccelli), ruled out surgery when Alex was born but now that she is approaching puberty, her mother's concern about how her child will fare with an atypical body is growing. Unbeknownst to Alex or her father, Suli has invited an old friend of hers, a plastic surgeon (Germán Palacios), to visit the family in hopes that he will

22. See KATRINA KARKAZIS, *FIXING SEX: INTERSEX, MEDICAL AUTHORITY, AND LIVED EXPERIENCE* 197-207 (2008); Jennifer E. Dayner, Peter A. Lee & Christopher P. Houk, *Medical Treatment of Intersex: Parental Perspectives*, 172 *J. UROLOGY* 1762, 1763 (2004).

23. See generally Tamar-Mattis, *supra* note 17.

24. See generally ALICE DOMURAT DREGER, *INTERSEX IN THE AGE OF ETHICS* (1999); SUZANE J. KESSLER, *LESSONS FROM THE INTERSEXED* (1998); SHARON E. PREVES, *INTERSEX AND IDENTITY: THE CONTESTED SELF* (2003); Nancy Ehrenreich, *Intersex Surgery, Female Genital Cutting, and the Selective Condemnation of "Cultural Practices,"* 40 *HARV. C.R.-C.L. REV.* 71 (2005).

25. Tamar-Mattis, *supra* note 17, at 82-84.

26. Laura Hermer, *Paradigms Revised: Intersex Children, Bioethics, & the Law*, 11 *ANNALS HEALTH L.* 195, 209 (2002) (quoting CHRISTOPHER J. DEWHURST & RONALD R. GORDON, *THE INTERSEXUAL DISORDERS*, at vii (1969)).

27. Gautam Naik, *Parents Agonize Over Treatment in the Womb*, *WALL ST. J.*, Feb. 3, 2009, at D1.

convince Alex to have the surgery. The surgeon has brought along his wife (Carolina Peleritti) and son, Alvaro (Martín Piroyansky), and a mutual crush quickly develops between Alex and Alvaro. The film covers the time period of the surgeon's visit.

While Alex's gender, as well as her physical sex, is clearly ambiguous, she still appears as a fairly normal adolescent. We see her practicing smoking, cutting school, giggling on the bed with the girl next door, dancing awkwardly as she shows off for Alvaro, saying provocative things to adults just to see what will happen, having a peeing contest with the boys, and experimenting with sex. She is self-conscious and gawky when she flirts with Alvaro and a bit overdramatic and annoying when she gets upset and runs off in a rainstorm. In other words, she acts like a typical teen. Alex is trying to figure out her gender, her changing body, and her sexuality, but we do not get the sense that these projects are a complete preoccupation for her, or out of scale with all the other things teenagers face. Indeed, we soon realize that Alvaro is probably gay, and it's clear that the relatively ordinary challenge of coming out is at least as daunting for him as Alex's impending puberty is for her.

There are a few missteps in the film. It can be heavy-handed at times, as in the repeated scenes of the surgeon chopping carrots and cutting meat, or camera pans around Alex's room that capture a row of naked dolls with altered genitals. Some of the exposition about details of Alex's body is accomplished through camera shots of a kind of picture-diary she keeps (and leaves lying around), with crude drawings of her genitals and first menstruation. Such a conveniently graphic representation seems a bit improbable. Also, the clues about her intersex condition do not quite add up—a viewer who is sophisticated about the physiological underpinnings of sex development will wonder in vain about Alex's diagnosis. A less-informed viewer may walk away, as one reviewer did, with the impression that Alex has “both” sets of genitals²⁸ (one of the myths that many in the intersex community hate).²⁹ To be fair, the director acknowledges this lack of realism, noting on the Spanish-language version of the film's website that the film is not an attempt to present a clinical case and suggesting that Alex's condition is a composite of several conditions.³⁰

Mostly, though, Puenzo is on-key. This includes her depiction of the rough parts of life as an intersex teen. Alex struggles with the fact that her parents want her to keep her condition secret and wonders if this means something is wrong with her. As she enters puberty, she is starting to develop both facial hair and breasts, and she resents having to take the medication that has been prescribed to suppress the growth of facial hair and to make her menstruate. A critical relationship in the film is between Alex and her best friend at school, Vando

28. See Stephen Holden, *Confronting the Perils of Puberty Squared*, N.Y. TIMES, May 2, 2008, at E11.

29. Intersex Initiative, *Intersex FAQ*, <http://www.ipdx.org/articles/intersex-faq.html> (last visited Mar. 8, 2009).

30. XXY – la película, <http://xxylapelicula.puenzo.com/main.html> (select “Entrar”; then select “Diagnostico de Alex” link) (last visited Mar. 8, 2009).

(Luciano Nobile). She has gotten in a fight with Vando and broken his nose. It eventually comes out that Alex had recently shared her secret with Vando only to have him spread the story around among his friends. Some of them, in turn, react badly.

But she is not “rejected by society and condemned to a solitary existence.” Alex is fully embedded in a community of friends and family. Her parents love and accept her. She has a close friendship with the girl next door, Roberta (Ailín Salas), whose father is Kraken’s assistant. It is clear that this family knows Alex’s history, and there is a beautiful scene where Alex and Roberta jump in the shower together—just like two girls, washing each other’s hair—and we see that Roberta knows, and does not care, about Alex’s difference. Alvaro’s discovery of her intersex condition does not derail his growing crush; he is more interested in Alex once he realizes she *isn’t* a girl. Even Vando, who betrays her at the beginning, ultimately redeems himself, demonstrating that an enduring friendship underlies his initial negative response to her revelation.

The most touching relationship, though, is between Alex and her father. Kraken has taken on full responsibility for defending Alex from the world: fighting off overly-curious doctors, moving the family to a remote location, and defending her from anyone who looks askance. The parallel between his daughter and the sea turtles Kraken also guards is obvious. Alex even wears a sea turtle tag around her neck. Nonetheless, Kraken knows that he cannot protect Alex forever, and the real conflict in this film is arguably his struggle to figure out not only when to let go, but how.

Predictably, something bad happens. Alex is sexually assaulted by the boys Vando told about her secret. This is the kind of thing that parents of intersex children fear the most—the possibility of exposure, humiliation, and injury. It is what drives them to such lengths to protect their children, to the hinterlands of Uruguay or to the surgeon’s table. But then again, is such an assault really exceptional? Many teens, girls and boys, are sexually assaulted. It is tragic whenever it happens, but neither a parent nor a surgeon can ensure that it will not.

And then Alex is enfolded back into her circle of family and friends. Her mother holds her while she cries. Her father jumps in his truck and drives off to beat up the bad guys. They clean her up and check her for injury. Finally, she falls asleep on her bed with her friends pressed against her. “Enough,” she says when she wakes up and her father returns. She wants no more pills, no more doctors, no more changing schools, no more secrets. Her parents begin to see that it is time to let her make these choices for herself. And we see what it is that her parents have been able to protect: she *can* choose, because they have not taken her choices away.

In my job as an advocate for children with intersex conditions I spend a lot of time arguing for a bigger vision of the world, one in which there is room for this kind of variation. I have to convince doctors they can tell parents the truth, both about their child’s condition and about the limitations of medicine. I try to show parents they do not have to be overwhelmed by fear. This film contains

both lessons. Puenzo has imagined not a perfect world, but a world in which there is room for a kid like Alex. The director goes even farther by making that world seem both beautiful and possible. And in doing that, she brings us one step closer to making that vision a reality.