

Queer Communal Science

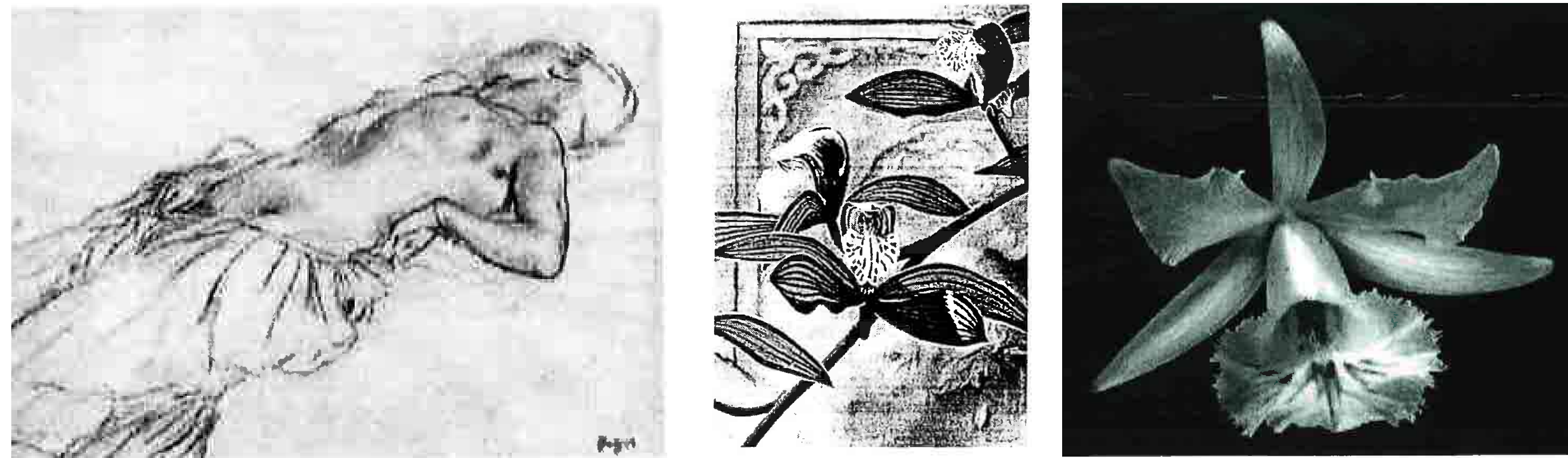
Eliot Jane Walton, QueersInScience (QIS)

Queer(ing) Historical Research

- Sexuality is **discursively constructed**: it is composed of an individual's attraction, their relationship to that attraction and the social and cultural context.
- Gender is **socially constructed** and is used for social organisation: it is a social, psychological and cultural state of being.
- Objects, spaces, behaviours and social, legal and economic roles acquire gendered meanings through **performative actions**.
- **Performative Theory** describes gender as the product of culturally specific rituals and practices which are maintained over time.

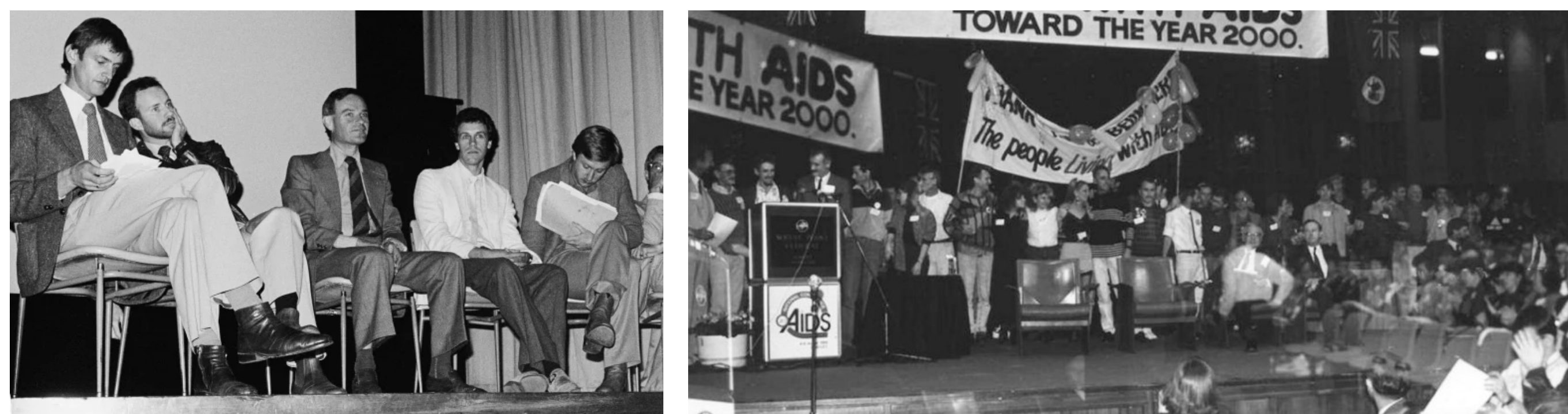


- As an historical category, **queerness** requires (re)thinking how gender and sexuality vary over time, space and culture.
- **Queerness** may be understood as sustained expressions of gender and sexuality which are **subversive with respect to their historical context**.
- **Data** are therefore **limited to observable expressions of subversion**.
- Queerness may also include sexually diverse people, such as people with intersex variations.
- **Intersexuality** refers to anatomical, physiological, genetic and hormonal features cannot be represented by the binary sex descriptors as either "female" or "male".



Communal Science

- **Queer community groups** engage actively in the research process through scientific advocacy and participation.
- This engagement can **disrupt the researcher-subject hierarchy**.
- When the **subject engages** with the composition, execution and interpretation of research, they take on the **role of a researcher**.
- The **lived experience of the researcher-subject complements formal qualifications** of non-community researchers and practitioners.
- The collective action of community groups **enhances research quality**.
- During the Acquired Immunodeficiency Deficiency Syndrome (**AIDS**) crisis (**1981-2016**) such community organisations were **critical to the outbreak response** and the study of the virus.



QueersInScience and Collaborations

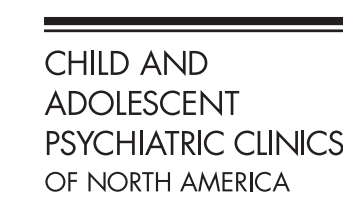
QueersInScience is a community-based organisation building community and support for queer/LGBTQIA+ people in STEMM in Australia. If you are interested in our **seminars and advocacy** work contact queersin-scienceau@gmail.com. QIS received grant funding from the **Theo Murphy (Australia) Initiative** administered by the **Australian Academy of Science**.

Queer Superstar: Linda Ann Watson (c.1997-2004)

- **Linda Ann Watson** was a person with intersex variations and a researcher on intersexuality active from 1997 to 2004.
- In 1998, Linda was invited by Professor Milton Diamond to **participate on in seminar on intersexuality** given to medical students.
- Although **worried about being treated "as a specimen"**, Linda accepted.
- While studying for a second master's degree in counseling, Linda took classes with Dr. Diamond in **January of 1999** and was **offered a desk in his office** in May.
- In this period, **Linda analysed the data** from patients Dr Diamond was treating and was able to **offer insights** from both a **personal and psychological perspective**.



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Androgen insensitivity syndrome and Klinefelter's syndrome: sex and gender considerations

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The androgen insensitivity syndrome (AIS) and Klinefelter's syndrome (KS), which usually are the province of endocrinologists and geneticists, present features of importance to psychiatrists and other psychotherapists. The primary focus of this article is to attend to the psychological features of these syndromes.

Although not common, these conditions are not rare. They are among the most commonly seen intersex conditions and have a prevalence of 2 or 3 cases/1000 population. These conditions present instances of undermasculinization and both syndromes can occur in the same individual [1].

The medical-clinical-molecular characteristics of these conditions are covered in detail elsewhere [2–6]. We start with a brief introduction to the medical nature of each of these syndromes before proceeding to psychological and social considerations.

Androgen insensitivity syndrome

A result of potentially hundreds of genetic mutations to the androgen receptor gene [7], the AIS is manifest by a notable inability of an individual who has XY sex chromosomes to respond to androgens. This inability occurs despite the presence of testes and typical testosterone production, transport, and metabolism [8]. Of particular consequence is the relative or complete failure of the individual

offer advice on how to deal with the child as she grew and developed, as I think I treated the truth and so everything I perceived everything was fine. To my parents and family, I had about the same to happen. I did a great job of covering up but I never actually dealt with it in a way that would help my daughter with her sexuality. This, she has discovered by herself and I understand better now, the confusion and agony she went through in her own for the last 20 years. In the last 12 months she has been doing her own research and discovery and it was she who introduced me to the AIS group.

If I could re-visit my life in the year 1998 and start from that point again, I would, so that I could make my daughter's lonely pain and suffering a little easier. Arrived with the knowledge I have today, I would have had more faith in my family and friends' ability to understand but how could I lead them out of darkness when I myself had flown the blind.

Today, I am proud of my daughter and her independent achievements and if she is not always my daughter I will still be proud of her.

My Experience as a Person with AIS Working with Milton Diamond

By Linda Ann Watson

I first met Professor Diamond in July of 1997 at the suggestion of a friend. I found Dr. Diamond to be "savvy" the name he gives to his windowless office nestled in the corner of an obscure building on the University of Hawaii campus working at his computer. Little did I know then that this would become a life-long relationship. After introductions, he competently listened to my story and asked questions about my childhood and adolescence and the history of my surgeries and therapy. He told me that he did not believe I was a Klinefelter's but that I was AIS. I didn't know what that was. He had arranged and scheduled for me a complete medical work up by a local physician. Six weeks later the physician told me that Dr. Diamond was correct. I do not have Klinefelter's. My new diagnosis of PAIS was officially verified.

It wasn't until October of 1998 that I got a call from Dr. Diamond inviting me to participate in a seminar that he was teaching to medical students on intersexuality. I accepted his offer to attend the weekly classes somewhat hesitantly. I was worried that he wanted me there as a specimen (as had happened in the past with Doctors who had called in their residence to have a look-see). I soon realized my fears with Dr. Diamond were unfounded. In retrospect, I feel that he wanted me there to help me untangle the misinformation I had encountered for a lifetime regarding intersex conditions and particularly my condition. In that class, I discovered that many others had suffered similar mistreatment and been subject to secrecy regarding their own body like I had.

Learning more so I could help others became my goal. I decided to go back and get my second Master's degree in counseling and guidance and also asked Prof. Diamond if I

Dr. Diamond is a constant source of support for our community. He is disturbed by the way some in the medical profession and society has treated many of us. Prof. Diamond's approach is unique because of his background in both biology and psychology. He conducts scientific research in the field and is genuinely concerned with the quality of life for intersex, transsexual, gay and lesbian individuals. He wants us to have the opportunity to make the choices that have been taken from us in the past.

I have always worked my way from the opposite end of the office to my current desk, which is at the entrance of the secondary. I feel honored to be working with such a dedicated, caring individual. Though he is not a writer, he does not come across that way as a person. We have spontaneous discussions and I often feel that I am in the right place. I look forward to coming to the office and spending my days there. Though Dr. Diamond is hard at work he is willing to stop and answer any questions I may have.

Though I have focused on learning more about AIS and myself, my perspective has broadened beyond my own condition. Dr. Diamond has introduced me to other intersex individuals. I have been given the opportunity to meet others in person or through e-mail. One memorable occasion was my conversation with David Reiner, whose story has been published in the book, "As Nature Made Him: the story of the boy who was raised as a girl". I discovered both of us had been psychologically traumatized during childhood and adolescence but found the courage to overcome these experiences. In David's story, as in others, I see the helping hand of Dr. Diamond. Hearing of the suffering of intersex, transsexual and homosexual has led me to think about the connections between all of us who don't fit the narrow gender roles prescribed by society.

Dr. Diamond allowed me to co-present my current AIS study at an international symposium this May. I never imagined that I

- Linda co-authored a **research paper on intersexuality** focusing on the **gender and gender expression** of 39 individuals with intersex variations.
- Gendered considerations were often ignored in prior research.
- The **individual's bodily autonomy was treated as secondary** to the desires of the physicians and patents.
- Participant responses gave **empirical support to best practices** for physicians interacting with individuals with intersex variations.
- These best practices involved centering the individual's autonomy and were likely to **improve the long-term well-being** of the individual.

Modern Context

- **Recognising queer contributions** to the history of science is essential to the belonging of the queer community today.
- **Posthumous recognition** helps to **correct the historical injustice** and erasure of queer scientists.
- Research must be respectful of historical self-identification and of ethical considerations around such information.
- **Queerness in science is far more common today** owing to the public funding of science and more universal and accessible education.
- Even with limited data, it is clear that **queer people and organisations made important contributions to science** from the beginning.

