

The Waiting Room: Ontological Homelessness, Sexual Synecdoche, and Queer Becoming

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Abstract An autobiographical reflection on the experience of being diagnosed as intersex, this essay considers the waiting room an apt metaphor for lives shaped by medical understandings of queer corporealities. Drawing upon the work of Gayle Salamon, Malatino develops the concept of sexual synecdoche as a useful analytic tool for considering the operations of medical pathologization in the realm of non-normative gender. She concludes with a discussion of queer becoming as an alternative ontology of gendered being that offers a resistant, coalitional way beyond contemporary, problematic institutionalized understandings of intersex subjectivities.

Keywords Intersex · Disorders of sex development · Sexual synecdoche · Gayle Salamon · Androgen insensitivity syndrome · Queer health

It is a relatively uncommon phenomenon, seeing a 16-year-old girl in the waiting room of a urologist's office, slouching sulkily next to her mother, offering one-word responses to the administrative staff, staring vacantly at a laminate reproduction of a banal landscape painting on the far wall. The other denizens of the waiting room—all male, all significantly older than this surly 16-year-old—can't help but gawk. What could possibly be wrong, they wonder, with the urinary tract of this adolescent? What could be severe enough to prompt a visit here? A bad UTI? Stress incontinence? Perhaps—though unlikely, given the age—a hysterectomy (but then, wouldn't she have gone to the gyno)?

It is a trespass of sorts, an infiltration into what is undeniably coded as a masculine space. This being the office of the premiere urologist in the city—a city in South Florida, full of retirees, where urologists are in high demand—the waiting room is unlike anything the girl has ever seen, accustomed as she is to walk-in clinics for low-income folks and the waiting rooms of pediatricians, rife with torn coloring books, scattered crayons, plastic toys with toothmarks. Here, the walls are flanked by deep mahogany molding; the frames holding the unutterably bland art are gold leaf; the office assistants are well-coiffed and unharried; the

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seating is infinitely less beat up, upholstered in a subdued, tasteful tone; the magazine selection trends towards golf, high-end vehicles, and men's health. It is the sort of room she imagines an upper-crust professional gentleman having a single-malt in, definitively not the sort of room she, a young punk from a working-class background, wants to be in on a Wednesday morning. At least she's missing physics.

I was this young girl, feeling absolutely conspicuous and spot lit, as though my mere presence in the room was announcing, unambiguously, that I had a *serious problem*, a *pronounced deformity*. It was the first time I remember feeling so distinctly marked as deformed; it would not be the last. The urologist wrote 'testicular feminization' on the forms, although it was 1998, and the agreed-upon medical parlance for the condition he was indexing was androgen insensitivity syndrome (AIS), one of the more common disorders that fall under the umbrella of what some call intersex conditions and what others, more recently, have begun to refer to as Disorders of Sex Development.

I've spent a considerable amount of time in waiting rooms since—at the offices of myriad specialists, surgeons, and general practitioners. The waiting room became, in the period of my late adolescence and early adulthood, a much-despised parlor that preceded each meeting with a medical professional working to decide the proper course of treatment to align the queerness of my corporeality with the female gender I'd been raised in.

We can think of a waiting room as one instantiation of what anthropologist Marc Augé has termed a "non-place." For Augé, the non-place is a space of transience marked by a distinct absence of cosmology, the embroidery of agreed-upon cultural meanings, and the collaborative co-production of space that characterizes what he positions as the disappearing obverse of the non-place: the anthropological place. The waiting room is not a space of comfortable dwelling, a home-space central to the intelligibility of the socially embedded self. Rather, it is a liminal space—one enters sick and hopes to leave, holding the recipe that will restore wellness; one enters befuddled by the behaviors of the body and hopes to leave, understanding its more or less temporary aberrances. It is a weigh-station on the road to restoring bodily equilibrium, a space most folks pass through without giving a second thought.

However, for many intersex folk, the liminality of the waiting room amplifies the liminality that shapes much of the rest of our lives. It points up the impropriety and unintelligibility of our being. It is a space we enter after we've been told, or have otherwise intuited, that there is something 'odd' or 'off-track' with respect to our sexed selves but before receiving a full (and ostensibly true) medico-scientific account of precisely why and how our corporealities have swerved in the direction of the abnormal. We inhabit this space *after* our bodies have drifted from the normative realm of dimorphic (male/female) sex configuration and *before* being prescribed a recommended hormonal and surgical regimen that the physicians (as well as, sometimes, ourselves) hope will serve as a one-way ticket back into the realm of the normatively sexed. To be intersex in a waiting room is to be located in a moment between *cognizing* the collapse of the fundamental structures that give shape and sense to what Thomas Laqueur has called the "ontological granite" of biological sex—recognizing that bodies, including our own, come in more than standard issue boy/girl sets – and *being told* by medical professionals how to properly and non-subversively inhabit the ruins of commonsense understandings of sex. It is a moment wherein biological sex has been thoroughly denaturalized, wherein one may only conjecture his/herself as either *neither* man nor woman or a *failed* man or woman. When considered through the problematic, common-sense notion that to be a socially legible being is to be either, and incontrovertibly, male or female, then each of these conjectural options—neither/nor or failed—signals an unintelligible mode of being, an ontological homelessness. We dwell in waiting rooms to

find out why our bodies are not aligned with our genders and sometimes to have our bodies aligned with our genders. In this, we have much in common with many trans folk.

The commonalities between intersex and trans experience extend beyond this experience of misalignment. We dwell in waiting rooms, of course, to access certain surgical and hormonal technologies, but we also anticipate, in these spaces, a synecdochal condensation of sex. Gayle Salamon formulates a notion of “sexual synecdoche” as the lynchpin of dimorphic understandings of sex. Sexual synecdoche is the practice of inferring the “truth entire” (193) of a person’s sex from a letter meant to index it. There are many of these letters that Salamon’s work calls our attention to: the letters issued by psychiatrists to clear folks for hormonal and surgical sex transition, the “letter as it determines mode of address, the single letter of separation that determines the Mrs. or Miss or Ms. or Mr. of gender as a salutary event...[the] *m* or *f*...on birth certificate, social security card, school ID, driver’s license, phone bill, insurance card, house deed, medical record, death certificate” (192–193). Each of these myriad letters does the synecdochic work of condensing a multiplicity of factors that come, complicatedly, to compose one’s sex. Among these factors are chromosomes, phenotypic characteristics, internal and external morphology, and hormones, not to mention the complex subjective interplay of these factors as they commingle and mutate when combined with one’s experiential knowledge and multiple and mutable ways of performing gender.

While in the waiting room, one anticipates an external decree regarding the synecdochal condensation of one’s sex—whether the letters on official documents will remain the same or whether they will be allowed to change. I think, along with Salamon, that this condensation is always generative of a profound misrecognition of the desirable complexities of sex, complexities that should be dignified and seriously engaged rather than curtailed. Sexual synecdoche, the letter(s) that represent sex, is too often taken “to mean sex itself” (193). The assignment of these letters points to the bizarre and counter-intuitive position accorded to sex in these moments spent waiting.

Put differently, *who has sex in the waiting room?* Is it the property of the person to whom it is being assigned? Does it belong to the medical establishment? Does it belong to the regulative state institutions that desire the letter to keep their subjects in order, to regulate partnerships, institutions, and socialities along the lines of sex? We’re used to speaking of sex as if it were something one has—that is, speaking of sex *as property*. We’re also used to talking of the *properties of sex*. This notion of sex as property is what generates the institutional drive towards sexual synecdoche—if one does not have a sex proper to their being, one cannot legitimately be a subject - a legible, verifiable, and documented citizen-subject. Sex as property can be personal or private property (“I have a sex”), medical property (“The physician has decided what sex I am”), or state property (“I have the proper clearance to change the sex assignment on my birth certificate”). In each of these instances, a reductive condensation has occurred in order to transform the complexities of sex into a discrete object, a piece of property that can circulate, transfer hands, that relies on a circuit of exchange that, in turn, relies on sex as a tangible, transparent, and ultimately discernable entity.

As long as we await the concrescence of ‘our’ sex into these synecdochic letters, we remain in the waiting room. Moreover, the waiting rooms proliferate, coming to shape our existential experiences well beyond the time we spend in literal waiting rooms. For many of us, awaiting the synecdochic condensation of sex can feel like waiting for Beckett’s Godot—it never comes. So the existential task becomes one of transforming the waiting room, making home and building community in spaces of liminality and transience, in order to ameliorate our shared sense of ontological homelessness. While we may never experience the ontologically naturalized phenomenon of *being* men or women, we can have a grand old

time *becoming* men and women, or something else entirely. But in order for this to happen, we must refuse notions of sex as a piece of property that can be granted, possessed, or taken away. Rather, we can (and do) consider it as a transformative process that is never finished, one that we—not the medical establishment, not the state—choose to undergo. With this shift in perception, the waiting room evaporates, for there is nothing left to wait for. There is only the becoming, happening moment by moment, in perpetuity, ever in collaboration and co-production with other agents of becoming.

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