The Ethics of (Intersex) Avoidance

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Abstract

This thesis critically examines the ethical implications of using Pre-Implantation Genetic Diagnosis (PGD) to avoid the birth of intersex children, challenging the arguments presented by Robert Sparrow in "Gender Eugenics? The Ethics of PGD for Intersex Conditions" (2013). Sparrow defends the use of PGD for intersex avoidance to promote the future child's well-being. Still, this work contends that such practices are ethically indefensible and perpetuate harmful societal narratives. First, it employs the Expressivist Critique to illustrate how reproductive decisions in the context of intersex avoidance perpetuate the devaluation of intersex lives, challenging the notion of ethical neutrality in such practices. Second, exploring intersex avoidance through the lens of Donna Haraway's Cyborg Feminism, the thesis highlights the cultural and psychological implications of rejecting intersex identities and reinforcing binary gender norms. Third, it examines parental ethics, advocating for an approach to parenting that embraces openness while emphasizing the ethical dimensions of reproductive decisions. The thesis ultimately calls for a more inclusive understanding of intersex variations, urging a re-evaluation of societal and ethical frameworks to foster a diverse and accepting community.

General Summary

In "Gender Eugenics? The Ethics of PGD for Intersex Conditions," Robert Sparrow argues for the moral acceptability of using Pre-Implantation Genetic Diagnosis (PGD) to avoid the birth of children with intersex variations. Sparrow contends that requiring parents to have children who might face societal discrimination to promote broader social benefits amounts to reverse eugenics. He asserts that the well-being of the future child should take precedence over societal ideals, thus supporting the use of PGD to prevent the birth of intersex children. This thesis challenges Sparrow's position, arguing that such avoidance is ethically indefensible, as it fails to address the broader societal, medical, and ethical contexts in which these decisions are made.

The analysis critically engages with Sparrow's arguments in Chapter 2, highlighting the ethical complexities and social implications of intersex avoidance. Chapter 3 employs the Expressivist Critique to demonstrate how these reproductive decisions perpetuate harmful societal narratives that devalue intersex lives. Chapter 4 uses Donna Haraway's Cyborg Feminism to explore how intersex avoidance challenges traditional notions of personhood and identity, reinforcing binary gender norms and suppressing diversity. Finally, Chapter 5 examines parental ethics, advocating for an approach to parenting that embraces openness and acceptance rather than predetermined conditions. The thesis emphasizes the ethical dimensions of reproductive decisions and calls for a more inclusive understanding of intersex variations to foster a diverse and accepting society

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List of Abbreviations

- AIS: Androgen Insensitivity Syndrome
- CAH: Congenital Adrenal Hyperplasia
- DSDs: Disorders of Sex Development
- IVF: In Vitro Fertilization
- PGD: Pre-Implantation Genetic Diagnosis
- PB: Principle of Procreative Beneficence

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Chapter One: Introduction

Pre-implantation genetic diagnosis (PGD) is a genetic screening technology that employs in vitro fertilization (IVF) to assist in transferring embryos for implantation that have specific genetic characteristics. PGD is performed on embryos and involves the extraction of embryonic cells by biopsy for eventual DNA analysis. Embryonic genetic material is obtained by first, puncturing the surface of the embryo with a chemical solution, laser, or needle and second, extracting a single cell by using a pipette or gentle suction (Handyside et al., 1989; Handyside et al., 1990; Boada et al., 1998). The cell's DNA is then analyzed, and a genetic profile is created and digitized for evaluation. While initially developed to identify and avoid implanting embryos with known sex-linked genetic markers for fatal disease states with onset in childhood, PGD is currently utilized to detect both fatal adult and child-onset disorders and non-fatal genetic characteristics including sex (Botkin, 1998; Remaley, 2000; and Sermon et al., 2004).

In *Gender Eugenics? The Ethics of PGD for Intersex Conditions*, Robert Sparrow argues that it is morally permissible for potential parents to use Pre-Implantation Genetic Diagnosis (PGD) to prevent the birth of a child with an intersex variation (2013). Sparrow argues that individuals only have limited power to address social injustice, and making it morally obligatory to create a child that is likely to suffer social persecution would have potential parents "sacrifice the interests of their children for the sake of the larger social good" (2013, p. 34), which Sparrow describes as reverse eugenics.

Sparrow justifies the use of PGD to prevent the birth of an intersex child "by a concern for the well-being of the future child" (p. 36). Sparrow's argument hinges on the conclusion that “a social ethic against discrimination and in favor of diversity can be outweighed by an individualistic, parental ethic” (Couture et al., 2013). This thesis will ask if it is morally permissible to selectively prevent the birth of an intersex child with the assistance of PGD. It will argue that the practice of intersex avoidance, if predicated on the basis of intersexuality in itself, is morally impermissible.

1.1.1. Research Question Thesis Statement

This thesis critically examines the ethical implications of intersex avoidance through the use of pre-implantation genetic diagnosis (PGD). Rather than viewing PGD as a neutral reproductive choice, this study interrogates the ways in which intersex avoidance functions as a political project that reinforces the gender binary and broader societal norms. Specifically, it asks:

> *To what extent does intersex avoidance through PGD function as a political project reinforcing the gender binary, and what are the ethical implications of this practice?*

This question is significant because it challenges the assumption that reproductive choices exist in a vacuum, free from cultural and political influences. While proponents such as Robert Sparrow (2013) argue that intersex avoidance can be justified through appeals to procreative liberty and child welfare, this thesis contends that such practices are deeply embedded in social constructions of normalcy, medical authority, and parental responsibility. By engaging with expressivist critiques, feminist bioethics, and poststructuralist theory, this thesis demonstrates that intersex avoidance contributes to the pathologization of intersex bodies, uphold societal preferences for binary sex categorization, and marginalizes intersex individuals as ‘other’. In doing so, I argue that selecting against intersex embryos based solely on their intersexuality is not ethically neutral but a morally impermissible act that perpetuates structural injustice.

The remainder of this first chapter is descriptive in nature, outlining the moral landscape of intersex being and intersex avoidance more generally. The purpose here is not to be argumentative but rather to map out the relevant ethical, medical, and social considerations that frame intersex avoidance as a practice. By establishing this groundwork, subsequent chapters will be better positioned to critically engage with the ethical permissibility of intersex avoidance and its broader implications.

1.1.2. Thesis Rationale

PGD is currently being used to avoid the births of intersex children (Sparrow, 2013). Developments in prenatal genetic testing and increasing ease of access to such technologies have also increased the possibility of identifying an intersex child during pregnancy (Saulnier et al., 2021). However, the ethics of using PGD to avoid gestating intersex avoidance remains controversial. Intersex conditions identifiable with prenatal genetic screening in Canada include Turner syndrome and Klinefelter syndrome (Ontario health technology assessment series, 2019). Both disorders arise from sex chromosome aneuploidies. Chromosomal aneuploidies are “errors in cell division that lead to trisomies (an extra, or third, copy of a chromosome) or monosomies (a lack of a copy of a chromosome)” (Ontario health technology assessment series, 2019, p. 10). *Turner Syndrome* is a monosomy condition, which means an error in cell division leads to a child only having one sex chromosome. Turner Syndrome's prevalence is roughly 1 in 2,500 newborn female births. Klinefelter Syndrome is the most common sex chromosome aneuploidy. Klinefelter Syndrome is a trisomy condition where one may carry an extra copy of a sex chromosome, with a prevalence of 1 in 500 to 1,000 newborn males. Those living with Turner syndrome and Klinefelter syndrome may exhibit no variations leading to "underdiagnosis and lower prevalence estimates for these conditions" (Ontario health technology assessment series, 2019, p. 11). Neither Turner nor Klinefelter syndrome will necessarily lead to any variations in expected male or female anatomy and neither will necessarily require any medical attention related to their condition. Hence estimating the prevalence of intersex variations in our communities is difficult and exacerbated by the fact that such children are likely never screened for such conditions in the first place.

This thesis will address the project of intersex avoidance in of it self. It is a project dissimilar, morally speaking, to one using amniocentesis or another screening technology and aborting an affected intersex fetus due to the child's intersex variation. Instead, importantly, avoidance deals with a series of deliberate actions that ultimately lead to the creation of thoroughly separate (potentially) intersex beings, who, based on their intersex identity, either have the opportunity to continue relationships with other beings or not. Ethical deliberations regarding whether a particular woman has any moral duty to continue a relationship with a particular intersex child after a specific screening finding during their pregnancy relationship together are *meaningfully different* than if prospective parents should use their time and personal and financial resources to use genetic screening technology for the express purpose of rejecting the possibility of a relationship with an intersex child and the moral consequences of using such technology in such a way. Questions regarding the ethical permissibility of any practice of avoidance must contend with a new fetal geography, a “pregnancy relationship” not defined by a through-going enmeshment, but one of medically defined intersex beings who are either allowed to continue to form relationships or not, based on their intersex identity.

More plainly, the concept of a "pregnancy relationship," which will be explored in more detail in Chapter 4, traditionally assumes an interrelated dynamic between gestational and developing beings. However, in the case of intersex avoidance, this relationship is reconfigured through medical authority, creating a separation between subjectivities rather than a direct embodied connection. Rather than a through-going enmeshment, this model reflects a fragmented relational structure, where reproductive decisions are mediated not through personal or intuitive experience but through medical discourse and institutional oversight.

Furthermore, as previously mentioned, avoidance is traditionally understood to be “non-person-affecting” because genetic selection determines who will or will not have the possibility to be born; no one is directly harmed (or benefited) by this technology:

> Assessments of harm or benefit require that we can compare an individual’s welfare with what it would have been had the individual not been harmed or benefited. This counterfactual fails in PGD. Had parents not used the technology or had they selected another embryo, it would not be the case that any particular individual would have been better or worse off; rather, another individual would have been born in place of the individual who was actually born (Sparrow, 2013, p. 31)

In this way, this ethic will contend with the fact that avoidance does not confer benefits or harms to those born of such an act, nor to the intersex embryo in stasis who was never born. It will also address claims made by scholars and activists which has deemed intersex avoidance as project of intersex rejection or a medical impetus to deny intersex existence. Scholars have been alarmed by the prospect of PGD employed as a form of "gender eugenics" or a targeted removal of the prospect of intersex existence (Sparrow 2013; Orr, 2018).

While ethics regarding the medical management of intersex children and adults will inform the arguments set forth in the following chapters, as outlined above, the ethics of intersex avoidance remains controversial. This thesis will argue that employing intersex avoidance to reject a child based on their intersex variation is ethically impermissible. It will not explore the ethical merits of other reasons one may have in their decision to reject the possibility of a relationship with an intersex child. However, it will touch on reasons prospective parents may have for wanting to avoid the birth of an intersex child throughout this work.

1.1.3. Positionality Statement

I also wish to sincerely affirm my support that women [1]have the right to choose how their lives (and pregnancies) ought to go, and more specifically, I support women's accessibility to reproductive justice. Though I write from the pro-choice position regarding avoidance and abortion, I do not think it is inconsistent to argue that one's

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[1] While I use "women" here, I recognize that transgender men and non-binary people can also become pregnant and deserve autonomy over their pregnancies. Ethically speaking, I use the term "women" primarily to highlight how the medicalization of pregnancy disproportionately affects women.

reproductive decisions can be unethical or, at the very least, detrimental to the self or our communities.

While I will argue it is morally objectionable to avoid an intersex child on the basis of their sexual difference, it would be wrong to suggest that I believe women have any particular duty to gestate intersex children. It would be wrong to assume also that this thesis demands that women ought to accept the prospect of a relationship with an intersex child. Instead, I question the logic that determines gestating an intersex child is not in the interests of potential parents, society, and the potential intersex child itself, who, rather, through our "avoidance" or rejection, would be obliterated from our world entirely. Plainly, I question not whether any given woman has a personal obligation to carry an intersex pregnancy to term, but rather why intersex embodiment is positioned as something to be avoided at all.

In this way, I wish to respectfully provide an argument in favour of bringing intersex children into the world. not by mandating individual reproductive decisions, but by challenging the underlying assumptions that cast intersex lives as less valuable. It is important to note that while intersex may be an embattled category, the definition of intersex employed by certain social institutions, such as medicine, has led to real (mainly negative) consequences for the lived experience of intersex people (Dreger, 1998). Our current conceptualization and understanding of intersex variations has led to the irreversible surgical and medical alteration of healthy infants with the consequence of severe long-term trauma.

This thesis does not present a contradiction but rather an ethical tension between affirming reproductive autonomy and critiquing the societal frameworks that contribute to intersex avoidance. While it critiques the ethical permissibility of intersex avoidance, it does not assert that prospective parents have a moral obligation to gestate intersex children. Instead, it highlights the broader social and political consequences of viewing intersex variations as undesirable. Reproductive choices do not occur in isolation; they are shaped by cultural, medical, and institutional narratives that define normalcy and worth. By questioning these narratives, this thesis aims to foster ethical reflection on how reproductive technologies can either reinforce or challenge systemic inequalities.

One could argue that holding both that women ought to have reproductive autonomy and that intersex avoidance is morally impermissible is contradictory. However, this thesis does not propose that prospective parents are morally obligated to gestate intersex children, nor does it argue against reproductive autonomy as a fundamental right. Rather, it critiques the structural conditions that make intersex avoidance appear not only acceptable but desirable—conditions deeply embedded in medical, cultural, and institutional narratives. Ethical deliberation on intersex avoidance must therefore consider not only individual autonomy but also the broader social implications of reproductive decisions. While reproductive autonomy ensures freedom of choice, it does not exempt all choices from ethical scrutiny. Just as sex-selective abortion or disability-selective abortion may be legally permissible but ethically fraught, intersex avoidance deserves similar critical attention. Supporting reproductive autonomy and critiquing intersex avoidance are not contradictory but rather reflect a deeper engagement with the moral landscape of reproductive ethics.

1.1.4. Chapter Outline

This first chapter will provide the necessary background regarding intersex variations and the current moral landscape of intersex avoidance. Regarding the moral landscape of intersex avoidance, it will also introduce some arguments that will be explored in later chapters. Specifically, it will touch on the fact that authors have suggested the practice of intersex avoidance ought to be framed in terms of the potential social and political consequences of enacting intersex avoidance and concerns related to how preimplantation genetic screening for intersex variations fails to adequately meet standards for informed consent (Nisker, 2013).

It is essential to have a working definition of intersex variations going forward for two reasons: First, intersex is an embattled category with various institutions and groups vying to describe what exactly intersex entails. Medical, legal, academic, political, educational, and the LGBTQ+ community have defined and redefined intersexuality to fit with current understandings of sex and gender and deviance from these categories. In this way, it is important to note both that intersex is an umbrella term and, to avoid conceptual confusion, to outline what intersex is and is not. Second, practically speaking, since this thesis question is about a particular genetic screening technology, it is important to identify which intersex variations are and are not identifiable through such screening techniques. This chapter discusses the moral landscape of intersex avoidance to situate this thesis within current ethical deliberations on the topic more generally.

1.2. Sex, Gender, and the Intersex Subject

What is sex? What is gender? What is intersex? In *Personal Identity, Sexual Difference, and the Metaphysics of Gender,* Jeremy Skrzypek argues that contemporary debates about the nature of sex and gender are closely related to the understanding of what it means to be intersex "…is a much deeper metaphysical disagreement about what sort of thing each of us essentially is" (p. 91, 2023). However, what Skryzpek does not lay out in his "conceptual terrain" of the metaphysics of sex and gender, is that discourse regarding sex and gender is used to abolish the categories of non-normative identities as a tactic to deny queer (LGBTQ+) existence or personhood. Relatedly, Robin Dembroff's *Escaping the Natural Attitude About Gender* describes how gender terms commonly act as "floating signifiers" or do not communicate a definition but rather prescriptive norms or expectations:

> Two people can agree on all the facts about a given person's body, social roles, and identity, but have drastically different normative evaluations of these facts, which they communicate by describing this person as a 'woman' or a 'man'. Conservative groups insist that "there are only two genders", and that "a woman is an adult human female"; liberal groups claim that "trans women are women" and that "gender is not binary". Kessler and McKenna's point is that these groups could agree on all the underlying physical, psychological, and social facts, and still continue to make these opposing claims. This suggests that their respective uses of terms like 'gender' and 'woman' are doing normative, political work more so than descriptive work. (2021, p. 11)

This thesis cannot claim to speak for all intersex people and their experiences. It, too, cannot reconcile the plethora of discourses of sex, gender, and the intersex subject. It will acknowledge, however, that one's conception and description of sex, gender, and the intersex subject communicate, in some fashion, prescriptive norms, assumptions and expectations. It understands that one's sex (and corresponding gender identity) is foundational to the recognition of personhood. This fact is especially significant to intersex subjectivity because the birth of someone described as intersex has been described and treated as a medical and social emergency with "near unanimity in the medical literature" (Holmes, 2008, p. 170). Prospective parents create fantasies of what their future children might be. They pick out names for the possibility of having a boy or a girl; they dream up possible life paths; and possibly think of the differences in what raising a boy, or a girl, may entail in their personal context. The birth of a child who is ambiguous, whose very nature does not fit with our past fantasies of raising a boy or a girl, is often viewed as a disorienting experience, a calamity, an emergency in need of amelioration. Morgan Holmes observes that personhood "does not emanate from the individual/body, but from those around the individual/body who have the privilege and power to recognize or to deny the personhood of the individual/body they confront" (Holmes, 2008, p. 172). I hope that I can provide the space for more prospective parents and clinicians to envision a future where the birth of an intersex child is not regarded as a calamity but an opportunity to flex one's openness to a relationship; a relationship may even possibly change one's relationship, understanding, and experience of their own sex and gender in surprising ways.

1.2.1. What Is Intersex?

For the purposes of this thesis paper, I will refer to intersex as variations in sexual anatomy or physiology that are atypical for *normal* male or female development (Dreger & Herdon, 2009). While I prefer the term intersex variation to avoid medicalized framing, I also use intersex condition to engage respectfully with current discourse. However, as previously mentioned, it is crucial to recognize that sexual ambiguity or what one defines as an atypical sexual trait or characteristic, is context-specific: for example, what an intersex phallus is in a specific location is contingent on local standards for penises and clitorises (Dreger & Herndon, 2009; Hester, 2004). Also important to note is that we label many conditions as intersex that do not always lead to genital ambiguity. For example, "a person with no obvious sex ambiguity but with 'sex chromosomes' other than simply 'XX' or 'XY' is today considered an intersex person … yet such a person could not have been considered intersex before the ability to diagnosis' sex chromosomes' "(Dreger & Herndon, 2009, p. 200). In this way, our definitions of intersex are generative of both our cultural and social standards but also medical knowledge and mastery.

Not all intersex variations are identifiable through PGD: "[t]he complex gene interactions involved in urogenital development make it exceedingly difficult to identify a specific mutation in a single gene that reliably causes the same intersex phenotype across individuals" (Gupta & Freeman, 2013, p. 49). Also, there are many different causes for intersex variations that are not genetically heritable. Intersex variations may develop from various causes, including deviations in "normal" embryonic development, environmental conditions, chromosomal variations, and spontaneously occurring genetic mutations (Sparrow, 2013; Gupta & Freeman, 2013). However, only heritable genetic-linked causes of intersex variations would be identifiable (and therefore avoidable) through PGD. More plainly, PGD can only screen specific inheritable intersex conditions.

Because some intersex variations are not genetically inheritable but rather spontaneously occurring, this leaves the possibility of gestating intersex children regardless of whether one partakes in intersex avoidance.

Two intersex conditions that are avoidable through the use of PGD include androgen insensitivity syndrome (AIS) and congenital adrenal hyperplasia (CAH). Sparrow identifies both AIS and CAH as examples of intersex conditions that could be justifiably avoided. AIS is a condition caused by mutations in the body's androgen receptors and does not usually lead to any sexual ambiguity, although those living with AIS are infertile. Therefore, at least in the case of AIS, the "main motivation to select against an intersex condition … is not abnormal genitalia but fertility issues" (Couture et al., 2013, p. 58). CAH, on the other hand, can be a serious, life-threatening medical condition. However, most individuals affected by CAH show no signs of sexual ambiguity: "children with milder forms may not have any clinical manifestations; all boys will have normal genitals at birth, and only girls with more severe forms may have abnormal genitals" (Couture et al., 2013, pg. 58). Sparrow's argument, which hinges on the fact that intersex people suffer social persecution due to their sexual ambiguity, does not seem to defend the possibility of preventing the birth of children with either AIS or CAH, as they generally show no signs of sexual ambiguity.

The incidence of intersex variations has been noted at roughly 2 percent of the population, with most intersex morphologies being medically benign, meaning the child may be sexually ambiguous and do not need medical or surgical intervention to survive (Fraser, 2016). However, most intersex children labelled at birth are subject to gender or sex-normalizing surgery, wherein healthy intersex children's genitals are (re)shaped to appear more typically male or female (Fraser, 2016). For intersex children who exhibit genital ambiguity, most intersex genitals fail to meet the cultural standards or expectations for male sex assignment. Therefore, a majority of intersex infants are assigned female. Their bodies (and genitals) are (re)shaped to more closely align with a typical female sex morphology, even if this means that such an alteration will cause sterility (Fraser, 2016; Hausman, 2000).

1.2.2. The Medical Management of Intersex Variations

The modern management of intersex variations is commonly traced back to John Money and colleagues at Johns Hopkins in the 1950s. Following his PhD dissertation, '*Hermaphroditism: An Introduction into the Nature of a Human Paradox*', Money developed case management guidelines for individuals born with ambiguous sexual anatomies (Griffiths, 2018). While the guidelines Money created acknowledged that many biological factors contribute to sexual development, including one's chromosomes, gonads, genitals, and hormones, he stressed that "the gender of rearing was considered the best way of predicting adult 'gender role,' a term Money and colleagues coined in 1955" (Griffiths, 2018, p. 478). Known as the "Optimal-Gender" strategy, Money advocated early surgical intervention in cases of ambiguous sexuality for "the sake of psychic gender unambiguousness" (Wiesemann, 2010, p. 1). The sex (re)assignment surgery ensured that interactions between parents and their intersex child would reinforce the development of a stable gender identity, which would subsequently support the development of the “appropriate gender role behaviour” (Wiesemann et al., 2010, p. 672).

The optimal-gender strategy is criticized for irreversibly altering children without their consent while overestimating the supposed positive benefits of surgical and medical manipulation in creating a stable gender identity, especially considering that such medical interventions can reduce both bodily sensation and pleasure and may cause infertility (Lee, 2011; Holmes, 2008; Dreger, 1998). Also, the Optimal-Gender strategy stresses that the diagnosis of intersexuality must be kept secret from the child, arguing that finding out about their sexual ambiguity risks a possible disruption in the development of the child's gender identity. Healthcare providers routinely failed to give accurate information to intersex patients as “a result of paternalistic desire to avoid inflicting confusion and pain” (Hester, 2004, p. 22).

Intersex activists have called for an end to infant gender normalizing surgeries, especially since current criticisms regarding the management of intersex variations “not only put in question the scientific basis upon which the procedures are exercised (and justified), but also seriously question whether the principle of ’informed consent’ has been legally and ethically applied” (Hester, 2004, p. 22). Some countries, such as Portugal and Malta, have banned unnecessary surgeries on intersex infants (Carpenter, 2016). In the North American context, however, the birth of a child with ambiguous genitalia is labelled and treated as a medical emergency, one that requires an interdisciplinary team of doctors and specialists who ultimately decide the child’s designated sex, either male or female, based on cultural standards for genitalia and a battery of medical tests (Lee, 2011; Romao et al., 2021).

As previously noted, while genetic screening may identify some intersex variations, this is quite a novel phenomenon. Usually, the identification of an intersex child begins with a “perceptual confusion of the attending physician regarding the morphology of the genitals of the newborn. It is only *after* the doctor finds himself or herself confused about the genitals that tests take place to identify the underlying condition” (Hester, 2004, p. 25). While biological factors are considered during the deliberations of the “true” sex of the ambiguous presenting body, cultural standards for bodies such as the “correct” length of the penis or the capacity of a vagina to be penetrated are instrumental in determining and assigning the gender of an infant (Kessler, 1990). Factors that are known to influence the gender assignment of intersex infants include “genital appearance, surgical options, need for lifelong replacement therapy, the potential for fertility, views of the family, and sometimes the circumstances relating to cultural practices” (Lee et al., 2006, p. 491). Clinical decision-making regarding gender normalizing surgery appears to be entirely subjective; parents often “may not realize that they are de facto opting for experimental surgery on their children” (Liao et al., 2015, p. 1) that has the potential to cause long-term severe trauma.

It is impossible to discern if a diagnosis of an intersex variation through PGD will manifest in sexual ambiguity because such screening at such an early point in embryonic development cannot tell us how such a person would develop or if surgery would be appropriate for such a person. This complicates informed consent concerning intersex avoidance in two ways. First, the variability of what intersex variations entail for any particular child cannot be foreseen at such an early stage of embryonic development, complicating what Nisker describes as “adequacy of information provision” (2013, p 47). Consequently, prospective parents cannot utilize IVF and PGD to spare their future intersex child the fate of experimental gender reassignment surgery, as Sparrow argues (2013; Nisker, 2013). Instead, as previously mentioned, both intersex conditions that one can screen for in Canada, Klinefelter Syndrome and Turner Syndrome, can lead to the development of children with no variations. Surgery would not be an option for clinical management in cases like these because no genital ambiguity exists. In this way, prospective parents partaking in intersex avoidance through IVF and PGD under the guise that it would save their future child from having to go through experimental surgery do so with a faulty understanding of intersex variations and, therefore, proceed with accessing treatment without the adequate informed consent (Nisker, 2013).

Second, another complicating consideration is that the medical management of intersex variations has increasingly come under scrutiny thanks to work done by intersex activists and scholars (Kessler, 1990; Hester, 2004; Holmes, 2008). Expressly, past treatments such as dexamethasone treatment during early pregnancy are notedly dangerous and without clinical merit:

> The variability in the degree of difference among phenotypic expressions of genetic diagnoses of “DSDs” (disorders of sex development; Hughes et al. 2007) further complicates the adequacy of information provision. In addition, it is difficult to predict until sometime after birth whether surgery could be considered, or is even appropriate to consider . . . The informed choice process should include that decision-making is often not required until the child is postpubertal because the difference in genitalia may not become apparent until then, and delay would allow the child/adolescent/adult to inform or be responsible for the decision-

> making. The informed choice process should acknowledge that while dexamethasone treatment was once considered for congenital adrenal hyperplasia early in pregnancy, recent animal and human studies indicate that this is dangerous and several national perinatal groups have indicated that this not be part of clinical care (Nisker, 2013, p 47-48).

Dangerously, spending medical resources identifying and "ameliorating" mostly benign intersex variations makes it seem that such practices are medically warranted instead of suggestive. Nisker, citing Sherwin (1998), notes that "[o]nce a difference becomes a medical disorder to which the medical profession is dedicating time and resources to prevent, procedures to this end become endowed with appropriateness and thus threaten a woman's ability to reject" (Nisker, 2013, p. 47). In this way, endowing the project of intersex avoidance as medically necessary or valid influences the future decision-making ability or autonomy of prospective parents.

1.3. The Continued Medicalization of Intersex Variations

Similar to the experiences of those living with disabilities, intersex people and advocates have argued that medical institutions and agents have expressed messages that such lives are not worth living. Above, I describe how medical institutions continue to medicalize and pathologize intersex variations. The most recent evidence of the continued medicalization and pathologizing of intersex variations is the adoption of a new nomenclature for intersex variations as disorders of sexual development (Topp, 2013). Intersex advocates and scholars have criticized the new nomenclature for its continued medicalization and pathologizing of normal sexual variations (Reis, 2009, p. 153; Topp, 2013).

A group of experts on intersex variations agreed upon the new nomenclature (Topp, 2013). The conference participants, through census, built and published recommendations on the medical management of intersex people and a new way to describe such individuals within the medical milieu (Topp, 2013). Disorders of Sex Development, as the new consensus term regarding medical nomenclature of intersex variations, “has been nearly universally accepted by doctors” (Topp, 2013, p. 181). While the consensus statement sought to reduce confusion and imprecision associated with a diagnosis of an intersex condition, it reinforced intersex variations as pathological and, therefore, in need of medical amelioration. Describing intersex variations as pathological “marks the body as impaired and in need of fixing” (Holmes, 2002, p. 188). The medical consensus on intersex variations arguably continues the historical practice of labelling normal human sexual variation as pathological or disordered and needing medical management to fit within our culture (Kessler, 1990). In effect, this sends the message to prospective parents that intersex variations are potentially life-limiting. However, most intersex people are healthy because such variations are “not life-threatening, and is only life-limiting because society, and medicine, treat it as a disorder” (AISSG – Androgen Insensitivity Syndrome Support Group, 2011 as cited in Topp, 2013, p 188). Official messages, such as the adoption of new nomenclature that defines intersex variations as pathological, express that intersex people, who are primarily healthy, are disordered and need medical amelioration.

While currently, most IVF and PGD for intersex avoidance are not entirely publicly funded, as Christian Munthe has argued, targeted screening programs for specific conditions send “an implied official message that certain types of people are undesirable” (Munthe, 2015, p. 40). With improved genetic screening capacity and reduced costs and risks in accessing the procedure, both in human, medical, and financial resources, it is foreseeable that a widespread ability to avoid intersex variations may be increasingly possible. As Munthe has described, an expansion in genomic sequencing technology to avoid intersex variations would also suggest that such people are undesirable.

In the case of informed consent for IVF and PGD to avoid having an intersex child, prospective parents should be aware that their family members who share a trait with the one being rejected may feel that their actions to reject gestating such a child signify that their lives are not worth living. Moreover, since one’s decision to reject a potential relationship with an intersex child is based on their intersex identity alone, in avoiding having such a child prospective parents prioritize one’s intersex variation over other possible characteristics:

> As with discrimination more generally, with prenatal diagnosis a single trait stands in for the whole, the trait obliterates the whole. With both discrimination and prenatal diagnosis, no-body finds out about the rest. The tests send the message that there’s no need to find out about the rest (Asch, 2000, p. 13).

Evaluations on the worthiness of intersex lives are made in the fertility clinic milieu through IVF, PGD and subsequent genetic counselling to avoid having an intersex child. Such practices continue to reinforce misleading and negative stereotypes of living with intersex variations to the detriment of prospective parents and intersex people. Currently, IVF and PGD for intersex variations coerce women into rejecting a relationship with an intersex child she may have accepted with all relevant information. In this way, the lack of appropriate information disclosure related to IVF and PGD for intersex variations may lead to a rejection of a potential pregnancy relationship, arguably the goal of prospective parents accessing assisted reproductive technology.

1.4. Thesis Outline

Chapter 2 examines Sparrow's argument in favour of intersex avoidance. I will describe how Sparrow, by appealing to the principle of procreative liberty, argues that prospective parents have ethical grounds for preferring not to have intersex children due to the social and medical challenges such an individual may face (Sparrow, 2013). After exploring Sparrow's arguments, I offer targeted critiques of the ethical basis he uses to support the avoidance of intersex children. The ethical considerations I discuss here will be further developed and referenced in subsequent chapters.

In Chapter 3, I explore the ethical implications of intersex avoidance through the lens of the Expressivist Critique. By scrutinizing Sparrow's arguments for the ethical permissibility of intersex avoidance, this discussion situates intersex variations within a broader disability framework, challenging the underlying ethical justifications and highlighting the pernicious effects of medicalization on intersex identities. Through a critical examination of societal and medical practices, the chapter calls for an ethical reimagining of reproductive technologies and their entanglement with intersex erasure, advocating for a paradigm that is inclusive of intersex variations.

In Chapter 4, I delve into the complex ethical landscape surrounding the practice of selectively avoiding intersex outcomes through medical technologies like IVF and PGD. I argue that such avoidance should be considered a significant series of events, one which involves the intentional creation of intersex beings with the purpose of their subsequent avoidance. This practice underscores a profound ethical concern—bringing into existence beings deemed undesirable based on pre-established criteria, which I contend is morally impermissible. Ultimately, I posit that the practice of intersex avoidance, while seemingly aimed at avoiding particular medical conditions, is deeply intertwined with societal norms, power structures, and the cultural mythos surrounding gender and sex. It reflects cultural anxieties about diversity and complexity, suggesting a need to embrace rather than expel human existence's intrinsic ambiguity and diversity. This chapter not only critiques the ethical and cultural dimensions of intersex avoidance but also calls for a re-evaluation of how we understand and engage with the concept of personhood at the margins of intersex existence.

In Chapter 5, I draw upon the works of Christine Overall (2012) and Marilyn Frye (1983) to contend that, from an ethical standpoint, a compelling reason for choosing parenthood is the willingness to cultivate a relationship with another being, regardless of their intersex status. Specifically, by applying Frye's analysis of sexism, I argue that the practice of intersex avoidance constitutes a form of sexism that directly contradicts the essential principle of parental openness. This critique challenges the notion posited by Sparrow (2013) that intersex avoidance can be deemed morally neutral.

Instead, I maintain that the endorsement of cultural and medical norms contributing to the sidelining of intersex identities starkly contrasts with the paradigm of unconditional acceptance, which ought to be a cornerstone of parenthood. I then end with potential criticisms of my argument in this chapter and, more generally speaking.

Chapter Two: A Critique of a Parental Ethic of Intersex Avoidance

2.1. Chapter Introduction

In *Gender Eugenics? The Ethics of PGD for Intersex Conditions*, Robert Sparrow asserts that intersex avoidance is ethically permissible on the basis of one's procreative liberty (Sparrow, 2013). More specifically, he argues that prospective parents are ethically justified in avoiding intersex children out of concern for what an intersex existence entails for such a child.

This chapter critically examines Sparrow's reasoning, challenging the ethical framework he employs to support intersex avoidance. By analyzing his arguments, I highlight their inconsistencies and broader implications, setting the stage for the discussions in the following chapters.

2.2. Sparrow's Address of the Non-Person-Affecting Aspect of PGD: Genetics, Environment, and Well-being

In this section, I provide important background on the ethical foundations of Sparrow's argument. In the following sections, I will then address concerns with Sparrow's argument.

In the following sections, I break down Sparrow's argument for the permissibility of intersex avoidance through PGD, focusing on his reliance on the non-person-affecting principle, his claim that medical and environmental harms should be treated the same, and his justification of selection based on welfare concerns. I engage with each of these points critically, highlighting inconsistencies, flawed comparisons, and the broader ethical implications of his reasoning. By examining how Sparrow frames intersex traits as inherently problematic rather than shaped by social and medical norms, I show how his argument ultimately reinforces the very discrimination it claims to avoid.

2.2.1. Sparrow and the Non-Person-Affecting Aspect of PGD

Sparrow (2013) explains that because PGD determines who will be born, it does not harm or benefit any particular individual. This is because the identity of the person born is contingent on the specific embryo selected; choosing a different embryo would mean a different individual would exist (Parfait, 1984). This *non-person-affecting* aspect of PGD is a central moral concern in ethical deliberations on the morality of avoidance, particularly because traditional assessments of harm or benefit rely on comparing an individual's welfare to what it would have been had one not been harmed or benefited.

One criticism of Sparrow's argument that intersex avoidance is ethically permissible out of concern for the future welfare of such a child fails to address the non-person-affecting aspect of PGD. Plainly in the context of how intersex avoidance is enacted—whether out of concern for the well-being of their future life or not—no benefit or harm can be conferred to any intersex person since, by our actions, they do not exist. Prospective parents do not benefit any intersex child by avoiding them, whether their existence was avoided out of concern for their future well-being or not; neither, by the nature of avoidance itself, is such that any intersex child is harmed, for they do not exist to protest. Arguably, it does not seem one can defend the moral permissibility of intersex avoidance out of concern for the well-being of said future child if one's actions in avoiding intersex existence do not ultimately benefit said or any child made through our choices.

2.2.2. Sparrow and Problematizing the Distinction Between Medical vs. Environmental Harms

To address this line of criticism described above, Sparrow problematizes the normative assumption that genetic conditions should be treated differently than environmental factors that contribute to disease or sickness. Sparrow argues that the implications for the welfare or well-being of the child are what matter ethically speaking, not the cause:

> Thus, for instance, if we believe it to be permissible to select for a deaf child, because there is nothing wrong with being deaf, then it appears we should also hold it to be permissible for parents to surgically deafen an infant under appropriate anesthesia (Brock 2005). Conversely, if we think that deafening a hearing child would be impermissible—for instance, because it would restrict the opportunities available to them—then it would appear problematic to deliberately select a child with genes that predisposed the child toward deafness (Sparrow, 2013, p. 31)

Such a perspective seeks to address the moral concern of defending the possibility of intersex avoidance out of concern for the future welfare of such a child because such an act can confer no benefit to said child avoided out of our concern. By focusing on the impact on one's welfare, not the cause, Sparrow problematizes the notion that genetic conditions and their impact on a child's welfare are meaningfully different from environmental risks to one's health and emphasizes that what matters is the impact on life and opportunities.

2.2.3. Sparrow and Comparison Cases in Context of PGD to Select Against Intersex Variations

In line with Sparrow's main contention, to problematize between medical and social or environmental factors on one's welfare, he explores intersex avoidance with various other hypothetical uses of PGD. Specifically, he discusses the case of selecting against dark skin colour, same-sex attraction, leglessness, deafness, and port wine stains. He describes how consensus holds that one using PGD for selecting against dark skin colour and same-sex attraction is racist and homophobic, respectively. Such decisions are motivated by social concerns rather than medical ones. In contrast, in the case of using PGD to select against leglessness and deafness, one is motivated by medical concerns since both variations directly impact one's welfare in a variety of settings. In this way, prospective parents are morally justified in selecting against such variations out of concern for such a child's welfare. Similarly, in the case of port-wine stains, Sparrow contends such a variation marks one out for inadvertent attention; this attention can confer real psychological harm as a result of experiencing bigotry. While such a condition is not in itself limiting, the social experience of one's variation can lead to reduced welfare, implying this too may be a morally justified reason to select against such a child.

2.2.4. Sparrow's Address of Disability as Social Problem and his notion of "Reverse Eugenics"

Sparrow acknowledges that one may contend that disabilities are social problems insofar as what may be experienced as disability or impairment in one setting, can be experienced as inconsequential in another. However, Sparrow contests this premise by arguing that prospective parents cannot possibly address social causes of discrimination or injustice. Further, whether a future child's reduced welfare would be due to social forms of oppression or innate impairment is irrelevant to Sparrow:

> The impact on the welfare of the child is not necessarily any less just because the markers of their difference are "merely" social. Indeed, the experience of racism, homophobia, and other forms of discrimination is associated with significant health care impacts according to ordinary measures of life expectancy, morbidity, and social and psychological wellbeing (Barnes et al. 2008; Diaz et al. 2001; Meyer 2003; Pascoe and Smart Richman 2009; Shavers et al. 2012). Thus, to the extent that one is motivated by concern for the welfare of one's child it is irrelevant whether the child will suffer reduced welfare as a result of the interaction of genetics with the natural or social environments (Sparrow, 2013, p. 32).

While Sparrow describes that a social policy of selection against children with same-sex attraction and race would be immoral, he laments that prospective parents, essentially, cannot address systemic inequalities. Furthermore, he also argues that deciding to have a child who will suffer social discrimination does nothing to address the discrimination in itself. Moreover, prospective parents can seek to remedy social injustices regardless of their reproductive decisions. Accordingly, Sparrow contends prospective parents may be ethically justified in their selection against a child who is likely to suffer reduced welfare due to social causes since demanding that individuals gestate such a child "demand that parents should sacrifice the interests of their children for the sake of the larger social good" which he describes as *reverse eugenic*s (Sparrow 2013, p. 34).

2.2.5. Sparrow and the Moral Justification of Intersex Avoidance

Concerning his argumentative goal of problematizing the distinction between treating medical and environmental factors impact on one's future child's welfare differently, Sparrow challenges “the implausible nature of the claim that such intersex conditions should be thought as of as ‘mere’ variations rather than harmful deviations from species-typical functioning” (2013, p, 34). He argues that intersex variations are not mere variations. For instance, Sparrow highlights how such variations reduce the chance for reproduction, which ought to be “seen as part of normal human health” (2013, p. 33). He also describes how medicine “relies upon an account of the normal anatomy and physiology of male and female bodies” (p. 33); therefore, intersex bodies that exist outside of these categories are inherently disordered, which justifies medical intervention performed to correct them. Finally, he contends that the medical impetus to reshape or correct intersex bodies relies on addressing the social anxiety of atypical genitalia.

Sparrow connects the biological functions of one’s sex with social factors when he defines how the functions of “healthy” genitalia are related to social aspects of one’s sex, including the ability to engage in intercourse and reproduction and provide pleasure and elicit attraction in partners. In this way, having ambiguous genitalia would be both a limiting medical and social condition, and our medical treatments on intersex bodies are to address both the medical and social functions of genitalia. Ultimately, Sparrow contends that what ought to matter ethically is the impact on the child’s well-being, not whether the cause of the reduced welfare is medical or environmental. In this way, Sparrow contends controversially, prospective parents are ethically justified in selecting against having an intersex child out of concern for their future welfare.

2.3.Addressing Sparrow’s Argument: Merely Avoidance or Gender Eugenics?

In the opening to a response to Sparrow’s argument, Vincent Couture and colleagues (Couture et al., 2013), in *Gender Eugenics Between Medicine, Culture, and Society* state, “Sparrow (2013) presents a vivid scenario of the ‘normalizing power’ of preimplantation genetic diagnosis” (p. 57). However, they contend that such a “parental ethic of choice cannot be dissociated from the medical, social, and cultural contexts in which it is shaped” (Couture et al., 2013, p. 58). In other words, the choices parents make are deeply interconnected with and influenced by the surrounding environment and societal norms.

In the following sections, I examine the rationale behind Sparrow's assertion that intersex avoidance is morally permissible based on concerns for the future welfare of one's child. This exploration will critically evaluate the assumptions and implications inherent in Sparrow's position, as well as the broader moral consequences of such decisions on societal and individual levels. Through this analysis, I seek to provide a comprehensive understanding of the ethical considerations Sparrow presents and their potential impact on the discourse surrounding reproductive technologies and intersex variations.

Specifically, Sparrow argues that intersex avoidance through PGD is ethically justified based on prospective parents' concerns for their future child's welfare. However, his argument is internally inconsistent, as it relies on the non-person-affecting principle while simultaneously justifying PGD on the basis of a child's hypothetical well-being. He further collapses the distinction between medical and environmental harms, arguing that all that matters is the impact on a child's welfare, regardless of whether it stems from genetic conditions or social discrimination. This reasoning fails to account for how social stigma is constructed and instead reinforces the very discrimination it claims to mitigate. Sparrow's framework also assumes a utilitarian approach to reproductive ethics, where parents should select children most likely to experience the highest possible welfare. This perspective is flawed, as it suggests that any trait associated with reduced well-being—regardless of whether the cause is biological or social—can be ethically selected against, reinforcing oppressive norms. Drawing on Nozick's Utility Monster and Experience Machine thought experiments, I demonstrate that valuing life solely based on maximizing welfare leads to troubling ethical conclusions, ultimately undermining the intrinsic worth of intersex existence. Instead of addressing social biases, Sparrow's argument legitimizes them, making intersex avoidance less about protecting children and more about ensuring conformity to socially constructed norms.

2.3.1. Addressing Sparrow and the Non-Person-Affecting Aspect of PGD

Sparrow's argument hinges on a critical tension: he accepts that PGD is *non-person-affecting* and thus provides no direct benefit to any child created or avoided. However, he justifies its use for intersex conditions by citing potential benefits to the future welfare of the child.

This position seems contradictory: if PGD is indeed non-person-affecting, then it seems logically inconsistent to justify using PGD based on these non-existent individuals' future welfare. Since our selection determines who will be born, using PGD to expressly avoid the existence of an intersex being based on their future welfare involves a negation of such existence and, therefore, the future welfare of the being who would be avoided.

As I have already described, the criticism that Sparrow's argument fails to address the non-person aspect of PGD holds true —accepting Sparrow's argument means accepting a moral paradox. Such arguments contend that using PGD to prevent the birth of an intersex child based on potential future welfare is morally justified. At the same time, these arguments acknowledge that PGD both undermines the concept of future welfare for such individuals and provides no benefit to either those who are avoided or those who are eventually conceived through such actions. In this way, since our decision does not seem to impact the welfare of any particular child, one cannot defend the moral permissibility of utilizing such technology based on the future welfare of a child who, through our actions, would not have a welfare to speak of.

2.3.2. Addressing the Distinction Between Medical and Environmental Harms and Their Impact on Welfare

Possibly, in accepting that PGD is non-person-affecting, Sparrow seeks to ground his ethical framework in a parental ethic that is motivated out of concern for the welfare of their future child (Sparrow, 2013; Couture et al., 2013). In doing so, he seeks to problematize the distinction that one should treat medical and environmental impacts on one's welfare differently. Sparrow stresses that all that should matter is the impact of the reduced welfare on the life of one's child, not whether the cause of the reduced welfare is medical, social, or environmental (2013). In support of his argument, Sparrow utilizes this analogy: if we believe it is morally permissible to selectively choose a child who is deaf, then we would see nothing wrong with surgically deafening a child (2013).

Sparrow's reasoning falls short on several accounts. First, his argument fails to acknowledge that genetic or inherited causes of deafness are meaningfully different than performing a deafening procedure on a child (without their consent) to fulfill the reproductive desires of their parents. In the first case, such a development is a characteristic of who one is innately; there is no way one could exist without such a property; their embodiment as a person is somehow shaped by this particular feature of their existence. In the latter case, such a person exists with the ability to hear innately. Taking away this ability to fulfill one's reproductive desires to raise a deaf child seems a morally untenable position for any prospective parent to hold. It would further involve a series of medical practitioners performing a grave, irreversible surgery that would surely impose harm to the child without the appropriate consent of the party undergoing said change, just as intersex people have maintained regarding their experience of sex-normalizing surgery. Sparrow's analogy fails to acknowledge that there is an inherent difference between a particular genetic condition and the medical and surgical induction in others to fit one's reproductive desires.

Second, Sparrow's analogy suggests traits that are deemed permissible to select for; one must also hold that the surgical or medical creation of the same variation in a child is morally justified but does not seem to hold for all variations. For example, if it is morally permissible to select for or against a particular sex orientation, as Sparrow posits, is there anything wrong with medically (or surgically) trying to change one's sexual attraction? There is an ethical inconsistency in applying the logic that because something is deemed acceptable in our selection for PGD, morally speaking, that somehow justifies the surgical or medical induction of such a trait in others without their consent, for some parental desire to raise such a child.

Third, the cause of one’s reduced welfare may matter for how others judge our decision to bring any particular child into the world and the consequences of this decision. By this I mean, if one knowingly brings into the world someone who would suffer a life of immitigable pain, so severe it may cause one to deem that it is better that they ought not have existed, we may deem a person morally justified in holding that a harm was committed against such a person in our selection of them. Too, such a person may be legally entitled to reparations for wrongful life. In this way, while medical and environmental factors may reduce one’s welfare, the cause of these reduced welfare experienced by such a child may hold moral, social, and legal significance in ways that make them meaningfully different from the environmental impact on the welfare of a child.

Fourth, parents have a moral and legal duty to provide a sufficient environment that does not endanger kids. Parents who neglect to provide this environment risk having their children removed from them by social, governmental, and legal measures. However, certain environmental factors that may impact one’s health, as outlined by Sparrow, like epidemics, for instance, are outside of one’s locus of control. While parents are morally and legally responsible for having a suitable environment sufficient for raising a child, they also have a responsibility to mitigate certain environmental risks when possible, such as through vaccinations That said, parents are not typically morally or legally responsible for the reduced welfare that a child may experience from an environmental emergency, which very well may impose impairment, sickness, or disease. In this way, we can say there is something meaningfully different between environmental factors that reduce a child’s welfare that one can change and those that are outside of one’s ability to foresee and address.

2.3.3. Moral Reasons to Critique Welfare as the Moral Basis of PGD

While Sparrow accepts the *non-person-affecting* aspect of PGD, as previously stated, such a position is paradoxical to his contention that intersex avoidance is morally permissible out of concern for the future welfare of one’s child. While his analogy that environmental harms or causes of disease or impairment should be treated in the same manner as medical harms has been critiqued, the analogy itself and Sparrow’s main contention that intersex avoidance is morally justified out of concern for the welfare of one’s future child, treats the ethics of PGD as inherently utilitarian. By this I mean Sparrow’s rationale for avoiding intersex children is by showing that in a range of social settings, such variations would reduce the future well-being of said child. Therefore, prospective parents are ethically justified in avoiding not only intersex children, but also any variation that would hypothetically cause a child to suffer reduced welfare, even if the cause of this reduced welfare was from the social experience of bigotry or discrimination in one’s society over morally irrelevant characteristics. The primary moral concern for prospective parents is to select a child most likely to experience the best welfare (or some sort of nominally sufficient welfare) in various environments.

In, *Anarchy, State, and Utopia*, Robert Nozick (1974) provides two thought experiments that I will employ to challenge Sparrow’s assertion that what ought to matter in one’s reproductive decisions related to our use of PGD, ethically speaking is creating a child most likely to experience the most pleasure or welfare.

2.3.3.1. Exploring the Utility Monster Analogy in Critique of Sparrow

In this section, I draw on Nozick’s conception of a Utility Monster to illustrate how the use of genetic technology to manipulate traits to maximize welfare, particularly in the context of intersex avoidance, can result in the creation of *Utility Monsters* (1974). Sparrow does not explicitly use a utilitarian ethic to justify intersex avoidance. However, he argues that prospective parents who prioritize their future child’s welfare act ethically when they choose to avoid gestating an intersex child. In this way, Sparrow’s argument is concerned with maximizing welfare or pleasure at the expense of diversity, acceptance, and any intrinsic value one may attribute to being alive.

Nozick employs the concept of a Utility Monster in the critique of utilitarian theory. He describes a hypothetical being who enjoys experiences more profoundly than others. Such a being is a problem for utilitarian theory, for such a theory posits that we ought to favour these individuals and their experiences, even to the detriment of others, as this will maximize pleasure:

> Utilitarian theory is embarrassed by the possibility of utility monsters who get enormously greater gains in utility from any sacrifice of others than these others lose. For, unacceptably, the theory seems to require that we all be sacrificed in the monster’s maw, in order to increase total utility. (Nozick, 1974, p. 57).

Suppose we are solely concerned with the net pleasure a resource would provide, considering we live in a world of finite resources. In that case, Nozick employs a *utility monster* to show how, morally speaking, such a utilitarian theory would posit that this monster is entitled to such resources. Specifically, because such a being experiences pleasure more profoundly, they are entitled to all resources, for this ultimately maximizes the amount of pleasure per resource expenditure.

In this way, Nozick draws our attention to how a utilitarian theory favours a utility monster or individuals who enjoy experiences more profoundly. Similarly, in grounding his ethical framework on the moral permissibility of PGD for intersex variations (and any variation that could foreseeably reduce one's welfare) on the basis of a parental ethic motivated in producing the child with the best welfare (or at least a sufficient level of welfare), Sparrow's argument purports the creation of a *utility monster* as a reproductive goal.

Sparrow argues that one ought to select the child most likely to experience the most pleasure and welfare, considering the particular social context in which the child is to be raised. Just as a utility monster, Sparrow argues for creating a being most likely to benefit in the particular environment where one will raise such a child. Unburdened by the stigma of being marked by a variation, even morally irrelevant variations, since they too may impede their welfare in specific social contexts, such a being is free to experience the utmost pleasure.

I think most people would find the prospect of creating a "utility monster" as a moral duty for parents morally troubling. Such a moral decision posits that reproduction is important in creating a being who is most likely to experience the best welfare in a range of social settings. However, reduced welfare does not bar someone from finding meaning in their life, and since PGD cannot confer any benefits for anyone created or avoided by such a technology, deciding on the basis of overall welfare alone is not ethically defensible. This fact is further elucidated by my employment of Nozick's notion of an *experience machine* (1974).

2.3.3.2. Exploring the Experience Machine as Analogy in Critique of Sparrow

The Experience Machine is a thought experiment developed by Nozick (1974) that reflects the moral conclusion that there is something more than mere experience that makes participating in reality meaningful. Imagine a machine that could provide one with any subjective experience they desired. This Experience Machine, as described by Nozick, is a proposed simulated reality that people could jack their consciousness into. The machine would be programmed to produce a plethora of different pleasurable experiences that one could select; one could learn the art of painting, fall in love, write a novel, or experience all three.

These positive subjective experiences, whether simulated or not, ought to hypothetically improve one's overall well-being if one believes one's well-being is correlated with experiencing pleasurable or good experiences. However, Nozick suspects many people would have moral hesitation being hooked up to an *Experience Machine*, even though arguably, if one were merely concerned with positive welfare, jacking into such a machine would appear morally prudential.

One concern he describes is that what makes an experience worthwhile is not merely experiencing the act but also *doing* something to shape the world in which one lives. Another is that one wants to be someone who exemplifies the virtues and characteristics one independently values. In this way, Nozick stresses that what makes participating in reality worthwhile is not merely our experiences but who we are in relation to what we experience.

His final concern, and most applicable in the context of PGD to select against intersex variations, is that connecting to an *Experience Machine*, confines one to a reality of mere human construction. Inherently, such a machine and the experiences it can produce for us lack significance outside of a human context. In this way, while such a machine can simulate reality, it cannot provide a rich experience of engaging with one meaningfully.

In light of this final concern articulated by Nozick (1974), contrary to Sparrow's view that intersex avoidance is morally permissible based on the reduced welfare such a child is likely to experience, our hesitance to be connected to an *Experience Machine* implies there is an intrinsic value in experiencing life itself and the complexities it presents, beyond mere pleasure or positive welfare. In this way, the reduced welfare an intersex person may experience does not mean that living such a life would not be intrinsically valuable. Also, suppose one holds that PGD cannot confer any benefit to any person created or avoided from its intervention since one's selection determines who is born. In that case, it does not seem welfare alone can generate the moral justification to avoid a life of reduced welfare if such a person can foreseeably derive intrinsic value from their existence regardless of the reduced welfare they experience.

I propose another critique of Sparrow by invoking the analogy of the *Experience Machine.* By this, I mean, if one takes Sparrow's moral assertion that intersex avoidance is justified out of concern for the future welfare of such a child, then Sparrow posits life itself as a sort of *Experience Machine*, where the goal of reproduction is reduced to producing a child most likely to experience the best overall welfare in our particular social environment. In this way, Sparrow's argument presumes that our reality is a human-made constructed environment. As he says, prospective parents are mainly powerless to affect change or transformation to systemic forms of injustice that perpetuate discrimination and bigotry out of social necessity. Societal injustice that perpetuates acts of social violence can severely reduce one's welfare, regardless of whether this violence is morally justified or not. In this way, Sparrow essentially argues that prospective parents are morally justified in avoiding intersex children on the basis that such an act aligns with one's human-made construction of reality, where intersex beings are deemed socially undesirable. Justifying intersex avoidance — on the basis that the reduced welfare they experience is because of the construction of reality where their ambiguity marks them as outside the realm of social significance — merely supports the social factors that uphold this construction of reality.

2.4. Critiquing Sparrow’s Basis for Intersex Avoidance on Health Concerns

Sparrow’s argument relies on describing intersex variations as akin to a disability. Specifically, he describes how intersex variations are similar to leglessness or deafness, as such variations in themselves are “harmful deviations from species-typical functioning” (2013, pg. 34). Importantly for Sparrow, painting intersex variations as inherently disabling marks the avoidance of an intersex child as meaningfully different from the act of avoiding a child on the basis of one’s sexuality or skin colour, since in the latter cases, one would expose their actions to be, in some way, motivated by bigotry over morally irrelevant differences.

Sparrow, ultimately, contends that one ought to make one's reproductive decisions based on producing a child with the best welfare for one's specific social environment. However, such a view does not address how the medical system plays a significant role in the harm experienced by intersex people. The substantive social, physical, and psychological harms tied to being intersex arguably are primarily perpetrated by actors in our medical system that actively erase intersex variations as a medical and social reality (Davis, 2013).

Moreover, insofar as avoidance is predicated on medical risk factors for something deemed pathological by medical practitioners, the reproductive freedom or ability to avoid an intersex being can be described as an inevitable outcome of a medical system that has sought the normalization of such bodies. In this way, the choice to have or not have a particular intersex child is due to the medical system’s insistence that intersexuality ought to be avoided, or else there would be no possibility of preventing having an intersex child. One’s procreative liberty to have or not to have an intersex child is directly tied to the medical management of intersex variations and the medical impetus to (ab)normalize intersex bodies.

2.4.1. Critiquing the Health Risks of Being Intersex

In *The Social Cost of Preempting Intersex Traits,* Georgiann Davis (2013) critiques Sparrow’s contention that intersex traits invariably lead to health risks.

Specifically, Davis points to the significant variance in supposed risks associated with particular intersex variations:

> We know relatively little about the health risks associated with intersex traits. For example, depending on which study you consult, complete androgen insensitivity syndrome (CAIS) might pose a "serious medical harm" and thereby could justify, at least theoretically, the use of PGD to select against CAIS if such trait is detectable prior to IVF. However, there is no clear consensus on the malignancy risks associated with CAIS (Davis, 2013, p. 52).

In the case of complete androgen insensitivity syndrome, there is no medical consensus about the risks associated with such a variation (Davis, 2013). Too, Davis notes that while Congenital Adrenal Hyperplasia (CAH) is often noted to pose serious health risks, "it is also the case that there is remarkable 'range of severity' associated with CAH that can be minimised with appropriate medical care" (Davis, 2013, p. 52). Davispoints to the fact that while some intersex variations may pose health risks, the reduced welfare experienced by intersex people is a product of the medicalization of intersex traits to fit a strict sex and gender binary or, as she notes:

> Because the medical profession, not the intersex trait itself, is a major source of the social and psychological harm that perpetuates intersex stigmatization and the "hostile social environment" that individuals with intersex traits encounter, justifying PGD by pointing to such negative outcomes is ill-advised and a circular logic. If we are going to suggest that the use of PGD is "morally permissible"—which I personally wouldn't advise—we need to recognize that a major source of the shame and stigma individuals with intersex traits face originates in the medical profession (Davis, 2013, p 52)

By acknowledging that the reduced welfare experienced by intersex people is due to their medicalization, Davis critiques Sparrow's position as employing a circular logic in so far as the adverse outcomes used to justify intersex avoidance are an outcome of the medical interventions themselves. Davis' analysis underscores the role of medicalization in shaping the experiences of intersex people, which I will further explore in the next Chapter in relation to the Expressivist Critique.

2.4.2. Critiquing Sparrow's Assertion That There is no Intersex Community

Sparrow creates a disanalogy between utilizing PGD and IVF to avoid intersex variation and using the same technology to avoid having a child with dark skin or same-sex attraction by arguing that in the latter cases, one is actively infringing on a cultural group (Sparrow, 2013). There are two problems with this disanalogy. First, intersex people are a part of the larger LGBTQ+ community and, therefore, are part of a distinct cultural group (Davis, 2013). Numerous intersex advocacy organizations across the globe strive to educate the public about intersex variations with the hope that such education leads to the destigmatization of intersex variations in our communities. These same organizations also seek to connect intersex people (Davis, 2013). Second, the lack of an identifiable intersex community in one's community may, in large part, be due to the medicalization of intersex variations in themselves, whereby knowing about one's intersex identity is constructed as dangerous to one's conception of their sex and gender. The impetus to secrecy mandated by the historical medical management regarding intersex variations also actively made any possibility of forming an intersex community very unlikely. These points further underscore the need to contextualize intersex avoidance within the medicalization of intersex variations more generally.

2.4.3. Gender Eugenics? Reconciling the Informal Eugenic Aspect of Avoidance Mediated by PGD

Sparrow argues that a social policy mandating intersex avoidance would be immoral as “it would represent a failure to address the social injustices that generate these inequalities in expected welfare by an institution (the state) with the power to address them” (2013, p. 34). Therefore, since prospective parents cannot address systemic injustice, having a child who would needlessly suffer the harms of a social environment would be some form of reverse eugenics.

This argument opposes David S King's (1999) rebuke of PGD for its eugenic aims. King argued that our current Western medical systems could be described as eugenic in so far as they aim to reduce the birth of children with congenital and genetic disorders. He speculated that PGD could radically expand the potential of these same medical systems to practice a consumer-driven eugenic program whereby prospective parents would be socially pressured to avoid the birth of children with suspected negative congenital and genetic variations. King found that discussions regarding the permissibility of PGD conveniently failed to recognize that reproductive decisions are influenced by social context. Specifically, King worried about prospective parents' reproductive autonomy. While appearing to increase reproductive autonomy under the technological assistance of PGD, parental autonomy is still constrained by social forces that do not allow prospective parents to make "free" reproductive decisions. On the contrary, this autonomy may construct and drive the possibility for eugenic practices. King describes many contextual factors that may inhibit prospective parents' reproductive freedom in the context of PGD.

For example, King describes how, within Western culture, disability is portrayed as inhuman. Individuals are commonly fed negative images of disability while also receiving misinformation regarding the experience of living with a disability. Moreover, he stressed that in relation to assisted reproduction, prospective parents undergoing genetic counselling are rarely put in touch with people who either live with or have experience raising a child with the congenital or genetic variation in question. In this way, our decision-making regarding disability is coloured by our social and cultural context, which gives bodies meaning. King also describes contextual factors that influence or may limit one's reproductive freedom in the context of PGD, such as women bearing most of the responsibility for childcare and facing the primary burden of raising a child with a disability. Further, prospective parents recognize that bringing a disabled child into the world comes with specific material consequences that are traditionally not adequately or entirely supported by the State. In this way, external influences may drive our decision to use PGD, and these factors may amount to some form of informal eugenics regardless of intent.

2.5. Chapter Two Conclusion

To summarize, in this chapter I have critiqued Robert Sparrow's arguments justifying intersex avoidance as ethically permissible on the basis of one's procreative liberty motivated out of concern for the future welfare of one's child. Throughout this chapter, I have outlined and provided an analysis of Sparrow's major arguments regarding the moral permissibility of intersex avoidance. This includes an exploration of the *non-person-affecting* aspect of PGD; a critique of Sparrow's environment analogy to refute his problematization of medical vs environmental harms; and an exploration of Sparrow's reasoning in the context of critiques of utilitarian theory more generally.

I have shown in this chapter that utilizing PGD for intersex avoidance involves choosing to connect oneself to a host of experiences mediated by *Experience Machines* in a medical milieu. These machines ultimately extract, inseminate, and genetically appraise one's embryos. These experiences are part of a constructed, human-made reality, mediated by a medical system that generates and gives particular meaning to intersex, pregnancy, and parental duties in light of our ability to select for or against certain traits and the particular risks one may be at risk of transmitting to a future child. Therefore, one's engagement with these technologies is not merely neutral, for they mark what is pathological from what is not.

Building off this Chapter's contention—that intersex avoidance cannot be separated from the more significant social phenomena of intersex erasure—in the next chapter, I employ the Expressivist Critique to show how the choice to avoid a child on the basis of their intersex variation expresses that such a child ought not to have been born.

Chapter Three: Intersex Avoidance & The Expressivist Critique

3.1. Intersex Avoidance & the Expressivist Critique

The *Expressivist Critique* is concerned with how reproductive choices can convey implicit messages and express values about certain traits or conditions. Specifically, scholars have contended that our decision to test for and selectively abort or avoid disability expresses that people with those traits ought not to have been born (Campbell & Stramondo, 2023). While different authors have offered various formulations of the Expressivist Critique, as Campbell and Stramondo (2023) outline, the Expressivist Argument can roughly be described as:

> P1. Selecting against disability expresses or sends a negative or disrespectful message about disabled people.
>
> P2. There is a moral reason not to express or send a negative or disrespectful message about disabled people.
>
> C. So, there is a moral reason not to select against disability. (2023, p. 1629).

The Expressivist Critique has been employed to describe various moral consequences of prenatal selection, selective abortion, and avoidance. Different formulations of the argument center their objections on how the actions or decisions of individuals, groups, and institutions convey harmful messages about the disability or particular trait screened for. Employing the Expressivist Critique, Christopher Kaposy (2022, p. 66) contends that various actors create, sustain, and support the social phenomenon of prenatal testing. Therefore, we should explore prenatal testing, selective abortion, and avoidance as a social phenomenon:

> What I am calling the “social phenomenon” of prenatal testing encompasses many events, decisions, actions, policies: pieces of information related to prenatal

> testing from which one can possibly take away an underlying social message about disability (2022, p. 66).

Similar to Kaposy, I argue that intersex avoidance operates within the broader framework of the medicalization of intersex variations, which profoundly shapes how these traits are understood and valued. The medical framing of intersex variations as conditions to be identified and potentially avoided reinforces particular social meanings—namely, that intersex lives are not worth living. In this chapter, I will argue that intersex avoidance, regardless of reproductive intent, contributes to the social phenomenon of intersex erasure. By treating intersex variations as something to be prevented, these practices implicitly express that such lives are not worth living, further entrenching intersex erasure as a social reality.

3.1.1. Employing A Disability Framework in Relation to Intersex Variations

As I have already described, Sparrow (2013) defends the moral permissibility of intersex avoidance by appealing to parental concern for the future child's welfare. His argument, however, presupposes that being intersex is inherently limiting, irrespective of reproductive intent. Notably, Sparrow's argument itself ties intersex variations with disability by suggesting that intersex traits are more akin to disabilities such as "leglessness" or "deafness" as intersex variations are "harmful deviations from species-typical functioning" (2013, p. 34). Importantly for Sparrow, painting intersex variations as inherently disabling marks the avoidance of an intersex child as meaningfully different than the act of avoiding a child on the basis of their sexuality or skin colour, since the latter cases would expose our actions to be, in some way, motivated by bigotry over morally irrelevant differences and therefore, not out of some parental concern for the future welfare of one's future child which his argument relies (Sparrow, 2013).

To challenge Sparrow's framing, I draw on Orr's concept of "compulsory dyadism" to investigate the "institutionalized nature of interphobia" (2018, p. 24). Compulsory Dyadism, for Orr, encapsulates how a consequence of interphobia or rigid enforcement of the sex and gender binary actively disables intersex bodies:

> The expression is a useful tool to name, unpack, and undermine the institutionalized epistemological fiction of sex dimorphism or "dyadism," the cultural mandate that people's bodies and embodied performances must align with, reproduce, and reconfirm the male-female sex binary. Despite the fact that the ideology of dyadic sex is "shattered" (Preciado 2013: 103) – or, perhaps more accurately expressed, it was never whole, defensible, or representative of bodies to begin with (Dreger 1999; Foucault [1978] 39 1990, 1980; Reis 2005, 2009; Herdt 1994; Fausto-Sterling 1993, 2000a, 2000b) – people with intersex traits who violate this sanctified, primarily Western, cultural belief (see GarlandThomson 2011; Crouch 1999; Vigneault 2011; Warnke 2011; N. Menon 2011; Mitra 2014a; Reddy 2005; Atluri 2012; Lugones 2007) are regarded as innately disordered, disabled, or diseased (Holmes 2008; Mitra 2014a; Sparrow 2013; G. Davis 2015a). And, therefore, so the logic goes, they must be "fixed;" the traits must be eradicated. (Orr, 2018, p. 38-39)

Various scholars have argued the belief in a sexual and gender binary as an incomplete representation of human bodies. Still, an epistemological mandate that bodies and behaviours must conform strictly to the sex and gender binary understanding of male and female exists as a social, political, and medical goal. Intersex bodies are innately a threat to this binary framework and, therefore, are often labelled as inherently disordered or diseased. Norms regarding sex and gender often marginalize and pathologize individuals who do not fit neatly into the male-female binary. This chapter is informed by disability and intersex scholarship and activism. Following Orr (2018, p. 24), I am especially concerned with how the medical and social impetus to erase disability and intersex and mandate able-bodiedness, heterosexuality, and compulsory dyadic are interrelated phenomena.

Such a rhetorical move to connect intersex variations to disability is not a new strategy (Orr, 2018; Holmes, 2008). Increasingly, scholars are drawing connections between the medicalization of disability and intersex variations since, as Morgan Holmes describes, “the medical presupposition that intersex characteristics are inherently disabling to social viability remains the taken-for-granted truth from which clinical practice proceeds” (2008, p. 1). Psychoanalytically, disability is a generative force that is formed by our affective acknowledgment of both the physical and psychic fragility of the body proper (Garland-Thomson, 2012). Disability does not respect boundaries — it is the liminal space where meaning collapses only to reconstitute itself as a threat to the other and the future disabled self. The rejection of disability and, subsequently, of a person living with disability itself is more than mere discrimination; it is a rejection emanating from a personal repudiation of the eventual breakdown of one’s personal “human” integrity. In this way, becoming impaired or disabled, as Garland-Thomson describes, is “to be forcibly disqualified from the privileged social position of the nondisabled and forced to assume the threatening and vengeful figure of wounding, death, collapse, and explosion” (2012, p. 340-341).

Similarly, intersex variations do not respect the boundaries set by conventional notions of sex and gender binarism. Intersex bodies are manipulated because they present a cultural threat—that one’s sex and gender are not as rigidly invariant as one may have suspected and that sex and gender are not binary categories but a spectrum of open possibilities. The rejection of intersex, as in the case of rejection of disability, stems from a personal repudiation of that which does not respect the boundaries of what it means to be human, for to be human is purportedly to have a sex and a corresponding gender identity. Thus, disability and intersex are both socially rejected in similar ways.

Employing the *Expressivist Critique,* with a primary focus on the social phenomena of intersex avoidance, aligns with my main thesis contention that moral deliberations on the permissibility of intersex avoidance must address the moral consequence of enacting intersex avoidance. In this way, I have always aimed to treat intersex avoidance as an event sustained and supported by a network of actors who bear moral responsibility for contributing to intersex erasure (Berlant, 2011). Moreover, treating intersex avoidance as a distinct social phenomenon coincides with what I have explored in the first section of this chapter and briefly in this section. Namely, the medical management of intersex variations is guided by normative assumptions about sex and gender, in which intersex erasure is mandated to preserve the coherence of the sex and gender binarism.

3.2. The Expressivist Critique in Context

Before engaging with the Expressivist Critique, it is pertinent to establish its context. The Expressivist Critique is often invoked alongside other arguments to advocate for conserving or preserving disability. This is particularly relevant in light of moral considerations tied to the growing prevalence of prenatal screening, selective abortion, and the deliberate avoidance of disability. Similarly, I argue that these same considerations can be extended to the avoidance of intersex conditions, which I will outline briefly in the following section. Then, I will detail the various manifestations of the Expressivist Critique. Finally, I will address and respond to potential criticisms regarding my application of the Expressivist Critique in regard to intersex avoidance specifically.

Although some intersex scholars and activists do not view intersex variations as inherently disabling—a perspective I have already discussed—there is a growing trend among scholars to apply disability scholarship to the study of intersex variations. This shift is largely in response to the medical field's prevailing assumption that intersex variations are inherently disabling, a stance that often does not account for the specific nature or implications of individual intersex conditions (Orr, 2018; Holmes, 2008). Nonetheless, it is important to highlight that the considerations driving disability scholars' concerns about the avoidance of disabilities are equally relevant to intersex variations. Consequently, the Expressivist Critique, initially emerging from the specific context of advocating for the preservation of disability, is indeed relevant to the discussion of intersex variations.

While the Expressivist Critique has traditionally been applied to discussions of disability, its underlying ethical concerns—particularly regarding the social and medical messages conveyed by avoidance practices—are directly applicable to intersex variations. Both disability and intersex variations are frequently medicalized in ways that frame them as conditions to be corrected or eliminated, rather than as forms of human diversity. The assumption that certain bodies are inherently undesirable underpins both disability avoidance and intersex avoidance, making the Expressivist Critique a fitting framework for analyzing the moral implications of reproductive decisions regarding intersex traits. Thus, applying the Expressivist Critique to intersex avoidance is not merely an analogy but a necessary extension of its core ethical analysis.

3.2.1. The Loss of Support Argument in Regard to Intersex Avoidance

Some authors employing the Expressivist Argument first ground their concerns on the consequences of expanding access to prenatal testing for disabilities on the lives of people living with such traits. These concerns arise out of how increased prenatal testing results in a reduction of people with the condition screened for and how this reduction in the total number of people living with such conditions, in some way, confers a negative effect on those individuals. These concerns, in some fashion, therefore, can be described as related to the eugenic potential of one’s reproductive decisions, for they contend with the moral consequence of systematic elimination and what such a reduction means for the people living with such traits (Kaposy, 2021).

The central claim of these moral concerns, while often utilized in relation to the Expressivist Critique, stems from the fact that an expansion of prenatal testing for particular traits leads to a eugenic reduction in the total population of people living with said traits. This shrinking population confers adverse effects on people living with said traits, including a reduction in research funding aimed at therapies or treatments for increasing the welfare of those living with said condition; a reduction in health and social provisions, as such provisions are generally tied to the incidence of such conditions; and finally, an increase in social bias and discrimination, in which an ever-shrinking community is less able to politically and socially mobilize against manifestations of said discrimination (Kaposy, 2021).

Similarly, an increase in prenatal screening, selective abortion and avoidance of intersex conditions can foreseeably lead to an overall reduction in the amount of intersex people. As argued, it is the physical or informal eugenic properties of such avoidance that lead to negative effects for members of the disability community (Kaposy, 2021). In this way, such a reduction in members of the intersex community may, as in the case of the social phenomena of prenatal screening for disability, lead to the same or similar consequences, namely also a reduction in research funding and health and social benefits for intersex people, as well as increasing discrimination and interphobic violence, since there is less of an intersex community to address the sources of this discrimination.

To summarize, while the Expressivist Argument has primarily been applied to discussions of disability, the concerns it raises about systematic elimination, resource allocation, and social marginalization are directly relevant to intersex avoidance. Both disability and intersex traits are subject to medicalized frameworks that frame them as conditions to be eliminated, leading to long-term social and political consequences for those who continue to live with these traits. Just as the reduction in the disabled population has been linked to diminished research funding, weakened social supports, and increased discrimination, a shrinking intersex population may face similar structural disadvantages.

3.2.2. The Pathologizing Aspect of PGD in Regard to Intersex Avoidance

Second, another disability consideration often employed in relation to the Expressivist Critique is the notion that genetic screening technology can cast mere differences as pathological. For example, one may inadvertently terminate their viable pregnancy after genetic testing that purports that one's future child had some genetic variance, even if this variance may not confer any negative trait to the child (2021). The medicalization of pregnancy creates an environment where "[v]ariants of uncertain significance, coupled with uncertain associations with disabilities, can be easily interpreted as genetic deficiencies, or as genetic risks" (Kaposy, 2021, p. 61).

Several scholars and intersex activists have been critical of the pathologizing effect of PGD and intersex avoidance (Nisker, 2013; Davis, 2013). They are concerned, for example, that routinely, physicians do not spend enough time counselling their clients; research has shown that prospective parents fail to understand various facts about prenatal testing, including ". . . basic facts such as why the test is being done, what conditions are being looked for, what the results mean, and what will (or may) follow after testing" (Seavilleklein, 2009, p. 70; Nisker, 2013; Davis, 2013).

Specifically, in cases of intersex avoidance in Canada, research has shown that parents are not given information on the experience of raising an intersex child or being intersex, and the information provided regarding intersex conditions is misleading (Saulnier et al., 2021). Moreover, when parents are provided with the news of a positive diagnosis for intersex variations, it is "often delivered as unfortunate, and numerous families report a lack of follow-up support" (Saulnier et al., 2021, p. 370). The negative portrayal of intersex variations and intersex people is notably contrary to the wishes of parents and intersex individuals who have advocated having accurate depictions of prognosis and their experiences (Jaramillo et al., 2019; Saulnier et al., 2021).

In this way, the pathologizing concern of PGD and disability aligns with the work of some intersex activists and some scholars, who present intersex variations as normal biological variance instead of pathology (Davis, 2013; Nisker, 2013). However, healthcare institutions continue to pathologize intersex variations as in need of correction. The most recent example is the new consensus nomenclature of intersex variations as Disorders of Sexual Development (DSD) (Zeeman & Aranda, 2020).

The concerns raised by disability scholars regarding the pathologization of genetic variance are directly relevant to intersex avoidance. Just as genetic screening technologies can reframe benign variations as medical deficiencies, the medicalization of intersex variations similarly constructs normal human biological variation as a disorder requiring correction. This framing not only influences parental decision-making but also contributes to systemic misinformation, inadequate counseling, and a lack of follow-up support, all of which shape how intersex identities are socially understood and (medically and socially) managed. The continued classification of intersex variations as Disorders of Sexual Development exemplifies how medical institutions sustain narratives of pathology, despite advocacy efforts that emphasize intersex as a natural variation rather than an inherent medical problem. Understanding intersex avoidance through the lens of the Expressivist Critique allows for a deeper ethical interrogation of how medicalized narratives shape reproductive decisions and reinforce broader structures of exclusion and erasure.

3.3. The Social Phenomena of Intersex Erasure: Medicalization & Intersex Avoidance

Intersex avoidance is enacted by a host of actors. Medical professionals, policymakers, geneticists, pharmaceutical companies, and prospective parents create and enact increasing instances of intersex erasure (Kaposy, 2022). This social phenomena of intersex erasure, as Orr states, is generated by compulsory dyadism or the notion that bodies must conform to the sex and gender binary (2018). Since many actors share responsibility in the enactment of intersex avoidance, describing the ethics of intersex avoidance at the level of prospective parents fails to contextualize how intersex becomes an object one can avoid in itself. Focusing solely on parental decision-making obscures the structural forces that construct intersex as a deviation rather than a natural variation. Ethical discussions must instead address the broader network of actors and institutions that perpetuate intersex erasure.

3.3.1. The Medical Nomenclature of Intersex Variations: Intersex Variations as Disordered

As Zeeman and Aranda note, “the lives of some people with intersex variance are unnecessarily medicalized via biomedical terminology describing intersex variations as ‘disorders of sex development’” (2020, p. 3). One of the most recent developments in the medicalization of intersex variations is the new medical nomenclature of intersex variations to Disorders of Sexual Development (DSD).

This nomenclature has been criticized because it reinforces the notion that intersex variations are inherently disordered. As I have outlined, such a position is contrary to the biological approach of intersex variations as purported by intersex activists and scholars, whereby intersex variations are not pathological but a part of the spectrum of normal human variation (Davis, 2013; Nisker, 2013). By framing intersex traits as medical abnormalities, the DSD nomenclature sustains a system of unnecessary medical intervention and social stigma, further entrenching intersex erasure.

3.3.2. Denoting “Intersex”: The Medicalization of Sex, Gender, and Identity

Sparrow opens his analysis on intersex avoidance by asking, “[i]s it a boy or a girl?” (Sparrow, 2013, p 29). Sparrow frames his discussion on the moral permissibility of intersex avoidance by suggesting that the birth of such a child is inherently outside of the realm of social recognition. This sentiment is in line with health care professionals who suggest that the worst thing practitioners can do is to allow prospective parents to name a child before the determination of the child’s true sex can be determined. For it may be the case that such a child “has to be raised in the opposite sex” (Kessler, 1990, p. 14), therefore creating the awkward scenario of possibly renaming and announcing both the new name and new gender of one’s child. In trying to avoid the potential awkwardness of this scenario, one medical specialist recounted a possible story of prospective parents stating they had twins while the sex of their intersex child was being determined:

> “*I heard a story; I don't know if it's true or not. There were parents of a hermaphroditic infant who told everyone they had twins, one of each gender. When the gender was determined, they said the other had died*.” (Kessler, 1990, p. 14).

Intersex variations are threatening because they inherently complicate the notion of social recognition, which relies on sex or gender. However, it is the medicalization of intersex variations themselves which strips such children of this social recognition. Medical professionals advocate that prospective parents view their intersex person as merely a *baby*:

> "*If you have a truly borderline situation, and you want to make it dependent on the hormone treatment ... then the parents are . . . told, 'Try not to make a decision. Refer to the baby as "baby." Don't think in terms of boy or girl.'* " (Kessler, 1990, p. 14).

Physicians refer to intersex children as primarily male or female; in this way, their assessments rely on an appraisal of sex that is not sufficient enough to signify maleness or femaleness. For instance, Kessler notes that even when a medical team is still determining the sex of a child, they often attribute male or female attributes in their discussion of said child:

> *Clearly this baby has an underdeveloped phallus. But if the phallus responds to this treatment, we are fairly confident that surgical techniques and hormonal techniques will help this child to look like a boy. But we want to make absolutely sure and use some hormone treatments and see whether the tissue reacts. (Kessler,1990, p. 12).*

As Kessler notes in the physician's statement above, "what is ambiguous is not whether this is a penis but whether it is "good enough" to remain one" (Kessler, 1990, p. 13). Intersex people have a sex; their sex, however, is threatening to our cultural and social notions of maleness and femaleness. This is supported by the fact that physicians make decisions on the eventual sex assignment of intersex people based on the appearance of their genitalia, prompting one physician to remark:

> *"Why do we do all these tests if in the end we're going to make the decision simply on the basis of the appearance of the genitalia?" (Kessler, p 13).*

The modern medical management of intersex variations relies on a recognition that their sex, while ambiguous, is primarily male or female. The determination of an intersex child’s sex is based on what their genitals look like or can be reconstructed to look like with medical and surgical intervention. In this way, as previously stated in Chapter 1, our definition of what is intersex is influenced both by surgical and medical ability as well as social and cultural criteria for maleness and femaleness.

Most importantly, the medicalization of intersex variations allowed the medical system the power to denote sex (Foucault, 1990). The true sex of an intersex child often remains indeterminate, as a team of healthcare professionals seek to describe all aspects of one’s sex: “sex must not be named imprudently, but its aspects, its correlations, and its effects must be pursued own to their slenderest ramifications” (Foucault, 1990, p. 19; Kessler, 1990). After all the tests to determine one’s sex are complete, a sex and corresponding gender identity is given. The sex denoted by the healthcare team is not merely a medical fact but one of social recognition (Foucault, 1990). This is evidenced by the fact that intersex people who refute their sex and gender assignments are deemed as trans in so far as their sex and gender assigned do not match their sense of self (Zeeman & Aranda, 2020).

While an intersex sex symbolically denotes a spectrum of sex and gender diversity, medicine does not denote the intersex sex as a stable identity. As previously outlined, intersex variations are treated under a binary logic of sex and gender, one in which their ambiguity is denoted as a specific presentation of insufficient maleness or femaleness. This logic underpinning the medical management of intersex variations constitutes intersex people as failed men or women; instead of acknowledging the fact that such categories exist on a spectrum of difference, a spectrum of difference embodied by intersex variations (Nisker, 2013; Davis, 2013; Orr, 2018).

The medicalization of intersex variations does not merely provide a clinical framework for understanding bodily differences—it actively enforces the erasure of intersex as a legitimate identity. Rather than recognizing intersex as part of the natural spectrum of human sex variation, the medical system constructs it as a deviation in need of correction, reinforcing a binary logic of sex and gender. This process grants medical professionals the authority to determine what constitutes a "real" sex, reducing intersex individuals to failed men or women rather than acknowledging their existence as distinct. As a result, intersex people are denied stable social recognition, their identities rendered conditional upon medical and surgical interventions designed to align them with binary norms.

3.3.3. Contributing to The Social Phenomena of Intersex Erasure: How Can Medicalization Mean Something?

Medicalization, driven by a societal impetus to erase intersex traits, can convey the message that intersex variations are inhuman. Critics of the Expressivist Critique often note the difficulty in ascribing meaning to any action, let alone one's reproductive decisions. However, the medicalization of intersex variations provides us with a framework to understand how intersex avoidance is connected to the larger social impetus to erase intersex variations (Orr, 2018). In this way, we can describe intersex avoidance as expressing that such children ought not to be born.

I have already shown how the medical management of intersex variations is guided by the social and cultural impetus to erasure intersex variations to maintain the coherence of sex and gender binarism (Geertz, 1975). The intersex sex is deemed inherently disordered and not a stable identity of a human. The ambiguity presented by intersex bodies presents problems to cultural and social notions of personhood and identity where maleness and femaleness are the “most rooted of root realities” (Geertz, 1975, pg. 14). In this way, similarly to the case of disability, the mark of intersex is that of human disqualification (Garland-Thomson, 2012).

Sparrow (2013) himself, as I have already outlined, frames the mark of intersex as disqualifying by asking, “[i]s it a boy or a girl?” (p. 29). Sparrow’s understanding of intersex variations as abnormal is echoed in statements by some healthcare workers, which reinforce the notion that by being intersex, one is outside the realm of social significance. Prospective parents have been told that they should not name or tell others about the gender of their child, for the true sex of the child has not been determined (Kessler, 1990). All the while, intersex people have a sex; what is the point of contention is whether such a sex is sufficient to meet our cultural and social standards of performative maleness or femaleness.

However, statements by healthcare workers and ethicists alone do not express that intersex children are inhuman. One can surmise that intersex children, through treatment, are kept outside the realm of social insignificance–for their social life cannot begin until sex is determined by a team of medical experts, who ultimately determine one’s sex by cultural standards for male and female genitals (Kessler, 1990). In this way, the medicalization of intersex variations erases the possibility of being intersex as a meaningful cultural and social identity; the body of the intersex child is deemed disordered, they must await for the medical system to locate and reconstruct their sex in a way more easily recognized as male or female (Foucault, 1990).

3.3.4. Specific Consequences of Medicalization in Regard to Intersex Variations

Going back to the question first posed at the beginning of this section: how can one describe the medicalization of intersex variations and the impetus to erase intersex variations, which informs such medicalization as an expression of intersex people as inhuman? I have shown how statements by Sparrow and healthcare providers, for example, express intersex variations as socially disqualifying. I have shown how our medical management of intersex variations also treats intersex people as inhuman, including newly adopted nomenclature which refers to intersex variations as disorders. Now, I argue that the medicalization of intersex variations leads to their erasure and social disqualification and that our medicalization poses human rights implications.

First, the continued medicalization of intersex variations itself generates and reinforces the erasure and social disqualification of intersex people. An example of this is from Streuli et al. (2013), who found that medical students, when deliberating on a hypothetical case of an intersex child, were more likely to reject surgical intervention when their variation was presented with de-medicalized information from a psychologist. However, when presented with medicalized narratives of intersex variations from an endocrinologist, medical students were more likely to choose surgical intervention. Strueli et al. note that such findings "suggest that current information management concerning DSD is prone to produce biased decisions" (2013, p. 1957). In this way, the medicalization of intersex variations is a threat to continued biased decision-making in regard to intersex variations more generally.

Second, the medicalization of intersex as inhuman shapes the public perception of our medical treatment of such beings. For example, the label of intersex changes perceptions about one's claims to human rights. In Smith and Hegarty's *An Experimental Philosophical Bioethical Study of How Human Rights are Applied to Clitorectomy on Infants Identified as Female and as Intersex*, they outline how participants were to likely describe clitorectomy performed on a "female" infant as a human rights violation. However, participants were statistically less likely to describe a clitorectomy performed on an "intersex" infant as a human rights violation:

> These predicted findings justify concerns of bioethicists and human rights advocates that variable sex characteristics may make a child vulnerable to non-necessary medical interventions and that protections on the basis of intersex identity may not address this risk adequately (2021, p. 9-10).

The medicalization of intersex bodies as abnormal contributes to the phenomenon whereby individuals may not perceive the trauma they sustain from their medicalization as a human rights violation. For the medicalization of intersex variations starts by categorizing such bodies as outside traditional male or female classifications, rendering them socially insignificant until their sex is determined. As one clinician remarked above, intersex children are to be nameless and sexless, just a mere baby, until a sex and gender can be determined (Kessler, 1990). Put another way, the medical management of intersex variations is primarily concerned with making an intersex being a *person* by locating and reconstructing their sex to be socially significant. Human rights are therefore perceived to be derived from being sexed; ambiguity in this regard is socially disqualifying to the claims of human rights. This coincides with my assertion outlined above that medical practitioners routinely treat intersex individuals as failed men or women rather than recognizing intersex identity as socially legitimate.

Extending from this second point — that our medicalization of intersex variations shapes public perception — our medicalization also shapes how healthcare workers view consent. Intersex people have noted that hormone replacement therapy and sex normalising surgery have been generally performed without their consent (Berger, Ansara & Riggs, 2024). Framing intersex variations as vitally important to one's social recognition as a human being means medical professionals can bypass consent for their interventions as such actions mark intersex people as human.

In summary, I have argued that the medicalization of intersex variations leads to the erasure and social disqualification of intersex individuals and that such medicalization impacts public perception of human rights in relation to intersex people.

Specifically, I have shown how framing intersex variations as medical issues may result in decision-making bias. Too, the medicalization of intersex variations as inhuman supports a social tendency to deny claims to human rights to these individuals.

3.3.5. Shifting Narratives: Reconciling the Impetus to Reject Intersex

Stating that intersex avoidance is a product of the medicalization of intersex variations and the social impetus to erase such variations coincides with the theory of social diagnosis. As outlined by Jenkins and Short, the theory of social diagnosis accounts for "the relationship between larger social structural factors and individual or community health" (2017, p. 2). Employing such a theory involves exploring the structures that frame and give meaning to such a disease and describing how actors contribute to disease incidence. A theory of social diagnosis also explores how "social actors engage with social structures to contribute to and resist, sometimes simultaneously, the framing of a condition as pathological (i.e. medicalization and demedicalization)" (Jenkins & Short, 2017, p. 3). In this way, I will now explore how intersex avoidance continues the framing of intersex variations as pathological while choosing not to engage with intersex avoidance can be viewed as a form of demedicalization or resistance to the social impetus to reject intersex.

While diagnosis and medicalization are distinct, it is important to note how diagnosis operates as a form of medicalization by classifying what constitutes bodily pathology and what does not. This point is further illustrated by Jenkins and Short, who describe the relationship between medicalization and diagnosis as a pendulum:

> If we think of their relationship as a pendulum, diagnosis is the product (and sometimes the catalyst) of the social forces of medicalization and demedicalization, i.e. the push and the pull led by social actors and structures that shapes what counts as diagnostic categories (2017, p. 5)

By describing diagnosis as a product of the process of medicalization and demedicalization, one can contextualize the practice of intersex avoidance as supporting the continued medicalization of intersex variations.

Again, prospective parents contribute to the further medicalization of intersex variations by choosing not to bring an intersex child into the world on the basis of a genetic diagnosis of intersex. For instead of recognizing such variations in a demedicalized manner, one continues the pathologizing of such variations and subjects a child to further medical treatment because of said variation, in this case, disposal.

However, it is because medicalization functions as a part of our reproductive decision-making that what is "normal" or "abnormal" can change with social action. If one were to accept the possibility of having a child with an intersex variation, one would not contribute their energy, time, and resources to a medical system's insistence on locating and defining intersex variations as pathology. As Smith and Hegarty note, "opinions about the medicalization of intersex, and surgical interventions on infants in particular, are not completely crystalized" (2021, p. 75). One's opinions about the medicalization of intersex variations is informed by how such variations are framed. An avoidance approach, as I have already described, merely further frames intersex variations as inhuman rather than another approach which may reduce the prejudice of medicalization.

Employing Sparrow's logic — that intersex avoidance is ethically justified out of concern for their future welfare — creates a feedback loop that ultimately leads to the continued medicalization and erasure of intersex variations. By a feedback loop, I refer to the phenomena of prospective parents who may choose to reject a relationship with an intersex child based on the idea that such a child would suffer adversity due to their variations. In wishing to spare their future child the perceived social hardship they would face, prospective parents ultimately reject gestating an intersex child. Such actions ultimately increase social and community attitudes that intersexuality is a negative trait that should be avoided, leading to more avoidance of intersex children and continued social discrimination of intersex variations generally. In this way, it is reasonable to expect that any intersex person may view the decision to reject a relationship with an intersex child on the basis of a genetic diagnosis as suggesting such a life ought not to have been born.

Finally, it is important to note that intersex avoidance is practiced in the context of one wanting to become a parent. While I explore this fact more deeply in the coming chapters, when prospective parents reject the possibility of a relationship with a future child on the basis of their intersex variation, they entrench the rejection of sexual ambiguity as not worthy of personhood. In this way, prospective parents may find it hard to defend the practice of intersex avoidance on their procreative liberty if they are using said liberty to close the freedoms of others.

Intersex avoidance is not a neutral reproductive choice but a reinforcement of the medicalized framing of intersex variations as pathological and undesirable. As shown, this avoidance contributes to a self-perpetuating feedback loop, where prospective parents, acting on societal prejudices, further entrench the notion that intersex traits are abnormal and inhuman. By rejecting intersex children out of concern for their perceived suffering, they inadvertently sustain the very social structures that marginalize intersex people. In this way, intersex avoidance is not merely an individual decision—it is a collective act of medical and social validation that strengthens the narrative that intersex traits should not exist. Ultimately, defending intersex avoidance as an expression of procreative liberty becomes ethically fraught, as it leverages personal autonomy to deny the legitimacy of others' existence and personhood.

3.4 Addressing Potential Objections to the Expressivist Critique in Relation to Intersex Avoidance

In this section, I address potential criticisms of employing the Expressivist Critique in relation to intersex avoidance and further describe my position in relation to these concerns. Specifically, in this section, I address potential objections to my position including on the basis of genetic determinism, procreative liberty, that one can hold two views at once, the communicative intent of reproductive decisions, the eugenic potential of avoidance, and the Principle of Procreative Beneficence as moral defense of intersex avoidance. In responding to these potential criticisms, I aim to clarify the ethical stakes of intersex avoidance and reinforce the validity of applying the Expressivist Critique in this context.

3.4.1. In Response to Sparrow, Genetic Determinism & The Expressivist Critique

One criticism outlined by Sparrow, in regard to employing the Expressivist Critique in relation to disability, is that such an argument is overly determinist (2001). Specifically, Sparrow argues that such an argument employs a level of genetic determinism in so far as it relies on a genetic determination of disability to describe who someone will be. In this sense, Sparrow is critical of how disability activists and scholars, on the one hand, will argue they are more than their genes but, on the other hand, suggest that a genetic diagnosis of disability denotes disability in such a meaningful way, that the rejection of these genes expresses that disability ought to be avoided entirely (2001).

However, Sparrow employs a certain genetic determinism, suggesting that our selection against disability and intersex variations is preventative (Sparrow, 2001; Sparrow, 2013). In this way, Sparrow connects a genetic diagnosis with disability or intersex variation with a phenotypic disability or intersex variation of which one prevents being brought into the world. Sparrow’s argument implies a determinist view that a genetic trait will manifest in predictable ways, which is precisely the type of reasoning he critiques in those employing the *Expressivist Argument*.

Another way Sparrow's argument employs genetic determinism is in regard to his main argumentative contention that intersex avoidance leads to reduced welfare in a number of different social settings. To make this argumentative leap, one would need to conclude that an intersex diagnosis is not only medically accurate but that this diagnosis would confer some way of being in the world, which would reduce one's welfare. In this way, Sparrow's argument commits to genetic determinism when it takes for granted that a genetic diagnosis of intersex by PGD reliably produces a sexually ambiguous phenotype, which limits one's welfare in a range of social settings. However, even if genetic traits were deterministic, the decision to avoid intersex variations still functions as a social expression of their undesirability, reinforcing broader discriminatory medical norms

Finally, regarding the medical accuracy of PGD, part of the ethical tension of the appropriateness of using such a technology is that numerous variations in genes may confer intersex traits, but one cannot confirm how such a person will develop or if they will develop sexual ambiguity based on their genes alone (Couture, 2013; Nisker, 2013). The actual accuracy of PGD destabilizes the notion of employing intersex avoidance to avoid sexual ambiguity, as such a diagnosis cannot determine if such a child will embody such ambiguity.

In summation, while Sparrow critiques the Expressivist argument for its determinist view of genetics and disability, his argument employs the same genetic determinism, especially in the context of his analysis of the ethics of intersex avoidance. Arguably, what is important to take away then is that meaningfully, the identification and marking of particular genetic conditions socially denotes such objects, for example, as disabled or intersex. This is why one can be said to "prevent" a disability or intersex variation and to express negative social connotations of disability and intersex variations by partaking in their genetic avoidance. By exposing this contradiction, it becomes clear that genetic avoidance is not neutral but embedded in a medical and social structure that systematically marginalizes intersex bodies.

3.4.2. In Response to a Potential Objection on the Basis of One's Procreative Liberty

One objection to the expressivist critique is that the harm of expressing that intersex people are unworthy of being born does not trump having one's right to procreative liberty thwarted (Sparrow, 2013). As Edwards outlines, "[o]ne might choose to be a meat eater knowing this will offend vegetarians and lead to some harms to animals . . . it does not follow that the offence caused to these groups outweighs one's right to make such a choice" (2004, p. 419). However, as I have previously argued, one cannot defend the moral permissibility of intersex avoidance on merely one's procreative liberty since one's ability to avoid intersex existence is a direct product of our medical and social impetus to normalize intersex bodies. One cannot use Edwards's analogy to defend the possibility of intersex avoidance because eating meat, despite the harm to people opposed to it, does not easily parallel any supposed individual right to choose to continue to contribute to the erasure of intersex people. In this way, the act of intersex avoidance is not ethically neutral; it is a manifestation of a normalizing tradition of erasing intersex existence.

Prospective parents using genetic screening technology to screen for potential intersex variations may not be aware that intersex people routinely report harm from their medical experiences. Suppose the reason that one was participating in intersex avoidance, morally speaking, is out of concern for the future welfare of such a child. In that case, one must highlight that the substantive social, physical and psychological harms that would hypothetically reduce a future intersex child's welfare are primarily perpetrated by actors in our medical system that have actively erased intersex variations as a medical and social reality to disabling consequence in the maintenance of upholding the binary sex and gender systems (Davis, 2013; Orr, 2018). The reproductive ability to avoid an intersex child is itself an inevitable outcome of a medical system that has sought the normalization of such bodies.

Intersex avoidance cannot be meaningfully defended as a neutral exercise of procreative liberty because it is inherently shaped by medicalized norms that frame intersex existence as undesirable. Unlike personal lifestyle choices, such as dietary preferences, intersex avoidance directly contributes to the systemic erasure of intersex people by reinforcing the very structures that pathologize them. If intersex existence is perceived as harmful, it is not because of any intrinsic suffering tied to being intersex but because of the social and medical conditions that intersex avoidance itself perpetuates. Defending intersex avoidance on the grounds of procreative liberty, then, is ethically untenable—it is a choice that does not simply reflect individual autonomy but actively sustains a historical project of intersex erasure.

3.4.3. In Response to a Potential Objection in Regard to Holding Two Views at Once

Another objection outlined by Edwards is that a person "can consistently hold two views: (a) prenatal testing is justified; and (b) disabled people should be supported, and certainly should not be abandoned on grounds of disability" (2004, p. 419). In this way, the loss of support or increased discrimination associated with the negative messages expressed "need not follow from the continued practise of prenatal screening" (Edwards, 2004, p. 419).

As I have stated at the onset of this thesis, intersex avoidance entails the creation or identification of physically distinct intersex beings. Avoiding such beings confers no benefits to them or anyone created by such technology. However, it may confer a benefit in that intersex avoidance, in some way, addresses one's moral reservations about having an intersex child. While one could argue that they value the lives of intersex people and still not wish to have an intersex child, there is an inherent tension in utilizing one's procreative liberty to selectively avoid having an intersex child while also professing to value the lives of people intersex people. It seems incompatible how one can devalue an intersex variation to the point of avoidance while also acknowledging that people living with such a variation are worthy of life. However, as Edgar Dahl argues, preferring one child or embryo over the next does not necessarily disvalue the other (2003). While some prospective parents may reject particular children simply because of bigotry, racism, or sexism, some may wish to select for non-disease characteristics such as sex or sexual orientation because parents have specific goals for their children:

> [M]ost parents using PGD to select the sexual orientation of their offspring would probably do so simply because they wish to see their children getting married, building a family and having children of their own. And the desire to have children who share the same orientation as oneself is certainly not a morally objectionable interest (Dahl, 2003, p. 1368).

Even if we accept Dahl's assertion that it is not morally objectionable to desire a child who shares the same sexual orientation as oneself, does it follow that individuals have a moral license to reject an endearing relationship with a child merely based on their perceived sexual difference? Dahl's claims, on careful review, are saturated with cultural tropes and misinformed assumptions regarding non-heterosexual people. His assumptions that non-heterosexual people are incapable of forming committed relationships—building families or having children of their own—are baseless and laden with cultural stereotypes. Dahl also connects sexual orientation to particular social practices, like marriage to heterosexuality, without acknowledging that it is our social and legal structures that limit the ability of sexual minorities to attain those same rights (Arendt, 1973).

Furthermore, Dahl's justification of prospective parents' use of technology based on reproductive intentions and goals for their children is questionable. Specifically, Dahl contends that it would be morally impermissible for parents to selectively avoid a particular child based on bigotry, racism, sexism, homophobia or transphobia since such actions allow parents to disvalue individual lives over morally irrelevant differences. However, Dahl also contends that in the case of prospective parents who wish to have a child for goals such as marriage and having offspring, selecting a non-sexually variant embryo does not disvalue the other in so far as such a child could not attain the reproductive goals desired by one's guardians. Dahl's assertions are not unlike those of other authors who also hold that people avoid certain risks and devalue certain traits that others possess without degrading the lives of those who have those traits in question. Such reasoning is ultimately contentious as it assumes certain traits (such as intersex variations) inherently preclude one from achieving goals like getting married or starting a family.

One could argue that it is possible to wish not to possess a particular trait while valuing the lives of people who display those traits. This person, in the context of this thesis, would actively reject having a relationship with an intersex child and still value the lives of intersex people in one's community. Rosamund Scott suggests that such an argument would be more salient if it convinced those living with those characteristics, such as an intersex variation, that you could value one's life on one hand and advocate or assist the avoidance of people with similar traits. Scott suggests that such an argument is convincing only if individuals with such negatively perceived traits can separate themselves from the feature in question and view themselves as more than merely impaired. In the case of prenatal screening, Scott finds this task to be difficult because:

> . . . although there is a conceptual distinction between the disvalue of the impairment on the one hand and the value of a life of someone with that impairment on the other, in the practice of prenatal testing and abortion the impairment and the actual life are both avoided one and the same, so that that particular individual will never come to exist. This requires some acknowledgment (Scott, 2005, p. 72).

It may be hard for individuals living with an impairment, or in this case, an intersex person, to feel that prospective parents' reproductive decisions to avoid the birth of a child with the same "impairment" do not express that they ought not to have existed. Intersex people might recognize that when prospective parents avoid the birth of a child with the same impairments or orientation, they do so in such a way as to both avoid intersex existence and the life of the potential child itself. In this way, one may suspect their intersex status impairs the social and personal recognition from others that their life has equal value to that of their non-intersex sibling.

3.4.4. In Response to a Potential Objection Concerned with Communicative Intent & the Differences between Covert and Overt Discrimination

Campbell and Stramondo criticize a "communicative" interpretation of the Expressivist Critique as having "serious shortcoming" because this formulation of the objection finds the act of purposefully communicating a harmful or disrespectful message about disability is morally objectionable (2023):

> While it is plausible enough that there is a moral reason to avoid intentionally communicating an ableist attitude, belief, or message to others, this interpretation seems to have very limited applicability to the decisions in question. For it is surely rare that people making the major life-decision of selecting against disability in themselves, their children, or their patients are aiming to communicate some negative message or attitude. By and large, these choices that will have a significant life-altering impact on a person tend to be made with a focus on that impact. And if one's aim is to insult or demean disabled people, there are more direct and easily accessible ways of doing so, such as uttering slurs or stating disrespectful messages outright. Thus, while it is extremely morally problematic when a person seeks to communicate ableist messages to others, it is deeply implausible that this sort of intentional communication motivates the vast majority of decisions to select against disability (p. 1633-1634).

Regardless of one's intent, one's actions can convey a meaning that can be made sense of in the context of their decision-making (Kaposy, 2022). Specifically, in the case of intersex avoidance, one could argue that even if one did not intend to demean or disvalue intersex lives, the decision to reject an intersex child based on subsequent genetic identification with PGD still conveys that such lives are not worth living.

Contrary to Campbell and Stramondo's perspective, one could argue that the intent of what one conveys is irrelevant in describing such projects' moral permissibility. Regardless of intent, one's decisions and actions can communicate messages, and one can derive meaning from such actions from their context within a system of symbols. In this way, it is possible not to intend to communicate that intersex lives are less valuable but still convey that intersex lives ought not to have been born by participating in the avoidance of an intersex child due solely to their identity as an intersex being. For, it is not the act of conveying a negative message that is objectionable, as Campbell and Stramondo contend, but that our decision, in their conveying that such lives are less inherently valuable, further entrenches the discrimination over morally irrelevant differences.

An example of how our actions generate meaning within a specific context of other symbols is to turn to team selection in a gym class. Suppose two team captains are ordered to select members from a lineup to play in a game of volleyball. Captains will alternate after every selection until all players have been selected. In the context of this analogy, being picked last would arguably imply that one is the least suited to play volleyball, or that such a person may be even better on the other team as a potential hindrance, or not suited to playing at all.

While the team captain may not have sought to imply this distinction with their choice, it does not mean that one's actions, in particular contexts, do not convey meaning. Similarly, while one may not seek to imply intersex lives are not worth living, our decision to avoid having an intersex child within the context of the fertility clinic milieu and one's overall goal of becoming a parent conveys that intersex lives are inherently less valuable than those with a typical sex.

Moreover, another concept Campbell and Stramondo attempt to address in the context of prenatal screening, selective abortion, and avoidance is the difference between overt and covert forms of discrimination. Campbell and Stramondo contend that if prospective parents wanted to be discriminatory, there are more *overt* ways of participating in that discrimination than in their reproductive decisions. There are two problems with this argument as structured.

First, one can participate in overt and covert forms of discrimination. Participating in one form does not make the other any less of a reality. Too, just because one does not participate in overt discrimination does not mean they cannot or do not support covert forms of discrimination.

Further, Campbell and Stramondo miss the main argumentative point that I think a large majority of authors employing the Expressivist critique are trying to describe: that prenatal screening, testing, selective abortion and avoidance are, in effect, covert forms of discrimination which are given active license to continue functioning by our continued use of said technologies in of themselves for such acts convey support for the ableist, compulsory dyadism, or eugenic logic that underpins the social and cultural impetus to discriminate such bodies. In this way, arguing that prospective parents could communicate their discrimination more overtly does not ethically defend participating in a covert form of discrimination, especially considering that our continued discrimination entrenches such discrimination as a necessary end.

To summarize, the objection that expressivist arguments must reconcile communicative intent misunderstands the core issue. he moral significance of intersex avoidance does not depend on whether prospective parents intend to communicate a harmful message but on the social meaning and consequences of their actions. Decisions about reproductive selection occur within a medical and cultural system that has long pathologized intersex variations, framing them as deviations to be corrected or avoided. Even if parents do not consciously intend to devalue intersex lives, their choices reinforce a system of covert discrimination, normalizing the idea that intersex traits are undesirable. The distinction between overt and covert discrimination is irrelevant here, as the continued use of reproductive technologies to select against intersex variations actively sustains the very biases that intersex activism seeks to dismantle. By participating in intersex avoidance, one does not merely make a personal decision but contributes to a cultural framework that renders intersex identity as less valuable, less legitimate, and ultimately less human.

3.4.5. In Response to a Potential Objection Related to the Consequences of Intersex Avoidance and of its Eugenic Potential

First, I address potential criticism in response to the notion that expanding access to prenatal screening, selective abortion and avoidance would cause negative consequences for the intersex community due to a reduction in people living with such conditions. These negative consequences could be a decrease in funding for research or in social and health funds to address living with such conditions; or in increasing discrimination due to fewer people being able to mobilize and address the source of such discrimination.

Authors such as Rosamund Scott have suggested that a lower incidence of people living with a specific condition very well may result in a loss of medical and social support for those living with disabilities globally, it does not follow that there "be a [moral] reason to support a duty to avoid the termination of impaired fetuses or, in the case of PGD, either to select embryos with such impairments or to avoid selecting against them" (2005, p. 70). Alternatively, as Edgar Dahl argues, if it is true that prenatal screening and avoidance have negative impacts on the political power of certain groups, that ought to be first empirically quantified. Others, like Robert Sparrow, contend that problems regarding a loss of support for particular social groups may be better suited for public policy, in which the State may have an interest in protecting or conserving diversity (Sparrow, 2013).

Contrarily, I argue that the continued targeted reduction of specific disability states or intersex variations not only leads to a loss of medical and social support for those living with such impairments or variations but, more insidiously, the continual practice of such procedures would endow such actions with a sense of "appropriateness" which as Susan Sherwin argues then makes it harder for other women to deny such procedures in the future (Sherwin, 1998, as cited in Nisker, 2013). So while there may be no moral grounds that one could use to suggest there is a duty to gestate or not gestate a particular child, there may be a moral claim to support women in so far as disrupting the taken-for-granted assumptions that avoidance is ethically neutral. This is especially important considering such practices may reduce support for those selectively avoided and also that by merely actively partaking in such practices, one could make it more difficult for other women to have the freedom to make reproductive choices more in line with her desires and wishes. This argument coincides with David King's (1999) rebuke of PGD for its eugenic aims.

However, in the context of this thesis, I explore intersex avoidance, a social phenomenon that generates meaning within the context of one's actions in enacting such avoidance (Kaposy, 2022). In this way, it does not seem to matter if the eugenic reduction of intersex people is a consequence of a particular state-sponsored program or of various individuals independently choosing to avoid intersex beings selectively. For, the impetus to reject such bodies in the first place seems to stem from the same social and cultural desire to erase the existence of such bodies.

In trying to distance contemporary practices of prenatal screening, selective abortion, and avoidance from its eugenic history, authors have argued that individuals are generally "uninformed about the history of disability and the multitude of ways in which disabled people have been subjected to forced sterilization and abstinence, infanticide, and genocide" (Campbell and Stramondo, 2023). In this way, Campbell and Stramondo contend that “[p]eople cannot associate selecting against disability with a past that is unknown to them” (p. 1639).

However, I think that whether individuals are ignorant or not of the medical legacy of trauma and abuse is not a moral defence to justify partaking in an act which supports the continuation of this legacy—especially considering how I have shown that secrecy mandated in the medical management of intersex variations is a cause of the lack of a visible intersex community. In this way, it is better to describe one’s potential lack of knowledge of the medicalization of intersex variations (and disability) as a feature of this same medicalization, which utilizes secrecy as a tool to oppress intersex people further. Moreover, ignorance of the past does not mean one is not doomed to repeat it. Nor is ignorance of a history of eugenic practices, trauma, and abuse a defence for partaking in actions which further entrench or support this goal as a social and cultural reality.

Ultimately, the continued avoidance of intersex variations under the guise of reproductive choice cannot be separated from the historical and structural forces that have long sought to erase intersex existence. Whether or not individuals are consciously aware of this history, their choices participate in and reinforce a legacy of medicalized oppression, secrecy, and exclusion. Ignorance does not absolve responsibility; rather, it underscores how deeply embedded these practices are within a system that frames intersex existence as something to be corrected, prevented, or erased. Recognizing this reality is essential to disrupting the assumption that intersex avoidance is an ethically neutral practice, rather than a continuation of a long-standing eugenic impulse.

3.4.6. In Response to a Potential Objection on the Basis of the Principle of Procreative Beneficence

In this section, I deal with the notion that prospective parents have a moral duty to bring the best child into the world, also known as the "Principle of Procreative Beneficence" or PB as coined by Julian Savulescu and Guy Kahane in *The Moral Obligation to Create Children With The Best Chance of Life* (Savulescu & Kahane, 2009). This principle can be interpreted as providing a moral foundation for the decision to avoid intersex variations.

One utilizing PB may argue that if prenatal testing or genetic interventions can predict or modify the likelihood of intersex variations—with the assumption that such variations could lead to a lesser quality of life—then prospective parents might have a moral obligation to prevent these variations to fulfill their duty under PB. This interpretation could lead to justifying or even mandating practices aimed at the avoidance of intersex variations under the guise of ensuring the best possible life for future children. "It would be a moral defect in parents" Savulescu and Kahane argue, "to pay no consideration to their personal, financial and health situation when deciding when to have a child, especially when they expect those circumstances to change" (Savulescu & Kahane, 2009, p. 276). In this way, the authors position genetic inheritance or more specifically, knowledge of one's potential child's genetic inheritance, as something parents ought to be responsible or accountable for:

> Thus, although many respond with repugnance to the idea that we should choose what our future children would be like, it is in fact implicit in common sense morality that it is morally permissible and often expected of parents to take the means to select future children with greater potential for well-being. . . Such attitudes do not express hubris or a drive to master the 'mystery of birth', as

> Sandel claims. Nor do they 'disfigure the relation between parent and child' or 'deprive the parent of the humility and enlarged human sympathies'. These are the familiar and morally admirable attitudes of many prospective parents. And they are entirely compatible with later cherishing and loving one's children – once these have come into existence. (Savulescu and Kahane, 2009, p. 227)

As Simone de Beauvoir states, "[t]here is an ethics only if there is a problem to solve" (1962, pg. 13). In the case of the PB, the problem appears to be reproduction itself or that procreators should hold that creating the "best" children ought to be the goal of reproduction in of itself. At the very least, such a principle acknowledges that a problem of pregnancy left open to fate is the chance of reproducing a child with a life not worth living. In this way, I take issue with how Savulescu and Kahane's PB contextualizes that producing the "best child" is ultimately the goal of pregnancy or reproduction in general, especially considering enacting such a principle means supporting the increasing medicalization of pregnancy, which is especially troubling for women, who bear the brunt of the medical, social and psychological risks of partaking in such reproductive technologies and are too, generally responsible for childcare (2009).

Furthermore, to enact the PB, one would need to equate specific genes to particular corporeal traits and, further, equate specific traits to ways of being in the world. For example, Savulescu argues that intelligence, whether under a hedonistic, desire-fulfillment theory, objective list account view of the "best life," can be described as essential to achieving the "best life." In this way, Savulescu wishes to link specific genetic endowment with a particular way of being in the world and that how one is in the world affects one's ability to achieve or not achieve the best life possible. At the root of Savulescu's ethics is an aesthetic elevation of genetic inheritance as quantifiable human life whereby individuals decide on the “best” child by envisioning the potential being of people with such attributes. Specifically, for one to assess which embryo would have the best life, one needs to give aesthetic life to the embryo itself—to give such an object the substance of personhood whereby one is open to relationships based on their unique character and being in the world but further, that such being in the world can be gauged as more worthwhile or less depending on one’s personal genetic inheritance. This act, however, is also profoundly a psychological project of creating potential histories, relationships, and memories. So, this aesthetic elevation of embryos is not one of mere representation. However, in the more energy-intensive simulation, one must envision and live out potential ways of being in the world of the potential other psychically and affectively.

Savulescu argues that genetic testing and avoidance cause less psychological stress compared to genetic testing and termination. However, this view contradicts research showing that, aside from a successful pregnancy and birth of a child, the primary reason couples discontinue IVF treatment is psychological stress (Rajkhowa et al., 2006). Even more significant than financial concerns, 36% of couples that discontinued IVF referenced the impacts of psychological stress as their primary motivator (Rajkhowa et al., 2006). While the motivation initially to employ genetic testing and avoidance was to allow women who had previously terminated a child diagnosed with a fatal genetic-sex-linked condition in utero the ability to implant a child without such a condition to avoid the stress of undergoing yet another termination, this is not to say the present practice of avoidance is without its unique psychological burdens.

One may argue that avoidance is undoubtedly free from the physical and medical harms that women may experience due to termination, but to say that avoidance is less stressful than termination is to not fully appreciate the unique stress created by the project of avoidance itself. As Sandel argues, the choice that genetic testing creates for us or, more precisely, whether to act on this information and how and how the avoidance project has us equate genetic endowment to potential people creates a unique burden for procreators who utilize such technology (2007). In the context of avoidance, this burden of choice means that procreators must choose between the "best person", where the "best person" is not a person at all but rather an embryo with a particular aesthetic endowment.

It is this movement, whereby a particular genetic endowment of an embryo becomes a particular personage with a unique history and future contingent on such an endowment itself, a movement that creates a phantom of a person for us to use in our deliberations regarding which children to gestate that equally creates the opportunity for psychological stress. This phantom of a person, as I will further explore in the next chapter, may explain why prospective parents have asked for bereavement services in the fertility clinic milieu that resemble cultural practices and scripts more commonly associated with human death (Lacey, 2017). Prospective parents spend significant energy into the decision of what child to gestate, barring any exceptional information on the genetic inheritance of definable potential children, but such a project is not merely one of quantifying positive and negative traits but of the more stress-inducing psychically and effectively qualifying human life.

While it may be true that human interdependence means the task of subjectively feeling one's life a positive experience or not is a task that every individual must undertake alone, it is undoubtedly also true that we can envision some lives as so filled with suffering that it would be better to have not existed (De Beauvoir, 2018). However, this does not mean our assessment of the worthiness of other lives is accurate. In the case of disability, for example, it seems the taken-for-granted cultural assumption that such lives are filled with unwarranted pain and suffering that makes such a life less worth living does not align with research that shows disabled people readily feel that their lives are worth living (Scott, 2005). In this way, the choice between embryos based on genetic traits opens the potential for not only psychological stress but also to act on assumption or bias rather than truth.

Finally, the PB fails to acknowledge that using PGD means decreasing one's potential to form a pregnancy at all since embryonic biopsy has been noted to decrease the rate of pregnancy. In this way, while utilizing IVF and PGD may allow prospective parents the ability to select a child on the basis of their genetic inheritance, such technologies may also make it harder to conceive a child at all while putting women at risk for injury far more harmful that possible from insemination by sexual intercourse. Too due to the nature of IVF and PGD, it may take several cycles before successful implantation and subsequent pregnancy, and therefore, transferring multiple embryos per cycle is a normal occurrence. However, such practices increase the risk of a woman gestating multiples, which poses more significant health risks to both mother and children (Overall, 2012).

3.5. Chapter Three Conclusion

The Expressivist Critique, in relation to intersex avoidance, supports the notion that intersex avoidance sustains the discourse of sex, as what Veronica Sanz describes as a "circular network . . . [w]ith no clear reference" (2017, p. 23) or more specifically that "biological sex is a tautological network where, when pushed to the limit, sex becomes a signifier for itself" (Sanz, 2017, p. 23). In viewing the discourse of sex as a self-referential system, we can describe both the medical manipulation of intersex bodies to fit the sex binary and intersex avoidance as a part of a larger social phenomenon that seeks to preserve the sex and gender binary and control the sexual and gendered opportunities of being for all people. Strategies that maintain the sex and gender binary control the field of potential possibilities of being for individuals and, therefore, also affect the affective appraisal one has of one's own sexual and gendered experience or life narrative. In this way, the sex binary becomes more than a way of life; it becomes life. The binary, through its constant ritualistic maintenance, is not merely a strategy of amassing control over the story or narrative of the body, but rather, it is the starting point by which one becomes not only readable to the larger world but also how one understands the world around us (Butler, 2011). Because existence is always gendered (and sexed), the way we describe and interact with the world, and the ways others come to know us are through the gender matrix. Closing this matrix to only specific corporeal gendered ways of existence enforces systems of rigid gender identity construction, which closes off new narratives, relationships and connections. In this way, the Expressive Critique can provide us with the moral basis to explore how one's actions can convey meaning and limit collective freedom in denying the variance of sex and gender. Finally, this chapter invites further research and ethical scrutiny into the implications of emerging reproductive technologies, the evolving perceptions of intersexuality, and the role of societal norms in shaping medical practices. It calls for a future where the existence of intersex individuals is not merely tolerated but celebrated as an integral and valued part of the human tapestry.

Intersex avoidance is not just an individual reproductive choice but a continuation of a long-standing project to enforce and naturalize the sex and gender binary. The Expressivist Critique allows us to see how these reproductive decisions do not exist in isolation but actively shape the cultural and medical landscapes that determine which bodies are seen as legitimate and which are erased. The maintenance of the binary is not merely a classificatory system; it structures how we exist, how we are recognized, and how we come to know ourselves and others. By interrogating the moral implications of intersex avoidance, we challenge the assumption that these decisions are ethically neutral and expose how they sustain restrictive norms that limit collective freedom. This chapter ultimately calls for greater ethical scrutiny of reproductive technologies, medicalized norms of sex and gender, and the ways in which these forces shape both individual lives and societal structures.

Chapter Four: Intersex Avoidance, Cyborg Feminism, & Abjection at the Margins of Personhood

4.1. Intersex Avoidance, Cyborg Feminism, and Abjection at the Margins of Personhood

This chapter examines the ethics of avoidance and the moral implications of its enactment, particularly in the context of intersex avoidance. Specifically, I focus on how this practice does not merely prevent the existence of intersex individuals but instead entails their deliberate creation for the purposes of rejection. Through IVF and PGD, embryos are intentionally generated, some of which inevitably fail to conform to normative assumptions of personhood, including intersex embryos. These embryos are then discarded not as a natural byproduct of mere selection but as a direct consequence of a normative framework that deems such lives as undesirable. This process highlights a profound ethical dilemma: to knowingly bring into existence an entity only to deem it undesirable or avoidable based on predetermined criteria. Specifically, the use of PGD for intersex avoidance means potentially creating intersex embryos with the explicit intention of destroying them. As previously stated, this is not an act of mere selection but a medically mediated structured process that reinforces normative boundaries of acceptable embodiment by generating and then rejecting intersex variation.

In this chapter, I utilize Donna Haraway's notion of Cyborg Feminism to examine how intersex avoidance generates entities that disrupt traditional concepts of personhood, relationality, and binary sex and gender classifications. Ultimately, I argue the project of intersex avoidance is morally impermissible, for it is a form of ritualized cultural abjection, one that fails to resolve one's underlying moral reservations about intersex existence.

Drawing on Julia Kristeva's concept of abjection, I argue that the act of labelling an embryo as intersex and subsequently selecting against it is not merely a clinical decision, but a significant cultural act imbued with psychological and symbolic significance for those taking part in avoidance. One's rejection of intersex existence, psychically speaking, functions to expel the ambiguity and nonconformity that intersex identities represent, thereby maintaining a coherent identity and cultural order. This ritualized process of naming and rejecting of perceived gender and sexual deviations during the IVF and PGD processes is a symbolic enactment of delineating 'normal' from 'abnormal' while reasserting adherence to binary gender norms at the expense of rejecting the full complexity of human sexuality and identity.

First, I situate Haraway's concept of Cyborg Feminism as a framework to analyze intersex avoidance. I investigate how the creation of intersex beings through IVF and PGD challenges the conventional boundary between person and non-person, challenging dominant notions personhood. While I do not argue that intersex beings created as a result of PGD for avoidance are persons per se, I instead focus on how intersex identity is discursively constructed within the context of intersex avoidance, exposing the ethical implications of selecting against such variations. By closely examining how intersex embryos destabilize traditional conceptions of personhood, one is compelled to confront the fluidity and constructed nature of identity and to critically interrogate the normative biases that underpin reproductive technologies.

I will use the term 'intersex cyborg' or 'intersex being' to refer to entities created through IVF and PGD, emphasizing their unique ontological status as at the intersection of medical technology and biology. While these 'intersex cyborgs' constitute a distinct category within the broader spectrum of intersex existence, I am careful to delineate that these particular intersex cyborgs are meaningfully different from what one may describe as a person and other forms of intersex existence. This distinction is not just semantic; it underscores a fundamental difference in their origin and the role of technology in their creation, setting them apart from what might traditionally be recognized as a person or other naturally occurring intersex variations.

4.2. Cyborg Feminism as a Theoretical Framework

Feminist bioethics has long engaged with Haraway's Cyborg Feminism (1991) to analyze reproductive technologies, framing them as sites where technological (and medical) mediation shape and construct bodies (Franklin, 2006; Latimer, 2011; Mehaffy, 2000) . Building on this existing feminist scholarship, I argue that applying Cyborg Feminism to intersex avoidance is neither an overextension nor a radical departure, but a logical continuation of how reproductive technologies have already been theorized. The classification and subsequent rejection of intersex embryos function as acts of technological boundary-making, reinforcing binary sex norms through medical and scientific discourse rather than medical necessity.

Specifically, Haraway's (1991) Cyborg Feminism provides a critical lens through which to examine intersex avoidance, positing the cyborg as a "cybernetic organism" that transcends traditional life/machine categorizations and rigid identity boundaries, including those of gender, race, and class. The cyborg is a being who, by its very essence, rejects the rigidity of strict boundaries or divisions of identity. The cyborg challenges the conventional boundaries of human/animal, physical/non-physical, and machine/human, which have increasingly become blurred due to how advancements in technology and biology ultimately mediate and redefine our relationships and experiences.

As previously alluded, feminist scholars have already applied the cyborg myth to reproductive technologies, making its use in discussions of intersex avoidance a logical extension of this discourse. Mehaffy, for instance, points to how the development and employment of reproductive sonography created cybernetic organisms:

> Sonographic fetuses qualify as virtual bodies since their production results not from processes involving a photographic or cinematic lens, but instead from the visual displacement of sound waves onto a screen. Neither the moving sonographic image nor its still photograph constitutes a "picture" in the familiar realist sense, but rather a digitally-replicated image of deferred sound. A "cybernetic organism" (Haraway), the sonographic fetus straddles the conventional boundary between an organic body and a digital text. It is, in Haraway's terms, a "hybrid," occupying the space of virtuality. (Mehaffy, 2000, p. 180-181).

Meffay argues that biomedical sonography creates virtual bodies in a way that "insists on the viewer's acknowledgment of the human body as a constructed, and interpreted, text" (Mehaffy, 2000, p. 181). Mehaffy argues that by "ascribing a photographic access to the fetal body", sonographic depictions of fetuses have allowed individuals to see an "assertion of autonomous fetal subjectivity" (Mehaffy, 2000, p. 192). Similarly, building on Mehaffy's argument, I assert that intersex avoidance constructs intersex cyborgs that complicate conventional notions of personhood.

Cyborg Feminism reveals that the decision to implant or reject a particular intersex embryo is shaped by a constructed aesthetic label or classification of intersex variation, rather than medical necessity. This is to say, a genetic diagnosis of intersexuality at such an early stage of human development cannot tell us how such a child will develop—if such a diagnosis is potentially fatal or suffering-inducing, as may be the case in children diagnosed with salt-wasting Congenital Adrenal Hyperplasia, for example—and whether a child will require medical attention (Sparrow, 2013; Purdy, 2000). Such a being is labeled intersex, and being intersex becomes the only way in which we can come to know such a being. In this way, the decision to reject an intersex embryo at this stage of development is based solely on their constructed identification as being intersex or an aesthetic label of intersexuality, not the potential lived medical consequences of their inherited genome, for which no medical consensus can be formed (Nisker, 2013). Since it is impossible to predict how such an intersex person can develop; they remain an intersex cyborg, a being generated by technologies of sex marking and announcing.

4.3. Constructing Intersex in Intersex Avoidance

At first glance, this thesis might appear to freely champion the creation of intersex individuals as an idealistic goal, aiming to foster an ethical framework that values and preserves the existence of intersex people as a legitimate form of human diversity. Drawing inspiration from Haraway's Cyborg Feminism, which envisions a new societal structure that celebrates human ambiguity and complexity, this approach promotes an inclusive concept of identity and personhood beyond traditional binary norms. However, the very act of creating intersex beings with the underlying intent of their eventual avoidance contradicts the ethos of embracing human diversity. As previously discussed, intersex avoidance means potentially bringing a intersex being into existence solely to erase or eliminate it, acknowledging that one utilizes IVF and PGD to create a child that is expected to meet a certain predetermined standard of normalcy. Creating intersex individuals only to negate their existence does not uphold the principle of preserving the diverse possibilities of intersexuality; it constitutes an act of further marginalization.

Rather, I invoke Haraway's concept of Cyborg Feminism as a theoretical lens, for it allows for a critical examination of the act or actions which constitute intersex avoidance, revealing it as not merely a personal choice but a reflection of deeper societal norms and power structures that shape our understanding of humanity and the ethical relationships we form:

> The cyborg is resolutely committed to partiality, irony, intimacy, and perversity. It is oppositional, utopian, and completely without innocence. No longer structured by the polarity of public and private, the cyborg defines a technological polls based partly on a revolution of social relations in the oikos, the household. Nature and culture are reworked; the one can no longer be the resource for appropriation or incorporation by the other (Haraway, 1991, p. 97)

As previously stated, intersex beings, identified through PGD and IVF for the means of selective avoidance, are a type of cyborg, for such beings' very nature is mediated, redefined, and understood by technology (and our contemporary scientific [and cultural?] understanding). Such beings enjoy a hybridized existence, a blend of nature and machine, organic and technological, for "[m]odern medicine is also full of cyborg couplings between organism and machine each conceived as coded devices" (p. 67).

Within Western inherited cultural and legal systems, persons are conceived to be physically separate from others, form relationships with others based on their unique characteristics, and to lead life independently of others (Little, 1999). Persons are also understood to have a particular sex and gender identity that aligns with their sex (Butler, 2002). I provide evidence that intersex avoidance, through the creation and identification of distinct intersex cyborgs challenges our traditional conception of personhood in three distinct ways.

In rejecting the notion that intersex avoidance is a neutral reproductive choice, this section has demonstrated how it operates as a mechanism of exclusion, reinforcing normative boundaries of sex and identity rather than fostering diversity. Through Haraway's Cyborg Feminism, the technological mediation of intersex avoidance is revealed not as a passive act but as an active process of delineating who is permitted to exist within cultural and medical frameworks. Conceptualizing intersex embryos as cyborgs, beings whose status is determined by scientific classification and societal valuation, exposes how reproductive technologies function as tools of regulation rather than merely facilitative interventions. Ultimately, intersex avoidance is not just an individual choice but an enactment of broader structural forces that dictate the terms of personhood, revealing the ethical stakes in who is allowed to be born and who is pre-emptively erased.

4.3.1. The Intersex Cyborg and Personhood at the Border of Interdependence

As previously stated, within Western cultural, political, and legal systems, persons are conceived to be physically discrete individuals. In the context of pregnancy, embryos are not generally considered persons because one can reason that their existence is one of intimate physical intertwinement with their parent on which they are dependent. Conversely, the seeming interdependence of the intersex cyborg complicates our normative understanding of what a pregnancy relationship entails, as the nature of their constructed existence means such intersex cyborgs occupy a physically distinct space in our world. The intersex cyborg is *conceived*; it is the product of technological and biological couplings, occupying a distinct, albeit constructed, unitary existence. In this way, the intersex cyborg challenges the normative pregnancy relationship as a purely intertwined state, proposing a simulated dimension of individuality.

More plainly, Intersex cyborgs challenge a key aspect of personhood, as they exist as unique, physically separate entities in the world. Unlike the conventional pregnancy relationship, which is defined by continuous intertwinement, intersex cyborgs enter gestation as distinct beings from their parents. Their existence disrupts the assumption that gestation is necessarily a biological entanglement and reveals how IVF and PGD reshape our understanding of what it means to come into existence.

4.3.2. The Intersex Cyborg and Personhood at the Border of Relationality

Persons are conventionally understood to forge relationships based on their distinct characteristics, crafting bonds with others that reflect their unique identities. However, in the context of intersex avoidance, prospective parents face the ethically complex decision of mediating their future relationship with their child by accepting or terminating potential connections based predominantly on the technological construction of intersex traits.

By this I mean the aesthetic identity of the embryo, in this case, their intersex identity or the absence of being intersex, becomes the basis by which parents decide to either terminate or implant such a being (i.e., continue the pregnancy relationship or not). This decision-making process, based on a constructed intersex identity, challenges the notion of relationality traditionally associated with personhood as such an act suggests that the choice to continue or terminate a relationship with them is made solely based on their uniquely constructed intersex identity.

To clarify, I am not saying intersex cyborgs create relationships; what I contend is that prospective parents relate and come to redefine their relationships to such entities fundamentally based on their constructed intersex identity. We cannot know how such a child will develop or if even such a child would develop any discernable sexual ambiguity if they were to be born. However, by constructing and ascribing the label of intersex on such beings at such an early stage of human development, one in virtue is choosing to mediate their prospective future relationship with such an entity based on their ambiguous nature alone.

Stating that intersex cyborgs are objects that can generate unique relationships on the basis of their intersex character should not be controversial since, morally and practically speaking, embryos in the fertility clinic milieu are objects of desire. Such objects are not merely passive beings in stasis; rather, they hold a “cluster of promises” (Berlant, 2011, p. 23) of making our goal of becoming a parent a reality. More plainly, prospective parents generate relationships with embryos not merely because they symbolize the potentiality of life but also because they carry the promise of fulfilling our reproductive dreams and aspirations of becoming parents.

Second, practically speaking, how prospective parents relate to embryos in reproductive stasis mirrors person-like connections. For instance, parents may describe how "frozen supernumerary embryos are replicas and 'virtual' siblings of existing children, in frozen suspension, especially if from the same batch of embryos are their existing children" (Lacey, 2017, p. 398). Another practical example is that embryos are discarded in the fertility clinic environment. Embryo discards within the fertility clinic are referred to as an emerging "new death scene" (Ellison and Karpin 2011 as cited in Lacey, 2017), where prospective parents have sought embryo discard options that more commonly resemble ritualistic bereavement practices. Fertility clinics may offer prospective parents an embryo discard ceremony whereby parents let their embryos succumb naturally, akin to taking a loved one off of life support. They may also wish to collect their embryos and discard them personally, or one may seek a "compassionate transfer" whereby embryos are transferred during the wrong time in a woman's menstrual cycle, severely reducing the likelihood of possible pregnancy (Lacey, 2017). In this way, it is essential to note that embryos, while not people, are objects of desire that generate attachments by their potentiality of being a person and their ability by being born, actualizing one's dream of becoming a parent to another being.

In summation, intersex avoidance involves, in some manner, the creation of a physically distinct intersex being whose relationship to the outside world is mediated through the same technology that identifies them as *intersex*. Intersex avoidance involves the mediated rejection of intersex being based on their intersex identity alone. In this way, the creation of a distinct intersex being in the fertility clinic milieu shapes how we define and redefine our relationship to such an object; for the creation of an intersex cyborg at the margins of personhood, their intersex identity becomes the factor which obliterates the cluster of promises they were to make possible for their parents in the first place; their birth no longer will fulfill the reproductive desires of their progenitors after their pronouncement as intersex.

4.3.3. The Intersex Cyborg and Personhood at the Border of Sex & Gender

Intersex cyborgs possess person-like qualities or markers that are typically required of persons, such as a discernible sex or gender identity. By labelling an embryo as intersex, we construct a distinct identity that echoes the traditional practice of sex assignment at birth. When people are born, they are usually assigned a sex, and similarly, labelling an embryo as intersex ascribes a unique yet discernible sex and corresponding gender identity.

The identity of the intersex cyborg further complicates matters of intersex avoidance because their avoidance predicated on their intersex variation may be suggestive of some “gender eugenics” whereby “advanced medical technology is deployed to prop up heterosexism by preventing the birth of those with non-normative anatomies” (Holmes, 2008 as cited in Sparrow, 2013, p. 30). Gender eugenics may be the wrong term, however, to describe the selective avoidance of intersex children since the basis of their avoidance is a genetic or biological marker of one’s sex. In this way, one may reasonably view intersex avoidance akin to other cases of sex selection since the being's discernable (intersex) sex becomes the basis of their constructed identity.

However, gender eugenics encapsulates the essence of the ethical concern of selecting against intersex avoidance based on their intersex variation in itself: the reinforcement of rigid gender norms and the suppression or erasure of diversity. While I have described how sex is the basis of the label of intersexuality in the context of intersex avoidance, it is also commonly reasoned that one's chromosomal sex and other biological sex markers do correspond to either a male or female gender identity. Therefore, an embryo with an identifiable sex also has a foreseeable gender. Consequently, one can describe embryos that are individuated with a particular sex, as in the case of intersex embryos identified during the process of IVF and PGD, complicates, as Judith Butler describes, another border of personhood or humanness:

> Are there ever humans who are not, as it were, always already gendered? The mark of gender appears to "qualify" bodies as human bodies; the moment in which an infant becomes humanized is when the question, "is it a boy or girl?" is answered. Those bodily figures who do not fit into either gender fall outside the human, indeed, constitute the domain of the dehumanized and the abject against which the human itself is constituted (2007, p. 151).

In the context of marking intersex embryos with a specific sex and, consequently, a corresponding gender identity, there arises a significant blurring of the concept of personhood. Socially, personhood is often contingent upon gender categorization, pivotal in recognizing an individual as human. Thus, the project of identifying an infant as a boy or a girl at birth is not just a nominal classification but a crucial humanizing action. However, for those marked intersex, this process thrusts them into a status of 'abject', for such an existence is outside of the established sex and gender norms which typically confer one's social acknowledgment or recognition as human. This labelling process, inherent in reproductive technologies like IVF and PGD in the context of intersex avoidance, confines such beings outside of the sex and gender binary and, therefore, as Butler describes, outside of the realm of human significance. In relation to this fact, in the next section I explore intersex avoidance as a form of ritualized abjection for psychic benefit (Kristeva, 1982).

4.3.4. The Intersex Cyborg, Queerness at the Margins of Personhood

So far, using Haraway's concept of Cyborg Feminism, I have described, how the practice of intersex avoidance creates cyborg-like intersex entities that challenge the conventional understanding of personhood and identity. These cyborg-like entities are artificially distinct from conception, challenging the conventional intertwined nature of the pregnancy relationship and conversely proposing a novel form of individuality within the pregnancy relationship that is both simulated and constructed by technology.

Prospective parents, faced with the ethically complex decision of accepting or terminating potential connections based on the technological construction of intersex traits, show how intersex cyborgs in the fertility clinic milieu are generative objects. Plainly, because parental decision-making is based on a constructed intersex identity, this suggests that one's relationship with these entities is mediated through their intersex identity in itself.

However, one can now describe how the technology-driven identification and potential rejection of intersex beings based on their intersex identity alone reflects broader societal norms and power structures. In opposition, one may choose to argue that the purpose of intersex avoidance lies in the pre-emptive rejection of intersex existence in of itself. While intersex cyborgs are created due to enacting intersex avoidance, the project of identifying and rejecting intersex existence confers a benefit to prospective parents who have moral reservations in creating such a child in the first place; the identification and rejection of intersex being is merely an inadvertent consequence of enacting avoidance. In chapter 2, I have addressed this line of argument in relation to the expressivist critique. In relation to my current argument, I suggest such an argument would be more defensible if the identification and rejection of intersex beings did not stem from a broader cultural impetus that I have already described as *compulsory dyadism* in which intersex traits are erased to maintain the coherence of the sex and gender binary systems (Orr, 2018).

Moreover, because intersex variations are part of a larger spectrum of queer identities, one could argue that naming intersex beings in the clinic itself is morally problematic. Queer theorists, drawing insights from Foucault, argue that the clinical milieu poses a significant threat to the queer community because it is a space where their identities were created (Wahlert & Fiester, 2013 citing Foucault, 1990, p. 86). Queer identities inherently are linked to the "naming and diagnosing of various forms of sex and gender non-normativity in a clinical context" (Wahlert & Fiester, 2013, p. 86). Historically, queer sexualities and identities were deemed as legal or religious enigmas and behaviours associated with same-sex attraction or gender ambiguity was deemed as criminal, which led to various forms of punishment (Reis, 2021; Wahlert & Fiester, 2013; Foucault, 1990). The shift towards medicalization, initially perceived as a potentially liberating move away from moral and legal judgment, unfortunately, did not put an end to the persecution of queer individuals. Instead, it transformed the nature of the stigma.

Acknowledging the power in naming intersex or queerness at the margins of human existence, and by building on my intersex cyborg myth, and in response to the criticism mentioned above, I draw from Julia Kristeva's seminal work, "Powers of Horror," and argue that the practice of intersex avoidance in the context of IVF and PGD can be understood as a ritualized form of abjection. Kristeva explores the concept of abjection as a profound psychological process through which an individual or society expels what it perceives as threatening or unsettling to maintain a coherent identity. In her words, "It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite" (Kristeva, 1982, p.4). In this way, one can describe intersex avoidance as a form of psychic abjection, where the act of labelling an embryo as intersex and subsequently selecting against it can be seen as an attempt to expel the ambiguity and nonconformity that intersex identities symbolize.

In essence, intersex avoidance becomes a cultural ritual of naming and rejecting perceived gender and sexual deviations. The announcement of intersexuality during the IVF and PGD process is not a mere clinical act; it is imbued with more profound cultural significance and psychological implications. It becomes a symbolic enactment of drawing boundaries, delineating the 'clean' and 'unclean,' the 'normal' and 'abnormal.' By rejecting the intersex embryo, one reasserts their adherence to binary gender norms and maintains cultural coherence at the expense of engaging with the complex spectrum of human sexuality and identity.

Kristeva's concept of abjection helps to contextualize intersex avoidance not just as a matter of personal choice but as a deeply ingrained cultural phenomenon. The announcing of intersexuality during these processes becomes a potent act of naming queerness. It is a way of categorizing and pushing away what is perceived as a threat to the cultural order — a ritualistic reaffirmation of 'normalcy' at the cost of erasing the lived reality of intersex individuals.

However, as Kristeva suggests, the abject is never fully expellable; it "does not cease challenging its master" (Kristeva, 1982, p.2). In the context of intersex avoidance, this might mean that the very act of trying to expel intersex identities only highlights the arbitrary and fragile nature of the binary structures it seeks to uphold. Each act of avoidance, rather than solidifying the norm, subtly underscores the ever-present reality of diversity and the cultural anxiety surrounding it.

4.3.5. The Intersex Cyborg, Intersex Avoidance, and Personhood at the Margins

In elucidating my stance, I must clarify that employing Cyborg Feminism was not to argue for the personhood of intersex beings in reproductive stasis. My focus lies on dissecting the ritualized destruction of intersex existence enacted through intersex avoidance. This process upholds the binary gender and sex system for some form of psychic comfort rather than a quest for justice or rights for intersex embryos. Asserting that intersex embryos in genetic stasis are “persons” diverts from the central moral dilemma of intersex avoidance and risks entering a contentious debate that pits the rights of women against those of their unborn children, a scenario I am keen to avoid from my pro-choice standpoint.

Notions of personhood, in some way, inform any ethics of intersex avoidance for the mark of personhood is “[where] equal respect for the intrinsic value of an individual’s life is required, and the requirements of justice are operative and below which only relative interest has moral weight” (Kittay, 2005, p. 101). Simply put, those not considered persons are not “subject to the claims of justice” (Kittay, 2005, p. 101). Some have argued that the killing or willful destruction of those who fall below this threshold is not as morally significant as the murder or destruction of persons (McMahan, as cited in Kittay, 2005). While some argue that actions against non-persons hold lesser moral weight, history reminds us of the perilous path this logic can tread, often leading to the unjust treatment and oppression of those deemed outside this protected category (Agamben, 1998; Arendt, 2006).

Thus, while the label of personhood carries its fraught history and implications, my discourse aims not to advocate for the personhood rights of intersex cyborg entities but to illuminate how their existence challenges and disrupts our conventional understanding of personhood. This perspective allows for a nuanced exploration of the moral complexities of enacting intersex avoidance, questioning the ethical, cultural, psychic, and societal constructs that guide our rejection of intersex existence without necessarily advocating that intersex beings at the margins of personhood ought to be afforded rights typically reserved for persons.

4.3.6. Intersex Avoidance, Relating Intersex Cyborgs at the Margins of Personhood to 'Bare Life'

I have already described how enacting intersex avoidance reflects a broader cultural or social impetus to reject intersex existence for the sake of coherence in the sex and gender binary systems that generate our social recognition as humans (Kristeva, 1982). This act is troubling, for it creates intersex embryos or cyborgs at the margins of personhood that can be rejected with impunity for personal psychic benefit yet reinforces the project of intersex erasure over morally irrelevant differences. A final way in which I describe the process of creating intersex beings at the margins of personhood as morally troubling is by utilizing Giorgio Agamben's theory of 'Bare Life' as articulated in the work "*Homo Sacer: Sovereign Power and Bare Life*" (1998). Similarly to Agamben's depictions of the Homo Sacer, or 'bare life,' I argue that intersex cyborgs in the context of intersex avoidance exist in a state of liminality or a state of exception, where their life is subjected to the control of sovereign or external power. Agamben describes 'bare life' as being separated from its context, existing in a state of exception, and thus incompatible with the human world:

> What unites the surviving devotee homo sacer and the sovereign in one single paradigm is that in each case we find ourselves confronted with a bare life that has been separated from its context and that so to speak surviving its death is for this very reason incompatible with the human world (1998, p. 112).

Agamben describes 'bare life' as life that exists in a state of exception, outside of the normal order, yet is fundamentally bound and controlled by mechanisms of power. More plainly, bare life refers to a life devoid of political, social, or legal attributes and protections. In this chapter, using both Haraway (1991) and Kristeva (1982), I have shown how intersex avoidance involves the creation and rejection of intersex beings who exist at the margins of moral personhood. I have also noted that while intersex embryos in genetic stasis may blur our distinction of personhood, such an entity exists under the moral threshold of relevance where such beings can be rejected without impunity. In this way, such beings live in a state of exception whose continued existence is at the mercy of external decision-makers who determine their fate based on their mere biological characteristics. This decision-making process reflects a deeper biopolitical control over life, where entry to personhood is mediated by one's ability to conform to societal norms of sex and gender. In this way, the project of intersex avoidance can be described as a biopolitical project in which intersex bare life is subjected to a state of exception, not through legal means as described by Agamben, but through medical intervention.

The impermissibility of this practice lies in its inherent dehumanization and marginalization of intersex identities. By relegating intersex embryos to a state akin to bare life, intersex avoidance positions them in a moral and legal exception, where their exclusion from the human community is carried out through a sovereign act that determines their fate with impunity.

More specifically, the ethical issue with intersex avoidance is that it casts intersex beings into a status of exclusion, treating them as lives that can be dismissed without moral consequence. In reducing intersex embryos to bare life, their rejection is no longer seen as an ethically complex decision but as a routine function of power that reinforces the systemic erasure of intersex existence.

4.4. Chapter Four Conclusion

In conclusion, this chapter has explored the multifaceted dimensions of intersex avoidance through the lens of Cyborg Feminism, drawing on Donna Haraway's conceptualization of the cyborg as a disruptive figure that challenges fixed rigid boundaries and normative structures. We have seen how enacting intersex avoidance, particularly in the context of IVF and PGD, does not merely constitute a prudential personal or medical decision. Rather, the project of intersex avoidance and our decision to partake in it is embedded within a complex web of cultural, ethical, and psychological narratives regarding the necessity of erasing intersex existence.

By employing the metaphor of the intersex cyborg, the chapter illuminated how these beings, created or identified through the processes of intersex avoidance, challenge our traditional conceptions of personhood, relationality, and individuality. The intersex cyborg, while not a person in the traditional sense, rather occupies the liminal space between the organic and the technological, between the real and the constructed, and therefore embodies the tensions and contradictions inherent in the process of intersex avoidance itself.

Furthermore, this chapter has critically examined how intersex avoidance is not just about avoiding a particular medical condition or ensuring a certain quality of life for one's future offspring. Instead, it is deeply intertwined with societal norms, power structures, and cultural myths about gender, sex, and normalcy. The act of identifying and rejecting intersex beings reflects broader societal norms and power structures. It serves as a cultural ritual that reaffirms binary gender norms and the cultural coherence of binary sex systems at the expense of erasing the complex reality of intersex existence. Drawing on Julia Kristeva's (1982) concept of abjection, the chapter argued that intersex avoidance can be understood as a ritualized form of abjection, a psychic act of expelling the unsettling and the ambiguous to maintain a coherent identity and cultural order. This process of naming and rejecting intersexuality during IVF and PGD is imbued with cultural significance, serving as a symbolic act of drawing boundaries and delineating the 'normal' from the 'abnormal'.

However, as this chapter has also highlighted, the very act of trying to expel intersex identities only serves to underscore the arbitrary and fragile nature of the binary structures it seeks to uphold. The continual presence and reality of intersex individuals challenge the cultural anxiety surrounding diversity and complexity, suggesting that diversity and ambiguity are not anomalies to be corrected but intrinsic parts of the human experience.

Moreover, employing Agamben's concept of 'bare life', I argued that similarly to 'bare life' intersex embryos in genetic stasis in the context of intersex avoidance exist in a state of exception, devoid of traditional legal and moral protections, the future of such beings arbitrated by external decision-makers. In this way, I describe enacting intersex avoidance, as morally troubling, for it involves the creation of an intersex being who exists in a state of moral limbo, where entrance to our human community is based on their mere genetic characteristics.

This chapter has not only provided a critical examination of intersex avoidance from a theoretical perspective but has also sought to underscore the ethical, cultural, and psychological implications of this practice. I have challenged cultural narratives regarding the practice of intersex avoidance and, rather, contextualized the practice to add to the discourse on reorienting how we describe the ethics of avoidance, including how it is enacted and justified.

Chapter Five: Intersex Avoidance & The Principle of Parental Openness

5.1. Intersex Avoidance & The Principle of Parental Openness

This chapter acknowledges that intersex avoidance is rooted in technological practices that marginalize intersex identities. In this context I will present my support for Christine Overall's (2012) view that a morally salient reason to become a parent is an openness to a relationship with another person. Expanding on Overall's premise, I argue that the essence of good parenting lies in the readiness or openness to embrace a relationship with another being. Inherently, intersex avoidance, whereby one rejects a relationship with an intersex child solely based on their sex, is a sexist act and, therefore, stands in direct contradiction to this ideal of parental openness. When I say that rejecting a relationship with an intersex child based on their sex is sexist, I subscribe to Marilyn Frye's description of sexism, which holds:

> The term ‘sexist’ characterizes cultural and economic structures which create and enforce the elaborate and rigid patterns of sex-marking and sex-announcing which divide the species, along lines of sex, into dominators and subordinates. Individual acts and practices are sexist which reinforce and support those structures, either as culture or as shapes taken on by the encultured animals. Resistance to sexism is that which undermines those structures by social and political action and by projects of reconstruction and revision of ourselves (Frye, 1983, p. 38).

Frye’s analysis is crucial here because it highlights that sexism is not just about individual biases but about broader structural forces that dictate how sex and gender are recognized, assigned, and socially enforced. Identifying an embryo’s sex or, in this case, labeling an embryo as intersex is an explicitly sexist practice in that it functions within and reinforces a rigid system of sex-marking and sex-announcing. As I outlined in the previous chapter, intersex avoidance operates within this framework: prospective parents use reproductive technologies to identify and communicate an embryo’s chromosomal or biological sex, allowing them to decide whether or not to continue a pregnancy based on that information. This practice, in turn, reflects and upholds the cultural and medical imperative to erase intersex existence, a phenomenon that Orr refers to as Compulsory Dyadism, which I have previously discussed in depth.

Frye’s argument further illuminates how intersex avoidance is not just an isolated reproductive choice but a reflection of deeper societal anxieties about gender nonconformity. The rejection of an intersex child due to their ambiguous sex is not merely a reflection of individual parental preferences; it is an enactment of the broader cultural insistence on binary sex and its accompanying hierarchy. This aligns with a well-documented history in which medical and social institutions have sought to erase intersex identities, a process that mirrors other forms of sexism by enforcing conformity to rigid gender expectations.

Contrary to Sparrow’s assertions, most intersex children are entirely healthy and, more importantly, ethically speaking, can form thoroughgoing attachments to their parents (Holmes, 2008). In this way, parents who employ genetic screening technologies to reject a relationship with an intersex being due to the label of their ambiguous sex are active participants in the structures that enable such practices to begin with.

In this chapter, I build an argument to counter those who describe (intersex) avoidance as ethically neutral or condonable (Sparrow, 2013; Tramifow, 2013; Savulescu, 2001). Rather, this thesis seeks to contextualize the practice of using medical

technology to identify and erase intersex traits as a morally troubling act, particularly because it involves rejecting a relationship with a potential being based on their sex.
I begin by outlining Christine Overall's (2012) argument regarding why one ought to have children. I explore how the decision to have a child ought to be motivated by an openness to a relationship with another, irrespective of their potential identity, for choosing to have a child is about choosing to engage in a relationship with a person whose future character and identity remain largely unknowable. In support of my central thesis claim that the practice of intersex avoidance, as enacted, is morally impermissible, I assert that the decision to have a child or become a parent should be motivated by an openness to forge a meaningful relationship rather than produce a specific child with predetermined traits and not face the personal moral complexity of raising an intersex child.

5.2. Why Have Children? Openness as a Framework

Having a child in and of itself is a world-shaping act. Becoming a parent means creating a child who will engage with the world and, through these engagements, change and reshape the world in which they live. For many people, having a child profoundly shapes their identity, and unlike many other life choices, once one becomes a parent, it cannot be undone. In this way, choosing to have a child may be an individual's most consequential decision. However, ethical discussions about intersex avoidance often overlook the fundamental motivations for becoming a parent. While authors like Sparrow (2013) suggest that rejecting or accepting a particular embryo is merely a choice, others, such as Michael Sandel (2007), recognize that the ability to choose to gestate a specific child marks a significant shift in human reproduction. Specifically, Sandel (2007) argues that the use of prenatal genetic screening in and of itself is burdensome, for it provides prospective parents with a choice where previously there was none: before prenatal screening, procreation was left up to the forces of fate and chance, and now one must contend with the choice of whom one ought to bring into the world.

In Christine Overall's *Why Have Children? The Ethical Debate*, she contends that a morally significant reason to become a parent is an openness to establishing a relationship with another person (2012). This principle of openness, for Overall, ought to be the foundational basis in the relationship between parent and child, acknowledging that choosing to have a child is fundamentally different than other types of relationships one might have:

> The developing relationship between parent and child is significantly different from developing a friendship or other love relationship with another adult. The difference in procreation is that the parents not only start to build a relationship with the child but actually create the person with whom they have the relationship. They choose to have their child. Of course they do not know much about the child they are choosing to have only that she will be biologically related to them a fact that may foreclose on some characteristics but also leave open many others. To choose to have a child is at best to choose to love and care for an unknown but related person, a person whom one will gradually get to know better and better even as that child goes through all the changes generated by maturing and growing up (Overall, 2012, p. 215)

In choosing to have a child, parents are doing more than merely building a relationship; they are creating a new person to share that bond with (Overall, 2012). Parents make this choice without knowing who their child will become, usually only knowing their future child shares a biological connection. This biological connection might determine some traits or characteristics but leaves many others open to chance, fate, or even one's environment. Thus, choosing to have a child is choosing to love and care for someone who is initially unknown but biologically related and to whom parents gradually grow closer as the child grows and develops.

Sparrow contends that a morally justified reason to partake in intersex avoidance is to spare any future intersex child the reduced welfare being intersex would entail (2012). I have critiqued the normative assumptions underpinning Sparrow's argument in previous chapters. Namely, I have detailed that the two intersex conditions that one may screen for do not seem to lead to any sexual ambiguity, which Sparrow posits to be the central reason that intersex people suffer reduced welfare. I also challenged the latter point by arguing that the medical system itself seems to be a main contributor to the reduced welfare an intersex child may experience by performing irreversible sex-normalizing surgeries without consent. In this way, I have aimed to show that intersex avoidance, in of itself, is inherently tied to a cultural impetus to name and erase intersex variations and that being intersex, in of itself, does not bar a child from being able to create a relationship with a parent.

Another criticism of Sparrow's argument is that it implies prospective parents have a duty to choose to raise a specific kind of child free from intersex variation or at least choose a child with the best possible welfare. Employing Overall's concept of why one should be motivated to be a parent in the first place, I suggest that Sparrow's defence of intersex avoidance fails to consider that the primary reason to become a parent is not to create a child with specific traits but to establish a unique and meaningful relationship:

> Parents are of course vitally interested in and devoted to their children's future but the best reason for having a child is not to produce an adult or even to create a specific kind of child. To choose to have a child is to set out to create a relationship, a relationship that gives a particular meaning to one's own life and to the life of the being that is created. This kind of relationship may well have certain goals, but the value of the relationship is not derived only from its having goals or even from achieving them. The relationship is valuable for its own sake. The best reason to have a child is simply the creation of the mutually enriching, mutually enhancing love that is the parent-child relationship. In choosing to become a parent, one sets out to create a relationship and in a unique way one also sets out to create the person with whom one has the relationship." (Overall, 2012, p. 213)

Prospective parents have a vested interest and commitment to their children's future. However, a vested interest in a particular future is not the fundamental or primary reason for becoming a parent. Choosing to become a parent or have a child is about fostering a new relationship; due to its biological closeness, it often imbues both the parent's life and the child's life with special meaning. While prospective parents may set specific goals for their children, the value of the parent-child relationship ought not come from setting or achieving these goals. Rather, the relationship between parent and child is intrinsically valuable and ought to be treated morally with a certain level of openness, love, and care. Overall describes the parent-child relationship as mutually enriching when such a relationship is characterized by openness and reciprocity. Thus, Sparrow's argument, which suggests a moral duty or liberty for prospective parents to choose a child based on considering the future welfare of one's child, treats children as products with predetermined life outcomes. This notion runs counter to the philosophy of parenthood as a relationship-building endeavour.

In this section, I have explored Overall's conception of what ought to motivate prospective parents in choosing to have a child. I outlined how the primary motivation for choosing to have a child is related to one's openness or willingness to foster a relationship with an unknowable being. Embracing the uncertainties of who one's child may be is for Overall, intrinsic to the parent-child dynamic. While prospective parents may have goals for their children, these goals should not be their primary motivation in choosing to have a child, for this diminishes the intrinsic value of the parent-child bond that deserves a certain level of moral care, love, and openness.

As I have previously described, intersex avoidance relies on the chromosomal identification of one's sex. Intersex avoidance, predicated on one's intersex identity alone as in the case of intersex avoidance mediated by IVF and PGD, can therefore be described as sexist (Frye, 1983). I will expand on this point in the next section.

5.2.1. Intersex Avoidance, a Sexist Act Contrary to Parental Openness

Practically speaking, while prospective parents may be significantly invested in the future welfare of their offspring, I have described how the primary motivation for choosing to have a child should be an openness to foster a relationship with a new person (Overall, 2012). In this section, I describe how participating in intersex avoidance, by invoking Marilyn Frye's description of sexism, is inherently a sexist act that is contrary to the openness one ought to show in fostering a parent-child relationship.

Frye characterizes sexism as a product of cultural and economic structures within society that are responsible for the labelling and categorization of individuals based on their sex. These labels are enforced and policed differently, leading to different expectations, roles, and treatment based on one's particular sex. In Frye's view, these structures ultimately divide people hierarchically, where one group or sex has privilege over the other. Frye describes how individual actions and practices can be sexist if they reinforce and support these cultural and economic structures. This includes behaviours, decisions, and societal norms perpetuating the division and power imbalance between the sexes. Relatedly, Frye describes resisting sexism as actions that undermine the structures that perpetuate sexism. This resistance can take the form of political action, for example, that is aimed at changing societal norms or laws that perpetuate sexism; however, resistance can also take the form of personal action, when one challenges and modifies one's beliefs and behaviours that support sexism.

Utilizing Frye's characterization of sexism, one can describe the project of intersex avoidance as sexist in so far as it relies on labelling and announcing one's intersex identity or sex. In relying on the categorization and subsequent subordinating of intersex existence due to their sex, intersex avoidance, in itself, is generated out of sexist concern to maintain the sex binary. Partaking in intersex avoidance ultimately reinforces and supports the cultural and societal structures that seek the continued subordination and oppression of intersex people. Prospective parents, by partaking in such an act, also contradict the openness required in fostering a parent-child relationship that is mutually enriching. In this way, intersex avoidance, as currently enacted, is morally impermissible, for it is a sexist act that is contrary to the openness necessary in choosing to have a child and become a parent:

> Protocols for intersex infants certainly reveal a cultural discomfort with individuals whose bodily existence challenges categories we hold dear. These protocols also show that at least in the realm of sexual behavior and identity, most

> of us suffer from a lack of imagination. Instead of enabling the creation of new narratives both to aid these individuals in developing their identities as sexed persons and to free other people's rigid identity constructions as well, medical theory and practice enforce upon all of us tired and oppressive stories about who wears the pants, who gets to shave, and who plays with dolls because it assumes that these stories constitute the necessary foundation for a "normal" life(Hausman, 2000, p. 130).

Partaking in intersex avoidance is inherently unethical and personally harmful as it perpetuates and enforces outdated and restrictive narratives of sex and gender, which limit our freedom and the freedom of others. By participating in and supporting systems that endorse intersex erasure, we are complicit in maintaining these restrictive narratives, thus perpetuating a cycle of limited freedom for others whereby individuals have less ability to explore and express their gender identities freely.

In the next section, I will outline and address four potential criticisms of this Chapter's argument. Specifically, I will address claims that intersex avoidance is a prudential decision rather than an ethical one, how social and cultural factors may shape the decision to have a child, the non-identity problem in relation to intersex avoidance, and whether prospective parents have the right to reproduce without interference.

5.3. Criticisms to the Principal of Parental Openness in Intersex Avoidance

In this section, I will outline and contend with three potential criticisms of this Chapter's argument and my central thesis claim that the project of intersex avoidance is morally impermissible:

First, I outline a potential criticism regarding a claim of my central argument in this chapter, that the decision to have a child is not inherently ethical but rather prudential. In this way, the decision to have a child is like other prudential decisions one may make, like investing money or buying a house. In response, I highlight how the decision to have a child is unlike other prudential decisions because of the inherent unpredictability of raising a child. Employing the concept of the “unbidden” as described by Michael Sandel (2007), I argue that what makes choosing to have a child a unique joy and challenge is related to the unbidden aspects of parenthood. In this way, having a child is meaningfully different from other prudential decisions one may make.

Second, I deal with the potential criticism that the primary motivation to become a parent is a social or cultural obligation. Under this logic, one can describe their decision to have a child as an inevitable response to the considerable social and cultural pressure to become a parent, instead of an openness to a mutually enriching relationship with another being. In this way, one may argue that having a child is not inherently ethical but rather a social obligation in response to social and cultural conditioning. In response to this line of argumentation, while I highlight the role of social and cultural factors in reproduction and intersex avoidance, I have sought to highlight that, beyond these societal influences, there lies a more profound ethical motivation in the decision to have a child. Moreover, I argue that social and cultural pressure can coexist with an honest and sincere desire to foster a meaningful relationship with another being. Attributing the decision to have a child or the project of intersex avoidance as merely a response to social or cultural conditioning fails to address the role of individual agency or autonomy in enacting one’s decision. In my work, I have endeavoured to illustrate that the choice by potential parents, medical professionals, and policymakers to engage in practices that support, condone, or help enact intersex avoidance is essentially an active use of their autonomy, contributing to the ongoing erasure and marginalization of intersex individuals. While certainly influenced by the broader societal context, these decisions are ultimately carried out through personal actions for which one is morally responsible. This underscores that each decision-maker plays a crucial role in either perpetuating or challenging the societal norms surrounding intersex erasure.

Third, I respond to the notion of employing one's procreative liberty to defend the possibility of intersex avoidance (Savulescu, 2006). In this way, I address whether individuals have the right to reproduce without interference and whether this right means that one has the right to make unrestricted choices in their use of reproductive technologies, including IVF and PGD for intersex avoidance. In response, I argue that one must balance the claims of procreative liberty and ethical responsibility in the context of intersex avoidance and the use of reproductive technologies, especially considering how our choices have broader societal and medical considerations. Namely, while I acknowledge and support procreative liberty, I emphasize how IVF and PGD are medical acts and, therefore, are open to medical expertise and discretion. I point to, for example, how medical professionals, not prospective parents set embryo implantation rates. In this way, I show how one's procreative liberty needs to be balanced in relation to medical risks and the broader implications of one's decision.

5.3.1. Critiquing the Notion That the Decision to Have a Child is Prudential

The first potential criticism is that deciding to have a child is not inherently an ethical issue. Such an argument would treat the decision to avoid having an intersex child as merely prudential. That is to say, the decision to have a child is analogous to other major life decisions that ". . .affect primarily the chooser's welfare; hence, they are not inherently ethical issues" (p. 5-6). This argument aligns with Sparrow's argument that because the reduced welfare intersex people suffer is due to medical, social, and cultural factors over which prospective parents have little or no control, prospective parents may have prudential reasons to avoid gestating an intersex child (2013). The fact possibly strengthens this position if choosing to have a child is, in fact, prudential; it does not appear to matter if the reduced welfare intersex people experience comes from unjust or discriminatory causes over morally irrelevant differences. If our decision was merely prudential, then all forms of suffering one may experience ought to factor into one's decision to select a child on the basis of their future welfare.

In response to the argument that the decision to have a child is prudential, first, I argue that choosing to have a child may significantly alter one's life but stating that the choice is merely prudential downplays or ignores that reproduction is a world-shaping act. As I have previously outlined, becoming a parent may be the most consequential decision one makes. Choosing to have a child is identity shaping; the parent-child relationship's uniqueness stems partly from one actively creating a new relationship with whom they will share this bond. Becoming a parent is, practically speaking, so unlike other decisions one will make, saying it is merely prudential diminishes the act of forming a bond with one's child. Becoming a parent should be recognized as a profoundly ethical commitment, for parenting involves an almost continuous series of ethical and moral responsibilities, extending far beyond the initial choice to have a child.

Moreover, choosing to have a child is unlike other decisions we may describe as prudential because prudential decisions generally have predictable or foreseeable outcomes. For instance, investing one's money can be described as prudential, for one's decision to invest is based on calculated risk and expected returns. Unlike in choosing to become a parent, investing, while it does not have a guaranteed outcome, is often predictable based on historical trends and financial models. Another example is purchasing a home. When buying a home, one generally factors in location, size, price, and potential resale value. In essence, such a decision would be prudential because it involves evaluating tangible factors and choosing based on potential outcomes.

In contrast, the decision to become a parent involves a level of uncertainty and unpredictability not seen in other decisions one may describe as merely prudential. Instead, the inherent uncertainty and unpredictability in one's decision to raise a child makes raising a child both a unique challenge and a joy. Relatedly, Michael Sandel (2007), in his exploration of the ethics of genetic engineering, employs the concept of "unbidden" as a crucial aspect of parenthood. He emphasizes the importance of appreciating the uncontrolled and unexpected aspects of life, particularly in the context of raising children:

> In a social world that prizes mastery and control, parenthood is a school for humility. That we care deeply about our children, and yet cannot choose the kind we want, teaches parents to be open to the unbidden. Such openness is a disposition worth affirming, not only within families but in the wider world as well. It invites us to abide the unexpected, to live with dissonance, to reign in the impulse to control. (p. 86)

For Sandel (2007), parenthood is about welcoming the unbidden– the unpredictable, the unforeseen, and the uncontrollable elements that come with raising a child. This fundamentally distinguishes the decision to become a parent from merely a prudential decision. Parenthood is about embarking on a new relationship that is defined by its openness to the myriad possibilities of whom one's child may become, and in doing so, one experiences the profound joys and challenges that come with embracing the unbidden aspects of raising a child.

To summarize my position, while all parenting decisions involve a mix of prudential and ethical considerations, intersex avoidance is distinct because it is a selection decision made before the existence of a child, based solely on sex-related traits. Unlike choosing where to live or how to educate a child, which are decisions that shape but do not erase identity, intersex avoidance functions as a form of pre-emptive exclusion based on morally irrelevant sex traits. This places it in a different ethical category than other prudential concerns or acts parents make, like choosing where to live or educate a child. The unpredictability of parenting, as Sandel (2007) argues, is not just a logistical challenge; it is an essential moral feature of the parent-child relationship. Attempts to pre-emptively control for sex characteristics (rather than potential suffering or well-being) fundamentally contradict the openness required for ethical parenthood.

To summarize, I deconstructed the notion that the decision to have a child is merely prudential. I begin by highlighting the significance of the decision to have a child as a life-altering and world-shaping act. I highlight how the decision to become a parent is identity-shaping because parenthood is an enduring ethical commitment far past our initial decision to have a child. I then compared the decision to have a child with other predictable prudential decisions, like investing or buying a house, to underscore the inherent uncertainty and unpredictability of raising a child. Then, drawing on Michael Sandel's (2007) concept of the "unbidden", I contend that the unique joys (and challenges) of parenting are connected to the unpredictability of raising a child. In this way, the decision to have a child is morally significant because it is meaningfully different from other prudential decisions that alter or shape our world. Unlike other prudential matters, the decision to have a child encompasses the larger ethical project of raising a child whose future remains unknowable to us.

5.3.2. Social & Cultural Expectations in the Decision to Have a Child

One might argue that societal and cultural norms and expectations play a significant role in the decision to have a child. In many societies, having a child is a social obligation, suggesting that the decision to have a child may be motivated not out of a desire to create a meaningful relationship with another being but rather the culmination of the social and cultural pressure to have a child. More plainly, one may argue that these influences are so strong that choosing to have a child is less an act of individual autonomy and more a response to societal mandate. In many cultures, parenthood is not understood to be a personal moral decision but rather an expectation. If parenthood is primarily a social obligation rather than a moral one, then moral scrutiny of individual choices becomes less relevant.

In response to this line of argumentation that I noted above, social obligation or pressure can coexist with a reproductive desire to foster a meaningful relationship with another person. The fact that social pressure exists to have a child does not preclude one from seeking and fostering a relationship with said child. In this way, one can feel socially obligated to have a child and still have a desire to create a meaningful and mutually enriching relationship with said child.

Moreover, social “pressure” can align and even bolster one’s reproductive aspirations. For instance, a society that encourages reproduction may make it easier to raise children through social and community support and parental resources. While one may feel social pressure to have a child, this pressure may make raising a child much more accessible or attainable. To summarize, the societal impetus to have a child may facilitate one’s decision to be a parent while also providing a supportive environment for raising children.

Further, the social pressure to have a child does not diminish the moral responsibility of choosing to have a child. It is indeed evident that social and cultural factors play a role in many of our life choices. This influence is a ubiquitous element of human decision-making, reflecting the interconnectedness of individuals with their societal and cultural contexts, which has been a central claim of this thesis. In recognizing this fact, it becomes apparent that while one can argue that societal pressure is a factor in one’s decision to become a parent, it does not fully encapsulate the complexity of this choice.

Every decision one makes, including the profound choice of becoming a parent, is made within a web of social and cultural influences. These influences range from overt societal expectations to subtle cultural norms that shape our preferences and values. However, acknowledging this does not negate the individual agency and deeper personal motivations that drive one's decision-making. In choosing to become a parent, while societal norms may provide a backdrop, they do not singularly dictate the decision.

In this chapter, I have highlighted that, beyond these societal influences, there lies a more profound ethical motivation in the decision to have a child. This motivation centers on establishing a meaningful relationship with a new person. While societal and cultural factors may inform this decision, they do not diminish the potential for personal agency and the ethical considerations or scrutiny that come with choosing to bring a new life into the world. Moreover, reducing the decision to become a parent as merely a response to social pressure risks overlooking the potential for resistance and individual divergence from societal norms. People often make choices that defy cultural expectations. In the context of parenting, this might manifest as a conscious choice to embrace the unpredictability and unique challenges of raising an intersex child. While social and cultural influences are undeniably present in our decision-making, they do not entirely define it. Although made within a societal context, the choice to become a parent can and often does transcend social norms, reflecting deeper personal desires and ethical considerations about the nature of the parent-child relationship.

Decisively, this thesis has meticulously examined how social and cultural factors play a pivotal role in shaping the phenomenon of intersex avoidance. These factors, deeply embedded in societal norms and cultural beliefs, create a context where intersex identities are often misunderstood, marginalized, or stigmatized. Cultural narratives and social constructs around gender and sex significantly influence how individuals perceive and respond to intersex conditions. These narratives often promote rigid gender binaries and pathologize deviations from these norms, thereby contributing to the avoidance of intersex traits. In many cultures, the lack of awareness and understanding about intersex variations further perpetuates misconceptions and biases, making intersex avoidance seem like a normative response.

However, attributing intersex avoidance solely to social and cultural phenomena does not fully address the role of individual agency in enacting and subsequently perpetuating this practice. I have sought to show that when prospective parents, healthcare providers, and policymakers opt for practices that align with intersex avoidance, they are actively using their autonomy to contribute to the continued marginalization and erasure of intersex people. Though influenced by the broader societal context, these choices are ultimately enacted through individual actions of which one is morally responsible.

In this way, I have sought to contextualize intersex avoidance not merely as the product of a passive absorption of cultural norms but also as a result of active choices made by individuals within that cultural framework. Each decision to avoid or erase intersex traits reinforces the existing societal narratives, giving them a material reality and perpetuating their influence. This cycle of avoidance and erasure becomes self-sustaining as cultural norms continue to shape individual choices, reinforcing those norms. Understanding intersex avoidance, therefore, requires an analysis that considers both the overarching social and cultural influences and the individual actions that manifest these attitudes into reality. It is in the interplay of these factors that intersex avoidance finds both its roots and its continued existence. By recognizing the role of individual agency in the project of intersex avoidance, we can begin to see how choices, informed by a deeper understanding and acceptance of intersex variations, can challenge and eventually transform these ingrained societal norms or structures of intersex erasure.

This section has explored the intersection of societal influence and individual agency in reproductive decision-making, particularly in the context of intersex avoidance. First, I have argued that while cultural and social pressures shape the decision to have a child, they do not eliminate personal responsibility. Individuals remain ethically accountable for their reproductive choices, even within broader societal expectations. Second, I have shown that intersex avoidance is not a passive response to social norms but an active decision that reinforces the marginalization and erasure of intersex individuals. Finally, I have emphasized that while systemic factors contribute to intersex avoidance, they do not absolve prospective parents, healthcare providers, and policymakers of their moral accountability. Recognizing the active role of individual choice in either reinforcing or resisting these norms is essential to creating a more ethically responsible and inclusive approach to reproductive decision-making.

5.3.3. The Right to Reproduce Without Interference

One advocating on behalf of the procreative liberty argument in the case of intersex avoidance may argue that it is a fundamental human right to make procreative decisions and that such decisions should be free from state or other forms of interference and also one has the duty to produce the best possible child (Savulescu, 2006). Such an argument may also liken intersex avoidance with folk methods used by prospective parents throughout human history wishing to have a child of a particular sex and gender.

As Hendl summarizes, "[t]hese scholars claim that it is inconsistent for the state to attempt to regulate assisted sex selection on the basis that natural methods are not subject to state regulation" (2017, 428). However, folk methods of sex selection, unlike genetic screening technology such as PGD, have been proven to be medically ineffective and, therefore, do not benefit users in achieving their reproductive desires (Hendl, 2017). In any case, one could agree that one ought to respect a human being's right to decide whether to have a child.

As I previously stated at the onset of this thesis, I agree vehemently with this right: individuals ought to determine whether and how they will have children, and this right should not be interfered with. However, there is a difference between a negative right not to be interfered with and the position that any reproductive decisions should be ethically vindicated. In cases of intersex avoidance specifically, prospective parents may choose a variety of other "free" reproductive options, including other assisted reproductive techniques that do not necessarily retreat from a parental openness to a relationship and still choose how, when, and where to have a child. Such reproductive decisions are preferable since they uphold prospective parents' commitment to the principle of openness to a relationship with another being as the basis of their desire to be a parent.

Moreover, just because someone has a right to access IVF and PGD does not entitle one to an unrestricted agency regarding its use. Fundamentally, IVF and PGD are medical procedures and, therefore, are a matter of medical discretion and expertise, not solely patient preference. For instance, medical professionals do not allow patients undergoing IVF and PGD to select how many embryos are inserted into one's uterus for implantation. While placing more embryos might enhance the likelihood of pregnancy, it also raises the probability of multiple simultaneous pregnancies. Such scenarios pose considerable medical risks to both the expectant mother and the developing fetuses, and since such children often need more medical support, they strain medical resources more generally. Therefore, it is not only reasonable but ethically imperative for hospitals and fertility clinics to implement policies that regulate the number of embryos implanted during IVF. Limiting the number to a safer count, like two or three, strikes a balance between facilitating the patient's desire to conceive and mitigating the inherent risks of high-order multiple pregnancies. This approach ensures a responsible and sustainable use of IVF technology, safeguarding the health and well-being of both the mother and the potential child or children while also considering the broader implications for healthcare systems. In this way, one can see how one's reproductive desire to have a child is already being balanced with the broader consequences and implications of one's decision in the fertility clinic milieu.

To summarise, while the argument for procreative liberty, as advocated by Savulescu, asserts the fundamental human right to make reproductive choices free from external interference, this stance requires careful balancing with ethical considerations, particularly in intersex avoidance. It is essential to differentiate between the right to make reproductive decisions and the ethical validation of all such decisions. Especially in cases involving intersex avoidance, the ethical implications extend beyond individual choice to broader societal and medical considerations.

The comparison of intersex avoidance with historical folk methods of sex selection underscores the evolution of reproductive technologies and their implications. Unlike these traditional methods, modern genetic screening techniques like PGD are medically effective but bring heightened responsibilities and ethical considerations. The right to access these technologies does not equate to absolute autonomy in their application. Medical expertise and discretion play a crucial role in guiding their use, particularly considering the potential risks involved, such as the increased likelihood of simultaneous pregnancies and the resultant health risks and overall strain on healthcare resources.

Therefore, while respecting an individual's right to decide on having children, it is equally important to ensure that these decisions are made within an ethically sound and medically responsible framework. By balancing personal reproductive desires with ethical and medical considerations, we can ensure a more responsible and inclusive approach to reproductive decision-making. Consequently, while procreative decisions are a personal right, they must be navigated with an awareness of their broader implications, which I have explored throughout this thesis.

To summarize, this section has critically examined the procreative liberty argument in the context of intersex avoidance, highlighting the distinction between the right to reproductive autonomy and the ethical permissibility of all reproductive choices. While individuals possess a fundamental right to make reproductive decisions, this right does not grant unrestricted autonomy in the use of medical technologies such as IVF and PGD, which are subject to medical discretion and ethical oversight. Additionally, the comparison between intersex avoidance and folk sex selection methods demonstrates that technological effectiveness brings greater ethical responsibilities. Just as fertility clinics regulate embryo implantation to balance individual desires with medical and societal concerns, intersex avoidance must also be evaluated within an ethical framework that prioritizes openness to a parental relationship rather than selection based on sex traits alone. Ultimately, this section has underscored that reproductive rights must be exercised responsibly, with an awareness of their broader medical and societal implications.

5.4. Chapter Five Conclusion

The continued categorization and elimination of intersex variations have been explored in other chapters as: a series of actions, ultimately culminating in intersex erasure or a cultural impetus to reject intersex variations in the maintenance of the sex binary or, as Orr (2018) describes it, Compulsory Dyadism—ritualized form of abjection with psychic benefit (Kristeva, 1982)—and the construction of an intersex cyborg entity that blurs our conventional notions of personhood, identity, and relationality (Haraway, 1991). These conceptualizations of intersex avoidance show how partaking in intersex avoidance is inherently discriminatory and, therefore, morally impermissible. In support of my central thesis claim that the practice of intersex avoidance is morally impermissible, in this chapter, I have argued that participating in intersex avoidance is a sexist act that contravenes the principle of parental openness, which should be the cornerstone of the decision to become a parent.

This chapter has critically examined the practice of intersex avoidance within the framework of parental decision-making and ethical responsibility. I began by exploring

Christine Overall's (2012) contention that the essence of choosing to become a parent should be rooted in an openness to forging a meaningful relationship with another being. This principle stands in stark contrast to the practice of intersex avoidance, which is fundamentally based on a rejection of potential offspring due to their intersex sex. Such rejection, as argued, is not only a form of sexism as defined by Frye (1983) but also a direct contradiction to the ideal of parental openness.

The discussion highlighted that intersex avoidance, driven by cultural and medical imperatives to conform to a binary gender system, is an active choice that contributes to the erasure and marginalization of intersex individuals. This choice, made by prospective parents, healthcare providers, and policymakers, is a manifestation of individual autonomy that perpetuates oppressive narratives about sex and gender. These narratives limit the freedom of individuals to explore and express their gender identities, thus impacting the broader societal understanding and acceptance of gender diversity.

Moreover, this chapter addressed and countered arguments that justify intersex avoidance as ethically neutral or prudentially motivated. It emphasized that the decision to have a child should transcend social pressures or cultural norms, focusing instead on the intrinsic value of the parent-child relationship. Parenting is not merely a prudential decision but a deeply ethical commitment that involves embracing the "unbidden" or unknown and unpredictable aspects of the child's future identity and development (Sandel, 2007).

In conclusion, I have established that intersex avoidance, as currently practiced, is morally indefensible. This chapter has strived to reframe the narrative around intersex avoidance, positioning it not as an acceptable norm but as a moral failing that contradicts the intrinsic values of parenting and of the parent-child relationship itself. In doing so, I hope to champion a vision of parenting grounded in openness and acceptance, where preconceived notions of gender or sex do not constrain the decision to bring a new life into the world.

5.5. Review of Chapters

In, *Gender Eugenics? The Ethics of PGD for Intersex Conditions*, Robert Sparrow posits the moral acceptability of using Pre-Implantation Genetic Diagnosis (PGD) by prospective parents to avoid the birth of children with intersex variations (2013). He contends that given the limited capacity that individuals have to rectify social injustices, obliging parents to bear children who are likely to face societal discrimination, ostensibly for a broader social benefit, equates to a form of reverse eugenics, compelling parents to prioritize societal ideals over their children's welfare (2013, p. 34). He defends the use of PGD to avert the birth of intersex children, framing this choice as rooted in a concern for the future child's well-being (p. 36), and asserts that the duty towards creating an inclusive society that values diversity can be superseded by a parental, individualistic ethic (Couture et al., 2013). This thesis challenges the ethical permissibility of intentionally preventing the birth of intersex children through PGD, contending that the act of intersex avoidance is ethically indefensible.

In Chapter 2, I critically examined Sparrow's proposition that utilizing PGD for the avoidance of intersex conditions is ethically permissible. A central aspect of his argument is the non-person-affecting aspect of PGD, which suggests that since PGD determines the birth of a particular individual, it neither harms nor benefits anyone in a direct sense. This reasoning, however, oversimplifies the ethical complexity of intersex avoidance, suggesting that avoiding the existence of an intersex child out of concern for their future well-being is ethically permissible while acknowledging that such an act does not equate to a tangible benefit or harm, given their non-existence. This contradiction underscores the ethical tension in his position.

Furthermore, Sparrow also attempts to blur the lines between genetic conditions and environmental factors affecting one's well-being, advocating for a focus on the child's welfare irrespective of the cause. More simply, he conflates genetic conditions with environment factors affecting well-being, implying that one’s welfare should be prioritized regardless of source of disadvantage. This perspective, while trying to justify intersex avoidance, fails to fully engage with the broader ethical and social implications, particularly ignoring the significant role of medical and social contexts in the marginalization of intersex individuals.

Ultimately, this chapter dismantled Sparrow's justifications and normative assumptions for intersex avoidance, arguing that such practices cannot be ethically defended solely on the basis of potential welfare considerations. Instead, the chapter highlights the need to acknowledge the broader societal, medical, and ethical landscapes in which these decisions are made, advocating for a more inclusive understanding of intersex variations that transcends reductionist views of well-being.

Building upon Chapter 2, Chapter 3 applied the Expressivist Critique to demonstrate how one's reproductive decisions in the context of intersex avoidance are not merely personal benign choices but, fundamentally, acts imbued with significant ethical implications–namely the perpetuation of a social narrative that tacitly devalues intersex existence. By drawing parallels between intersex variations and disability, I demonstrated how the medicalization of intersex variations through actions, policies, and medical practice reinforces that intersex lives are not worth living. This directly contradicts Sparrow's assertion that intersex avoidance is ethically neutral.

Additionally, this chapter critically examined the ethical frameworks one could use to justify intersex avoidance, revealing they rely on flawed assumptions about harm and deviations from ‘species-typical’ functioning. Such perspectives unjustly pathologize intersex variations while failing to acknowledge the possibility of intersex people being able to lead fulfilling lives. By challenging these paradigms, this chapter not only refuted existing justifications for intersex avoidance but also called for reassessment of the ethical foundations governing decision-making. In doing so, it opened avenues for further research to explore and redefine ethical considerations surrounding intersex identities and reproductive autonomy.

In Chapter 4, I employed Donna Haraway's Cyborg Feminism as a theoretical framework to examine how intersex avoidance challenges traditional notions of personhood and identity. By positioning intersex beings as 'cyborgs'—entities at the intersection of technology and biology—this chapter revealed how reproductive technologies contribute to the social construction of normalcy. Through this lens, intersex avoidance is not merely a clinical decision but a cultural and social ritual, laden with personal psychological implications. Drawing on Kristeva’s concept of abjection, I argue selecting against intersex variations functions as a form of ritualized abjection whereby expelling intersex ambiguity enforces the gender and sex binary, thereby preserving a coherent cultural and social order.

Further, this chapter explored how the creation of 'intersex cyborgs' through IVF and PGD complicates traditional boundaries of personhood, prompting a re-evaluation of identity as fluid and socially constructed rather than merely biological determined. By distinguishing these 'intersex cyborgs' from other forms of intersex existence, I highlighted their unique status as products of both medical technology and biology, thereby challenging conventional or dominant understandings of relationality, individuality, and identity.

Expanding on these ideas, I examined the broader societal implications of intersex avoidance, arguing that it reinforces binary gender norms and supresses diversity. In this way, the act of identifying and rejecting intersex beings during IVF and PGD is not merely a personal or medical decision but a reflection of societal norms and cultural myths about gender, sex, and normalcy. This process, therefore, acts as a symbolic reaffirmation of 'normalcy' at the cost of erasing the complex reality of intersex existence.

In Chapter 5, I examined intersex avoidance through the lens of parental ethics. Specifically, grounding my discussion in Overall's insights (2013), I argued that parenting is not about selecting specific traits in a child but about nurturing an openness to bond with another being, irrespective of their intersex status. By challenging assertions like those of Sparrow (2013) that deem intersex avoidance as morally neutral, the chapter situated these decisions within broader societal and medical practices that not only marginalize intersex identities but also perpetuate harmful narratives. This underscores the ethical implications of reproductive technologies and decisions, emphasizing the importance of fostering a relationship based on openness and acceptance rather than predetermined conditions.

Furthermore, this chapter addressed potential criticisms, examining the nuances between ethical, social, and prudential considerations in the decision to become a parent. It refuted the reductionist view that equates or treats reproductive decisions as mere prudential choices, instead advocating for a recognition of the profound ethical dimensions of parenting. Ultimately, this chapter advocates for a shift in perspective towards parenting and reproductive choices, urging a move away from practices that implicitly devalue intersex lives towards a more inclusive understanding that embraces the unpredictability and diversity of human existence. This reorientation towards parental openness challenges existing prejudices and enriches the societal fabric by fostering a more accepting and diverse community.

5.6. Medical Practice and Policy Implications

This thesis does not explicitly address how intersex variations are medically managed, but it is important to note a growing shift in medical practice and policy. This shift involves questioning the need for interventions that aim to "normalize" intersex bodies. Several areas in medical practice and policy need further exploration:

- The possibility of postponing surgeries intended to "normalize" appearance until the person can make an informed decision.

- Recognizing how sexism influences the medical treatment of intersex variations. For instance, societal norms about acceptable genital appearance often result in many intersex infants being assigned a female sex (and gender).
- Ensuring that individuals who might consider options to prevent intersex traits are fully informed by the experiences of intersex individuals. This includes making sure intersex people have a voice in the medical policies affecting their lives.

5.7. Closing Thoughts

In conclusion, this thesis not only challenges the ethical underpinnings of intersex avoidance but also advocates for a more open and accepting approach to parenthood. By confronting and dismantling the biases that underlie intersex avoidance, we pave the way for a more equitable and compassionate society where every individual is valued irrespective of their sex or gender identity.

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