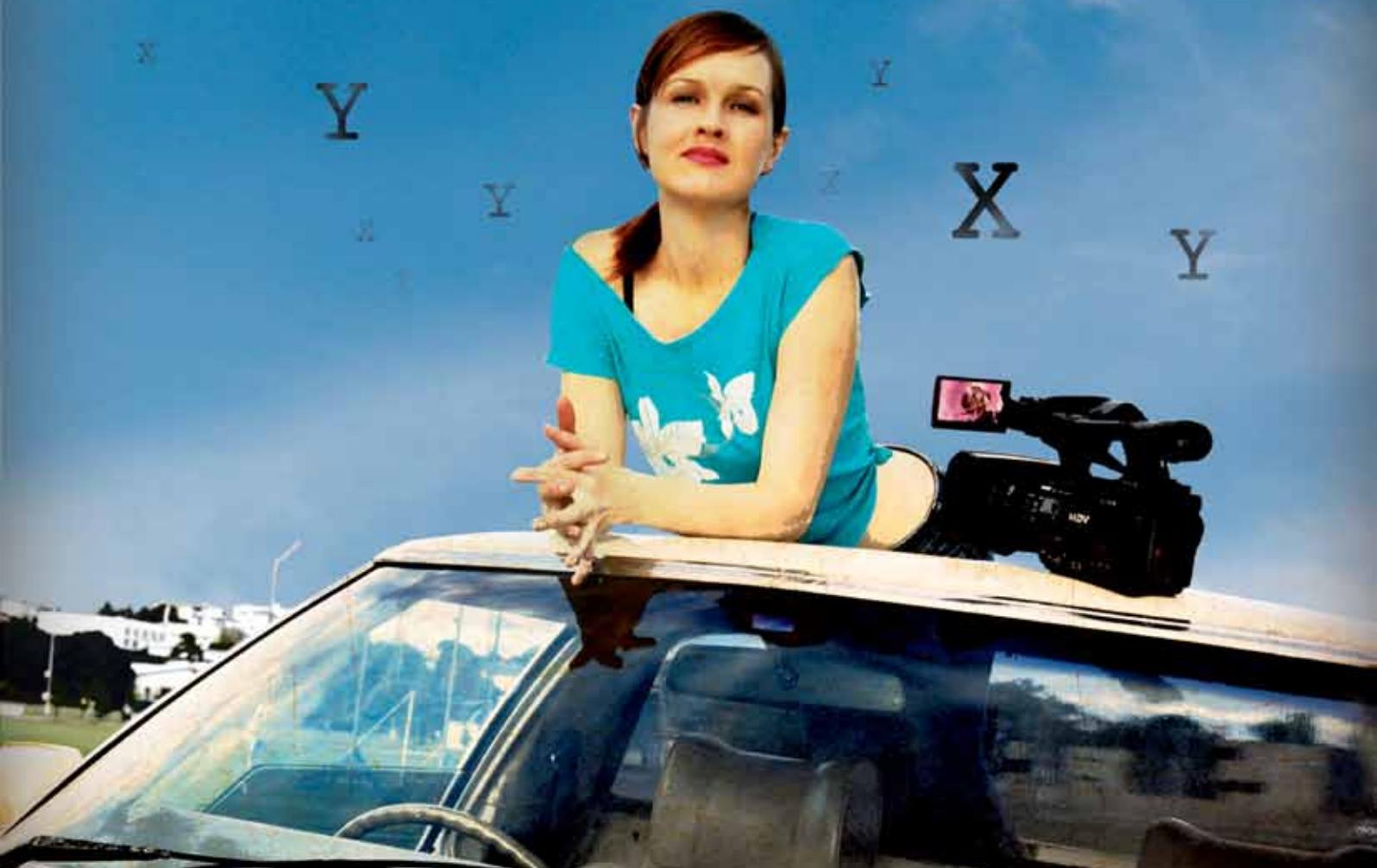


Daughter. Sister. Wife. Hermaphrodite.

Orchids

my intersex adventure.

*A Film By
Phoebe Hart*



A **STUDY GUIDE** MARGUERITE O'HARA



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Introduction

Orchids explores the personal journey of Phoebe Hart as she comes to terms with her rare medical condition – Androgen Insensitivity Syndrome. Phoebe was born intersex, with both male and female characteristics, sometimes referred to as hermaphrodite or Disorders of Sex Development (DSD). With her sister Bonnie, she sets out on a journey to

find out all she can about her condition, taking a camera around Australia and meeting other members of the intersex community. *Orchids* is the story of Phoebe and her family and friends, an exploration of how being born intersex has affected herself and others.

Curriculum Relevance

Orchids would be suitable for middle and senior secondary students of Health and Personal Development, Gender Studies, Sex Education, Psychology, Biology, English and Film and Media Studies. It explores a number of important issues about identity, human rights and differences, raising questions about what 'normal' means. Should physical conditions, such as being born with both male and female characteristics, be immediately adjusted to approximate 'normal' using surgery, or should the person concerned be able to make these decisions about their bodies when they are older? How do we develop an identity and what are the crucial factors in this process?

The documentary is also an interesting example of how a very personal story about a complex issue can be presented in a lively and engaging way by incorporating a range of visual approaches that go well beyond talking heads, illustrated diagrams and statistics. For students of English and Media and Film Studies, *Orchids* offers a fascinating example of an approach to constructing a personal narrative where the subject is both observer and observed.

You can watch a preview of *Orchids: My Intersex Adventure* at <<http://www.orchids-themovie.com>>.

There are several Extras on the DVD including interviews with a number of doctors, a geneticist and scientists about intersex conditions and a Question and Answer session with Phoebe Hart. They provide extra information about approaches to the condition and why and how Phoebe decided to make this documentary.



Synopsis

Documentary filmmaker, Phoebe Hart, comes clean on her journey of self-discovery to embrace her future and reconcile the past shame and family secrecy surrounding her intersex condition. Despite her mother's outright refusal to be in the film, Phoebe decides she must push on with her quest to resolve her life story and connect with other intersex people on camera. With the help of her sister Bonnie and support from her husband James, she hits the open road and reflects on her youth.

Phoebe's happy and carefree childhood came to an abrupt end at puberty when she was told she would never menstruate nor have children. But the reasons why were never discussed and the topic was taboo. At the age of 17, Phoebe's mother felt she was old enough to understand the true nature of her body and the family secret was finally revealed. Phoebe then faced an orchidectomy, invasive surgery to remove her undescended testes, the emotional scars of which are still raw today. Phoebe's road trip around Australia exposes her to the stories of other intersex people and holds a mirror to her own experience. She learns valuable lessons in resilience and healing but also sees the pervasive impact her

condition has on all her relationships.

At home, Phoebe and James want to start a family but dealing with infertility and the stress of the adoption process puts pressure on their marriage. Phoebe also starts to understand the difficult decisions her parents faced and is excited but apprehensive when they eventually agree to be interviewed. Will talking openly with her mother give Phoebe the answers she has been looking for?



Table One

WHAT DOES INTERSEX MEAN?

The term **intersex** is not widely understood and often used inaccurately. It is a biological state whereby a person's reproductive organs, genitalia and/or chromosomes transcend the binary male-female divide. Intersex people can identify as female or male, and sometimes refer to themselves as 'third gender' or simply 'intersex'. The Australian Medical Association definition states: 'a person with an intersex condition is born with sex chromosomes, external genitalia or an internal reproductive system that is not exclusively either male or female'. The word 'intersex' replaces 'hermaphrodite'.

Phoebe Hart says in her film, 'there are many different types of intersex, and there could be as many as one intersex baby in every 100. For some of us, it's picked up at birth, some don't find out until later or not at all'.

Intersex is used to describe a range of conditions, not a single physical condition. It does not mean 'half man and half woman'.

Student Activities

Activity 1

WATCHING THE FILM –THE PEOPLE

This story is told by, and is essentially about, Phoebe Hart. However it is also about her family and friends and how they relate to, shape and change her perceptions about her intersex condition. As you watch the film, choose one individual or group from those listed below on which to focus your attention.

Select from the following – **Phoebe**, **James (Phoebe’s husband)**, **Bonnie** and **Sophie (Phoebe’s sisters)**, **Dennis and Marie (Phoebe’s parents)** and Phoebe’s intersex friends – **Aleyshia**, **Andie** and **Tony** and **Chris**. After watching the film you could share and discuss your impressions and responses with other members of your class or group.

Phoebe

When I think about the scars on my body, the ones that are still raw are more the psychological scars that I live with every day – my self confidence and sense of completeness. PHOEBE

When did Phoebe learn that parts of her body, at least internally, were unlike those of most other females?

What was the medical intervention that she underwent as a teenager?

Describe some of the follow up ‘treatments’ she underwent to make her physically ‘female’? How confronting and alienating would procedures such as the vaginal dilation be to a young woman?

How does she talk about her behaviour as a teenager, particularly in relation to her sense of being ‘weird’?

For many people, finding a partner is important to a sense of well-being and security. Why is the nature of her loving relationship with James so important to Phoebe?



Why is Phoebe determined to comprehensively document an exploration of her intersex condition?

How did she find out that there were many other intersex people?

Why is it important for Phoebe to meet up with, talk with and get to know other intersex people?

How do today’s technologies make it easier for people to connect with others who may have a relatively rare medical condition or an unusual interest?

Does having access to others who share your own concerns help to ‘normalise’ them?

What happens at the end of the film that fits the final piece in the puzzle for Phoebe and James?

Why do you think Phoebe chose to call her film *Orchids*? What does the name of these plants have to do with being an intersex individual?

I’m happy imagining the future and I’m starting to feel comfortable with who I am. I’m beginning to understand my sister better too. It’s part of the reason I wanted her to come with me on this trip. To make up for the lost time, I suppose. PHOEBE

What is the ‘lost time’ Phoebe is referring to?

James

It's not up to you to provoke your mother to respond to any of this because that's very unfair on a person. Just for a film, like just for other people to see.

JAMES TO PHOEBE EARLY IN THE FILM

Describe the 'whirlwind' romance between James and Phoebe?

How does he explain his feelings about Phoebe?

Why did James wonder about his own sexual identity?

When do the consequences of Phoebe's infertility become most apparent to him?

Is he unreservedly supportive of the filming process?

Identify some of the times during this process where James appears to be less than enthusiastic about Phoebe's project?

How important is becoming a parent to James?



Bonnie and Sophie

This is a really weird sort of life-film mediated existence. I've had a really hard difficult time with it, being behind the camera, in front of the camera, sister, camera operator, professional, unprofessional, driving, humorous, not too humorous, keeping it real, grumpy, un-grumpy, tired ... **BONNIE**

We weren't allowed to tell anyone ... it was really secret. **SOPHIE**

Describe Phoebe and Bonnie's relationship as they travel around the country

What is it about Bonnie's professional background and relationship to Phoebe that makes her the ideal companion on this journey?

What are some of the tensions in Bonnie and Phoebe's relationship that are shown in the film? How do they relate to 'the lost time' Phoebe talks about?

What do the three sisters have in common in terms of their genetic makeup? How do the differences manifest themselves, both physically and emotionally?

What kind of avenue for self-expression does Bonnie find in performance art?

What is Sophie, the middle sister, able to share with Bonnie and Phoebe?

How do secrets become entrenched in family behaviour? Do they necessarily protect people from being hurt?

What is Sophie's attitude to having children?

Dennis and Marie, parents of Phoebe, Bonnie and Sophie

... I don't like the idea of what you're doing, OK ... with me ... I mean if you want to expose yourself to everybody, well that's fine but I don't want to be involved. **MARIE**

Why are Dennis and Marie initially reluctant to speak on camera in their daughter's film? Put yourself in their shoes and consider why they might not want to be a part of this project.

Could Phoebe's parents' reluctance to talk publicly about their family's medical history be partly because they belong to a generation far less prepared to publicly discuss family secrets?

Why do you think Dennis and Marie change their minds and agree to be part of the film?

Describe what Dennis noticed about Phoebe after she had surgery to remove her undescended testes when she was 17.

What are Marie's strongest feelings about being a carrier of the genetic condition that has affected her family?

What do you think Marie and Dennis have gained by appearing in the film and being more open about their feelings in relation to their children?

What are your impressions of Dennis and Marie?

How can loving and supportive parents help children grow up secure and confident, whatever their differences?

Aleyshia, Tony and Andie and Chris

I ended up having a bilateral mastectomy, not because I wanted to, but by the sheer public pressure of being different ... and thinking, why should someone have to go to those extremes to fit into society?

CHRIS, PHOEBE'S HIGH SCHOOL PHOTOGRAPHY TEACHER

What form of 'hermaphroditism' does Aleyshia have? What are some of the difficult issues she had to deal with growing up?

What effects did the decision to make her male, including the subsequent surgery and medication, have on her?

Describe the experiences of Tony and Andie growing up intersex. How did the choices made for them about their gender ultimately prove to be not what they really felt themselves to be? In what ways are they able to support each other?

What variant of an intersex condition does Chris, Phoebe's high school photography teacher, have?

How was he treated growing up intersex?

Does this kind of cruelty, bullying and intolerance of differences still happen today?

How does Chris feel about the common condition he shares with Phoebe?

Apart from each having a form of intersex, what do Chris and Phoebe have in common?

What do the meetings with other intersex people on the road trip show about the complex and varied nature of gender and identity?

Why do you think many individuals and societies still regard ambiguous gender and identity as abhorrent or something abnormal that ought to be 'fixed' or hidden?

Do you think attitudes to homosexuals, transgender and intersex people have changed over the past twenty years in Australia? If so, in what ways?

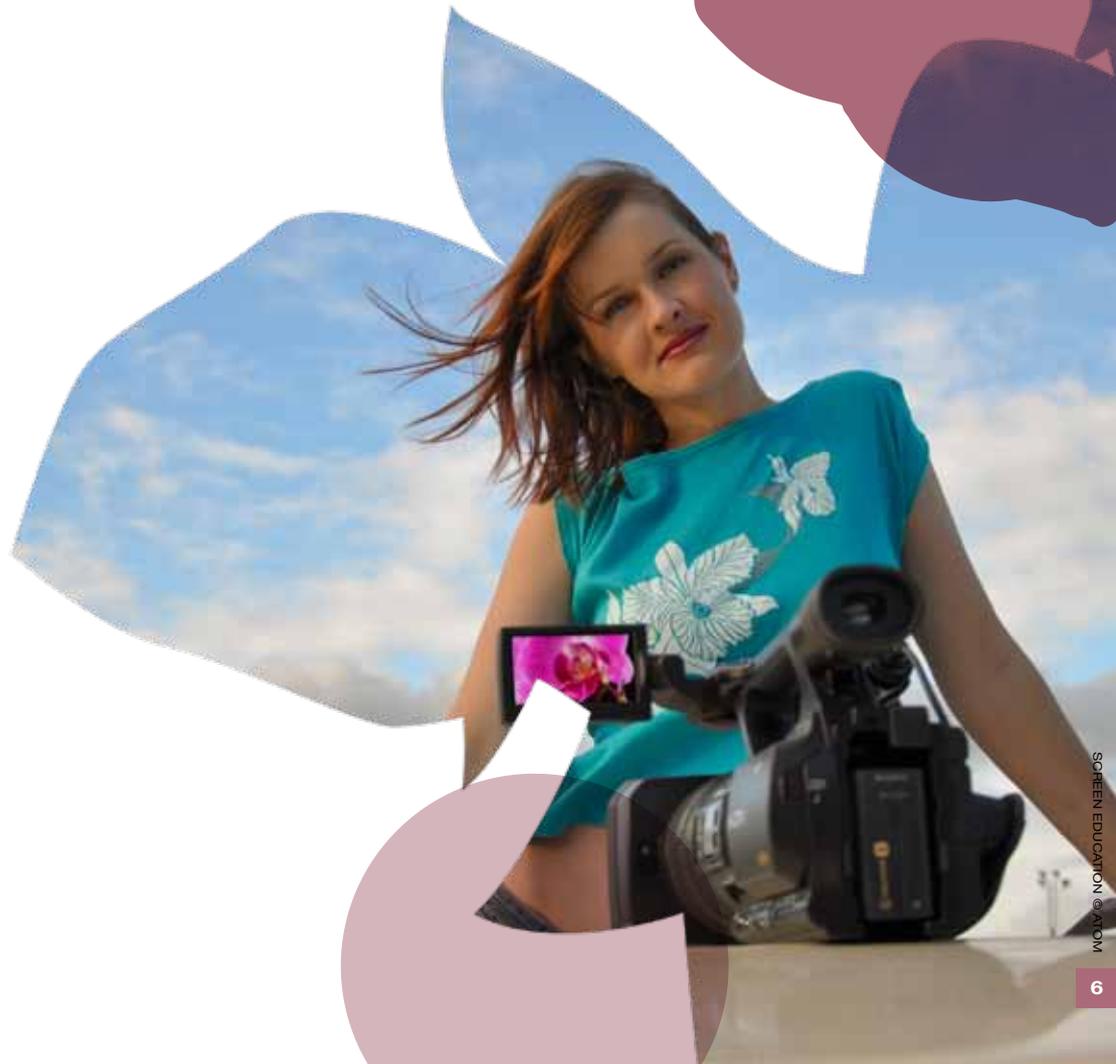


Table Two

WORDS AND TERMS USED IN THE FILM	
Term	Meaning
Typical chromosomal presentation	XX – Female, XY – Male
Possible intersex chromosomal presentation	XY – Female, XX – Male, or even XXY (see Klinefelter’s Syndrome)
Androgen Insensitivity Syndrome (AIS)	A congenital intersex condition, which can occur spontaneously at conception, or is passed down the generations via the matriarchal line. People with AIS have 46XY chromosomes (i.e. the typical male pattern) but develop atypical reproductive organs as a result of their bodies being insensitive to androgens (male hormones which include testosterone). The insensitivity to androgen can vary from ‘complete’ insensitivity (CAIS) to ‘partial’ insensitivity (PAIS). Consequently, physical appearance at birth can vary across the spectrum of female to male, and people with AIS can identify as being male, female or intersex. However, individuals with CAIS most often identify as women. In all cases, the gonads are actually undescended or only partially descended testes.
Hermaphrodite	In classical literature, a hermaphrodite is a mythical creature that possesses both male and female anatomy – created by the fusion of Hermes the God of Intelligence and Wisdom, and Aphrodite the Goddess of Beauty and Love. Today it is sometimes used to refer to a person with an intersex condition. Commonly, people think a hermaphrodite has ‘both bits’, but the reality is a person cannot simultaneously possess a complete vagina and penis. A person who has both testicular and ovarian tissue is said in old terminology, to be a ‘true hermaphrodite’. A ‘true hermaphrodite’ may have a separate ovary and testis but more commonly has an ovo-testis which is a gonad containing both sorts of tissue. While Phoebe recognises the word ‘hermaphrodite’ may cause offence to many intersex people, she has reclaimed this word as her own.
Congenital Adrenal Hyperplasia (CAH)	This term covers a range of states due to an abundance or deficiency of sex steroids, which can lead to problems during the development of sex characteristics. CAH has an incidence of between 1/5,000 and 1/15,000 live births. Occasionally, some 46XX chromosomal females with CAH are virilized (i.e. become more masculine) during foetal development so that they are born with ambiguous genitalia, making it difficult to determine sex at birth.
Hermaphrodyke	A lesbian intersex person.
Klinefelter’s syndrome	Chromosomal aneuploidy in males resulting in the duplication of sex chromosomes e.g. 47-XXY, 48-XXXXY, 49-XXXXXY, 48-XXYY, etc. On average, the condition occurs in about 1 out of every 1,000 males. One in every 500 males has an extra X chromosome but do not have the syndrome.
Transsexual	A person who has a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomical sex, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred sex (World Health Organisation). Also known as ‘transgender’.
Androgyny	Without any chromosomal or genital abnormality, some people do not identify themselves as exclusively male or female. Androgyny is a term sometimes used to refer to those without gender-specific physical sexual characteristics or sexual preferences or gender identity, or some combination of these. They can be anywhere between both sexes. This state may or may not include a mixture or absence of sexual preferences.
Orchidectomy	Surgical removal of testes. (Some physicians believe undescended testes are likely to become cancerous after puberty. They also produce the hormone testosterone).

Student Activity 2

EXPLORING THE ISSUES –BEING MALE/BEING FEMALE/ BEING ME

The glossary in Table 2 describes some of the range and complexity of conditions referred to in broad terms as intersex. Should we be pathologising these conditions and insisting on the binary distinction between male and female as the only true expressions of sexual identity?

A great deal of our behaviour and sexual identity is learnt and expressed in various ways in different societies. Many children learn to behave in ways that are characterised as ‘boyish’ or ‘girly’. Sexual identity and preference may well be inbuilt but many of our behaviours are shaped and re-enforced by our upbringing and social expectations. They are culturally determined and their expression may be dependent as much on context as biology, on nurture as much as nature.

Describe how infants and young children are often encouraged to behave and respond in particular ways that are regarded as sex appropriate in our society, such as through their clothing, toys and colours.

What do terms such as ‘tomboy’, ‘sissy’, ‘girly’ and ‘mannish’ imply?

Make a list of clichés that are casually used to express this gender stereotyping, e.g. ‘boys don’t cry’, ‘pink is a girl’s colour’, ‘women perspire and men sweat’ and ‘be ladylike’.

How do figures such as Lady Gaga, Madonna, and going back to the 1930s, performer Marlene Dietrich, subvert sexual stereotypes?

Does the current popularity of so-called ‘femiman’ models such as the Australian Andrej Pejic, a 19-year-old male with a slender figure, flowing blonde hair and a face with full lips and high cheekbones, suggest anything about changing social attitudes to gender identity or is his popularity more to do with his body shape as a catwalk model?

Has ‘gender bending’ become a new fashion statement? If it is what is the evidence in the media for this?

What do you understand by the term ‘metrosexual’?

How have the enormous changes to the way we live and work today broken down many gender stereotypes and attitudes?

How are men and women today treated when their sexual identity is complex or ambivalent, not clearly reflecting the traditional male-female divide?

What is the single thing that clearly differentiates men and women?

How has the meaning of the word ‘family’ changed and come to include a range of combinations beyond that of a man and a woman and their children? Who would you include in a description of ‘working families’, a much used political mantra?

SURGICAL INTERVENTIONS ON PEOPLE WITH INTERSEX IDENTITY

I can imagine the idea of passing on our condition could be a little scary for anyone considering parenthood. When a baby's born that's different, parents are faced with an overwhelming decision. Modern medics have experimented on our bodies with surgeries and hormones on a quest to make us all the same. And these days, with prenatal screening, some babies with an intersex condition may not be born at all.

PHOEBE AS THE NARRATOR

Some people with intersex conditions self-identify as intersex, and some do not. Gender re-assignment surgery to determine male or female gender is a very contentious issue. It implies that people with male and female physical characteristics need to be fixed and normalised.

SURGERY

Depending on the type of intersex condition, surgery may be performed, not necessarily for the protection of life or health but for aesthetic or social purposes. Unlike other aesthetic surgical procedures performed on infants, such as corrective surgery for a cleft lip (as opposed to a cleft palate), genital surgery may lead to negative consequences for sexual functioning in later life (such as loss of sensation in the genitals, for example, when a clitoris deemed too large/penile is reduced/removed), or feelings of freakishness and unacceptability, which may have been avoided without the surgery. In other cases, negative consequences may be avoided with surgery. Sometimes, it is used to remedy a life-threatening illness, improve functionality or ease physical discomfort and pain. For example, women with AIS often have a gonadectomy or ‘orchidectomy’ because there is a small risk of the undescended testes becoming cancerous.

Opponents of some of these surgical procedures maintain that there is no compelling evidence that the presumed social benefits of such ‘normalizing’ surgery outweigh the potential costs. Opponents claim this surgery can lead to the degrading interpretation that females are essentially castrated males. This view overlooks the embryological origin of the penis/clitoris.

Defenders of the practice argue that it is necessary for individuals to be clearly identified as male or female in order for them to function socially. However, many intersex individuals have resented the medical intervention, and some have been so discontented with their surgically assigned gender as to opt for sexual reassignment surgery later in life.

The Declaration of Montreal first demanded prohibition of unnecessary post-birth surgery to reinforce gender assignment until a child is old enough to understand and give informed consent. This was detailed in the context of existing UN declarations and conventions under Principle 18 of The Yogyakarta Principles, which called on states to:

Take all necessary legislative, administrative and other measures to ensure that no child's body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child and guided by the principle that in all actions concerning children, the best interests of the child shall be a primary consideration.

Establish child protection mechanisms whereby no child is at risk of, or subjected to, medical abuse.

THE YOGYAKARTA PRINCIPLES

Intersex advocates and experts have critiqued the necessity of early interventions, citing individual's experiences of intervention and the lack of follow-up studies showing clear benefits. Specialists at the Intersex Clinic at University College London began to publish evidence in 2001 that indicated the harm that can arise as a result of inappropriate interventions, and advised minimising the use of childhood surgical procedures.

What surgery does Phoebe have when she is 17? What are the reasons for this surgery?

What would be most difficult for children growing up as female or male about the way their body functions, or perhaps even appears, compared to other males or females?

Apart from surgical interventions, what other forms of intervention are used to make individuals appear either more male or more female?

HOW CAN SOME CHROMOSOMAL ABNORMALITIES AFFECT IDENTITY?

In 2009, South African 800 metres champion runner, Caster Semenya, was publicly outed in the world media as having both male and female sex characteristics. Debates about whether people with intersex conditions can compete in elite sporting arenas have again ignited conjecture about the male-female divide, but they may lead to greater awareness and understanding of intersex globally.

Phoebe's story and those of many others with an intersex condition begins with a chromosomal abnormality which may or may not be obvious or even found. How is growing up with an intersex condition shown to affect Phoebe and other intersex people who appear in *Orchids*?

Are there any common experiences growing up for the individuals appearing in this film?

Is being born with some physical characteristics of male and female necessarily a disability?

Do males and females produce both testosterone and oestrogen, hormones usually described as male and female respectively? Research the function of each of these hormones.

Student Activity 3

MAKING ORCHIDS: MY INTERSEX ADVENTURE

Table 3

FILMMAKERS	
Producer and Director	Phoebe Hart
Camera	Bonnie and Phoebe Hart
Super 8 Cinematographer	Bonnie Hart
Editor	Vanessa Milton
Animation	Simon Rippingale

Phoebe and Bonnie Hart made this film and are the central characters in the story. *Orchids* is essentially an autobiographical film with a particular focus on how being born with an intersex condition affects people's lives.

Phoebe and Bonnie are visual artists with backgrounds in film and television studies. Bonnie is also professionally engaged in documenting the underground Australian art scene and has created an extensive audio, video and printed archive.

THE DIRECTOR'S STATEMENT

This is my story. It's a story of how my body became a site of pain, confusion and secrecy for me and for my family. Not because it is diseased or dysfunctional but because society deemed it to be abnormal.

I have Androgen Insensitivity Syndrome (AIS). I am a woman with 46XY (male) chromosomes. Without a doubt, I have struggled with unwarranted categorisation and medical interference. Wherever possible, I actively seek to disrupt this cataloguing and meddling with as much honesty and humour as I can muster. It's the reason why I wanted to make this film.

*I chose the title, **Orchids**, as these ornamental flowers are an especially potent symbol for intersex people. The etymology of the word 'orchid' derives from the Greek orkhis, meaning testicle. Many people with AIS undergo an orchidectomy, which is the removal of the internal testes to reduce the risk of cancer. I have appropriated these flowers as a resonant visual signifier throughout my documentary.*

*On a professional and personal level, **Orchids: My Intersex Adventure** has presented me with many challenges. At an early stage of research and development, I made a conscious decision the film should be largely autobiographical. This was important for me on a number of levels and represented a huge step in terms of self-confidence and courage. In my early life, my condition was kept a secret from me. I was confused and told to keep quiet about who and what I was. I was subjected to medical scrutiny, surgery and pathology. **Orchids: My Intersex Adventure** has allowed me to reflect on the shame and trauma of my coming-of-age experience and examine why 'coming out' continues to be extremely challenging.*

After speaking with many intersex men and women for many years, it has become evident to me most are happy to be intersex but unhappy with the attendant 'social' problems. Every day they deal with the stigma of being intersex, being seen as 'different' or 'freaks' by society, and treated by doctors and family members accordingly.

*Medical treatment contributes greatly to a sense of social inferiority and shame, as cosmetic surgery seeks to normalise aberrant bodies, pushing individuals with intersex towards either (more) male or female. In effect, such pathology represents a social shift to sequester intersex people from the normal population. **Orchids: My Intersex Adventure** is a portrait of survival and courage, revising societal and historical perspectives of intersex by creating understandings of difference which originate from a highly subjective space.*

*I hope my narrative will engage and move audiences. **Orchids: My Intersex Adventure** presents the struggles and triumphs of other intersex people throughout Australia. However, most of all, it's a potent story of family, acknowledging the past, and moving into the future with love and acceptance.*



If you met Phoebe or Bonnie, would there be any outward signs that a part of their physical makeup is genetically different to others?

Does the word 'hermaphrodite' mean anything to you? If so, what connotations does it have?

At what age do you think young people would be able to understand information about inherited genetic abnormalities?

At what age do you think an individual who has some form of AIS should be able to decide whether to have medical intervention to 'normalise' their genetic and/or genital makeup?

What is the essential difference between being a carrier of a genetic abnormality and having that abnormality?

Now that genetic testing for a number of conditions is available, do you think people carrying a genetic defect such as the gene for cystic fibrosis, Huntington's disorder, breast cancer or hermaphroditism should conceive children if the defective gene and/or condition may be passed on? What are the most important considerations in arriving at these decisions?

Who do people generally rely upon for advice about proceeding with any medical treatment?

In what ways could Phoebe Hart's story be enlightening and valuable to other people dealing with similar issues in relation to gender and identity?

HOW IS THIS STORY TOLD?

Phoebe Hart uses a number of visual and aural approaches to telling this story, as well as a lively soundtrack. These include:

Archival film and photos from her childhood, showing Phoebe as a child and teenager, alone and with her family

Animated sequences to illustrate some of the biological aspects of sexuality

Face to face interviews with others

Direct to camera explanations and footage shot by Bonnie of her sister Phoebe with James and other members of her family and friends such as Chris

Narration by Phoebe as 'the narrator'

A varied soundtrack that mirrors the real and emotional landscape travelled in the film.

There is a lot of background information about a quite complex physical condition presented in this film. How well do you think the film balances the information with the narrative of growing up 'intersex'? Does it make the parameters of the intersex debate clear?

Some members of Phoebe's family, including her parents and her partner James, were not always enthusiastic about being part of the film. Discuss how filming people is shown to be sometimes intrusive and irritating. What does 'privacy' mean to you?

Which aspects of the story did you most enjoy?

How would you describe the style and tone of Phoebe Hart's film?

What role does humour play in how this story is told?

What is the role of music in this film? In which sequences does it play an active part in the narrative and when does it provide background to unfolding scenes? How do three of the songs— I Feel Pretty, UnAustralians and Reality Check mesh with the film's main themes? Note: these titles are somewhat diageitic in the soundtrack and may be hard to identify. The composers did work hard with the other music to suit the themes. Biddy Connor and Davin Patterson have some words to the effect they were trying to get at <<http://www.orchids-themovie.com/castcrew.html#biddy>> and <<http://www.orchids-themovie.com/castcrew.html#davin>>.

How is the road trip important to the film's central theme?

Orchids; My Intersex Adventure does not attempt to disguise the cameras and other gear such as large microphones which are quite obvious and even obtrusive in several scenes in the film. How does 'the making of' aspect of the film relate to the style of the story?

This documentary won the 2010 ATOM award for Best Documentary (General) and was one of the three top documentaries at the 2010 Melbourne Queer Film Festival.

Discuss in small groups what aspects of this film you believe would have impressed the judges of this award. How does *Orchids* succeed as a film about a very personal and quite complex subject?



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Websites

AIS Support Group (Australia)
<http://www.vicnet.net.au/~aissg>

AIS Support Group (UK)
<http://www.medhelp.org/www/ais/>

AIS Support Group (USA)
<http://www.aidsd.org>

Intersex Society of North America (ISNA) <http://www.isna.org>

Intersex Initiative
<http://www.ipdx.org>

Additional websites

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002163/>

American Public Health Institute website about AIS

<http://www.isna.org/faq/conditions/ais>

Intersex Society of North America with information about AIS

<http://queermeup.com/archives/7340>

Article about Andrej Pejic

<http://sleeveage.com/top-10-gender-bending-covers-of-all-time/>

Pre-Lady Gaga musicians confounding listeners and viewers about their sexual identity, sometimes real and sometimes assumed.

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Argentina: Film Movement

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