## Stories of Materialising Trans Bodies and Selves

Bremer, Signe Kroppslinjer: Kön, transsexualism och kropp i berättelser om könskorrigering [Body Lines: Sex/Gender, Transsexualism, and Body in Narratives about sex Reassignment] (diss.). Göteborgs universitet: Institutionen för kulturvetenskaper 2011 (251 pages)

"[W]hat makes me less of a man than you?"

He stands quiet for a while. Then he grabs me between the legs.

"This," he says laughing.

"If your disk is the only thing that makes you a man, then you are to

"If your dick is the only thing that makes you a man, then you are to pity," I answered and left. (Bremer 2011, 141; reviewer's translation)

THIS CONVERSATION TAKES place at a gay bar between a person who is socially categorized as a transman and a person who is socially categorized as a "normal" – or cis – man, after an incidence in the restroom where the latter has discovered that the first has a prosthetic penis. It is one of the many short narratives at the heart of Signe Bremer's thesis that show how the experiences and perspectives of transpersons (or transsexuals, as Bremer chooses to term her informants) clash violently with the norms and ideas about sex/gender embraced by the majority of people in contemporary Swedish society. It also captures the painful efforts the transsexuals/transpersons<sup>1</sup> make to transform physically and perform linear sex/gender to obtain the privilege of being recognized

as men and women both in everyday settings, in psychiatric/medical contexts, and in face of the law – and how they are often denied this recognition in spite of this. At the same time the quote, and the thesis as a whole, also demonstrates the informant's strong resistance, insistence on dignity and integrity, and attempts to get alternative viewpoints through. It takes the hell of a lot more than just having a dick to be a man, or a pussy to be a woman! And this not only goes for trans people, but for every single person who wants to – and has to – be recognized as a subject with basic rights in a society to obtain a liveable life.

Bremer studies the performance and challenging of body and person-hood in the narratives about sex reassignment of a group of persons who have been diagnosed as transsexuals and treated within the trans health care systems of Swedish psychiatry during recent years. Her aim is to discuss what these narratives can tell about the conditions for how bodies become intelligible and recognized as possible persons. Three main themes are pursued through the thesis: Transsexual's/transperson's narratives about the process of obtaining permission for and getting through all aspects of a transition; how personhood is denied or granted through the medical and legal procedures of the Swedish state related to sex reassignment; and how bodily materiality matters in relation to if and how transsexual persons are able to qualify for obtaining permission to go through sex reassignment and for passing and performing in other social contexts than the health care system.

One of the most interesting and original things about Bremer's thesis is, in my view, the way she focuses on the role of the materiality of bodies. This is done by analysing how shapes of specific limbs, body hair, height, bone structure and other bodily features in an indistinguishable entanglement with clothing, prostheses, movements, and social meanings influence a transsexual's/transperson's ability to be recognized or rejected as subjects in social situations. In this thesis, transsexualism is described from a viewpoint inspired by Sarah Ahmed's queer phenomenology, Judith Butler's theory of gender, and a feminist materialist ontology, as an embodied experience of being-in-the-world in an uncomfortable way. This means that the person who is categorized as a

transsexual constantly and painfully draws attention to the contours of her/his body, especially during the early stages of transitioning (Bremer 2011, 39). However, the pain and despair in many of the narratives is paired with stories about feelings of freedom and triumph, and experiences of recognition and affirmation, and even the stories about negative experiences are often told with great humour. Bremer states in the introduction that she sees much of the existing research about transsexuals/ transpersons as objectifying, in that it makes use of such subjects as means to illustrate subtle theoretical points. In contrast to this, her aim is to position trans people as active agents and subjects (62). I think that she manages to do this very well without falling into the trap of claiming that the voices of the transsexuals/transpersons in the text represent "true" accounts of what it "is" to be trans. Instead she shows in nuanced ways how the agents mostly position themselves in different manners in relation to well-established social narratives about sex/gender to appear as the women and men they wish to be recognized as, in order to be intelligible to both others and themselves.

Something I was missing while reading Bremer's thesis was a more in-depth discussion of what is her ethical responsibility in relation to her research subjects. She states that against the background of the insights she has gained by working with trans and sexual activism and policies, she has aimed to be ethical in her choice of theories, research questions, and interaction with informants and use of interview material and other texts. However, she does not discuss in more detail her relation to the informants or to trans people in general, nor the ethical responsibility she might have apart from not objectifying and disempowering them. A central question is, in my view, if she – or I, or any person doing research about trans – can ever totally eliminate the risk of hurting others when we do research? I think not, and the burden of this responsibility can feel huge. Bremer in some ways seem to indicate that a main focus on empery instead of theory reduces this risk, or that researchers can avoid hurting their research subjects through reflecting on their research methods and ethical responsibility. I would like to suggest, from a postmodern ethics point of view, that we cannot avoid this risk, because we

cannot foresee the consequences of all our actions, or how our relations with others will and can develop. This is also what makes impossible the demand within psychiatry on transpersons to be totally sure that they will not regret a transition before they are permitted to have sex reassignment treatments. This unavoidable risk certainly does not make our responsibility towards others (or ourselves) lesser, or something that should be taken less serious. But I think it means that we — no matter how we identify, or are categorised by others — would benefit from being aware that interacting and intervening with the world around us is risky, because it changes that world in ways we can never foresee. This means that we cannot know beforehand, or even always after, what are good or bad choices. We will have to live on after these decisions with traces that cannot be removed from our bodies and minds, no matter if we will later find out that they cause us and others pleasure or pain.

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## NOTE

I. Bremer states that she uses the term transsexuals, because this has most often been used and is most commonly known in the Swedish society at large. However, some people who identify and are perceived as being trans do not wish to be associated with this term, as it has been strongly connected with a pathologising view. Some of the informants in Bremer's thesis do not identify as transsexuals, but instead as e.g. transgender or genderqueer. In this text, I use the term trans people to refer to persons who identify or are categorised as having a non-linear gender/sex or as being in some way trans, while I use transsexuals/transpersons about the informants in Bremer's thesis to make their various self-identifications clear. These persons have all been categorised as transsexuals within the psychiatric and medical contexts where they have been treated, as it is impossible to get permission to have sex hormones and/or surgeries if you do not have this diagnosis (which is one of the points in Bremer's thesis).