

“If I could touch it, it would be something sticky and cold”

Gender Dysphoria as an Embodied Experience

Dysforia

asunnossani ei ole peilejä
nukun mahallani
että olisin litteämpi
edes unissani

ruumiini vierashuoneessa
sijaan ruusukuvioista tapettia katsellen
vuoteeni uudestaan ja uudestaan

kirjoituspöydällä vanha herätyskello
tikittää, mutta viisarit eivät liiku
täällä aika on aina ”ei vielä”

pakotan ruokaa nieluuni
ei ole nälkä
kaikki ruumiillinen kuvottaa

Dysphoria

there are no mirrors in my apartment
I sleep on my belly
to be a bit more flat
at least in my dreams

in the guest room of my body
staring at the roses in the wallpaper
I make my bed again and again

on the writing desk, an old alarm clock
is ticking, but the arms don't move
here it's always “not yet” o'clock

I force food down my throat
I'm not hungry
all corporeal things make me sick

I WROTE DYSPHORIA in April of 2011, two months before my first appointment at the gender identity clinic of the University of Tampere hospital, a year before I started taking testosterone, and two years before my legal gender reassignment. The poem is one example of my attempts to express in writing that which I had learned to call gender dysphoria; the feelings of anxiety, discomfort and isolation produced in the contingent relations of gender in and between my body, my self, and the world around me. While never quite satisfied with the texts I produced, I kept on trying; dysphoria had had a significant role in my life for a long time, and I desperately wanted to be able to communicate that significance to others. In a way, this article is yet another such attempt.

The term gender dysphoria was introduced in 1973 by Norman Fisk, as a “disease” or “symptom” shared by the different people seeking surgical gender reassignment, not all of whom fit into “the classic picture of the transsexual” (Ekins and King 2006, 85). In the widely established systems for classifying diseases – *International Classification of Diseases* (ICD) produced by the World Health Organization, and *Diagnostic and Statistical Manual of Mental Disorders* (DSM) produced by the American Psychiatric Association – “gender identity disorder” was established during the 1980’s as the diagnostic category for people seeking medical gender reassignment (see for example MacKenzie 1994, 69–70).

In the 5th edition of the DSM (DSM-5), gender identity disorder has been replaced by gender dysphoria. The condition is said to be characterized by “a marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her” and to manifest itself “in a variety of ways, including strong desires to be treated as the other gender or to be rid of one’s sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender” (American Psychiatric Association 2013). To me, these descriptions sound more like *causes* or *consequences* of dysphoria rather than *characteristics* of it – somewhat similar to what it would sound like if pain was described as “having an open wound in one’s forehead” or “strong desires to be given pain medication.”

In Finland, the word *sukupuolidysforia* [gender dysphoria] is commonly used within our transgender communities to discuss the negative feelings some of us experience in relation to our gender, our bodies, and the ways other people see and categorize us. In the English-speaking world, gender dysphoria as a term is often understood as inseparable from the processes of medicalization and pathologization¹ that are used to control transgender bodies and their portrayal in cultural and political discourses. A significant movement within transgender communities argues, in resistance to this control, that transgender people are not “dysphoric about our bodies, but rather dysphoria lives in the world’s response to us” (Clare 2013, 263). I fullheartedly agree that the control of medical authorities over our bodies and our cultural representation must be contested. I seriously doubt, however, that denying the “deep, persistent body dissonance, discomfort, dysphoria” (Clare 2013, 263) some of us experience, is justifiable. One serious problem with the medicalization of transgender people is that the diversity of our bodies, experiences, and identifications is being overlooked by people who insist they know better. In seeking to escape oppression, we must take care to not become our own oppressors. Following N.F. Baldino’s (2015, 162) thesis that “the transgender community must create their own method of speaking about their multiplicity of experience,” I propose that instead of dismissing the concept altogether, we produce alternative readings of gender dysphoria on our own terms.

In this article, I want to offer one such way of looking at dysphoria beyond its role in defining and diagnosing transgender bodies. To do that, I approach self-produced trans narratives from the perspective of phenomenology, reading gender dysphoria as an embodied experience that affects and is affected by the situated and heterogeneous conditions of lived transgender bodies: What does it feel like? How does it affect whatever we do on a daily basis? What kind of strategies are, or should be, available to us, allowing us to deal with gender dysphoria in our everyday lives?

Data and Methodology

For my data, I collected texts written by transgender people, describing their experiences of gender dysphoria. An invitation to participate was posted online and spread in the social media, resulting in 29 texts in total.² The assignment was to write about any experiences of gender dysphoria, from an angle of one's own choosing. I included a list of questions the writers could use to support their writing, but stated that it was most important to write about whatever the participants themselves found significant. I also asked them to include some demographic information on themselves, such as age, place of residence, gender (as an open text field), and whether or not they consider themselves to belong to any minority groups other than gender minorities.

Even though I did underscore in the invitation that I hoped to receive texts from trans people regardless of gender, sexual orientation, ethnicity, etcetera, I was positively surprised by the variance among the participants, especially in terms of age (ranging from 17 to 60 years) and place of residence:³ ten live in the capital city of Helsinki, nine in some of the other larger cities in Finland, and nine come from smaller towns and municipalities (one participant did not disclose their place of residence). About two thirds of the writers are non-heterosexual or otherwise identify as belonging to sexual minorities. Other minority groups at least one of them reports belonging to include, among others, polyamorous and/or asexual people, people on the ADD/autism spectrum, religious minorities and Swedish-speaking Finns.

All of the participants are presumably white.⁴ While this was to be expected given the general prevalence of normative whiteness in Finland, I cannot pretend it has no significance to my analysis. Jin Haritaworn (2015, 1–4), discussing racism within trans and queer communities, encourages us to look beyond hegemonic whiteness and to ask questions such as “what else is going on” and “who else is on the scene.” In their article “Mellan vita rum: Om väntan, vithet & maskulinitet i två berättelser om transsexuella patientskap” (2010), Signe Bremer compares the experiences of two transgender men, one of who is white and one a person of color, concerning medical gender reassignment in Sweden. In

the blog entries of Sam, who is Swedish with an Asian background, expressions of what I read as gender dysphoria are defined by normative whiteness as well as normative masculinity – or rather, the masculinity expected of transgender patients within the Swedish medical care system is revealed as inherently white (Bremer 2010). It is clear that dysphoria does not exist independently of embodied differences beyond gender: the experiences of white transgender bodies cannot be taken as universal and directly applicable to other bodies, nor can whiteness be assumed to play no specific role in matters of gender dysphoria. As it is taken for granted by the participants in my research, however, similar to the white Love in Bremer’s (2010, 109–10) article, and as my own whiteness is likely to blur my vision, I find myself at difficulty to discern the effects of whiteness, here, against the white Finnish background. I thus do not have any clear answers to Haritaworn’s questions in the context of this article, though I do try to avoid the all-too-easy assumption that there are only white transgender bodies “on the scene.”

The texts vary greatly in length and style. The shorter ones give one or two examples of experiences of dysphoria in the writers’ lives, while the longer ones go into great detail concerning personal histories, current situations and/or future plans. Some of the texts are neatly organized with sub-headers, others progress in a stream of thought style, and one even includes a poem on the difficulty of putting dysphoria into words.

If I could compose it, it would play in dissonance, ear-hurting;

If I could touch it, it would be something sticky and cold;

If I could paint it, it would be a swan, caught in an oil slick.

(K27)

Several writers comment on how the writing process affects their thoughts on gender dysphoria. One of them begins their⁵ text by stating that they are unsure whether or not they are trans or experience gender dysphoria. In the end of the text, they reflect on what they have written: “I conclude that I do experience gender dysphoria, although on a conscious level at least it’s mostly social dysphoria.” (K16) Another one

ends their text by saying that it might be interesting to return to the text later, since at the time of the writing, they are in the beginning stages of their transition, looking forward to many “victories, frustrations, setbacks, and all kinds of things” (K06). It is clear to me that for at least some of the writers, participating in my research is not simply a matter of recording things for my use, but also a way to explore and process their own feelings.

David Valentine (2007, 105–37) demonstrates that experiences that are described under the transgender umbrella can be named, articulated, and embodied in radically diverse ways in different cultural and subcultural contexts. Studying the experiences of Finnish transgender people, I have no reason to assume that all or any of the experiences I examine here are shared by transgender people elsewhere – or by all transgender people in Finland, for that matter. Furthermore, I do not claim that gender dysphoria is only experienced by trans people – after all, the differences between trans and cis are quite ambiguous in some contexts (see Halberstam 1998, 141–73). In the scope of this article, however, my focus is on transgender people, as those most affected by the universalizing and pathologizing discourses of gender dysphoria.

As further observed by Valentine (2007, 3–4), not all people who are labeled transgender by others use the word to describe themselves. Within academic transgender studies, the term has “multiple, sometimes overlapping, sometimes even contested meanings” – it can, among other things, operate as an umbrella term for various forms of gender crossing, or refer to bodies and identifications that fall outside binary gender (Stryker and Currah 2014, 1). In this article, I use the first definition: I am uncomfortable with making a categorical distinction between “transsexual” and “transgender,” feeling unable to clearly define the difference. Furthermore, as the population of Finland, and accordingly our trans communities, are small in number, I am suspicious of any identity categories that keep us divided into even smaller groups, thus further complicating the organization of political action.

I begin with a discussion of the so-called wrong body trope, arguing that it is unable to account for the diversity in experiences of gender

dysphoria, and then move on to my reading of the descriptions of dysphoria in my data. In this, I engage with the phenomenological analyses of Nikki Sullivan (2008), Fredrik Svenaeus (2015), and Sara Ahmed (2006), conceptualizing gender dysphoria as an embodied experience that resembles chronic pain in several ways: it involves, but is not reducible to, a sense of bodily alienation; it is at the same time a bodily feeling that comes and goes, and a mood that is constantly present in everyday lives; and it is negotiated in many different ways by different transgender bodies.

The Right Mind in the Wrong Body?

Transgender experiences are often described in popular discussions as “being in the wrong body.” According to Jay Prosser (1998, 69), this image is so widely used because “being trapped in the wrong body is simply what transsexuality feels like.” Not all transgender people share this view, however – for example Jason Cromwell (1999, 25), in their analysis of transgender men’s identities, asks: “If I have the wrong body, whose body do I have and where is my body?” As a rhetoric device, the explanatory power of the wrong body trope depends on the cultural understandings of gender as binary and the body as a closed whole, so that there are exactly two predetermined kinds of gendered bodies, one of which is completely “right” for an individual, whereas the other is completely “wrong.” As I will demonstrate later in this article, this image does not correspond to the lived experiences of many transgender people.

As demonstrated by Sullivan (2008, 107–8), the idea of “having the wrong body” also leans heavily on the ontological split between the active mind and the passive body, in which the latter is considered a thing that the former has “property rights” over. While invoking these rights through the wrong body rhetoric can in some cases prove successful, in securing access to medical gender affirming treatments for some trans individuals, this comes at a cost: to be entitled to “the right body,” trans people have to prove that they are “the right mind” in the sense of both normative gender and normative ideals of rationality (Sullivan 2008, 108–12), or to secure the ownership of their bodies via financial means.

Another ontological split involving the body is present in the debate on whether gender dysphoria is “internal” to trans bodies (see Salamon 2010, 83) or produced by the “outside” society. My data reflects a curious compromise between these two positions, as some writers make a distinction between *body dysphoria* [*kehodysforia*] and *social dysphoria* [*sosiaalinen dysföria*] in their texts – a common discursive habit in the Finnish transgender communities. The distinction is articulated in such a way that body dysphoria – discomfort connected to the physical body – seems to be coming “from the inside,” and social dysphoria – connected to not being treated as belonging to one’s gender, or being *misgendered* – “from the outside.” Related to some transgender scholars’ demands for a return to “the real body” or “real gender,” as discussed by Salamon (2010, 73–81), this narrative is problematic in that it assumes the gendered body to have an existence outside the realm of the social, leading to prioritization of body dysphoria as somehow “more real” than social dysphoria. In a similar way to the wrong body trope, this reinforces the naturalized idea of the body as the mind’s passive property and also functions to render some transgender experiences less legible than others: in my data, several writers expressed doubts about whether or not they are “really trans” or “trans enough,” caused by their “only” feeling “social dysphoria” (K19; K4).

Due to their investments in normative and universalizing logics, the wrong body trope and the body-inside/social-outside split fail to account for the heterogeneity of lived transgender experiences, making their employment potentially harmful, especially to trans people of color (see Bremer 2010) and trans women who seek medical/legal gender affirmation, yet do not desire genital surgery (see Bremer 2013), to name a couple examples. Phenomenology, as “[a] methodology which does not reduce the self to mind nor body” (Baldino 2015, 166), offers possibilities to approach gender dysphoria in a way that is mindful of the diversity of trans bodies as they are lived.

From a phenomenological perspective, our lived bodies are what we are, “the matter or materialization of [our]-being-in-the-world of others” (Sullivan 2008, 112), rather than something that we have. They are

simultaneously subjects and objects (Sullivan 2008, 113), and their relationship to the surrounding world is reciprocal: in being able to affect the world, bodies are also affected by “contact with objects and others” (Ahmed 2006, 54). The relationship between the body, the self, and the social is thus an ambiguous one. According to Sullivan’s reading of Merleau-Ponty, however, in some circumstances the structure of our selves breaks down so that the body collapses, becoming an object for consciousness (Sullivan 2008, 113). In such a state, “one is alienated from the world, from the others and from the self [...]. [One] is alone with the body which is a stranger” (Sullivan 2008, 113; quoting Diprose 1994, 108). This sense of the body being a stranger is very literally present in the articulations of gender dysphoria in my data. One writer, for example, describes their feelings in the following way: “At times my own body feels and looks unfamiliar, for example my arms, hip or breasts don’t feel like my own at all.” (K25) Some of the writers talk about dysphoria as a sense of being forced out of one’s body, or not being able to get in in the first place:

When I look at old photos of myself, it feels like they are pictures of someone else. I don’t hate the person in the photos, but it is not me. Before beginning hormone treatment, I was always watching myself from outside. (K24)

I cease to be present. It feels like I’m outside myself, following a strange story about someone else. (K26)

If these descriptions are, following Sullivan’s argumentation, considered as instances of the body becoming “a thing,” gender dysphoria can indeed be seen to involve a split between the mind and the body. However, it can also be argued that this alienation is not so much about the body losing its subjectivity than about it manifesting agency on its own.

Svenaesus (2015, 111) points out that pain is, among other things, a bodily feeling, it “typically makes itself known as involving a certain part of the body, although the location can be more or less distinct or

diffuse.” Gender dysphoria is also described, in most of my data, as involving some specific body parts in a “more or less distinct” manner. Furthermore, dysphoric feelings are described with a very corporeal imagery in many of the texts, even as literal bodily sensations:⁶

To me, body dysphoria presents itself mostly as disgusting chills in my whole body, nausea and headache. (K09)

[T]he anxiety caused by dysphoria can also be felt as pain in the lower abdomen, or as a strangling sensation in the throat. (K20)

Following Svenaeus (2015, 110–3), even as the body, experiencing gender dysphoria as a bodily feeling, becomes an object for conscious reflection, instead of “silently perform[ing] in the background” of perception, it remains the *location* of dysphoria at the same time. It is in and through the body that one is able to experience dysphoria in the first place. In such a state, the body emerges in the field of perception as something one cannot control, as something that “resists and disturbs, rather than supports, [one’s] ways of being conscious and directed towards the world” (Svenaeus 2015, 113). It is thus experienced as an alien, not because it has become a thing, but exactly because it is revealed to *not be* one, to have an agency that is independent of the conscious self.

Considering bodily alienation from this alternative perspective opens up many possible lines of philosophical inquiry concerning agency of matter and the ambiguous nature of the self. It would be interesting, for example, to read experiences of gender dysphoria through the agential realism of Karen Barad (2007) and/or Margrit Shildrick’s (2002) analysis of monstrous embodiments. In the scope of this article, however, I focus on what can be learned of gender dysphoria by looking at how it affects the everyday lives of transgender people. To do this, I turn to dis/orientation as theorized by Ahmed (2006) in their queer phenomenology.

Dysphoria and Disorientation

Pain and gender dysphoria, as discussed so far, are experiences in which our bodies can be considered to act up, disturbing our “being directed towards the world.” Such disturbances, as *moments of disorientation* (Ahmed 2006, 157), are vital to reading gender dysphoria as an embodied experience, due to the shared quality of pain and dysphoria as difficult to communicate to others (to which I will return later): to gain insight into what dysphoria *is*, we need to look at what it *does*: when and how does it appear, what effects does it have on lived transgender bodies, and what such bodies do about it.

Being orientated, according to Ahmed (2006), means that we are able to direct ourselves toward different objects and others appearing before us, and to act in different ways according to such directions. This is dependent not only on what we can perceive as our possible objects, but also on what we are able to take as a given, to leave unattended on the background of our actions (Ahmed 2006, 25–50). As a lot of our actions are made possible by the work our bodies do outside our conscious field of attention (Svenaesus 2015, 110–1), pain and dysphoria as disorientating experiences involve our not being able to take our bodies for granted.

In many cases, moments of disorientation “point’ toward becoming orientated” (Ahmed 2006, 159). Disorientation caused by acute pain is a good example of this – pain emerges as a warning signal that urges us to *do something different* than we are doing at that moment (Svenaesus 2015, 111). The body demands our attention by positioning itself as the center of our focus, forcing us to reorientate ourselves toward making the pain stop. A similar demand for immediate attention can be read in one writer’s description of bodily sensations involved in gender dysphoria:

Gender dysphoria feels a lot like aggression. Your heart is pounding, your muscles tighten, you start to sweat. Fight or flight. You feel like you have to act, do something, but I usually don’t know what that could be.
(K26)

Not knowing what we can do to reorientate ourselves, our sensation of dysphoria “might persist and become a crisis” (Ahmed 2006, 157). In this, dysphoria seems more closely related to chronic pain, described by Susan Wendell (1998, 326) as “pain that promises to go on indefinitely (although sometimes intermittently and sometimes unpredictably)” – it does not “point” to anything that seems likely to offer support. One of the participants, for example, describes dysphoria as both continuous and situationally occurring at the same time:

Dysphoria is a feeling that is always there on some level, and it’s not tied to any certain place or time. Some occurrence, even a small one, like my arm touching my chest, can trigger it, no matter how much fun I’m having or what I’m doing. (K25)

Gender dysphoria in such a chronic form can be understood as “not only a bodily sensation, but also a mood” (Svenaesus 2015, 116) of being, so that on some level, it is present in every aspect of life. However, as an embodied experience, it is still connected to our surroundings in various ways.

In my data, gender dysphoria is most often described to emerge through becoming conscious of one’s embodiment – the body as well as its reciprocal relationship with its surroundings – as gendered in a way that does not match one’s sense of self. This can happen through direct sensory observation of the body,⁷ such as seeing oneself in a mirror or “even as a reflection in store windows” (K2), hearing one’s voice when speaking, or being touched “by [one’s] clothes or a blanket or [one’s] partner” (K19), for example. While discomfort related to one’s genitals are still what being transgender is often considered to be about in medical descriptions of gender dysphoria and popular discussions on transgender issues, no similar emphasis can be found in my data. A few writers do seem to consider genitals to be the fundamental site of gender difference, and thus their own dysphoria. When it comes to everyday experiences of dysphoria, however, almost every other gendered body part is given more importance in the texts. Having/not having breasts is

described as significant, even central, to many such experiences, especially for those who have been assigned female at birth. Facial features, body size, and hip shape are also repeatedly mentioned as sources of dysphoria.

Our gendered embodiment can also become the focus of our attention through various signals from our surroundings. In the texts, this is often described to happen when other people make their (wrong) assumptions of one's gender known, for example by using more or less clearly gendered words like "girl" or "dude," or "cute" and "handsome," in reference to them. Gendered spaces, such as public toilets, gym changing rooms, and men's and women's departments of clothing stores, are another example mentioned by many of the writers:

Especially public pools make me feel bad, because you have to take off your clothes, and at the same time you feel that you're in the opposite gender's changing room. The situation is connected to a cultural assumption of impropriety, and it makes me feel awkward. (K27)

My dysphoria is at its worst in toilets and changing rooms. I am terribly ashamed of waiting in the line for a free stall. I feel like it was written on my forehead in big letters that "I DON'T HAVE A PENIS!" (K24)

While the writer of the first citation talks about using their assigned gender's dressing room, and the second one about using spaces designated for their own gender, both describe such spaces as causes of dysphoria. For those who cannot take their gender for granted, the gendering of spaces in itself can bring forth a dysphoric awareness of the body.⁸

According to some of the writers, just thinking about specific gendered body parts or qualities can produce dysphoric feelings. This resonates with how Wendell (1999) describes chronic pain:

For example, my disease causes [...] aching in the muscles of my arms, upper chest, and upper back. I know this, because any time I turn my attention to those parts of my body, I experience pain [...]. (Wendell 1999, 327)

As described above, this “just thinking” often occurs through more or less direct observations of our gendered embodiment, but several writers also point out that dysphoria can intensify without any apparent reason, especially if there is nothing around that can keep one busy.

Gender dysphoria can emerge in any number of everyday situations, in which we are often orientated toward quite ordinary object(ive)s such as buying clothes, going to the toilet, or just being home and relaxing. In being able to disrupt such orientations, it can restrict and complicate many things that are more or less vital for our lives to be livable. Becoming reorientated, as I will show next, is not only dependent on our bodies, but also on our surrounding world’s orientations toward us.

Dysphoric Bodies, Livable Lives

As described by Wendell (1999, 327), dealing with chronic pain requires structuring one’s life so that it is possible, for example, to rest more often than healthy people do. As a mood that resembles chronic pain in many ways, gender dysphoria can also prevent us from doing things we would otherwise do, and require us to do things that we otherwise would not. In this final section of my article, I explore the ways in which such restructuring of transgender lives is presented in my data, considering different strategies of living with gender dysphoria so that life unfolds as livable. Many of these strategies involve avoiding potential causes of dysphoria, which often restricts possible life choices to some extent, but can also produce a sense of control over one’s life and thus offer ways of reorientating oneself.

Social relationships with family, friends, and romantic/sexual partners are mentioned to be touched by dysphoria, in one way or another, by almost all of the writers. Whether on purpose or unknowingly, the people close to us can act in ways that cause us dysphoria, which can hardly *not* affect our relationships with them. One participant, for example, indicates that they have started to avoid spending time in their childhood home because of their parents’ dismissive attitude toward their identification (K27). Even though dysphoria is described in the texts with a rich vocabulary, many of the writers also express frustration

at the difficulty of communicating their feelings to others: “It strange how I have this huge reserve of terms in my head, but others only hear random words. Can it even be explained?” (K15) Like pain, dysphoria appears as “nearly inexpressible and ‘flatly invisible’” in some instances, and as such also seems easily “relegated to the status of non-existence” (Bakare-Yusuf 1999, 315). Through this communicative disconnection, the dysphoric body’s involvement in the world is questioned, which is likely to increase the sense of alienation often inherent to experiences of dysphoria.

Reversedly, the people around us can also actively provide us support, making it easier for us to avoid dysphoric experiences or to reorientate ourselves toward other objects despite such experiences. One of the participants, who describes an intense frustration over being called a girl, says that they have carefully chosen the people in their circle of friends so that such “girling” does not happen, and have also tried to educate their parents in the matter (K18). Being able to find friends and partners, who are affirmative of one’s gender, and possibly already aware of transgender issues, emerges as a significant source of strength and joy in many other texts as well. However, several writers report having had difficulties with trusting people and, as a consequence, with forming new friendships or romantic relationships and/or preserving existing ones:

I once had the good fortune to find a relationship, in which my partner at least tried to accept me as I am and to support me. Even so, I often felt bad, I knew that they too had difficulties to come to terms with [my gender]. Atmosphere in the relationship became conflicted and toxic, driving us apart in the end. (K08)

The significance of social relationships to experiences of dysphoria (and vice versa) is also brought up in the texts in relation to education and employment. However, the actual content of one’s studies or job can also be involved in experiences of dysphoria in certain cases:

For two years, I studied design in a university of applied sciences. During the first year, the curriculum consisted of designing and making clothes for ourselves, mostly with patterns meant for women. We also had to draw pictures of our own bodies. The last part became the biggest problem, as I had to be aware of everything I saw in *my own body*. It mostly felt like torture. [...] I dropped out after two years, and one of the most important reasons for that was gender dysphoria. (K27)

In this example, the teaching methods used require a constant focus on one's body as the object of detailed observation, leaving no room for avoiding dysphoria by concentrating on other things. One participant explains that they have felt unable to actively look for a job: "I have difficulties with writing down the my passport name anywhere." (K26) As seen here, gender dysphoria can limit our career choices and other life goals in significant ways. Education and employment can, in some situations, offer possibilities of reducing gender dysphoria as well. One of the writers describes themselves as "the unofficial drag queen" of their workplace: "For example in Christmas parties I always choose a role that wears women's clothing. I feel like myself at those times." (K07) A few others say that keeping themselves busy with work leaves them less time to worry about their bodies, which can keep dysphoria at a tolerable level. However, one of them also points out that on the reverse side, this has led to occasional sleep deprivation and increased stress levels, which in turn has increased the intensity of their dysphoria.

While medical gender reassignment is not the focus of this article, it is hard to completely ignore when discussing strategies of dealing with gender dysphoria. Many of the participants say that hormone and/or surgical treatments have significantly lessened their dysphoria, and others describe anxiously looking forward to getting treatments in the future. However, quite a few of the texts make no mention of medical gender reassignment whatsoever. Furthermore, of those with non-binary gender, three describe having decided against seeking to transition medically (at least for now), and one apparently has been denied access to treatments.⁹

Beyond (or in addition to) hormonal and/or surgical body modification, the texts describe a wide range of strategies and methods of dealing with gender dysphoria, binding one's breasts and otherwise using clothing to support one's gender expression, the help of friends and family as well as different forms of peer support, and non-medical body modification by physical exercise. What is most often repeated throughout the texts, however, are strategies of avoidance – not applying for jobs, dropping out of school or hobbies, not visiting one's birth town and so forth. Then again, one of the writers describes a way of easing their dysphoria that seems like a complete opposite of avoidance: "Also having sex despite dysphoria (but still being aware of it) can make me feel better sometimes, when I see that [...] my body isn't horrible to others than myself." (K19) This seems to come curiously close to what Wendell (1999) writes about doing things despite pain:

Thus, before I had ME, I would never have considered setting to work at a difficult piece of writing if I woke up feeling quite sick [...]. Now I do it often, not because I "have to," but because I know how to do it and I want to. [...] In a sense I discovered that experiences of the body can teach consciousness a certain freedom from the sufferings and limitations of the body. (Wendell 1999, 328)

In addition to different people finding different things helping with dysphoria or making it worse, then, sometimes the same things that cause us to feel dysphoria on the one hand can help to reduce it on the other.

As a mood, gender dysphoria can also become such a naturalized part of our everyday lives that it is hard to imagine life without it. In such a situation, if dysphoria eventually disappears, or is significantly reduced from what one is used to, not feeling dysphoria can also be a disorientating experience:

During the last weeks I have realized, that as my dysphoria grows less intense, I need to refigure my way to be in relation to my self, my body

and the world. I wouldn't be me without the experience of dysphoria – and now, having been on hormones for a while, I have indeed felt strange at times, when dysphoria hasn't been present so much. Who am I without it? Of course I feel that the lessening of dysphoria is purely relieving and emancipating, but at the same time dysphoria has taken up so much of my time, and restricted me in such ways, that I don't know yet, what I will be like if and when its role in my life becomes smaller.

(K19)

Finding the Words

In the writings I have studied, what is described as gender dysphoria by different Finnish transgender people emerges as an embodied experience that occurs in the ambiguous relationships between “the mind,” “the body,” and “the social,” none of which are reducible to each other. It can emerge as a consequence of bodily alienation, or as its cause, as our bodies rise up in resistance to our orientations toward the world. Like chronic pain, it is a bodily feeling and a mood at the same time, as it is both constantly present and affected by our situated embodiment at the same time. It involves disorientation, as both sudden sensations that disrupt our everyday activities and persisting feelings of not finding one's way. Becoming reorientated, as a body experiencing gender dysphoria, can and often does involve constant negotiations with the alien bodies and worlds that we inhabit, that may sometimes support us and at other times throw us off our feet.

In this reading of gender dysphoria, I believe I have demonstrated that it is a significant experience in the lives of those who experience it, far beyond its medicalizing etymology and current psychiatric definitions. My account of dysphoria is by no means a comprehensive one: A lot more could (and should) be said about the 29 Finnish narratives in my data, alone. Furthermore, like I pointed out in the beginning of this article, the experiences I have studied here cannot be taken as universal to transgender people – indeed, resisting such universalizations was, and remains to be, the most important motivation for my research on gender dysphoria. Simplifying and monolithical definitions of dyspho-

ria fail to account for the variance and complexity of lived transgender bodies: they render illegible both such transgender subjects that experience dysphoria yet don't seek to medically transition, and those that do not experience any significant dysphoria, yet wish to be treated as belonging to their own genders. Furthermore, it makes it even more difficult to discuss the ways in which gender dysphoria becomes entangled with other kinds of marginalized embodiment, such as racialization or disability.

Discussing gender dysphoria only in relation to medical gender affirmation overlooks the fact that not all transgender people who experience gender dysphoria want or are able to undergo such treatments. A phenomenological reading reveals that there are many similarities between the experiences of gender dysphoria and chronic pain: I believe that further inquiries should be made to whether strategies used in dealing with chronic pain might be helpful to people living with constant dysphoria. If medical reassignment is portrayed as the only method of relieving dysphoria, unnecessary hopelessness might be brought to the people to whom it is not an option.

Finally, I want to take a step back and address some concerns I believe I might share with those transgender activists who argue against the concept of gender dysphoria and consider it to be a tool of oppression. In my data, several instances are described in which transphobic attitudes and behaviour are implicated as causes of dysphoria. On the other hand, dysphoria is described in some texts as the reason of leaving one's school or a job, or not applying for one. As dysphoria is, despite it being connected to the surrounding society in complex ways, often portrayed as individual and quite intimate, there is a risk that oppression becomes misinterpreted as individual failure due to the dysphoria involved. While I stand behind my argument that gender dysphoria must be taken seriously as a significant experience of embodied transgender lives, I also believe that the relationship between dysphoria and transphobia must be accounted for, so that our dysphoria does not act as a camouflage that hides our oppression.

SADE KONDELIN is a Finnish activist, PhD candidate, and an aspiring poet. They hold an MA degree in Gender Studies from the University of Turku (2014) and are currently working on their doctoral dissertation there as well. With the working title *Embodying Transgender Knowledges*, their dissertation focuses on the entanglements of embodiment, knowledge-production, and authority, in the experiences of transgender people in Finland. They are also a member of the research group *Science, Embodiment, and Transformation*, at the University of Turku.

ORIGINAL DATA

KO1–K29: Autobiographical texts by 29 Finnish transgender people. Author's personal archives.

REFERENCES

- Ahmed, Sara. 2006. *Queer Phenomenology: Orientations, Objects, Others*. Durham: Duke University Press.
- Aizura, Aren Z. 2013. "The Romance of the Amazing Scalpel: 'Race,' Labor, and Affect in Thai Gender Reassignment Clinics." In *The Transgender Studies Reader 2*, edited by Susan Stryker and Aren Z. Aizura, 496–511. New York: Routledge.
- American Psychiatric Association. 2013. *Gender Dysphoria Factsheet*. <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>.
- Bakare-Yusuf, Bibi. 1999. "The Economy of Violence: Black Bodies and the Unspeakable Terror." In *Feminist Theory and the Body: A Reader*, edited by Janet Price and Margrit Shildrick, 311–23. New York: Routledge.
- Baldino, N.F. 2015. "Trans Phenomenology: A Merleau-Pontian Reclamation of the Trans Narrative." *Res Cogitans* 6.1:162–70.
- Barad, Karen. 2007. *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*. Durham: Duke University Press.
- Bremer, Signe. 2010. "Mellan vita rum: Om väntan, vithet & maskulinitet i två berättelser om transsexuella patientskap." *Tidskrift för genusvetenskap* 1–2:91–112.
- . 2013. "Penis as Risk: A Queer Phenomenology of Two Swedish Transgender Women's Narratives on Gender Correction." *Somatechnics* 3.2:329–50.
- Clare, Eli. 2013. "Body Shame, Body Pride: Lessons from the Disability Rights Movement." In *The Transgender Studies Reader 2*, edited by Susan Stryker and Aren Z. Aizura, 261–5. New York: Routledge.

- Cromwell, Jason. 1999. *Transmen and FTMs: Identities, Bodies, Genders, and Sexualities*. Urbana: University of Illinois Press.
- Diprose, Rosalyn. 1994. *The Bodies of Women: Ethics, Embodiment, and Sexual Difference*. London: Routledge.
- Ekins, Richard, and Dave King. 2006. *The Transgender Phenomenon*. London: Sage.
- Grosz, Elizabeth. 1994. *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington: Indiana University Press.
- Halberstam, Judith. 1998. *Female Masculinity*. Durham: Duke University Press.
- Haritaworn, Jin. 2015. *Queer Lovers and Hateful Others: Regenerating Violent Times and Places*. London: Pluto.
- Kondelin, Sade. 2014. "Dis/Orientations of Gender and Sexuality in Transgender Embodiment." *SQS Journal* 1-2:32-43.
- MacKenzie, Gordene Olga. 1994. *Transgender Nation*. Bowling Green: Bowling Green State University Popular Press.
- Mattila, Aino, and Helena Tinkanen. 2015. "Transsukupuolisuuden hoito Suomessa." *Duodecim* 131:363-4.
- Prosser, Jay. 1998. *Second Skins: The Body Narratives of Transsexuality*. New York: Columbia University Press.
- Salamon, Gayle. 2010. *Assuming a Body: Transgender and Rhetorics of Materiality*. New York: Columbia University Press.
- Shildrick, Margrit. 2002. *Embodying the Monster: Encounters with the Vulnerable Self*. London: Sage.
- Stryker, Susan, and Paisley Currah. 2014. "Introduction." *TSQ: Transgender Studies Quarterly* 1.1:1-18.
- Sullivan, Nikki. 2008. "The Role of Medicine in the (Trans)Formation of 'Wrong' Bodies." *Body & Society* 14.1:105-16.
- Svenaesus, Fredrik. 2015. "The Phenomenology of Chronic Pain: Embodiment and Alienation." *Continental Philosophy Review* 48.2:107-22.
- Valentine, David. 2007. *Imagining Transgender: An Ethnography of a Category*. Durham: Duke University Press.
- Wendell, Susan. 1999. "Feminism, Disability, and the Transcendence of the Body." In *Feminist Theory and the Body: A Reader*, edited by Janet Price and Margrit Shildrick, 324-33. New York: Routledge.

NOTES

1. Aren Z. Aizura (2013, 500), for example, in their study on Thai gender reassignment clinics, mentions "the history of the medicalization of gender variance as gender dysphoria or gender identity disorder."
2. Received between October of 2014 and January of 2015.

3. Based on my own past experiences both as a researcher and in the Finnish transgender communities, I was half expecting to only receive texts from young people living in the biggest cities in Finland.
4. None of the participants mentions being a person of color or belonging to an ethnic minority other than Swedish-speaking Finns. While it is possible that some of them are non-white and have chosen not to disclose it for one reason or another, there are no such implications in the texts whatsoever.
5. I use the singular third person “they” instead of gendered pronouns to refer to people regardless of gender. This is to avoid having to guess/assume gender and/or pronoun preferences. For more on this, see Kondelin (2014, 32).
6. In fact, two of the participants say that dysphoria can be described as pain, “the psychic equivalent of what chronic somatic pain is to some people” (K03).
7. While the social/body dysphoria split, as I have discussed, is highly problematic, the way in which body dysphoria is articulated – as dysphoria that emerges independently of other people’s presence – in the texts also interestingly reveals the concept of “the body” as an always already ambiguous one: sensory observation of things that are not considered body parts in the traditional sense, such as gendered first name and legal gender (in writing, for example), or gendered clothing, is also described as able to bring forth dysphoria without the presence of other people. Even when “the physical body” is defined to have an existence outside the social, it seems, its boundaries are socially negotiated, as “the body image is capable of accommodating and incorporating an extremely wide range of objects” (Grosz 1994, 80).
8. Having one’s gender called to question in gendered public spaces is by no means an issue exclusive to transgender people, but also concerns many gender non-conforming cisgender people (see for example Halberstam 1998, 20–9). Given that “the bathroom problem” has been widely discussed by queer activists and scholars alike, this could provide a fruitful starting point for further research that engages the possibility of gender dysphoria being experienced by cisgender people as well.
9. The official medical/legal gender reassignment in Finland begins with a period of psychiatric evaluation lasting at least six months (but usually taking longer than that). After the evaluation, about three fourths of those seeking medical reassignment are diagnosed with “transsexuality” or “other gender identity disorder” (F64.0 and F64.8 in the ICD) (Mattila and Tinkanen 2015, 363). The rest are either denied treatment or required, for example, to get psychotherapy before reevaluation. Furthermore, access to treatment with the F64.8 diagnosis is not legally guaranteed, and can thus vary greatly.

SAMMANFATTNING

Utifrån positionen att begreppet könsdysfori kan, och måste, studeras bortom dess roll i processen av medicinskt könsbekräftande och medikaliseringen av transkönade kroppar och kulturella representationer, diskuterar artikeln den som förkroppsligad erfarenhet i transkönade personers dagliga liv. Artikeln använder fenomenologiska arbeten av Sara Ahmed (2006), Nikki Sullivan (2008) och Fredrik Svenaeus (2015) för att analysera beskrivningar av dysfori i självbiografiska texter skrivna av 29 finländska transpersoner. I läsningen framgår att dysfori på många sätt liknar kronisk smärta och att den uppträder i det mångfacetterade förhållandet mellan "sinnet", "kroppen" och "det sociala", av vilka inte något går att reducera till de andra. Den visar sig dessutom vara på en gång en *kroppslig känsla* och *en stämning*, den både påverkar och påverkas av de heterogena och situerade villkoren för transkönade liv.

Keywords: transgender studies, trans narratives, gender dysphoria, embodiment, experience, medicalization, trans phenomenology, pain, Finland