

Trans Care in The Interregnum

Malatino, Hil. 2020. *Trans Care*. University of Minnesota Press. (72 p)

Malatino, Hil. 2022. *Side Affects: On Being Trans and Feeling Bad*. University of Minnesota Press. (224 p)

WITH METICULOUS PRECISION, I apply oil on the small top surgery scars on my chest. A routine procedure. And an act of care for my trans body. This body that has swayed, for so long, in the interim space of what trans studies scholar Hil Malatino calls the *interregnum* – waiting, for medical transition technologies to work upon its flesh. This body, it has sought but never met tax-subsidised trans healthcare in Sweden. Instead, this trans body – *my* trans body – has met so many other trans bodies that also chose a private path towards gender-affirming surgery in Sweden. It, too, is a routine procedure. *If* you can, you pay out of pocket. If you can't, your body is enfolded in the interregnum. Welcome to neoliberal transition lag, made in Sweden.

Hil Malatino's *Trans Care* and *Side Affects* are the tunes to which trans people – in the US, but also elsewhere – chime their cacophony. Both of these works are situated in the North American context of late-stage capitalism that meets deadly racism and transantagonism, seeking to ban gender-affirming care. In this setting, Malatino lingers on the questions of care and affect, possibilities of trans solidarity and survival.

Written in close proximity, both in terms of their theoretical arguments and publishing dates, *Trans Care* and *Side Affects* can serve as companion readers. *Trans Care* is short, sharp and personal in tone

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while structural in its theorizing. Malatino here urges the reader to think about the role of care in interconnected systems of transantagonism, economic deprivation and racism. *Trans Care* is centred around what Malatino calls the “everyday rhythms of the trans mundane” (2020, 5) and locates care not in the white, cisheteronormative nuclear realm of domesticity but in those spaces beyond often-fraught biological familial ones, such as non-profit organisations, community centres, clubs, classrooms. Care, in Malatino’s work, is discussed as trans healthcare access that is most commonly tied to socio-economic privilege. But for Malatino, care is also an ethos, a practice, and a call to action. Intracomunal care work in a time of post-scarcity is that which fosters “methods of collective survival” (2020, 34), but it comes at a cost of burnout, fatigue, and intracomunal harm.

If *Trans Care* has been offered, as Malatino himself adds, as “part lamentation, detailing the gaps, fissures, and frayed bits that both compose and decompose trans webs of care” (2023, 214), *Side Affects* is the continuation of thinking through trans affective commons that are, more often than not, negative: fatigue, numbness, envy, rage and burnout. In five chapters, *Side Affects* takes the reader through these affects, to end on a sixth chapter that focuses on trans engagements with healing and spirituality.

“Future Fatigue” probes into and critiques hegemonic, transnormatively structured visions of the future, and how such foreclose the complexities of trans temporality beyond medicalized hormone time. Malatino theorizes the interregnum, a space of in-betweenness that so many trans people inhabit while waiting in and for medical transition, as “the pause, the interim, as a moment of foment, generation, complexity, and fervor” (2022, 32). Living through the interregnum, however, generates not only affective responses such as fatigue, but also numbness, the wish to withdraw, fundamental disorientation in the wake of repeated misrecognition. In “Fuck Feelings”, Malatino explores how flat affect and underperformance inform trans intercorporeality, embodiment, and sexuality. From the rural South of the US to the icy plains of Winnipeg in Canada, the reader is introduced to trans people dull-

ing their senses, through difficult but often necessary means. “Found Wanting” touches upon envy as a reprieve from other bad feelings, and how envy operates through the horizontal hostility articulated in intra-communal antagonisms such as transmedicalism. If “deprivation breeds idealization, which breeds envy and criticism” (2022, 97), trans people begin to turn on one another in the scramble for securing recognition and inclusion. This is particularly tough to read for me, because hitting so close to my gender home characterized for many years by shaking off the spectre of transmedicalist discourse. Tougher yet is “Tough Breaks” that wants to rage, putting an understanding of anger as integral and productive to trans survival at its centre. The reader – trans and cis alike – here finds strategies for, and a way of thinking through, supporting one another in the aftermath of a break, of finding back to another after envy. As “we break to keep on living” (2022, 111), my heart almost breaks upon Malatino’s meditation on a care ethics informed by practices that seek to repair, rebuild and cultivate resilience. “Beyond Burnout” is an expanded version of the same chapter published in *Trans Care*, wherein Malatino offers a genealogy of burnout that originally denoted the experience of volunteers at free clinics, but became popularly known as part of a neoliberal self-help discourse, coinciding with a shift in US-American trans healthcare provision towards increasing privatization in the 1980s. Weaving through the archives of the Henry Benjamin International Gender Dysphoria Association, Malatino demonstrates how being a “good consumer” became tied to being a “good trans person” (2022, 163), how trans people in the US have shifted from being patients to consumers of the medical-industrial complex. Lastly, “After Negativity” illustrates the complicities of early transsexual medicine in racial science and research on psychedelics, and how “white viscosity” operates in current trans spiritual healing practices entrenched in histories of colonial romanticization, exoticization and cultural appropriation of Indigenous spirituality. White, trans-centred yoga Instagram account – I’m looking at you.

While Malatino’s writing affords space to sit with *being trans and feeling bad*, *Side Affects* is not merely a dwelling on the negative, but continu-

ously preoccupied with developing “strategies for survival and resistance” (2022, 170) – integral to the flourishing of trans lives. Here, Malatino succeeds in giving a name to the affective bundle of negativity many trans people might find themselves experiencing as a response to structural systems of transantagonism, medical gatekeeping and racial capitalism.

Malatino’s work has not (yet) been put into conversation with Swedish trans studies, although influential in the Anglophone trans studies context. And trans studies in the Nordics is still emerging, albeit growing as we speak through initiatives such as the Network for Transgender Studies in a Nordic Context that provide a crucial avenue for grassroots organizing. In Sweden, the question of *who* gets to medically transition *when and how* is made especially pertinent by the current medico-juridical system of gatekeeping that produces community fault lines through unequally distributed socio-economic privilege. Although Malatino highlights in *Trans Care* that medical gatekeeping only exacerbates risk, Swedish trans healthcare still largely deploys gatekeeping functions in the provision of transition technologies (Linander et al. 2021). Waiting for and in trans healthcare, with up to four or five years from one’s initial referral to first contact; waiting, start-stop, delay, recurring waiting lists between specialized doctors’ appointments; waiting most importantly as a diagnostic tool (Linander & Alm 2022); waiting as lag “structures transition at least as much as transition-related technologies” (Malatino 2022, 27). A state-prescribed waiting list that, indeed, eventually “voids itself” (Pitts-Taylor 2020, 647). No wonder then that for so many trans people the negative affects discussed in *Side Affects* feel entirely ordinary, even if such negative affective states can be interlaced with periodical, fleeting bouts of euphoria.

Underpinning Malatino’s thinking is a decisive turn towards a t4t (trans-for-trans) politics, stipulating the – sometimes ambivalent and uncomfortable – question of how trans people can best show up for each other in times of exacerbated economic crises, the rise of right-wing populism, and fatigue produced by state-administered transition lag. T4t names a “difficult practice of love across difference” (2022, 49) that can aid in answering how trans people can witness, recognize and see

each other even and especially as hegemonic forms of recognition are withheld while dwelling in Malatino's lag time.

What should have become clear by now is that the state alone won't help us trans people in Sweden, especially not *all* of us. I'm deeply suspicious of affectively investing in a state that simultaneously participates in the erosion of welfare and a necropolitical, racist bordering of the nation. Instead, drawing on Malatino's "infrapolitical ethics of care web" can serve as an inspiration for building more resilient care webs in and through state-sanctioned neglect. Care webs, however imperfect, that get spawn between communities to enable political mobilization and survival. Care webs that allow trans people to assume "responsibility for each other's lives" (2022, 121): trans lives that are fraught, fragile, resilient, polyvocal, difficult to witness in each other's company, glorious and, sometimes, mundane.

So: Got a little testosterone left? Give it to your trans friend (or foe) in need.

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