

# Health care of transsexual persons causes unnecessary suffering

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In 1972, Sweden became the first country in the world to legislate healthcare for transsexualism within the state-financed healthcare system. In an international perspective, this was considered to be radical. It was expected that the life situation of people in the transsexual group would improve, now that state-financed healthcare was available for this group. A thesis published at the University of Gothenburg, Sweden, however, describes this care as an oppressive gender-conservative system that causes suffering for transsexual persons.

"Those who qualify for gender-corrective measures also known as sex reassignment treatment, become legally acknowledged as the [gender](#) in which they recognise themselves. But a prerequisite for this is that they lose something: namely the possibility of having biological children, since the law states that a transsexual person must be sterilised (sterile) ", says ethnologist Signe Bremer. Her thesis describes studies of autobiographical blogs and in-depth interviews with people at various stages of gender-corrective care.

The requirement for sterilisation is not the only aspect that causes suffering. The compulsory psychiatric gender investigation of minimum duration 2 years for those who wish to change their legal [sexual identity](#) can also give rise to anxiety.

"Waiting is sometimes experienced as being nearly impossible to bear", says Signe Bremer.

Her thesis shows that the physical bodies that transsexual persons wish to correct, play an important role in the assessments made by the psychiatric system about who is considered to be suitable for gender correction. A transsexual woman who demonstrates visible beard stubble, for example, may receive negative comments, while a transsexual man with a muscular body and flat chest may receive compliments. In summary, a "suitable" body can be described as a body that health care staff consider compatible with that gender that the transsexual person recognise him/her-self.

"The investigations seem to be based on the belief that a good life as a legally recognised woman or man goes hand in hand with a person's ability to blend in. The investigators fail to realise that every person has, in fact, a unique appearance. Furthermore, I have shown that it is often the investigating personnel, and not the transsexual person, who emphasises the importance of being able to blend in, just as any 'normal' woman or man", says Signe Bremer.

According to accurate gender corrective health care logic, people's bodies should be unequivocally materialised as one or the other sex. A woman should, for example, not have a penis and a man should not be able to get pregnant. Signe Bremer's results show not only that a similar way of thinking is prevalent within the group of transsexual persons, but also that transsexual people exercise resistance against the heteronormative principles of the healthcare system. Far from all transsexual women, for example, feel the aversion to a penis that medical practitioners maintain as prerequisites for 'authentic' transsexualism. Many transsexual men are also critical to the requirement that the uterus must be surgically removed.

"The gender investigation tends to focus heavily on the genitals. One of the transsexual women I interviewed did not express sufficient rejection of her sexual organ, and the investigation was delayed because of this",

says Signe Bremer.

Signe Bremer is critical to the common perception of transsexualism as synonymous with the experience of being born in the wrong body.

"We live in a society that is dominated by the idea that there are only two types of people – feminine women who are born with a vagina and masculine men who are born with a penis. Healthcare for transsexual persons is a part of society, and this idea therefore also characterises the conditions required for gender-corrective measures. The work presented in my thesis shows that this often has serious consequences for the life of an individual", says Signe Bremer.

Trans specific [health care](#) is part of society, consequently the same gender norms and beliefs characterizes prevailing conditions for gender correction. My thesis shows that this often has severe consequences for individual persons' lives, says Signe Bremer.

Provided by University of Gothenburg

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