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ABSTRACT
Lack of safe space has been connected to ill health among people with trans experiences. This study analyses trans people’s experiences of being in public, semi-public and community spaces using the analytical concept of safety/unsafety in relation to perceived health. The analytic framework draws on the concepts of cisgenderism, orientation, lines and comfort. The material analysed consisted of 18 individual interviews with people with trans experiences, which were analysed using constructivist thematic analysis. The analysis resulted in the identification of three themes: straightening devices creating limited living space, orienting oneself in (cis)gendered spaces and creating safer (?) community spaces for healing. Experiences of unsafety ranged from incidents and fear of different kinds of violence in public and semi-public spaces to the lack of a transpolitically informed agenda in, for example, feminist spaces. Safer spaces helped participants to feel a sense of belonging, to share their experiences and to heal. Experiences of unsafety and discomfort are important as they will help us to understand the health situations of people with trans experiences. It is important to facilitate the creation of safer spaces to improve the health of members of this group.

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Background
The problem of unsafe spaces and the importance of safe spaces have been identified by trans activists in several contexts. Previous research has pointed to the lack of safe spaces as a factor affecting health among the population in general (Macintyre and Ellaway 2000), and among people with trans experiences in particular (Grossman and D’augelli 2006). However, there is a lack of qualitative research on experiences...
of a lack of safety and safety in specific spaces in relation to health among people with trans experiences.

At the group level, mental health problems (anxiety, depression, insomnia and suicidal thoughts and attempts) are more common among people with trans experiences than among those with only cisgender experiences (see Marshall et al. 2016; the Public Health Agency of Sweden 2015). Previous research has shown that people with trans experiences are exposed to more violence, harassment, stigmatisation and discrimination than cisgendered people (Kreiss and Patterson 1997; the Public Health Agency of Sweden 2015; Lombardi et al. 2002; Namaste 1996; Doan 2007). Studies of trans geographies have addressed the difficulties of navigating gender-binary spaces (e.g. public toilets) and have shown that many spaces are gendered and that this in turn affects many aspects of the lives of people with trans experiences (by contributing to restricted mobility, for example). Furthermore, studies have revealed an ambiguous relationship between people with trans experiences and feminist and LGBTQ spaces (Browne, Nash and Hines 2010; Namaste 1996; Koyama 2006; Doan 2010).

This paper derives from a larger interview study focusing on health and healthcare among people with trans experiences in Sweden (Linander et al. 2017a, 2017b). In this study, different spaces and (un)safety emerged as important factors influencing participants’ experiences of health. Here, we analyse experiences of being in public, semi-public and community spaces using the analytical concept of safety/unsafety in relation to perceived health among people with trans experiences. Trans experiences are here understood as deviating from the normative linear narrative of gender organised around the expectation that the sex assigned at birth is in line with the gender identity, and that the body appears to be in line with that identity. The findings can be used to understand some aspects of the ill health found among members of the trans community and to inform future health-promotion strategies.

**Conceptual framework**

The violence directed against people with trans experiences and related norms has been theorised in several ways (see Bauer et al. 2009; Serano 2007; Namaste 1996). In this study, we follow Kennedy’s (2013) conceptualisation and division of anti-trans processes into transphobia and cisgenderism. According to Kennedy, transphobia is an irrational attitude based on fear and hatred. Cisgenderism, on the other hand, implies the systematic erasure and problematisation of trans experiences, together with an essentialist understanding of gender as binary and biologically determined. Depending on its discursive saturation, cisgenderism can appear in different ways. The highly saturated form, which we call explicit cisgenderism, is dependent on language for its functioning. What characterises the more weakly saturated form, cultural cisgenderism, is that it does not require language to be communicated, but is instead a cultural process or ideology that can be difficult to recognise, with effects that can be hard to understand (at least for people who are not targeted by it) (Kennedy 2013). We have found the division between cisgenderism and transphobia, and between explicit and cultural cisgenderism, helpful in understanding how explicit the norms and violence are.
To better understand the experience of inhabiting different kinds of space with a body and gendered appearance that does not conform to the social norm, we used a number of analytical concepts derived from Ahmed (2006). Phenomenological analysis with a focus on lived experiences has been employed by several scholars to move away from trans as something of purely theoretical interest and fill an important gap in the literature (see Rubin 1998; Prosser 1998). By using experience as a starting point for knowledge production, it is possible to develop an analysis that considers how different ways of embodying gender may have different meanings in different kinds of space: for example, how certain kinds of trans embodiment are oriented as gender non-conforming or gender conforming, and how such orientations are connected to social location and material aspects (see also Gorman-Murray et al. 2018; Browne, Nash and Hines 2010). Using the concept of orientation, Ahmed (2006, 66) analyses how repetitive bodily actions in spaces create lines, making up ‘the normative’ and make certain objects available to some but not to others. Lines can be seen as a spatialisation of the concepts of norms and as contributing to which bodies become intelligible and as belonging in a space. What is present or near to us is not a coincidence; certain things are available to us because of lines we have already followed. Gender presentation can thus be seen as orienting bodies in specific directions, which then affects how much space they can take up (see also Ahmed 2007, 150). To deviate from the normative line can cause harm, with other people’s straightening devices working to pull bodies that deviate back on to the straight lines. Ahmed (2006) uses the concept of comfort to describe the feelings of being oriented so as to be at home in the world. Analytically, the concept of comfort is especially relevant here, since it can broaden our understanding of safety and the feeling of inhabiting certain spaces (see also Gorman-Murray et al. 2018).

‘The question of “orientation” allows us to rethink the phenomenality of space – that is, how space is dependent on bodily inhabitance’ (Ahmed 2006, 6). This implies that spaces are best understood not as being exterior to bodies, but as being oriented in particular ways. While a lack of safety is often described and analysed in relation to fear, we understand perceived unsafety as a continuum that extends from fear of violence to anxiety and being uncomfortable when inhabiting a particular space. Fear is closely linked to social exclusion, and affects social lives and the use of space (Pain 2001). Moran and Skeggs (2004) describe how their study participants, who were part of the LGBTQ community, used discomfort to describe a more diffuse form of threat or a wider spectrum of danger and loss of safety. Historically, fear has also been discursively tied to femininity, which limits the possibilities for non-feminine individuals to express (or experience) fear without social sanctions (Myslik 1996). Thus, to understand the health of people with trans experiences, it is important to account for a broader spectrum of emotions relating to inhabiting spaces. Similar to unsafety, safety is also best understood in a broad sense, including physical, psychological and emotional elements (see Myslik 1996).

In this study, the concept of space refers to physical locations, community spaces and online spaces. Public spaces in the participants’ narratives included streets, parks and shopping malls, while examples of semi-public spaces included gyms, cafés, public baths and bars. Examples of community spaces mentioned were activist spaces (e.g.
feminist spaces of trans separatist groups) or social spaces that aimed to provide a safer place for persons with trans experiences. Gender is a key factor in the construction of different spaces, and the construction of gender is affected by space (see Taylor 1997; Doan 2010). Thus, gender is an important analytical tool that can help elucidate how specific spaces are (continuously) loaded with gendered meanings, and how bodies are (re)ascribed gendered meanings within particular spaces.

Finally, in line with the emergent design of this study topic, we understood health in this study subjectively, as socially defined by the participants in terms of, for example, not being ill, having social relationships, as a way to cope with life and illness and as associated with feelings of psychosocial well-being (Baum 2016).

Methods

Study design

Before the study began and before conducting the pilot interviews, the first author (IL) met three trans activists to develop the study design. These activists were found through IL’s social circles. Afterwards, a preliminary interview guide was prepared, and two pilot interviews were conducted to inform the development of the final interview guide.

Sampling procedure

A total of 18 interviews were conducted with people with trans experiences, including the second pilot interview. The first 14 interviews were conducted between November 2014 and September 2015. These participants were contacted through three networks for transgender people: the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights; Full Personality Expression Sweden; and Gender-Sex Identity-Diversity, which disseminated the advertising material on their websites, email lists, social media and through other information channels. The material was also disseminated in other social forums online by interested persons. Therefore, the recruitment process was not limited by the scope of the above-mentioned networks.

The last four interviews were conducted in February and March 2017 because we found it was necessary to investigate further the topic of unsafety/safety after our preliminary analysis of the first 14 interviews. The last four participants were contacted through Facebook pages and groups for LGBTQ persons in a mid-sized town in northern Sweden. Interested people disseminated the advertising material, which resulted in a couple of individuals who lived in other places contacting the first author.

Participants

The 18 participants lived in different parts of Sweden (see Appendix 1). Their ages ranged from 19 to 69 years (median 28 years). Seven individuals defined themselves as women, six as men and five as non-binary or intergender. Some participants self-identified as trans – for example, as trans men or trans women – while others conceptualised their trans experiences in terms of having a transsexual background. Twelve
people had started or completed university studies, and of those four were still students. Eight people were in paid employment at the time of the interview, two were unemployed, one was retired and three were on long-term sick-leave. Seven had partners and one was the legal guardian of a child. Twelve participants had undergone gender-confirming medical procedures. Pseudonyms are used throughout this paper to protect confidentiality and anonymity.

**Data collection**

The interviews were conducted in places chosen by the participants: cafés, libraries, participants’ homes and workplaces and the first author’s office. One interview was conducted via telephone. Before the interviews started, the interviewer (IL) carefully went through the informational letter and elicited written consent from the participants.

The interviews were semi-structured, with open-ended questions based around experiences of health and ill health and of stigmatisation and harassment. Several of the findings from this study stem from answers to two questions – ‘What kind of situations/factors/places have you experienced that have (i) improved and (ii) impaired your health?’ – and follow-up questions to these. The four final interviews focused more on experiences of safe and unsafe spaces. The interviews were tape-recorded and underwent preliminary analysis before the next was conducted. Small changes were made to the interview guide between interviews. The interviews lasted between 50 and 135 minutes and were transcribed verbatim, some by the first author and others by an external transcriber.

**Analysis**

The transcribed interviews were analysed using constructivist thematic analysis (Braun and Clarke 2006). The analytical process took an abductive approach, moving back and forth between the empirical data and the theoretical framework. First, IL carefully read and re-read the transcripts with a focus on the meanings and repeated patterns and made analytical notes. Next, IL coded the parts of the transcript that corresponded to the research aim and made analytical notes that included preliminary themes. Finally, IL reviewed and sorted the codes into emerging overarching themes. The codes and themes were discussed in detail with the other co-authors. The analysis was carried out using a latent approach (Braun and Clarke 2006), to identify and analyse underlying ideas and meanings in the empirical data.

**Ethical and methodological considerations**

The Umeå Regional Ethics Committee approved the study (Dnr: 2014/61-31Ö).

Of special note, we failed to recruit participants who had experienced, despite a special call for such participants. One reason for this might be that the interviewer, who was also the one advertising, did not have any direct experience of racism, so people of colour may not have felt comfortable participating. Also, the dominant and
most visible part of the community of people with trans experiences in Sweden consists mainly of white people. Hence, people of colour are more marginalised within the community and may not have seen the advertisement. This omission needs to be addressed in future studies.

**Findings**

Three main themes emerged in the course of the analysis: ‘straightening devices creating limited living space’, ‘orienting oneself in (cis)gendered spaces’ and ‘creating safer (?) community spaces for healing’.

**Straightening devices creating limited living space**

This first theme concerned situations where spaces became unsafe because of others’ (re)actions and behaviours. Many of these unsafe experiences stemmed from explicit cisgenderism and transphobia (see Kennedy 2013). One of the stronger narratives concerned experiences of repeatedly being misgendered (being referred to by the wrong pronoun, name or gender) or in other ways not having one’s identity respected. Eli described how this affected them:

That people do not at all want to respect the fact that I’m neither man nor woman, it feels like a kind of violence. But, it’s not physical; instead it feels like something is turned inwards, in thin, thin layers, layer on layer. And eventually it becomes too much, like wearing, exhausting. And then it starts all over again, and continues like that. It is kind of dangerous, because it’s invisible in the way that you carry it with you until you reach a certain point when you have to let it out or end up in a depression.

Others described how they tried to deny how other people’s lack of respect for their identity affected them. While it was possible to do this once, when it became repetitive it became more difficult. The repetitiveness created feelings of fear and self-doubt. Not having your identity recognised by others (a kind of repetitive violence) can affect your health and presence in the world. Participants described how they withdrew from particular spaces and how feeling unsafe limited their lives. Their experiences ranged from avoiding specific spaces that were seen as unsafe, such as pubs, gyms, baths and public toilets, to avoiding almost all spaces except for controlled environments with close friends.

Other experiences of explicit cisgenderism and transphobia included being shouted and laughed at, being questioned, getting involved in fistfights after transphobic comments, receiving threats online and being exposed to jokes about people with trans experiences. Anna described a situation as follows:

I and a couple of friends were at a café, and there were a couple of other people at a table nearby who looked at us and laughed and imitated how we moved and like were very childish. And when they left, they shouted loudly ‘Over there are three guys who want to be girls’, so that everyone would hear them.

Nightlife was a space that was experienced as particularly hostile, as people lose their inhibitions and start asking questions. Alice provided the following account:
And there [at the nightclub] have been a couple of drunken people who have approached me and questioned my identity and asked why I do this and like ‘who are you trying to fool?’ And that feels very tough and has made me very sad.

In the above quotes, we can also see how people with trans experiences are portrayed as threats and deceivers (see also Bettcher 2007), which creates sadness and discomfort for the individuals concerned. Anna’s quote also alludes to another common experience: namely, the threat of having your trans experience involuntarily exposed. As several trans studies scholars have pointed out, people with trans experience have the privilege of conditional passing (i.e. not being perceived by others as having trans experiences), but this privilege can be taken away easily (Serano 2007; Raun 2016). This creates an uncomfortable situation, as Elias explained:

I’m also partly a public trans person which also means that there are like Internet pages about me. That becomes very uncomfortable. That it’s like a threat to people that you’re trans. And that it [trans] is something people exoticise, and something people can hate you for. So that’s uncomfortable.

It was not only participants’ personal experiences of transphobia and cisgenderism that limited their mobility. Elias described how his friends with trans experiences had been subjected to physical violence in a public space and how this knowledge caused him sleeping problems and increased his fear of being exposed himself. Knowledge of others who had been the victims of physical violence and harassment contributed to a narrative among participants of being fortunate that they had not (yet) had these experiences themselves:

I’ve been fortunate and have not experienced any serious form [of violence]. Like, I’ve not been physically beaten up and so on. But of course, I carry it with me, it’s so normalised in me that it becomes like second nature to think about stuff like that. (Mio)

Through the ‘I am fortunate’ narrative, the threat of physical violence is normalised and embodied for many participants; being connected to pure luck or keeping to social circles that were experienced as safer – for example, queer spaces or spaces where there were other people with trans experiences.

Connected to experiences of explicit cisgenderism and transphobia was a kind of affective labour – for example, developing oneself through argument and fighting to defend one’s identity, pronoun and presence within a space. This labour also involved having to explain, and educate, others about one’s situation and trans experiences. Such affective labour could have health consequences as it was stressful and inhibited personal comfort within a particular space.

Several participants who passed as men described the male privilege they had gained. None of the women in the study talked explicitly about transmisogynist experiences (see Serano 2007); however, the men’s experiences revealed gender differences with regard to safety and presence in a public space. Leon, for example, described how women crossed the street as he approached, saying, ‘Now I’m the one who women are afraid of, “what?” … Do I really want to belong to this group [men]?’

One way of understanding the experiences of transphobia and explicit cisgenderism described by the participants is in terms of being subjugated to straightening devices (Ahmed 2006), meaning normalising practices that work to point out, and pull back,
bodies that deviate from the linear gendered line, making it uncomfortable and unsafe for people to be in certain spaces. Inhabiting these unsafe spaces has concrete health consequences; for example, when asked about how experiencing a space as unsafe makes them feel, Eli said: ‘It becomes stressful and creates anxiety and requires time for recovery. I usually become very tired. I need to rest and just be with safe people or be alone’. Many participants described similar health-related consequences, including distress, anxiety and fatigue. Being around safe people, on the other hand, could aid recovery and could contribute to improved health.

**Orienting oneself in (cis)gendered spaces**

This second theme concerned experiences of unsafety generated by spaces with unarticulated norms – e.g. the presence of cultural cisgenderism (see Kennedy 2013). Public baths, toilets and gyms are often gender-segregated spaces, and these spaces recurred in the participants’ narratives of unsafety. Lo said regarding changing rooms that ‘It is something there that makes the atmosphere weird, I get panic, like panic attacks, I can’t do it [go there]’. Many participants expressed a wish to be physically active or swim, but their use of related spaces was limited. Those who did use gyms described how they often avoided the changing rooms. Other participants made arrangements to change in a more private changing room. Gyms were also described as uncomfortable because they are spaces where the body is exposed to others’ scrutiny, and where you have to confront your own body in mirrors.

Both binary and non-binary participants described difficulties in choosing changing rooms and gender-segregated toilets, saying that neither space felt comfortable. Mark described the situation as follows:

> If I go to the gym by myself, then I still go to the girls’ changing room. And that feels more and more strange, since people often see me as a guy, from the outside. / … / And then people look at me strangely. Until I change clothes, and they see, ‘Oh, it was a girl’, they think. But, if I go into the guys’ changing room, it’s the same thing, but in the other direction, so when I change clothes, they’re like ‘shit, that’s a girl’.

These experiences also reveal a kind of internalised cisgenderism; participants expressed concern that they did not know whether they were eligible to access, or be in, the changing room or toilet of their identified gender. Leon said concerning the men’s toilet, ‘I still don’t know if I belong there, even if it is where I should go’. Johanna described a visit to the women’s public toilet and said, ‘I hope they [the other women] didn’t feel offended’. Internalised cisgenderism of this kind can have an impact on health as it can affect individuals’ ability to cope with stressful and negative events (see Hendricks and Testa 2012).

Participants also worried about others’ feelings of safety: would women feel unsafe, for example, if a trans man entered the ladies’ changing room? In relation to changing rooms, participants talked about the difficulties of arriving at and being comfortable in a new homosocial space, like wondering about the men’s changing room: is it always this quiet, or is it so just because I have arrived?

Experiences of gender-segregated spaces also revealed the complexity of passing, which can be difficult in spaces where one is wearing fewer or no clothes. However,
nakedness was also experienced as signalling belonging; upon taking off your clothes, others could see that you were in the 'right' changing room. Non-binary participants, however, talked about the difficulties of passing as non-binary, and that passing as the norm in a space is not always desirable. Eli described their experience of changing rooms as follows:

I have tried to go to the gym and the baths, for example, but sometimes I feel very unsafe. Because I have perhaps not, right now I have a body, if I'm in the changing room, I will be read as a woman if I take off my clothes. And in that way, I can be safe, but I think it's tough to be read as a woman. It creates like these very conflicting feelings.

So, while others might read Eli as a woman, being read that way was not in line with Eli's own identification as a non-binary person and created an unpleasant feeling. Eli could be said to have conditional cis-privilege (Serano 2007) in such a situation, which may have minimised the risk of transphobia or explicit cisgenderism, but, nonetheless, gender-binary dressing rooms and cis-normative spaces generally entailed negative experiences.

For binary-identified individuals, choosing a gender-segregated changing room or toilet that aligned with their gender identity could involve an act that made them feel true to themselves, but at the same time might not conform to surrounding social and bodily norms. This was disorienting and came with the risk of transphobia and explicit cisgenderism. Conversely, choosing a gender-segregated space that was not in line with one’s gender identity (for both binary and non-binary persons) might follow well-trodden lines within that space (for example, Mark’s or Eli’s naked bodies in the women’s changing room) and thus limit the risks of transphobia. However, such choices also involved feelings of discomfort, not belonging and a restriction on being oneself. These experiences illustrate the difficulties, or sometimes the impossibility, of comfortably navigating gender-segregated spaces in the context of trans embodiment (see also Doan 2010).

To overcome barriers to being within these everyday spaces, participants described doing a lot of work. In order to visit public baths and gyms, they described extensive preparation (e.g. buying specific clothes and practising how to hide certain body parts) so as to pass in those spaces and thus reduce the risk of transphobia and cisgenderism, or just to blend in. Mona, for example, described how she had attended a separatist event at some baths arranged by a local trans organisation and said, 'I went there, and I thought that I could then learn how I should act in the changing room, and how I could avoid showing some body parts'. After that, she felt more able to visit baths during regular opening times. Elias described a different strategy: 'I submitted a motion to [a local gym] that they should instate gender-neutral changing rooms or at least the possibility of showering separately', a motion that was later granted.

Creating safer (?) community spaces for healing

The third theme concerned experiences of safe, or safer, spaces, which were mainly activist and community settings of some kind, e.g. trans separatist spaces, queer spaces, feminist spaces and trans feminist spaces. Some of these spaces were seen by participants as being important for an improved sense of well-being and health.
Others were described as problematic because discussion within them did not involve a trans political analysis, or because they had excluding rules.

Hanging out with other people with trans experiences was described as a key to feeling safe and could also counteract loneliness and give a sense of pride. Participants’ experiences of safety could be connected to the mere knowledge that ‘there are people here who are on my side … who are like me’ (Elias), but they could also be connected to the fact that safe spaces provided an opportunity to share experiences. To be able to talk with others with similar experiences contributed to the healing process. Alice described the feeling as follows:

I’m not alone in this; there are other people who are like me. It’s like a feeling of safety. Because my friends can only help me to a certain extent but can’t really understand how I really feel. But, my trans friends can really do that too.

Specific experiences they had shared with others included coming out to family, meeting healthcare professionals, changing their name, bureaucratic frustration, being misgendered etc. Elias described queer spaces as life-saving: ‘I often say that the queer bubble has saved my life. … It has been very crucial I think [to hang out in such spaces], otherwise I would have been totally destroyed in different ways’.

Having others who could understand and relate to one’s experiences was connected to a sense of belonging. Such belonging, according to Myslik (1996), can in itself contribute to feelings of emotional and psychological safety. In what they described as safer spaces, Eli also shared experiences with others: ‘It’s both fucking depressing but also very sustaining to be able to recognise yourself in each other’s stories’. Compared to Alice, Eli had more mixed feelings about sharing bad experiences. On the one hand, the process could be sustaining: one’s own experiences are validated through recognition. However, there is also a more depressing aspect given that the sharing can become a repetitive reminder of the life conditions of people with trans experiences. The sharing of experiences could also contribute to ill health, in the sense that the affective labour of carrying others’ sorrow and anger can become overwhelming, as can recalling one’s own bad experiences.

Creating activist or community spaces was described as one way in which to construct safer spaces. Jens described his experience of building and running a non-profit association: ‘[Those I run it with] have become close friends, and it’s a context where I have felt very safe, where I belong and where I feel appreciated’. The creation of one’s own space can provide a feeling of emotional safety (Myslik 1996). Participants’ experiences of activist spaces can also contribute to a type of social change, as within these spaces the participants experienced that they could transform anger (stemming from, for example, transphobia) into actions.

Some feminist spaces were experienced as unsafe by the participants. Although some such settings claimed to be inclusive of persons with trans experiences, participants did not necessarily feel welcome or safe. One example concerned the feminist festivals and demonstrations held on 8 March as part of Take Back the Night, an annual feminist demonstration that aims to make the streets safer for women. Eli described their experience of that event:

Even if it states like ‘for girls and transgender people’, those who arrange it are not so trans political; they don’t have a trans political agenda. So, we’re not included in the
analysis. And there are many trans people who feel excluded, who don’t go. And are afraid to go, because it feels like there will be people who will, like, be policing you. Like policing your gender and wanting to know [your gender].

Thus, while such initiatives may aim to provide safe spaces, the lack of a trans political agenda made the participants feel excluded and unsafe. Eli, who was non-binary identified, specifically mentioned how women with trans experiences often feel exposed in feminist spaces:

Like, there is very little knowledge about, for example, how trans women are affected by the patriarchy. That kind of analysis is just missing. And then there are transphobic ideas of who trans women are.

As trans studies scholars have pointed out, feminist spaces that have been constructed as safer for women can exclude women with trans experiences and non-binary persons (see Koyama 2006). When women with trans experiences enter such a space, their very presence can question whether there is such a thing as a universal female experience of oppression (see Koyama 2006). Experiences in feminist spaces could also involve encounters with community policing in the form of informal social control to enforce order (Rosenberg 2017). However, trans separatist spaces were also experienced, by some participants, as operating with excluding norms. Alex described this as follows:

People sit there and think they have something in common, but they might have nothing in common, not political opinions, nothing really to discuss, and at the same time they must feel safe in the group and it makes them create a lot of rules and there are, indeed, some people who claim that, who think that someone else is not a real trans person and stuff like that.

In trans separatist spaces, a variety of understandings of trans and gender issues can be found – for example, with respect to binary or non-binary constructions of gender – and these differences were described as making such spaces uncomfortable for some. In line with Alex’s argument above, having a shared point of departure concerning gender with the others in a space could contribute to feeling safer. When asked to describe a safer space, Mio said, ‘It’s like different kinds of social circles where everyone is kind of queer and shares pretty much the same analysis of gender and so on’. According to study participants, a shared understanding of key issues is important for experiences of safety.

Discussion

Findings from this study show how experiences of unsafety and discomfort in public and semi-public spaces are important in understanding the health situation of people with trans experiences. Unsafety is constructed and experienced differently in different kinds of space. In public and semi-public spaces, unsafety might range from physical unsafety to emotional unsafety and was, for example, connected to the fear of different kinds of violence and feelings of discomfort in a gender-segregated setting. In community spaces (e.g. feminist spaces), unsafe experiences were often connected to the absence of a trans political agenda, and were thus emotionally and psychologically unsafe. Unsafety limited participants’ use of everyday spaces and caused them to refrain from social activities, including health-promoting activities such as sports.
Furthermore, unsafe experiences were described as creating depression, sadness, anxiety and fatigue. In contrast, safer spaces (for example, trans separatist, trans feminist and queer spaces) gave participants the feeling of belonging; improved their health; reduced their sense of loneliness; and allowed them to talk about difficult times, heal from bad experiences, initiate actions and organise politically. However, these safer spaces could also be experienced as uncomfortable due their rules and norms and/or different conceptualisations of trans and gender.

Study findings also shed light onto the affective labour that participants undertook to deal with unsafe spaces and to more comfortably navigate certain settings. Affective labour among people with trans experiences has been studied by, among others, Raun (2016) and Aizura (2011), but how such labour is connected to unsafety and health has, to the best of our knowledge, not been well researched. Ahmed (2006) talks about how repetitive bodily action creates lines and makes certain things available and other things unavailable. Repetition is crucial for understanding the participants’ experiences of spaces permeated by transphobia and cisgenderism, as well as related labour and health effects. For the participants interviewed here, dealing with violence and experiences of unsafety in everyday spaces required a major amount of affective labour, which involved risk assessment and preparations, coming out, explaining and defending oneself and taking part in discussions and fights. Furthermore, in safer spaces, the participants also performed affective labour in order to deal with and carry others’ bad experiences. These repetitive forms of labour can be understood as causing bodily lines, marking the body and preventing good health. Thus, the accumulation of experiences of feeling unsafe and the toil of affective labour may help explain some of the ill health that is present within the trans community.

Implications

Political, social and spatial actions are needed to combat cisgenderism and transphobia. Such actions may be preventive, in the form of creating safer spaces for persons with trans experiences, or reactive, when dealing with negative health consequences, such as increasing access to competent healthcare. There is major value in the creation of diverse but inclusive spaces where people with trans experiences can share their experiences. It is important that people with trans experiences be included in organising such spaces, as our results showed that one’s own creation of space is important to ensure a comfortable experience within that setting. It goes without saying that spaces such as gyms and recreation centres, public baths and toilets should provide alternatives to gender-binary spaces to help people avoid unsafe situations. Such alternatives are also important so that people with trans experiences can participate in health-promoting activities such as working out and social events. Providing ways to change clothes and shower in private may be one step in the right direction.

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Notes

1. The concept of trans experience is used to move away from fixed identities and to encompass all participants, as not all of the participants in this study identified as trans but described themselves as, for example, having a trans history.
2. The term unsafety is used here instead of, for example, lack of safety, as it is a more accurate translation of the Swedish otrygg, which was a concept often used by the participants.

Disclosure statement

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this paper.

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Appendix 1

Participants’ biographies

Alex is 20–25 years old. He has no partner, lives in a big city and studies at university. He has tried to get access to gender-confirming medical procedures.

Alice is 25–30 years old. She has no partner, lives in a medium-sized city and studies at university. She has had gender-confirming medical procedures.

Anna is 25–30 years old. She lives with her partner in a medium-sized city, and works in the public sector. She has had gender-confirming medical procedures.

Annika is 25–30 years old. She has no partner, lives in a small city, is on sick-leave and is unemployed. She has had gender-confirming medical procedures.

Elias is 30–35 years old. He is married, lives in a big city and works in the public sector. He has had gender-confirming medical procedures.

Elsa is 65–70 years old. She has no partner, lives in a medium-sized city and is retired. She has had gender-confirming medical procedures.

Johanna is 25–30 years old. She has no partner, lives in a small city and works in the private sector. She has had gender-confirming medical procedures.

Leon is 30–35 years old. He is engaged, lives in a big city and works in the private sector. He has had gender-confirming medical procedures.

Lo is 25–30 years old. They have no partner, live in a big city and are on long-term sick-leave. They have considered, but have not yet had, gender-confirming medical procedures.

Louise is 35–40 years old. She has no partner, lives in a medium-sized city and works in the public sector. She has had gender-confirming medical procedures.

Eli is 25–30 years old. They have no partner, live in a big city and are on sick-leave. They have considered, but have not yet had, gender-confirming medical procedures.

Mark is 20–25 years old. He has no partner, lives in a medium-sized city and studies at university. He has had gender-confirming medical procedures.

Mio is 35–40 years old. They have a partner, live in a big city and work in the public sector. They have considered, but have not yet had, gender-confirming medical procedures.

Mona is 55–60 years old. She is married, lives in a big city and works in the private sector. She has had gender-confirming medical procedures.

Elliot is 30–35 years old. He has a partner, lives in a medium-sized city and works in the public sector. He has had gender-confirming medical procedures.

Jens is 25–30 years old. He has a partner, lives in a medium-sized city and works in the private sector but was at the time of the interview on sick-leave. He has had gender-confirming medical procedures.

Mika is 25–30 years old. They have no permanent partner, live in a small town and are temporarily employed in the public sector. They have had no gender-confirming medical procedures.

Robin is below 20 years old. They have no partner, live in a medium-sized city and are currently unemployed. They have had contact with trans-specific healthcare but have not had any gender-confirming medical procedures.