The Importance of Queer Theory: An Abridgement on Trans Healthcare in the UK

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Termed by queer scholar Teresa de Lauretis in 1991, Queer Theory is a relatively new approach to International Relations, that seeks to rebuff the socially held belief/expectation that heterosexuality and the rigid man/woman gender binary is the 'norm' or "benchmark" for gender and sexuality formations (De Lauretis, 1991)**,** in conjunction with the belief that homosexuality, and more recently, trans identities are the 'opposites' of cis-heterosexuality. Contrary to superficial interpretation, Queer Theory is not just focused on political policies specific to gender or sexuality but takes a particularly extensive, comprehensive look at the power structures that form our knowledge production today.

When the anti-trans discourse in British politics has never been more virulent, such an approach has never been more imperative. The media's fixation on inclusivity as a potential danger to the cis-hetero population has meant that politicians have taken distinct pro-anti LGBTQ+ stances in order to attract/retain certain groups of voters and increase popularity. This is particularly dangerous to trans/gender diverse people, not just in terms of increasing the likelihood of verbal and physical violence towards them, both domestically and in wider society, (Bachmann and Gooch, 2017), but also as it distorts medical understanding and practices into a political tool. People are given access not based on developing medical research, focusing on the needs of patients and the availability of technology/healthcare procedures, but on the political persuasions of those in power. For clarity and concision's sake, herein I will be referring to anyone trans and binary-orientated, and non-binary, and any who are seeking healthcare or medical treatment for gender differences from those assigned at birth as Trans and Gender Diverse (TGD) Persons.An observation not limited to TGD healthcare by any means. The power dynamic here is where a system of oppression can be identified where cisgendered politicians with generally very little connection to the topic are making life-enabling/destroying decisions on the bodily autonomy, self-identification and perceptions of an already marginalised community.

Denying access of certain groups to fair, equal and sufficient healthcare is not only discriminative but is inherently violent. Such denial can lead to increased psychological distress, external abuse and discrimination and physical/biological harm.

It is with this understanding, that the significance of queer theory is highlighted and, I hope with this essay, made clear. I will endeavour to answer the eponymous question in two sections: first, through theory exploration and methodology, explicating the most salient points of queer theory, and second, applying this theory to a case study of TGD access to healthcare in the UK, to demonstrate on a smaller scale, how the world could be made less violent and oppressive with such an approach.

Theory

Queer Theory argues against integration of non-traditional sexualities or gender diversities into the heteronormative expectations and institutions for interpersonal relationships and interactions (like that of marriage and children), as oftentimes it is these expectations, systems and institutions which sustain misnomers and forced silences around queer people and communities (Thiel, 2017). This is where queer theory can be seen to diverge from LGBT theory

which can be seen to reproduce harmful stereotypes and expectations by simply adding new categories to the traditional binary, and generally forcing Western ideals of equality on an international scale where different approaches and cultural boundaries need to be considered (Bosia, 2014). Instead, society including policy-makers should acknowledge that our understanding of sexuality and gender is limited by historical and by-proxy religious, typically Western expectations and we should develop policy with an acceptance that sexuality and gender is more diverse, fluid and far-reaching than previously thought.

It is these Western expectations and Eurocentriscism that play a significant role in devising attitudes towards gender. (Sandor, 2022). We've seen through history where heteronormativity has emerged, developed and 'colonised' the world from areas of the world where 'homosociality and homoerotic affectivity' (Najmabadi, c2005 p.4) was/is an encouraged practise. The same can be seen to apply to gender diversity. By enforcing a Western ideology that gender is constrained to the binary on an international level, and creating development policies and principles with this ideology supporting them, it can be said that Eurocentric oppression and the chasm between the North/South divide is worsened. This highlights the objectives of queer theory to expand our expectations for where a queer theoretical lens 'should' be applied and restricted to; looking at a vast range of policy areas like that of foreign policy and the military (Richter-Montpetit, 2018).

Access to Healthcare for TGD people in the UK

In order to understand how queer theory could be applied universally to achieve a less oppressive, violent world, I will descale the universal incorporation and analyse one example of treatment towards queer people in a modern context and how queer theory may tackle the most prevalent issues. As aforementioned, TGD access to healthcare in the UK is under increasing stress. With the NHS stretched to its limits, TGD care is one of the many areas bearing the brunt. Not just this, but actions by the political elites are making it increasingly difficult to access sufficient 'affirming healthcare'. There are 3 main issues that are restricting access within the health sector: extensive delays, lack of understanding from medical professionals and 'uncomfortable' assessments/tests to prove 'gender dysphoria.' [1]

Affirming healthcare ranges from reversible, partly-reversible and irreversible. There is much discussion as to whether children should be able to access the former [2]. Horton conducted a study with 60 children, adolescents and their parents, who were in the process of legally transitioning accessing puberty blockers to prevent the development of secondary sex characteristics in exogenous puberty processes. Almost all participants discussed their anxieties and trauma regarding the difficulties in access (Horton, 2022). At the moment, delays stand at up to five years and is increasing each year with the growing number of children being added to the waiting list (*Stonewall,* 2018).

Not only are these delays damaging to young people mentally but the physical repercussions of being on PBs for too long without the necessary hormone replacement can be physically and biologically harmful ((Chew et al.,) as in Horton, 2022).

One of the causes of their delays is the extensive and oppressive assessments that have to be done to establish 'gender dysphoria'. This system requires TGD individuals "prove" their discomfort, distress of continuing to present as their birth gender to a panel of typically cisgendered people. Of course, TGD experiences differ across individuals with some not feeling any pejorative feelings regarding their gender diversity but the lack of experience on such panels almost certainly hinder their ability to understand the individual's position; another demonstration of cis control over TGD rights to self-autonomy and individual expression.[3]

It is worth noting also, that gender-affirming healthcare has developed not to cater to TGD persons' needs but first to cisgendered people. From post-menopausal hormone treatment, to men's reproductive healthcare (including Viagra), treatment is available over the counter and on prescription with very few impositions despite having significant impacts, when offered to cis-people. The very same hormone treatments that can be provided fairly easily/quickly through GPs and Hospitals can be denied and delayed for years dependent on the gender identity of the service-user. (Parsons, 2021).

One of the most permeating roots of these issues is the lack of understanding and reliance on misnomers from medical practitioners and gender clinic providers. Research has found that GPs/healthcare staff have denied young people affirming care based on falsified and misconstrued research that has suggested a high likelihood of an individual de-transitioning later in life [4] and an identification with same-sex attraction rather than opposing gender (Serano, 2019; Horton, 2022).

In the latter, it is reflective of a wider issue of false imbrication of gender and sexuality amongst healthcare providers. While of course, the two are well-connected areas of discussion and are often used in conjunction, even in queer theory, they are far from interchangeable. One parent noted a doctor suggested "[the child] might realise they're just gay". This reinforces the idea that forcing endogenous puberty on a child will encourage "cisgender" realisations — suggesting it's a connection to heterosexuality that forces children towards trans ideations. Never has there been scientific backing for the thought that this could be the case yet it remains a prominent healthcare misconception.

In adult healthcare, delays are even longer and physical harm as a result of insufficient healthcare is more likely (Norris and Borneskog, 2022). In just two instances: perinatal care and population health screenings [5]: for TGD pregnant people, access to healthcare is made more complicated with gender being reflected in perinatal wards of hospitals (coloured walls), gendered terms and cards. Also dangerous is the lack of recognition of AFAB TGD people who, once legally recognised as male are no longer eligible for PHS and vice versa despite often still possessing the biological pre-dispositions that make medical concerns like that of breast cancer or HPV more likely.

Conclusion: Queer Theory's Inclusion in Policy Making and its Repercussions

In conclusion, the current disarray of TGD healthcare in the UK is not contained to a small or exclusive case. TGD healthcare has been constrained and rolled back in states across the world as misnomers are conflated in the media. This issue could be drastically improved if queer theory was adopted into policymaking across the world, with genders and sexualities outside of the traditional, 'norm' or binary recognised as valid.

If queer theory was used in political spheres and medical practices, reforms could be introduced to make such healthcare much more accessible, less oppressive and less violent even with the cuts and pressures affecting NHS care generally [6]. To address delays, assessments should be more trusting of individuals experiences and self-identification, being a more accepting practise and one which prescribes the same treatments to TGD people as it does to cispeople. And less reliant on outdated research like that of the detransition theory, and sexuality and gender diversity conflation (Norris and Borneskog, 2022).

Globally this should be encouraged in international/cross country institutions and conglomerates acknowledging the medical knowledge and humanitarian policies of self-autonomy and personal identity along with societal progressive principles of inclusivity and equality, relying less on traditional, religious establishments that restrain identity to the binary and one sexuality. This application outside of the UK, of course, is a wider and far more complex issue as aforementioned above. For these reasons, to prevent further oppressions, such measures should be advised with caution.

TGD people would not only benefit from improved healthcare like that mentioned here, but from far reduced hate crime rates, improved mental healthcare, and active political recognition/representation. All of which would help to achieve a far less violent, far less oppressive world.

Notes

[1] This term needs to be proven to obtain a legal change of gender on official forms like that of a birth certificate, according to the Gender Recognition Act (*Gender Recognition Act 2004*, 2005).

[2] Until 16 where puberty blockers are available, and at 18, surgical procedures that are irreversible are available. Both easily available in theory only.

[3] The oppressive quality can easily be noted in the structure; almost reflecting that of a court or tribunal with the individual having to testify in their own defence and the panel acting as Judge, and Jury, possibly even executioner when denying gender dysphoria in an individual (Horton, 2022).

[4] With regard to the former instance the "80%" case often referenced has long been disproved but is still misconstrued and falsely inflated. Such cases are less than 1% of all transition procedures and most commonly cited as being due to social ostracization from family, friends and employers and religious institutions (Serano, 2019).

[5] Here, I will be using this term to include: abdominal aortic aneurysm screenings, breast screenings and cervical screenings that are offered to exclusively men (the former) and women (the latter) according to NHS legal gender classification.

[6] For example, if varying gender differences was acknowledged in the political sphere, the GRA would accept non-binary identities as legal genders on birth certificates, changes would be made far cheaper or preferably free and the process made far less complex.

Bibliography

Bachmann, C. and Gooch, B. (2017) *Stonewall | LGBT in Britain – Trans Report (2017)*. Available at: https://www.stonewall.org.uk/lgbt-britain-trans-report (Accessed: 14 January 2023).

Bosia, M.J. (2014) 'Strange Fruit: Homophobia, the State, and the Politics of LGBT Rights and Capabilities',*Journal of Human Rights*, 13(3), pp. 256–273. Available at: https://doi.org/10.1080/14754835.2014.919217.

De Lauretis, T. (1991) 'Queer theory: Lesbian and gay sexualities an introduction', *differences*, 3(2), pp. iii–xviii.

Gender Recognition Act 2004 (2005). Statute Law Database. Available at: https://www.legislation.gov.uk/ukpga/2004/7/section/3 (Accessed: 29 January 2023).

Horton, C. (2022) *Experiences of Puberty and Puberty Blockers: Insights From Trans Children, Trans Adolescents, and Their Parents*. Available at: https://journals.sagepub.com/doi/10.1177/07435584221100591 (Accessed: 14 January 2023).

Najmabadi, A. (c2005) *Ebook of Women with mustaches and men without beards: gender and sexual anxieties of Iranian modernity*. University of California Press. Available at: https://hdl.handle.net/2027/heb04732.0001.001 (Accessed: 11 January 2023).

Norris, M. and Borneskog, C. (2022) 'The Cisnormative Blindspot Explained: Healthcare Experiences of Trans Men and Non-Binary Persons and the accessibility to inclusive sexual & reproductive Healthcare, an integrative review', *Sexual & Reproductive Healthcare*, 32, p. 100733. Available at: https://doi.org/10.1016/j.srhc.2022.100733.

Parsons, V. (2021) 'Cis people get gender-affirming healthcare over the counter. Why not trans folk?',*PinkNews | LGBTQ+ news*, 19 November. Available at: https://www.thepinknews.com/2021/11/19/gender-affirming-healthcare-cis-people-trans/ (Accessed: 29 January 2023).

Richter-Montpetit, M. (2018) 'Everything You Always Wanted to Know about Sex (in IR) But were Afraid to Ask: The "Queer Turn" in International Relations', *Millennium: Journal of International Studies*, 46(2), pp. 220–240. Available at: https://doi.org/10.1177/0305829817733131.

Sandor, G. (2022) *Consequences of the Conflation of 'Sex' and 'Gender' on Trans Healthcare* . Temple University. Libraries. Available at: http://hdl.handle.net/20.500.12613/7651.

Serano, J. (2019) 'Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children…',

Medium, 3 June. Available at: https://juliaserano.medium.com/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e (Accessed: 29 January 2023).

The truth about trans (2018) *Stonewall*. Available at: https://www.stonewall.org.uk/the-truth-about-trans (Accessed: 29 January 2023).

Thiel, M. (2017) 'Introducing Queer Theory in International Relations', in *International Relations Theory*. Bristol, England: E-International Relations Publishing, p. 181.