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The “I-was-born-this-way” argument is very strong in Norway ... As soon as you say: I wasn't born this way, but I had to be this way; or: I don't care what the reason is, but this is what I need, then it is difficult for people to deal with it.

An Interview with Tarald Stein

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The Norwegian LGBT Association, Oslo, Norway

Tarald Stein: My name is Tarald Stein; I am a 31 year old trans man, transgender, transsexual, everything goes... I work at the *Landsforeningen for lesbiske, homofile, bifile og transpersoner -LLH* (The Norwegian LGBT Association) in Oslo. I am working on a new project titled “Gender Diversity” in which we are trying not to have an identity focus, but to base our work mostly on the needs of the transgender population. We have a network of Norwegian transgender and gender variant supportive people throughout the country.

Carlos Motta: That seems to be an important difference: The focus on identity versus a more inclusive approach. Can you speak about the background of these issues in Norway, and how your involvement in this organization was born out of those needs?

TS: In 1999, the possibility to have gender reassignment treatment was shut down in Norway. But that same year, the *Harry Benjamin Ressurssenter* (Harry Benjamin Resource Center) was started by transsexuals, to get the possibility of treatment for that group. During the past ten years they have developed in a conservative way, and now they clearly express that they are the only organization in the country for people to get the “transsexualism” diagnosis. Only people with this diagnosis can get treatment in Norway; you can't get it for any other expression of gender identity. There has been a gap between the transvestites, mostly male-to-female, and the transsexuals, because there are a lot of people that fall in between those categories. You have some transgender people who don't qualify for the diagnosis, and therefore the transsexual organization won't help them.

LLH had decided to include trans people to their mandate, but they hadn't actually done anything other than changing the name of the organization and amending the official documents. I suggested this project to fill the gap between the organization for the transsexuals and the organization for transvestites. So far it has worked really well.

CM: What does the project do exactly?

TS: We have a trans network as well as a board that deals with the more political issues. Our main focus right now is to gain access to treatment, for those who need it, at the *Gender Identity Clinic* of the *Rikshospitalet* (The National Hospital). You have to get the diagnosis of transsexualism to get any treatment; if any doctor tries to help you with another diagnosis, he or she can lose his or her license. The transgender population is not that big, but...

CM: How big is it?

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TS: Judging from international surveys, transgender people are one percent of the population. Within this group, you have transvestites who don't have a need for surgery or any treatment at all, and you have the transsexuals who want everything, including castration. In Norway you have to be castrated to have your legal gender changed.

We also work with anti-discrimination projects. There is a new law coming in a couple of years, and we are working to get that law to be as transgender-friendly as we can. We also do some individual coaching and the network is working as a social space, too, because a lot of our members have not met any transgender people before, and there are no other spaces of this kind, where people can share experiences and receive advice.

CM: Historically, what has been the experience of being trans in Norway?

TS: It is very diverse. I will start with the transsexuals, because it is easier to find documentation for the experiences of transsexuals.

CM: Before you do that, could you explain to me what is a transsexual as opposed to a transgender person?

TS: If categories were necessary, then I would have two: Transgender people in need of treatment, and transgender people who don't have a need for treatment.

CM: And what does treatment mean?

TS: It means hormone treatment, surgery, hair removal (for male-to-female) and castration. At the *Gender Clinic* you have to say that you want to be castrated to be considered for treatment. If you just want hormone treatment, then you have no options. You could lie and say that you want the whole "package," but they might not believe you.

CM: Why? What is the meaning of keeping the genitals?

TS: It means you are not "real" in their view.

CM: Why is that attitude? Is it a political strategy?

TS: I think it is political. I think they are actually deciding what makes a man and what makes a woman. But they don't see it as political, and since it is a medical issue, we have a hard time getting the politicians to recognize this as a political issue. It is typical of all hegemonies to see their point of view as the only possible or natural way, but our members have different experiences. I believe it is not the genitals that make gender.

CM: Before I interrupted, you were speaking about the experience of being transsexual in Norway...

TS: It wasn't possible to get treatment in Norway before 1960. I think the first operation was done in 1967. In order to get the surgery you had to be heterosexual: If you were a trans man, you had to be attracted to women and vice versa. You couldn't have kids, and it helped if you had a really bad childhood. Even though they did away with these criteria formally, they are still

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there, I think. Some of our members say they have been rejected partly because they are gay, partly because they have kids, etc. Besides, there is a new rule: You can't access treatment if you are over 30. But there is no documentation about this, we know it from our member's experiences. I have heard that in some countries the longer the history of trouble you have, the easier it gets. In Norway it is not like that. Within the organization for the transsexuals in Norway, they don't want to call themselves *transsexuals*. They are people who get the diagnosis of transsexualism; they are ordinary men or women. You can't be both, according to them.

CM: Is there any legal protection for transgender people?

TS: No. A few years ago they established that transsexuals who had gone through treatment, who were castrated, could be included in the anti-discrimination legislation under gender. But it is more common to suffer discrimination before you reach the castration stadium. And the people who don't seek any treatments, who don't want it or can't have it at the moment, don't have any protection.

CM: What is the equivalent of the castration stadium when the case is female-to-male?

TS: Removal of the ovaries. That is the difference between castration and sterilization. In castration, the reproductive organ is actually removed.

CM: Are there any reports of high levels of discrimination based on gender identity?

TS: We don't have any reports. There have not been any surveys. It is kind of frustrating.

CM: It seems like the situation is a little bit precarious in terms of the scope of action.

TS: Yes.

CM: Norway has been so proactive in terms of gay, lesbian and bisexual rights. Why is the transgender issue a late bloomer?

TS: I tend to blame the organization for transsexuals, because they have been very strict on separating transsexuals from LGBs, or even transvestite or transgender people.

CM: Why?

TS: Transsexualism has nothing to do with sex, according to them. Basically they are right, but I think we had to focus on reality and not words.

CM: What is that reality?

TS: We have a possibility to be under the umbrella of LGBT: We have the support of *LLH*; a quite well organized organization all over the country. There is also the fact of the coexistence of gayness and transsexualism. The members of our transgender network are mostly gay transsexuals who were allowed treatment some years ago, when the rules were not as strict as they are today. We also have people who have been denied treatment partly because of their

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sexual orientation, and that makes it easier to be in the *LLH* and to be a part of the LGBT community. When people are discriminated, it is mostly because of their gender expression: Because a man is too feminine or a woman too masculine. That is the basis for the work we do here. We are working with actual experiences: This is happening, this has been done, and we have to do something about it. We don't focus on the identity of the people who get discriminated, because in our transgender network, for example, each member has a different identity; and so far we have thirteen members.

CM: It seems like the philosophy of the *Harry Benjamin Resource Center* is very heteronormative, isn't it?

TS: Yes.

CM: Is this a political strategy to attain the possibility of having full treatment? In other words, is this attitude a response to the cultural demands of society?

TS: No, I don't think so. First of all, let me explain that we have the *Harry Benjamin Resource Center*, the organization for transsexuals, and then we have the *Gender Clinic* and there is close cooperation between them. And it seems to me that the *Harry Benjamin Resource Center* is responding to the *Gender Clinic's* view of gender. Whereas my experience out in society is that most people are not trans-phobic, they just don't know anything about it, they are also very frightened to ask questions, because the *Harry Benjamin Resource Center* has focused so much on words. First they were transsexuals, then they became *transkjønn*, which is literally a translation of transgender, but in their view it means transsexual, without the sexual part. Therefore, everyone got confused and now they are just ordinary men and women with stories that are *a little bit* different. That is how they see themselves. My impression is that most people are very confused, and that is why I am not so interested in the words we use, but in how they work.

CM: What is the medical discourse, in terms of physical and mental health, which has informed the *Gender Clinic* and the *Harry Benjamin Resource Center*?

TS: I am not sure how it was in 1960s-80s, but the *Gender Clinic* today consists of one psychiatrist, several psychologists, and the main staff, the people fully employed by the clinic. Then you have the surgeons and a social worker that work part time. The psychiatrist is the leader of the clinic, so the discourse is very psychiatric, and I find it has a strong psychoanalytical influence. It is very focused on your story; the coherent story from childhood up to the present. It should be a linear and consistent story, not broken in postmodern fragments.

CM: Is that story seen as constitutive of your condition?

TS: Yes.

CM: So it is not a biological discourse.

TS: They are trying to find something biological. The psychiatrists are doing some research on teens. One of our members told me that he was asked to participate in a research project, where they would take a sample of blood from him and from his relatives. He said he had a

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lesbian aunt and maybe a gay grandparent. It seems like the idea is that if you combine lesbian and gay genes in a large enough amount, you will have a transsexual. I think that is kind of scary. Even if they found a biological ground for transsexualism, I think there is always going to be variation, someone outside the "boxes." And it is important that people get help, no matter how their genes look.

CM: Have you personally had an experience at the *Gender Clinic* or at the *Harry Benjamin Resource Center*?

TS: Yes, at both.

CM: Would you mind sharing your experience with me, if it is not too personal?

TS: I started going to the *Gender Clinic* in the fall of 2006. The first year, I had a psychologist who was gay and really nice, I liked him. He recommended that I get a diagnosis and received treatment, but you had to clear it both with the psychologist and the psychiatrist. However, he resigned from his job just after writing in my journal that he would recommend treatment. Then I saw the psychiatrist. She hadn't read my journal, and she was really surprised to hear that I had a kid; I have a daughter. She is 5 years old now. She said that I should recognize the birth as a rape of my own body. I don't think it is healthy to think of it that way. I don't think it does any good, so I didn't.

CM: You needed to officially recognize that?

TS: Yes. I had to say it, that was how I should feel, and I said no.

CM: Was having a baby a conscious decision?

TS: No. It was kind of an accident...

CM: But you made the decision to keep the baby.

TS: Yes. And although I would not do it again, and I would not recommend it to any trans man, I don't think it ruined me in the way a rape could. Besides, something good came out of it, because it made me realize that I actually had a body and I had to do something about it. And I have my daughter, and she is wonderful. Working in an LGBT organization, I know that the first reaction many lesbians and gays get from their parents has to do with the fact that they won't have grandchildren. So, I kind of feel that I have done my part...

CM: If we may return to this need for you to recognize that giving birth was a rape of your own body... Where does that come from in terms of the psychological discourse?

TS: From their perspective it is the only explanation for a trans man giving birth. If you are a transsexual you have to hate your body, you don't use your sexual organs... This actually contradicts everything or almost everything I believe in.

CM: What happened once you decided not to recognize this as rape? You could not be treated?

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TS: I think my decision contributed to the rejection, but there is also the question of me being gay. The psychiatrist also told me that she would really recommend that I had sex with a woman, and I also refused to do that. I don't find women attractive. I think the testosterone might have changed something there. I might be actually bisexual, but I am mainly attracted to men. I tried to tell her that I don't know any woman who would volunteer to have sex with a man who will close his eyes because he doesn't want to admit that he is having sex with a woman, but she didn't listen.

CM: So if you are an uncategorized trans person, you don't get the possibility of being treated?

TS: Correct. They also have a division between what they call "early onset" and "late onset." "Early onset," means something like screaming at birth, while putting your head out of your mother: "I am a boy, I am not a girl even if you think so." As soon as you learn to speak, or as soon as you see that there is a difference between the sexes, you should tell someone, or you should at least remember that you thought about it and very strongly wanted to be the other sex; because the *Gender Clinic* only believes in two genders.

CM: Did you approach the clinic because you wanted to have this operation?

TS: Yes. I actually wanted the whole "package." I got hormones.

CM: And they don't give you the whole "package" because to their eyes you are uncertain, because you might regret the decision?

TS: Yes, and I think that would be okay if I were 15, but I really think I am old enough to know and to decide for myself.

CM: Is that a final word, or can you appeal?

TS: I tried to appeal, but it didn't work out. I got rejected. They told me I could come back in 5 or 10 years, but I can't see how that would change anything. I won't have a new childhood, a worse one, and I couldn't go back in 5 years and lie about all the things I should have lied about in the first place. I don't think that would work out, and I am not a good liar. According to the law, patients have the right to a second opinion, but that excludes people with a rare diagnosis, and transsexualism is a rare diagnosis. Additionally, the *Gender Clinic* is the only place recognized as having expert knowledge in Norway.

CM: Has your personal experience motivated your political work?

TS: Yes.

CM: In what way?

TS: First, I wanted to get to know other people with similar experiences, because one of the first things that I realized was that I was not the only person here, and that nurtured the belief that I could do something. If it had been just me, I would have had to deal with it somehow, but I saw that there were more people being rejected. In January, a trans woman in Trondheim actually cut off her testicles at home in the bathroom after being rejected at the *Gender Clinic*. This is an

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extreme story: She just removed the part that was giving her trouble. And there are also the suicides. Not everyone has a supportive family, and usually trans people don't have many friends: A lot of transgender people isolate themselves because they are not being recognized by anyone. After one of my first meetings with the psychiatrist she told me that I was so resourceful and intelligent that I would make it without treatment anyway, something I didn't like. But I think she might be right.

CM: Did you approach the *LLH*?

TS: Yes. I spoke a little about it when I published my book of poetry, because it is about my experiences as a trans man, and that is what the media attention focused on.

CM: Not in the poetry.

TS: Not that much... (Laughter)

CM: You have sketched a grim picture: There is really no recognition unless you abide by the categorical gender binary.

TS: Yes, but I think most of the people in need of treatment either don't feel that they are lying or have to lie at the at the *Gender Clinic* or they are actually lying. My guess is that about 60 percent of the people in need of care actually get it.

CM: You are a minority.

TS: Yes, I think so.

CM: What is the experience in other countries? Are you aware of situations in which it is less categorical?

TS: Yes. Sweden is better than Norway. It is not perfect, but it is better, and the work for transgender rights has developed a lot more over there. I think the UK is not so narrow minded either.

CM: In the case of Sweden, what makes it better? Is it more inclusive?

TS: Yes. You are not too old at 30 to get treatment in Sweden.

CM: How old do you have to be in Norway?

TS: Over the age of 18 and under 30. I met a trans woman here who told me that she was 25, and she was told: "You are not getting any younger, are you?" Are you old at 25?

CM: Can you try to analyze, from your experience and perspective, this categorical way of thinking?

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TS: First, it is very difficult to get transgender rights recognized as human rights or as a question of rights at all, because it is a medical issue. If it is a medical issue, then it has nothing to do with human rights...

CM: Because human rights are social issues?

TS: Yes.

CM: But the relationship between the medical and the social, in this case, seems to be completely intertwined.

TS: Yes, and history should have taught us that things are not that simple. I think it has to do with people feeling that they don't know enough to have a view, and it is easy to say it is too complicated and it is a medical issue...

CM: But who is at the head of this decision? Is it a trans person leading the medical and psychological discourses?

TS: No, at the *Gender Clinic* there are no transsexuals. The members of the *Harry Benjamin Resource Center* are transsexuals, but most of them were in the middle of treatment when the service was shut down in the late 90s. It seems like they have forgotten how it felt to be at that stage, in the middle, or to be an object of categorization. A lot of people that went to the *Gender Clinic* and had to fill out a form with really intimate questions or had to answer them to a psychologist: "Whom are you attracted to? How do you have sex? How do you feel about your genitals? How do you use them?" These people were really pissed off. And from the way the questions are asked, you can tell they don't want to know or learn about diversity. All they want to know is if you fit in their narrow table.

CM: It seems like it is the same logic of wanting to define the homosexual identity as straightforward. That is why the bisexual person is often questioned.

TS: Yes. There are a lot of common issues. The *problem* with bisexuals, from a gay normative point of view, is that they are not stable. They can't say: I was born this way. The "I-was-born-this-way" argument is very strong in Norway and in many other countries. As soon as you say: I wasn't born this way, but I had to be this way; or: I don't care what the reason is, but this is what I need, then it is difficult for people to deal with it.

CM: The *LLH* is a social organization. But, is it your goal to also influence the legislative through the social projects that you are developing?

TS: Yes, in time. I think it is quite a long way to go, but I hope so.

CM: It appears to me that it is an issue of leadership. If the leadership is hegemonic, then you might be in need of a restructuring of that leadership.

TS: Yes.

CM: Do you envision yourself as a leader in that way?

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TS: Actually, I think I am too much of an individualist. I am not that comfortable speaking for a lot of other people. I like to just speak for myself. I also think it is important to have several voices to be heard, and maybe the leader should be more of a diplomat than I am.

CM: Do you see that there is a leadership or a leader out there being formed?

TS: Yes. In some ways I have that position, but it is very strange because I don't have any respect for authorities. I actually despise them mostly, and it is weird to be seen as an authority.

CM: You can always fashion yourself as a plural and inclusive face of authority...

TS: But then you have to be a diplomat. I am trying to be one, but I don't think I can do that forever. The community is the most important. If you have a strong community, then there will be a leader of some sort.