# "Do You Think I Look Like an 'F' Anymore?": Trans Identities, Biopolitics and Navigating State and Medical Spaces in Québec, Canada

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## ABSTRACT

**"Do You Think I Look Like an 'F' Anymore?":**
**Trans Identities, Biopolitics and Navigating State and Medical Spaces in Québec, Canada**

**William Zullo**

In Canada, trans persons seeking to transition face legal and medical regulation. In British Columbia and Ontario, sexual reassignment surgeries (SRS) are no longer required to legally change an individual's gender designation. In Québec, however, trans people are still required to demonstrate proof of SRS. This thesis argues that there are two key spatial spheres that trans people must negotiate in their transition process which have received little attention in geographic work: state and medical spaces. State space will be examined by focusing on the Directeur de l'etat civil (DEC), the principle governing body of civil affairs in the province. This government agency plays a pivotal role in determining whether a person has met the legal requirements to warrant a change of gender designation. Medical space, defined as the hospitals, clinics, and psychotherapeutic offices where trans people seek guidance and support for their transition is also central to this study. This project employs a Foucauldian biopolitical framework to help structure the analysis of the embedded power relations between state and medical authorities and individuals. The population studied is trans-masculine persons living in Québec who were undergoing or who had planned to undergo transition-related medical interventions. Participants were recruited through university LGBTQ centers, as well as through trans organizations located in Montréal. The participants were interviewed following oral history interview principles. The findings of this study demonstrate that due to the restrictive regulations imposed by the Government of Québec that in legal spaces, trans persons are limited in terms of their self-determination, as they must conform to established biopolitical norms. Additionally, in medical spaces, not only do medical professionals lack awareness of trans-specific needs, but trans identities are also regulated through the documentation requirements. Overall, trans persons in Québec continue to face both legislative and medical hurdles when attempting to transition in-province.

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# Chapter 1: INTRODUCTION

Trans geography is a small, but emerging field that has largely focused on trans[1] experiences of social discrimination, particularly within urban and queer environments (Doan 2007, 2010; Browne & Lim, 2010; Nash, 2010, 2011; Rosenberg & Oswin, 2014). Such research has demonstrated that even within supposedly LGBTQ designated spaces, trans persons continue to encounter stigmatization and exclusion. This project seeks to contribute to this body of work by examining trans experiences within two spatial spheres that have received minimal attention in trans geography: state and medical spaces. These spatial spheres are particularly relevant for trans persons who desire to legally change their gender designation and/or undergo medical procedures[2] to better align their physical appearance with their internal sense of gender. Overall, I argue that such individuals experience these spatial spheres uniquely due to state regulation of gender designation and the medicalization of trans persons by healthcare professionals. Therefore, this project aims to explore how trans persons negotiate state and medical spaces in the Québec state, which is embedded within the Canadian state apparatus, but has distinctive biopolitics due in part to its separate civil code and governmental administration.

In Canada, trans persons who desire to legally change their gender designation on official identification documents are allowed to do so. The most direct method of making a change to one's gender designation in Canada is to provide documentation of a diagnosis of Gender Dysphoria[3] from a mental health specialist, as well as to undergo medical procedures, such as

[1] The word trans encompasses many gender-related identities. Some trans identifications are: cross-dresser, transvestite, drag queen, drag king, genderqueer, genderbender, and transsexual (Stryker & Wittle, 2006). These examples only represent a small fraction of potential gender identifications.

[2] In a medical context, these procedures are known as Hormonal Replacement Therapy (HRT), which involves the application or injection of sex hormones and Sex Reassignment Surgery (SRS). SRS may involve a number of surgical procedures, such as: mastectomy, hysterectomy, vaginoplasty and/or phalloplasty. SRS may also be referred to as Gender Reassignment Surgery or Gender Confirming Surgery. When a trans person decides to undergo medical intervention to change their physical presentation, this is colloquially referred to as "transitioning". Trans individuals may desire differing levels of body modification depending on they feel about their gender identity, and how they would like to express their subjective sense of gender through behaviour, clothing, hairstyle, voice, or body characteristics (Tauches, 2011; APA, 2014). In this regard, some individuals may wish to forego all physical alterations and/or undergo only a limited number of them. Further, depending on genetic predispositions and health risks, some may be unable to receive hormones and/or undergo surgical operations.

[3] Trans persons who desire to change their gender designation have to be diagnosed as experiencing Gender Dysphoria (GD), in accordance with the current and fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). The APA justifies this medicalization by focusing on the intense discomfort some trans persons feel with their anatomical sex that can sometimes develop into anxiety and depression-related psychological problems. Trans persons' mental health can also be threatened by sociological factors. Specifically, trans persons experience disproportionate levels of verbal, physical, and sexual

Hormonal Replacement Therapy (HRT) and Sex Reassignment Surgery (SRS). Medical documents demonstrating that a person has undergone these procedures are required to alter gender notations on birth certificates.[4] However, because birth certificate issuance falls under provincial jurisdiction, the legal requirements differ according to the legislation of individual provinces.

Over the last five years, changes to provincial legislation have fundamentally impacted the transition and gender designation processes in the provinces of British Columbia, Ontario and Québec. In 2013, the Ministry of Health in British Columbia implemented an Amendment to the Vital Statistics Act, which allowed trans residents to change their sex designations on their birth certificates and BC Services Cards without letters of attestation confirming HRT and SRS (Smart, 2013; BC Services Card, 2013; BC Residents, 2015). With the new policy, individuals only need to provide proof of an official diagnosis of GD from a certified psychologist or psychiatrist and not necessarily undergo physiological changes. As of 2012, the province of Ontario no longer requires SRS to change sex designation on birth certificates. This legal policy was modified following the 2012 Ontario's Human Rights Tribunal which "ordered the provincial government to cease requiring trans persons to have 'transsexual surgery' to obtain a change of sex designation on their birth registration" (Service Ontario, 2013). The outcome of the Human Rights Tribunal was heralded as a landmark case for trans advocates in Canada, since SRS was no longer the definitive requirement for altering gender markers on birth certificates.

Québec represents a unique state in Canada, given its historical lineage, and follows its own civil legal system. For this reason, the province has a Directeur de l'état civil (Director of the civil state) (DEC), which is an administrative body under the purview of the Assemblée Nationale du Québec (National Assembly of Québec). The DEC's bureaucratic role is to register and manage all "Acts" associated with civil society, such as birth, death, marriage certificates, etc. However, unlike the two provinces previously mentioned, the DEC, as ordained by the Québec government, still requires trans persons to undergo SRS procedures to change "*la mention du sexe*" (sex designation) on birth certificates originating in the province. For the past few years, there has been intensive campaigning and lobbying of the provincial government by

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abuse compared to individuals whose birth sex aligns with their gender identity and gender expression (Testa et al. 2012). Trans persons may also experience more discrimination due to non-conforming gender presentations, which may or may not match societal gender norms.

[4] Once birth certificates are altered, then an individual can apply to change the gender identification on federal IDs, such as passports (Passport Canada, 2015).

trans advocates to amend the legislation that currently requires surgical modification/removal of sexual organs to change one's sex designation in the province. Many advocates feel that the current regulations are inherently discriminatory, as they require trans persons in Québec to effectively "sterilize" themselves before they can receive official recognition of their gender identity, as well as change their identification on birth certificates. Additionally, acquiring psychological counseling, hormones and undergoing surgery can be costly and, for some trans persons, unwanted. Despite this critique, the Québec government requires trans persons to follow a certain transition pathway to be eligible for funded transition procedures. Thus, persons who do not adhere to these requirements, because they do not want certain surgeries and/or hormones for example, will not be able to change their official identification. These particularly restrictive legal conditions in Québec provide a unique opportunity to explore trans persons' experiences within the state and medical spaces, which has yet to be studied geographically.

In addition to providing a unique case study, this project seeks to contribute to geographical research on trans spatialities. To do so, it examines two broadly defined understandings of "space" which are relevant to trans individuals undergoing legal gender changes and medical intervention in Québec. First, this project seeks to explore the state spaces pertinent to the legal transition process in the province (i.e. the DEC and its administrative networks). The second conceptualization of space concerns medical spaces, which can be understood as both concrete (i.e. the clinical establishments themselves) and abstract (i.e. perceptions of the spaces where medical procedures occur). The ways in which trans persons in Québec navigate and experience these two spheres during their transition process are the focal points of this project.

The ultimate argument of the thesis is that trans identities and bodies are rendered illegible by the Québec state[5] through the limited available gender identification on government documentation in the province, which allows only the dichotomous male or female notations. For instance, trans persons are often unable to legally change their sex designation without being diagnosed with Gender Dysphoria and undergoing major surgical procedures which modify/remove sexual organs—both of which are deemed by trans advocates to be costly, invasive, and sometimes undesired. Therefore, a principle objective of this research is to draw

[5] Although technically a province of Canada, Québec will be referred to as a "state," as the National Assembly (the heart of Québec governance) and the Civil Code of Québec hold state-like status.

attention to and to account for the ways that trans people experience and negotiate the state-regulated spaces and medical spheres associated with the transition process. The manner in which the DEC and medical institutions exercise power through clinical spaces, and how this process is experienced by trans people, will be the focus of the analysis. The following are my key research questions:

1) How does the Québec government seek to administer and regulate trans identities? What are the limitations imposed upon trans identities in Québec? How do trans individuals negotiate these limitations? How do state spaces, such as those related to the DEC, enact these power relations? How are they productive of them?

2) Given the medicalization of their identities, how do trans people experience the clinical spaces associated with the transition process, like public or private clinics and hospitals? What are the experiences of trans people when speaking with healthcare providers like psychologists, psychiatrists, medical doctors, endocrinologists and surgeons? How are clinical spaces part of the state administration of trans lives in Québec?

In the following chapter, I present background literature to help situate this work within the broader research area of transgender studies. There are three principle bodies of literature discussed: 1) feminist, queer and trans geographies, 2) health and medical geographies, and 3) critical sociology and legal trans studies. These literature fields were chosen for their pertinence to the research objectives and their relevancy in examining state and medical spatial spheres.

In Chapter 3, I introduce the project's key methodological and theoretical approaches, as well as the data collection techniques employed. First, I conceptualize state power and its effects on trans bodies through Foucault's notion of biopower and biopolitics. Subsequently, literature on state ethnography is presented as the methodological bridge between theories of biopolitics and data collection. Finally, the key data collection methods are discussed, which include oral history interviewing techniques that allow for greater personal reflexivity and "sharing authority" between the researcher and participant.

Chapter 4 presents empirical research findings concerning my participants' experiences navigating the state spaces associated with the Québec Government and the DEC administration processes. The chapter first outlines the particular regulations in Québec concerning legal changes to identification, as well as changes to the Québec Civil Code through Bill 35. This is followed by an in-depth look at my interviewees' experiences of the legal transition processes

and how they were affected by the changing regulations. This chapter concludes with a discussion of the different strategies my participants' engaged in to resist state definitions of their identities.

Chapter 5 centers on trans experiences within medico-spatial spheres and medical institutions in Québec when undergoing transition procedures. The chapter opens with a presentation of secondary research that discusses the medicalization process of trans identities by medical practitioners. The subsequent sections examine the "standard" transition pathways that are encouraged by the Québec government's regulations concerning the legal change of sex designation. Following this is a detailed presentation of how interviewees' experienced this transition pathway, which includes negotiating with medical practitioners about collecting proper documentation to legitimize their transition process, as well as undergoing surgical procedures within the province. The final section deals with resistance practices which participants engaged in to navigate around the set medical pathways.

Finally, Chapter 6 concludes this project by highlighting and bringing together the principle results and analyses. Additionally, I will attempt to discuss and connect some overarching themes, which emerged during the research, to provide more in-depth discussions and conclusions. This concluding section also presents the limitations of the thesis, as well as suggesting avenues for future research.

# Chapter 2: LITERATURE REVIEW

This review is divided into three main sections: 1) feminist, queer, and trans geographies 2) medical and health geographies and 3) critical sociological and legal trans studies. First, I briefly assess chief works in feminist and queer geography which examine how space and the ways that intersections between genders and sexualities become normalized. Subsequently, I trace the emergence of trans geography, which both follows from its feminist and queer precedents, but diverges in important ways. For instance, trans geography seems more effective in queering gender and detailing the materiality and spatial practices of trans people than its precedents. Next, I discuss the potential and limitations of health and medical geographies in LGB and trans geographies. Finally, to expand the existing geographical literature, I provide a review of sociological and legal scholarship dealing with trans identities. I argue that geographic research stands to benefit from expanding the current spatial spheres under study, and by assessing trans spatialities in a similar vein to critical sociology and legal trans studies which use Foucault's notion of biopolitics to examine the productively of state interactions with trans identities/bodies.

## 2.1. Feminist, Queer and Trans Geographies

When seeking to explore trans experiences of space, theories of gender and sexuality are essential. First, I turn to feminist geography, which challenges male-centric understandings of spatiality. Following this, I briefly review relevant research in queer and trans geography that has endeavored to examine how sexual minorities negotiate spaces. My study attempts to build on these literatures by focusing on trans men, a marginalized and understudied population even within the surveyed research, and by elucidating their experiences of the gendered and national constraints of spaces related to their transition process.

A principle goal of feminist geography is to provide an understanding the gendered construction of space and its impacts. As McDowell (1997) writes: "Doing feminist geography means looking at the actions and meanings of gendered people […] at the different ways in which spaces are gendered and how this affects people's understandings of themselves as women or men" (p. 382). In other words, feminist geography allows researchers to better understand hierarchical and gendered power relations and how they can be applied to space. One method of

exploring the gendered construction of space is through theories of embodiment. Feminist discussions of embodiment are crucial in counteracting mind/body dualism and the assumed superiority of the mind over sensual perception. Further, such work seeks to challenge dominant masculinist traditions, which preferentially value rational and logical research over emotional and sense-based knowledges. Therefore, Longhurst (1995) argues: "a way for feminist geographers to subvert the hegemony that masculinity has over this knowledge, may be to create an upheaval of the dominant/subordinate structure of the relation between mind and body and to sexually embody geographical knowledge" (p. 97). In this way, feminist geography actively contests hegemonic conceptualizations of space that do not fully consider gender and/or feelings as foci of analyses.

Influenced by critical queer theory, queer geography seeks to examine how spaces become sites for fluid, unfixed and multiple assertions of sexual identity and in questioning regimes of power related to differing sexualities (Browne, 2006; Davis, 2009). Browne (2006) writes how queer geographers "locate 'queer' in the radical requirement to question normativities and orthodoxies, in part now by rendering categories of sexualities, genders and spaces fluid" (p. 886). As well, the subfield employs Judith Butler's notion of performativity to analyze "how sexed and gendered performances produce space and, conversely, how spatial formations shape ways in which sexual dissidents present and perform their sexualities in public spaces" (Browne et al., 2007, p. 9). Thus, Oswin (2008) advocates for geographers to "queer" their approach to account for multiple relations of power because: "Once we dismiss the presumption that queer theory offers only a focus on 'queer' lives […] we can use it to deconstruct the hetero/homo binary and examine sexuality's deployments in concert with racialized, classes and gendered processes" (p.100). In this way, a critical queer framework encourages the active contestation of heteronormative, sexist, racist, classist, genderist and ableist positions and knowledge production (Browne, 2006; Cohen, 1997; Hubbard, 2004; Nast, 2002, Oswin, 2008).

While feminist writing has been critiqued for its dichotomous representations of trans lives as either stable and hegemonic, queer academia has been criticized for portraying trans bodies too fluid/unfixed, thus stripping them of their meaningful subject position (Davis, 2009). According to one position, trans persons are the "enemy" of feminist political work since they are viewed as reinforcing normative conceptions of gender (Stryker, 2004). For example, Janice G. Raymond's controversial 1979 polemic, *The Transsexual Empire,* as well as the "womyn-born-

womyn" policy employed at the Michigan Womyn's Music Festival, highlight feminist projects that discriminate against and exclude trans identities (Stryker, 2004). However, these examples remain exceptions to broader feminist attempts of inclusion. Another prominent argument concerns trans persons' gender fluidity and non-conformity that has been construed as actively contesting the hegemony of the gender binary (Butler, 1990, 1993, 2004; Halberstam, 2005). Consequently, trans individuals have been regarded as the vanguards of a movement towards a radical re-conceptualization of gender in which the fixity, regulation, and patriarchal nature of gendered social relations would meet its end. Although this may seem like a more positive construction of trans identity, its mostly theoretical positioning of trans "as transcending gender boundaries, and revealing the artificiality of gender identification tends to overlook trans [...] individuals' subjective experiences of gender realness" (Davis, 2009, p.123). Therefore, trans writers have critiqued this body of work for failing to consider the everyday life experiences of this marginalized group (Cromwell, 1999; Namaste, 2000, 2011; Prosser, 1998; Rubin, 2003).

Trans geography responds to feminist and queer projects by illustrating how space is actively gendered, made fluid, and to destabilize cis-normativity. For example, in contrast to queer theory's merely theoretical examination of transgender identities, some geographical work seeks to address this population's lived experiences. Currently, few studies have researched trans spatial practices and trans embodied geography. However, particularly within the feminist journal, *Gender, Place and Culture*, scholarship on trans geography has been emerging (see Browne, Nash & Hines, 2010; Browne & Lim, 2010; Doan, 2007, 2010; Hines, 2010; Nash, 2010; Rooke, 2010; Nash, 2011; Rosenberg & Oswin, 2014). This recent body of literature seeks to understand the regulation of gendered spaces within public and sex-segregated spaces, like bathrooms. Additionally, it analyzes the reasons for trans exclusion within LGBTQ spaces and gay villages/neighborhoods, as well as the possibility of producing trans-friendly space.

A principle goal of trans geography is to evaluate how cisgendered spaces impact trans persons' experiences. As aptly noted by Cream (1995): "Our sexed bodies are understood to be either male or female […]. Any possibility of adopting a position that is neither female nor male is simply not permissible" (p. 33). For this reason, it has been well-documented that trans persons are disproportionately stigmatized. For example, Lombardi et al. (2002) found that over half of the 402 transgender persons surveyed had experienced verbal abuse or assault, and about 25% were victims of violence. Additionally, an extensive review of U.S. studies which analyzed data

from self-report surveys, hotline calls, and social service and police reports found that trans people experience a higher proportion of social discrimination, abuse, harassment, and violence than non-trans individuals (Stotzer, 2009). Moreover, in a recent study centered in Virginia, researchers observed that 41% of the respondents reported being discriminated against when acquiring health care, employment and/or housing (Xavier et al., 2013). Largely, it is due to the hegemony of binary gender that trans persons' non-conforming gender presentations often elicit discriminatory and violent reactions when interacting with the public. However, it is not only trans-identified persons who experience punitive reactions for transgressing gender norms. Namaste (1996) writes that: "a perceived violation of gender norms is at the root of many instances of assault, harassment, and discrimination. Social scientists have suggested that lesbians and gay men-especially females seen to be masculine and males judged to be effeminate-are most at risk of assault" (p. 227). Thus, cisgender individuals can equally experience "genderbashing" because of the ingrained expectations of gendered behaviour and dress in society. In a similar vein, Browne (2004) offers the term "genderism" to describe hostile encounters based on non-conforming gender presentations regardless of trans or non-trans status. For instance, she explores non-heterosexual cisgender women's experiences of being mistaken for men in public bathrooms, which often elicited aggressive confrontations. She contends that genderist discrimination is accentuated in public bathrooms because they are typically sex-segregated spaces. Thus, "toilets, as sites that are separated by the presumed biological distinction between men and women […] can be sites where individuals' bodies are continually policed and (re) placed within sexed categories…" (p. 332). In this way, trans bodies are continuously read according to cisgender scripts.

Ultimately, there are few spaces and places in which trans persons can feel safe and accepted. Even in spaces deemed LGBTQ-friendly, trans individuals encounter resistance and are often misunderstood. A prime example is Doan's (2007, 2010) work, which highlights trans perceptions of urban, and LGBTQ spaces. After surveying 149 trans persons, she found that the majority of her respondents had at one point felt harassed or threatened within urban environments, and a smaller proportion experienced similar discrimination within LGBTQ spaces. To explain this outcome, Doan argued "most [LGBTQ] spaces have been unable to accommodate alternative subject positions such as bisexuality and non-traditional gender presentations within [LGBTQ] communities, leaving these individuals vulnerable and invisible in

public spaces" (p. 63). Similarly to Doan, Nash (2011) found that transmen did not always feel welcome in [LGBTQ] spaces, particularly in lesbian-specific ones. Nash surmised that due to their more masculine gender presentations, transmen confronted and disrupted the construction of lesbian sites as *only female* embodied. Thus, this led to some transmen feeling excluded or verbally harassed in lesbian spaces, even though many transmen interviewed for this study had previously identified as lesbians before their trans identification. Furthermore, Browne & Lim (2010) found that the media framing of the city, Brighton and Hove, as UK's "gay capital" (due to its disproportionally large LGBTQ population and LGBTQ-friendly policies) led trans residents to believe that the city's population would better receive them. While trans participants did feel that it was "better than other places" (p. 627), a greater proportion felt that their needs were neglected in favor of gay, and to a lesser degree lesbian, interests. Overall, these few examples illustrate that, despite the inclusionary principles advocated by LGBTQ communities, trans persons can feel actively excluded from LGBTQ space. Queer projects and identities may seek to confront traditional sexualities and gender norms, and may wish to present more gender-fluid identities; however, the extent to which these projects are realized is debatable if trans persons still feel marginalized within spaces supposedly inclusive of their identities.

Given the lack of inclusive space available to trans persons, an important avenue of research lies in the production of space in which trans safety, intimacy, and comfort are paramount. Producing trans-friendly space is essential in aiding trans people to construct positive experiences in public and self-understandings. For example, Rooke (2010) discusses a year-long participatory arts project, *Sci:dentity*, which gathered together 18 trans youth from Britain (aged between 14-22), to explore the science of sex and gender through art. This research focused on pedagogy. For this study, trans youth were taught the biological model of sex and gender and then were encouraged to counteract this dominant view through art. Rooke notes that such a project "opened up a creative space where young people could explore their self-understandings of their sexed and gendered selves […] as well as offering a space to critique the discourse of sex verified by scientific evidence" (p. 659). Such a project seems critical in producing space where trans persons can explore their intimate feelings of gender, as well as vent their concerns regarding binary gender hegemony. Thus, in contrast with trans exclusion research, where trans individuals are simply "oppressed" by normatively gendered and sexed sites, this work attempts to generate a new mode of discussion concerning trans identities and their interaction with space.

As most trans geographical work has been focused on urban or queer environments, some scholars have sought to expand the spatialities under study. Exemplary of this is the recent work by Rosenberg & Oswin (2014) which examines the lived realities of trans feminine persons who are disproportionately incarcerated in the United States compared to the general population. Through established contacts within the Prisoner Correspondence Program in Montréal, the authors mailed questionnaires to trans feminine prisoners to ascertain how they experience the "hypermasculine and heteronormative environment" of prison facilities throughout the United States (p. 4). Rosenberg & Oswin (2014) received feedback from 23 trans feminine individuals and found that they are routinely placed in male prison facilities regardless of their gender identity and are prevented from feminizing their appearance. For example, they are not allowed to possess items, like razors, nail polish or make-up, and are frequently denied access to hormones. Additionally, their research confirms what has been found by previous studies in that trans feminine prisoners are regularly mistreated, humiliated and violated by other inmates, but also by correctional staff. The authors' study concludes that the fundamental human rights of trans feminine prisoners are not being properly protected, and thus, these individuals will continue to face harassment and violence until their rights are upheld or until the Prison Industrial Complex is abolished. For these reasons, Rosenberg & Oswin (2014) state that a productive avenue of research would be to further examine trans experiences within carceral spheres as a means of advancing a critical geographical project where the lives of all trans persons are safeguarded.

The preceding literature importantly contributes to trans geography by examining the cis-gendered construction of space, as well as the discriminatory experiences encountered by trans people, even within LGBTQ spaces. A small part of this writing also emphasized the productive potential of trans persons in creating their own inclusive space, and suggested new and significant spaces for future studies. Overall, such work has initiated an important discussion concerning trans identities and in making trans persons more visible within queer academic research. I hope to contribute to this nascent literature by using a trans-narrator-centric analysis to examine trans experiences of state regulation in Québec and the medicalization of their identities. To further situate my study, the following two sections review literature which discusses the biopolitical management of queer populations in the fields of medical and health geographies, as well as within critical sociology and legal studies.

## 2.2 Medical and Health Geographies

A subfield of geography especially attuned to the materiality of human existence is health geography. The contemporary field (which some authors refer to as the "new" health geography) emerged out of the broader discipline of medical geography during the 1990s (Kearns & Moon, 2002). The new health geography tends to reject both biomedical and quantitative models; instead, it focuses on more holistic conceptions of health and wellness, identity, and place experience (Kearns & Collins, 2010). Importantly, for the research goals of this project, health geography examines cultural constructions of care, such as "how care is experienced, by whom and where?" (Kearns & Collins, 2010, p. 25; Milligan, 2000; Williams, 2002). Additionally, researchers in this field have consistently been concerned with access to care. While earlier work focused on the distribution of hospitals, clinics and physicians, more recent studies have centered on issues relating to social justice and whether marginalized individuals/populations have access to affordable and proper healthcare (Rosenberg, 2014). This aspect of the literature seems especially pertinent to the current project given that trans persons face numerous hurdles when seeking medical attention and are at risk of being denied service due to their gender non-conformity.

Health geography also examines how medical institutions can produce new systems of health regulation, such as determining what are "healthy" and "unhealthy" social behaviours/bodies (Brown et al., 2010), and spaces of governance. A recent article by Brown & Knopp (2014) speaks to this issue. The authors focus on the construction of gay men with disease, mainly Sexually Transmitted Infections (STIs), given that gay men were considered more likely to be afflicted by STIs than the heterosexual population. Consequently, this led to the implementation of new forms of medicalized governance directed uniquely at homosexuality in the post-WWII United States. Brown & Knopp (2014) highlight the discriminatory policies forbidding homosexuality, as well as the lack of knowledge regarding homosexual transmission of STIs post-WWII. They note that health advocates in the United States were greatly concerned with the emergence and spread of STIs during that period. The authors center their case study in the city of Seattle, and discuss how local public health officials attempted to record the transmission of STIs in gay men in hopes of effectively managing and curbing the spread of disease. Their article expands upon Philo (2000) who contends that Foucault's 1976 book, *Birth of the Clinic* (*BOTC*) should be viewed as a foundational text for health geography. Philo (2000)

asserts that Foucault's three major categories of "spatializations" outlined in *BOTC* could be productively used in the field. According to Philo (2000), Foucault's primary spatialization describes how diseases are learned about through the two-dimensional space of a table; the secondary pertains to diseases which are embodied in the three-dimensional space of the physical body; finally, the tertiary refers to how illnesses become institutionalized (Foucault, 1973). Brown & Knopp (2014) apply Philo's discussion of *BOTC* to assess the city's historical records, and extend Foucault's three spatializations by examining additional spaces of the "city, the health practitioner's body, and the [gay] community" (p.100). Brown & Knopp's work contributes to the field of health geography in several ways. Importantly, they demonstrate "how these spatialities brought anatamo-politics and biopolitics together so as to help simultaneously conjure a gay population and the governance/self-governance of that population" and how the medical gaze "became epistemologically authoritative and consequential" (p. 107). Additionally, their analysis and spatializations can be used to assess how medical institutions could possibly govern other marginalized groups, like trans people, through a variety of spatial spheres as discussed by Foucault (1973) and Brown & Knopp (2014).

The preceding geographical subfields reviewed provide much needed research regarding the gendering and normalization of space, as well as the medicalization of queer bodies within clinical environments. However, these literatures have only begun to include a critique of larger social structures that impinge on the autonomy and dignity of trans people. For instance, although the field of trans geography studies the spatial exclusion of trans persons, with the exception of Rosenberg & Oswin (2014), such work minimally analyzes how state governments and legal authorities contribute to the regulation of trans identities/bodies, and how this continues to perpetuate social discrimination against this population. To further contextualize this project, in the following section, I turn to research produced within critical sociology and legal trans studies, which attempt to understand the manifestation of state regulation and its consequences upon trans identities, as this is a central aspect to the overall thesis.

### 2.3 Critical Sociology and Legal Trans Studies

Recent research produced in the fields of critical sociology and legal trans studies help scholars to better understand the consequences of biopolitical state management techniques upon trans lives. Particularly useful is how these bodies of literature use Foucault's writing on power,

with special attention given to biopower, to assess key social and political issues currently affecting trans people. Relevant to this project, this literature engages critically with the role of medical institutions and state governments in fostering or disavowing trans lives, including issues with acquiring medical care (Hines, 2007; Irving, 2008; Sanger 2008), citizenship rights (Cowan, 2005; Grabham, 2010, 2011; Hines, 2009), and legal requirements for changing gender markers (Spade 2008, 2011).

Although medical authorities no longer publish overtly discriminatory material along the lines of Kaufft-Ebing and Cauldwell's works[6], some trans persons cite the APA's inclusion of Gender Dysphoria within the DSM-V as maintaining this pathologizing mentality (Stryker & Wittle, 2006). Sociological studies concerning trans identities critique this ongoing medicalization. Largely, these studies suggest that medicalization significantly determines how trans persons come to understand their identities. For instance, Hines (2007) notes how trans persons often report that they are in the "wrong body." The iteration of this "wrong body" narrative is often the only way to acquire medical help from healthcare workers who are expecting a certain self-pathologizing rhetoric. As a common medicalized iteration of trans experience, this narrative continues to be used by medical institutions as a means to pathologize trans persons' non-normative experiences of gender. However, she argues that the "wrong body" rhetoric can also be a site of power for trans people using this knowledge to gain access to desired medical procedures that would not normally be accessible by any other means. For instance, she writes that "the 'wrong body' hypothesis can be seen as a discourse that produces its subject, [however] the self-conscious repetition of the 'wrong body' narrative can be read as an agency driven process whereby trans people employ knowledge as power" (section 5.6). Thus, trans persons can use the biomedical framing of an "authentic" trans experience (i.e. feeling disconnected from their biological sex) to acquire hormonal therapy and surgery. This is not to say that the "wrong body" feelings iterated by trans persons are false or not experienced; however, due to the dominant medical discourse, trans persons have limited modes of expression,

[6] Historically, western medical authorities have pathologized trans persons when they desire to change their birth sex (Stryker & Wittle, 2006; Lev, 2006). Famous medical practitioners and sexologists, such as Richard von Krafft-Ebing in the early 1900s and David O. Cauldwell in the 1950s, largely condemned the practice of sex reassignment and transgender individuals (Irving, 2008; Stryker & Wittle, 2006). Practitioners believed sex to be biologically determined, dichotomous, and unchangeable. Therefore, the idea that people could identify as the opposite sex or gender was incomprehensible. This rationale led to the labeling of trans individuals as mentally disordered, delusional, and psychotic (Irving, 2008; Stryker & Wittle, 2006).

intelligible to and sanctioned by the state. This discourse thus precludes other, potentially more positive, and/or varied forms of expression.

Psycho-medical rhetoric concerning what constitutes as "authentically" trans (i.e. desiring every medical procedure available to alter one's physical appearance and identifying as exclusively male or female) has also influenced how trans persons are identified and recognized. Therefore, for individuals seeking gender-confirming medical procedures, it becomes essential to produce this narrative to receive treatment. Trans persons are impacted by these expectations, but also function as active re-enforcers of this discourse. For example, Sanger (2008) remarks, "regulatory mechanisms are not limited to those emanating from the state and non-trans Others. Trans people themselves […] forge regimes of truth relating to norms which must be adhered to in order to be accepted as a 'true transsexual'" (p. 47). In this way, Sanger argues that trans persons also police each other's identity as a means of creating and maintaining a consistent and coherent narrative of the population. Importantly, Sanger's discussion demonstrates the role of self-regulation in producing and influencing trans identities. Thus, trans persons not only are directly affected by biomedical rhetoric, but also reinforce this ideology through self-regulatory practices. Overall, the biomedical discourse reviewed has two main impacts: the construction of trans identities as non-normative or as complicit with binary gender. On one hand, trans bodies are seen as undesirable by the state, and on the other, the alternative they represent is made invisible and dovetailed within currently held norms.

Pertinent to this discussion is the idea that modern modes of state-citizenship are predicated on being recognized/identified by governments and on abiding by legislation, which continuously render citizen bodies intelligible to the state (Hines, 2007, 2009). However, as mentioned earlier, trans individuals have been popularly construed as "gender outlaws" due to their supposed gender non-conformity and fluidity (Bornstein, 1994; Halberstam, 2005). Beauchamp (2013) argues that such intelligibility has not gone unnoticed among state administrators. For instance, he contends that state governments enforce strict regulations concerning hormones, like testosterone, because of the ability of this substance to dramatically change the gendered characteristics of bodies from their biological origins. Beauchamp (2013) asserts that this produces state anxiety concerning the possible intelligibility or misrecognition of trans bodies. Therefore, through restrictive law making, the state endeavors to constrain gender flexibility and maintain the readability of trans bodies.

James C. Scott's (1998) monograph, *Seeing Like a State,* helps explain this anxiety. He claims that state governments attempt to make seemingly unreadable local practices into logically ordered ones that can be scrutinized by a centralized bureaucracy. Since trans persons are often seen as positioned between two polarized sexes, the state may be disadvantaged because it cannot govern trans bodies according to binary gender. For example, in 2004, the UK introduced the Gender Recognition Act, which served to streamline legal changes desired by trans persons undergoing transition. However, for a legal sex change to be approved by state officials, the act required that an individual "intend to continue to live in their acquired gender 'until death'" (Grabham, 2010, p. 108). Grabham (2008, 2010) claims that this stipulation was included based on the belief that trans people are naturally more gender fluid than non-trans individuals. For this reason, she asserts that state legislators attempted to enact "gender permanence" as a method to limit the flexibility of trans identities. There is also little evidence to suggest that such a measure was mandated out of necessity since gender is no more an administrative burden than other legal status changes. Spade (2008, 2011) speaks to this issue when he questions the usefulness of gender as a marker of identity. He argues that binary gender notations offer superficial information, while further discriminating against a marginalized population. In this regard, because trans lives/bodies present a challenge to ingrained beliefs of binary gender and their desire for alternative gender categories is considered problematic by the state which is fundamentally invested in easily categorized/governable citizens.

Overall, this scholarship is effective in illustrating how medical institutions are fundamental in producing narratives concerning trans bodies and how this continues to influence how trans persons understand themselves and are identified by others. Additionally, such work seeks to critique the biomedical and state discourse that perpetuates "the operation of coercive and violent systems that determine and prescribe sex, sexual practices, and gender identities and expressions for everyone" (Spade & Wahng, 2004, p. 240).

### 2.3 Conclusion

The literatures reviewed encompass contemporary and multi-disciplinary research in the geographic, sociological and legal domains. This review has revealed some significant trends emerging from the various literatures. First, it was noted that trans geography has its roots in feminist and queer writing on gendered practices, spaces, and non-normativity. Largely, trans

geographical work assesses the spatiality of trans lives and illustrates how trans persons continue to encounter social discrimination throughout their daily routines and displacements. Following this, research in medical and health geographies was reviewed, with a particular focus on the work of Brown & Knopp (2014), which attempted to understand the medicalization of queer identities within the medical sector. Finally, some sociological and legal studies were found to effectively demonstrate how medical establishments and state practices interact, interconnect, and ultimately constrain trans identities through legislative policies.

This thesis seeks to follow Rosenberg & Oswin's geographical work (2014), which analyzes the impact of legalization upon trans identities and bodies. Instead of focusing on trans persons within the carceral sphere, this study seeks to examine trans persons in Québec's state and medical spheres. To accomplish this aim, this project seeks to ground its spatial analyses within Foucault's ideological framing to more productively assess the multifaceted constellations of power at play within trans lives. The following section presents the research framework grounded in Foucauldian power analytics and biopower, as well as the methodological and data collection methods employed.

## Chapter 3: THEORY, METHODOLOGY AND DATA COLLECTION

This project attempts to understand how trans individuals who desire to legally change their gender designation, as well as undergo gender-confirming medical procedures, experience state spaces and medical spheres in Québec. To accomplish the research objectives posed in the introduction of this thesis, a host of methods are employed: firstly, Foucauldian biopolitics is used as the theoretical foundation as this project as an entry point in understanding the broader processes impacting the population; secondly, ethnography of the state is employed as the guiding methodology to bridge the theoretical understanding with a concrete focus; lastly, concerning sampling and data collection, interviewees were gathered through advertisements posted on online social media forums directed at specifically trans-masculine persons living in Québec, as well as local organizations geared towards supporting the trans population in Montréal. Qualitative interviewing methods following oral history, positionality, reflexivity, and sharing authority protocol were used to gather rich and personal narratives from my interviewees. The interview questions asked participants to share their stories about Québec and the DEC's legal application process to change gender designation, as well as their experiences of clinical spaces associated with their physical transition.

### 3.1 Biopolitics and Ethnography of the State

The theoretical foundation of this project is based upon Michel Foucault's epistemological framing of power, particularly, biopower and biopolitics. Throughout his work, Foucault attempts to understand the historical shifts and trajectories of power. I contend that Foucault's conceptualization of biopolitics and biopower are crucial in a project researching trans lived experiences, and the impact of micro/individual and macro/population level factors, such as government representatives/medical professionals and the state/medical institutions upon this marginalized population.

Although Foucault was not the originator of the terms biopolitics or biopower, the relational presentation of his concepts are particularly useful for my work. With regards to biopolitics, Lemke's (2011) definition highlights many of the primary tenets of Foucault's philosophy:

> The notion of biopolitics refers to the emergence of a specific political knowledge and new disciplines such as statistics, demography, epidemiology, and biology. These disciplines make it possible to analyze processes of life on the level of populations and to 'govern' individuals and collectives by practices of correction, exclusion, normalization, disciplining, therapeutics, and optimization. (p. 5)

In *The History of Sexuality: An Introduction* (1978/1990), Foucault historicizes the origins of biopower and notes its two principle forms:

> One […] centered on the body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls, all this was insured by the procedures of power that characterized the *disciplines*: *an anatomo-politics of the human body*. The second, formed somewhat later, focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and *regulatory controls*: *a bio-politics of the population*. (p.139)

Here, we can see that Foucault is referring to two principle forms of biopower, disciplinary power or *anatomo-politics* and regulatory power or *biopolitics* (Taylor, 2011). Disciplinary power is considered at the level of the individual, while biopolitics is considered to govern at the level of the population. As illustrated by Dean (1999): "[Biopolitics] is concerned with matters of life and death, with birth and propagation, with health and illness, both physical and mental, and with the processes that sustain or retard the *optimisation* of the life of the population" (emphasis is mine, p.99). Overall, what these two modern forms of power have in common is their influence over *life*, or trans life, in the case of this project.

Foucault also elaborated upon his understanding of biopower during his highly attended lecture series, which he delivered annually at the *Collège de France* from 1969 until his death in 1984. For instance, Foucault opened his 1978 course, *Security, Territory and Population*, by defining biopower as a: "set of mechanisms through which the basic biological features of the human species became the object of a political strategy…" (p. 16). This political strategy is a crucial component to the modern biopolitical state where the "sovereign right to kill appears in a new form; as an excess of 'biopower' that does way with life in the name of securing it" (Stoler,

1995, p. 84). However, how does this "positive influence on life" also encourage the right to kill? Stoler (1995) contends it does so by establishing a hierarchy of "races" (or persons), where some are considered more valuable and allowed to speak and live, whereas other marginalized identities deemed less valuable are rendered silent and permitted to die (p. 84). In this way, biopower becomes the mode by which the state exercises its right to determine what counts as life and what does not. Thus, this state-endorsed "politics of life management" produces a deleterious effect on internal bodies, like trans persons, deemed threats to the productivity and/or strength of the state and the population (Zylinska, 2007, p.101).

Although it is difficult to study the effects of biopolitics directly, more recent anthropological literature has attempted to understand the effects of state management practices through ethnographic means (Ferguson & Gupta, 2002; Bouchard, 2011). Bouchard (2011) notes that the field of anthropology has been reluctant to assess the various administrative and legal practices of the state, unless viewed through the prism of nationalism, and/or as an abstract concept ultimately constructed and imagined. While some theorists would argue that the state is an abstraction, Ferguson & Gupta (2002) and Bouchard (2011) argue that the effects of state policies and laws remain authoritative and have real consequences upon human lives. Bouchard (2011) further remarks that "anthropological analysis is most effective when studying power as experienced in daily life" which he contrasts with Foucault's abstracted writing on biopower (p.193). Moreover, Bouchard (2011) citing Punday (2000), makes the point that Foucault, for all his bodily metaphors, did not ever observe physical bodies or physical spaces; therefore, there remains a need to observe biopolitics "in action." Thus, to achieve these ends, these authors argue that the goal(s) of state ethnography is to understand how state power is ultimately experienced by citizens/individuals in their everyday lives and social interactions.

As biopolitics and biopower are rather abstract concepts, I hope to compensate for the restrictions of employing these theoretical abstractions by grounding my research within a more concrete method. Ethnographic research presents an interesting methodological basis, as it attempts to assess the materiality of peoples' lives and institutional spaces directly. Ethnographic research of the state typically involves the researcher conducting fieldwork within a government bureaucracy. For instance, Mountz (2007) conducted research at Citizenship and Immigration Canada, observing the administrators and policy-makers at work within the bureau. By observing the state workers, she hoped to elucidate the role of the government in producing new laws on

immigration. She argues that "ethnographies of the state…are an effective tool to study states as daily entities" and that this "approach…highlights the contingent, contextual, dynamic, and performative practices of the state" (p. 38-39). Although ethnographic research represents an interesting method to assess state practices, my research project does not attempt to use such direct observational methods and does not study state actors directly. Therefore, while Mountz (2007) learned about the state from employees, my work does so via the experiences of the targets of state policies. In addition, by employing in-depth interviewing techniques, I hope to similarly reveal the effects of state power upon trans persons in a manner akin to research presented within ethnographies of the state literature.

### 3.2 Research Design

This research project seeks to examine how trans people negotiate the state and medical spaces associated with the transition process. Theoretically, this thesis argues that these spaces are regulated and biopolitically managed by the state and medical authorities. Unlike ethnographic research of state practices, this project does not attempt to observe state agencies or actors directly, instead it focuses on the effects and impacts of the state upon the target population. The target population in this work is trans people with particular biopolitical management aims who live in Québec. As examining all types of trans people is beyond the scope of this largely exploratory study, this thesis is centered upon trans people who desire to change their physical gender presentation and official gender designation. Moreover, to further narrow the sample population, this thesis will analyze only trans-masculine persons. Not only are trans-masculine persons understudied in academia, but also they are also most familiar to me. For this important reason, I can easily empathize with the participants' experiences, and hopefully, gather more in-depth narratives from the sample group.

#### 3.2.1 Recruitment and Snowball Sampling

To recruit participants for this project, I contacted university LGBTQ centers, like Queer Concordia and McGill, Concordia's Gender Advocacy and McGill's Union for Gender Empowerment, and organizations, such as Aide aux Trans du Québec and Action Santé Travesti(e)s & Transsexuel(le)s du Québec. After contacting these organizations, they allowed me to post advertisements for my project on their social media sites. Additionally, I posted

notices for my project on web forums and blog pages directed at trans persons on the masculine spectrum. Overall, I followed a qualitative approach, which, in contrast to a quantitative approach, does not seek to make generalizations regarding a specific population; thus, statistical representation of the population at large was not of primary concern though this study does attempt to get at generalized and generalizable knowledge, just not based on a positivist framework of sampling etc (King & Horrocks, 2010). I aimed to gather a diverse group of interviewees "who represent a variety of positions in relation to the research topic, of a kind that might be expected to throw light on meaningful differences in experience" (King & Horrocks, 2010, p. 29). Thus, by approaching the trans community through diverse avenues, such as the university and community-based organizations, I hoped to obtain a sample that would demonstrate the diversity of trans experiences with the Québec healthcare system.

To gather more interviewees, I also attempted to implement snowball sampling. Snowball sampling works by chaining interviewees; first, you ask the initial participant to supply names of other interested candidates, you interview them, and then you repeat the process. Atkinson & Flint (2001) argue that the principle advantage of snowball sampling is how it allows you to access "hidden" or "hard-to-reach" populations. Browne (2005) further argues that this sampling strategy is particularly effective when researching marginalized groups, where openly identifying could lead to social discrimination. Given that trans persons are considered both a difficult to access and stigmatized population, snowball sampling seemed to be the most suitable method of recruitment. In the end, this method of recruitment was not effective in my research and I was not able to gather interviewees following this protocol. This means that all of my participants are unrelated to each other, although some indicated to me that they had met previously at trans-related events. This issue seemed unrelated to the methods used, and had more to do with the personal preferences of the interviewees. Overall, the most efficient method of gathering participants was through social media forums and trans organizations in the city.

### 3.2.2 The Sample Population

I have collected and organized into Table 1 the demographic data from 11 interview participants.[3] The first column denotes the interviewee's chosen name or a selected pseudonym.

[3] Originally, I had interviewed 12 persons, but one participant asked to leave the study before the completion of this thesis.

My consent form allowed participants to select for full confidentiality or a disclosure option. Only four participants opted for confidentiality. The second column displays the age of my interviewees, which range from 21-54 years old, with an average of 29 and median of 27 years of age. The responses in the third, fourth and fifth columns are copy-pasted from the interview transcripts to reflect the participants' specific responses to these questions. In some cases, such as for Dean and Mitchel, they chose not to respond to the question. The sixth column reveals that half of interviewees' primary language is French and the other half English. The final column shows that ten of my participants' hometowns are located in the Greater Montréal Area and in Québec cities; however, one participant's hometown is Paris, France, and the other Toronto, Ontario.

| Name or Pseudonym | Age | Preferred Gender Pronouns | Trans Identification | Self-Identifications (cultural, racial, national etc.) | Primary Language Spoken | Hometown |
|---|---|---|---|---|---|---|
| **Simon** | 26 | He | Straight guy | Caucasian and French Canadian | French | Lasalle, Québec |
| **Lucas** | 22 | He | Trans | Mixed Race and French | French | Paris, France |
| **Jacques** | 30 | He | N/A | Born in Bolivia moved to Montréal when two years old | French | Saint-Jean-sur-Richelieu, Québec |
| **Dean** | 54 | He | As a man of course | (Did not answer) | French | Verdun, Québec |
| **James** | 29 | He and his | Normatively gendered transman | White | English | Toronto, Ontario |
| **Mitchel** | 21 | Ze and Zem (gender neutral) | Non-binary and genderqueer | (Did not answer) | English | Dorval, Québec |
| **Jacob** | 41 | He or they | Trans*, non-binary and 3rd gender | Mixed-blood/French-Innu | French | Sherbrooke, Québec |
| **Stuart** | 25 | He or him | Stealth | Very white and Canadian | English | Montréal, Québec |
| **Chase** | 23 | He | Queer trans guy or transman | Super white, like white bread white | English | Montréal, Québec |
| **Pierre** | 21 | Masculine or neutral | N/A | French Canadian | French | Gatineau, Québec |
| **Ting** | 28 | He | Trans guy | Born in Taiwan and moved to Montréal when seven years old | English | Brossard, Québec |

Table 1: *Demographic information*

I also collected and arranged information concerning my participants' transition stages. *Table 2* exhibits the approximate dates (in months and/or years) in which the participant underwent different procedures related to their transition process. As denoted by the second column, all of my participants had experienced some form of psychotherapeutic counseling. The third column shows that all except one participant were taking testosterone/androgens (through injections or gel/cream applied to the skin). The fifth column displays the number of interviewees who had undergone or planned to undergo a bilateral mastectomy. Mastectomy is regularly viewed as the most popular and desired surgery for trans-masculine persons. The sixth and eighth columns clearly illustrate how few participants had undergone hysterectomy or phalloplasty, although some participants indicated their desire to undergo these surgeries in the future.

| Name or Pseudonym | Psycho-therapy | Hormones | Name Change | Mastectomy | Hysterectomy | Gender Designation Change | Phalloplasty |
|---|---|---|---|---|---|---|---|
| **Simon** | 2009 | 2009/2010 | Received December 2014 | May 2011 (Out-of-province) | April 2012 (Out-of-province) | December 2014 | May 2013 (Montréal) |
| **Lucas** | April 2014 | 2014 | N/A | Scheduled for 2015 (Montréal) | N/A | N/A | N/A |
| **Jacques** | 2013 | August 2013 | Received May 2014 | Scheduled for 2015 (Montréal) | N/A | N/A | N/A |
| **Dean** | 2013 | September 2013 | Applied October 2014 | 2014 (Montréal) | 2014 | Applied October 2014 | N/A |
| **James** | 2010 | 2010/2011 | N/A | 2014 (Out-of-province) | N/A | N/A | N/A |
| **Mitchel** | May 2013 | N/A | Received September 2014 | January 2014 (Out-of-province) | N/A | Applied September 2014 | N/A |
| **Jacob** | January 2008 | May 2008 | Received 2009 | N/A | March 2010 (Montréal) | N/A | N/A |
| **Stuart** | 2012-2013 | December 2013 | Applied October 2014 | Summer 2014 (Out-of-province) | N/A | Applied October 2014 | N/A |
| **Chase** | 2009 | 2010 | Received 2012 | 2013 (Out-of-province) | N/A | March 2014 | N/A |
| **Pierre** | September 2013 | March 2014 | Received August 2014 | July 2013 (Montréal) | N/A | N/A | N/A |
| **Ting** | 2005-2006; 2012-2014 | January 2014 | N/A | March 2013 (Out-of-province) | N/A | N/A | N/A |

Table 2: *Transition stages*

*Note.* N/A indicates that the participant had not undergone said procedure or legal change

### 3.2.3 Oral History Interviews

For my interviews, I used oral history-based methods and techniques. For this project, oral history offered the most relevant interview methodology. As opposed to life course interviewing, which would require the interview to span an individual's life course, from birth to the present, oral history allows me to place the transition process in its context, both in the current periodization of trans medicalization in Canada and within each individual's life experience. Thus, because I aim to understand individuals' transition processes in a specific place and time instead of trying to understand my interview partners' lives in their entirety, I chose oral history over life course interviewing.

Oral history can be simply defined as "the recording of personal testimony delivered in oral form" (Yow, 2005, p. 3) or as "primary source material obtained from recording the spoken words…of persons deemed to harbor hitherto unavailable information worth preserving" (Starr, 1977, as cited in Grele, 1993, p. 506). Although these are quite general definitions that can be broadly applied, the famous oral historian Alessandro Portelli (1998) provides a much more meaningful and relevant description:

> In theory (and in practice) oral history can be about anything; open-endedness at all levels is one of its distinctive formal characteristics. I believe, however, that at the core of oral history, in epistemological and practical terms, lies one deep thematic focus which distinguishes it from other approaches and disciplines also based on interviewing and fieldwork […]: the combination of the prevalence of the narrative form on the one hand, and the search for a connection between biography and history, between individual experience and the transformations of society, on the other (p. 25).

As inferred by the above quotation, the use of oral history has several methodological advantages. One benefit of oral-based evidence, in contrast to written/documented, is that the 'source' of information can speak for themselves, and help with interpretation of the content, or offer clarification of the research material (Lummis, 1987). Furthermore, oral history is deemed an especially effective method to record life narratives and stories. Personal narratives, far from being simple constructions, possess richly detailed descriptions of individual's lives and how they lived them. They allow the narrator to express their deepest reasonings and to explain their thoughts and feelings about different situations they have encountered. Additionally, Riley &

Harvey (2007) and Andrews et al. (2006) advocate for the use of oral histories in geographical research, suggesting that they provide recollections of the self, of relationships with others, and of places, all of which are insights rarely provided in such depth by other methods. Therefore, by using this interviewing method, I aimed to gather more richly detailed stories of trans persons' experiences of clinical spaces.

For my project, I conducted 12 interviews, with material from 11 being used in the writing of this thesis. All interviews lasted between forty-five minutes and two hours. Nine of the interviews were conducted in my graduate student office in the geography department at Concordia University, one in ASTTEQ, and two online using Skype software. For each interview, I followed an interview question guide to ensure that I remembered to ask each interviewee the same set of questions (see Appendix C). The interview guide is divided into three categories of questions: identity, transition, and legal procedures. To begin the interview, I decided to ask more general questions about the participants' personal background, so I could tailor the types of questions I would ask them later about their transition experiences. For instance, if they had never applied to change their gender designation, then I would avoid asking them questions that would pertain to such experiences. Also, in case participants were concerned or made upset by the subject of the discussion, I also had on hand a mental health resource guide (see Appendix D), which listed the names and contact information of organizations they could reach out to for personal counseling. Overall, even though I was unfamiliar with all but one of the interviewees, I felt that the participants were quite candid and comfortable sharing their stories with me.

### 3.2.4 Positioning the Researcher, Personal Reflexivity and Sharing Authority

For my research process and interview methods, I followed a feminist, critical and reflexive approach. This involves situating the source of knowledge production, in contrast to positivist research traditions in which the researcher does not position themselves in their own work (Olson, 2011; Rose, 1997). When I met each interview partner for the first time, I revealed my personal background and shared my experiences with them as a means to equalize the roles of researcher and participant. This is especially important since I asked interviewees to reveal intimate and potentially emotional information about transitioning, which they may not have shared with anyone else. Therefore, by exposing myself first, I hoped to make my interviewees

feel more comfortable throughout the interview process, as well as leave them with the sense that their personal data will be kept secure and respected.

Another important aspect of the research process is reflexivity. The term can have a number of meanings in qualitative research. It can be broadly described as: "the realization that researchers and the methods they use are entangled in the politics and practices of the social world" (King & Horrocks, 2010, p. 126). This comes with the critical understanding that research is an interactive process involving many people with their own emotions, biases, experiences, reasons and agendas for conducting research. Therefore, personal reflexivity requires us to "take account on not only the social and political power relations, but also the theoretical orientations that inform our research questions," methodology and form of analysis (King & Horrocks, 2010, p. 128). There is also a need for self-reflection when undertaking qualitative interviewing that involves being conscious of how our positionality could potentially influence participants' replies to our questions, as well as how we respond to and engage with the interview processes (Olson, 2011; Rubin & Rubin, 2012). Therefore, it is suggested that researchers keep a diary or journal in which they can record detailed notes and descriptions about each interview, before and after. In the journal, the researcher can write down how they felt at different points during the interview, and their reflections about why they think the participant responded in a particular way to certain questions. Therefore, to aid in self-reflection, I used a research journal during my interview process in hopes of gathering further insights regarding my participant's experiences and how they relate to my own. I also approached the research process armed with the knowledge that the researcher has a privileged position of power during the interview process (King & Horrocks, 2010). The interviewer, as a representative of a formal organization (a university in this case), has both institutional authority backing them, as well as the complete control over what questions are asked and what is finally done with the collected material. As a means to democratize this process, I followed the principles of "shared authority" first advocated by the historian Michael Frisch in 1990. "Shared authority" has been used "to describe the dual authority of the oral history interview, comprising the lived experiences of the storyteller and the questioning of the interviewer-researcher" (High, 2009, p. 13). High (2009) recommends the expansion of the term to "sharing authority" to refer to the ongoing collaboration between interviewees and the researcher that extend beyond the interview process itself. The principles of "sharing authority" involve the conscious effort of the researcher to include participants in all stages of the research

process until completion. In this way, the interview process becomes a dynamic conversation and exchange, which is subject to change and transformation as the project proceeds. I created this research design to represent the voices and life stories of the interviewees who have chosen to be part of it. I felt that this aspect was especially important when studying trans individuals, who have little opportunity to express their views publically and be vocal about their experiences of discrimination due to their marginalized status. Therefore, the notion of sharing authority seemed both ethically responsible and methodologically pertinent as it takes an active stance in allowing my participants' voices to be heard in a research context where they seem to be lacking.

### 3.2.5 Analysis of Results

Following an oral history-based methodology was particularly useful for the interview process. It allowed me to situate the interviewees' particular life experiences, such as when they underwent administrative and/or physical transition, as well as when they recognized themselves as trans, genderqueer or the desire to live as a different gender, within a larger narrative of their life. Concerning the interviews, I was most interested in stories about participants' legal and medical experiences of transition. I asked many detailed questions pertaining to their clinical experiences, since all of my interviewees had undergone some form of physical transformation through hormones and/or surgery. The participants would often speak at great lengths about the procedures they had undergone and the medical professionals in charge of their care. Most of my interviewees also had some experience with applying to change their gender designation with the Québec Government and the DEC. Thus, I also asked many in-depth questions about why they chose to make this legal change and how they experienced the application procedures. Although interviewees did not describe their experiences in terms of space directly, they would often bring up specific locations in their stories concerning the names of clinical offices or the locations of DEC administrative bureaus. Additionally, several participants used spatial metaphors such as "moving through a system" to describe the hurdles and restrictions they faced when trying to undergo medical procedures related to their physical transition or apply for a change of gender designation. Several participants also brought up the fact that even though they did not feel that they had to follow a particular "transition pathway," that it is popularly believed that all trans persons desire to "fully" transition and that there are particular stages involved in doing so.

### 3.3 Conclusion

This research project uses Foucault's writing on biopolitics as a way to understand the larger social forces impacting trans persons in society. Additionally, the specific methodology and data collection techniques were used to gather a diverse body of interviewees, but also to collect personal and in-depth qualitative information in an ethical manner that would be respectful of my participants' real life experiences as a marginalized social group. The following two empirical chapters focus on the legal and medical transition aspects respectively, and are products of this qualitative research.

## Chapter 4: Navigating State Space: Trans Identities and Resistance

*[Biopolitical] "processes do not follow a necessary logic but are subject to specific and contingent rationalities and incorporate institutional preferences and normative choices" (Lemke, 2011, p. 122).*

This chapter will center on my interviewees' experiences of state spaces by contextualizing my interviewees' accounts of changing/attempting to change their birth name and/or their legal sex designation in Québec. The DEC's regulations concerning this process greatly affected my participants' negotiation of medical spaces, which will be the principal focus of the subsequent chapter.

A name and/or sex designation change legally modifies one's official status and identity. Thus, these changes fundamentally alter the way in which state bureaucracies recognize citizens. State authorities in Québec are reluctant to grant name and sex designation changes because they are seen to disrupt the systems that have collected specific knowledge and data associated with individual citizens. Consequently, due to "state anxiety" over the modification of vital information (Beauchamp, 2013), name and sex designation changes are only granted under restrictive circumstances. In the specific case of trans persons in Québec, they are allowed to change their names because "serious prejudice or psychological suffering [is] cause[d] by the use of the name" (DEC, 2014). Given this clause, they can claim that their birth name, which they feel does not align with their gender identity, causes them serious psychological harm. Thus, under these circumstances, trans persons are permitted to change their name with the provincial government.

In the eyes of the state, changes of sex designation require even stricter protocol than a change of name, given that an arguably more fundamental aspect of identity, gender, is at stake. In Québec, gender is legally defined as dichotomously male or female, without any option for non-binary identification. Under the Québec Civil Code, an individual's conception or understanding of their own gender identity or gender expression is considered inconsequential. Instead, biological sex, determined upon birth by medical professionals, is bureaucratically paramount. Thus, trans persons who desire to change their legal sex designation are currently forced to undergo medical and surgical interventions to align with this biological and binary model. To be allowed to change their sex designation, however, the government must first recognize the person as a *trans* person. Thus, the government has set guidelines to determine

which persons can be considered "authentically" trans. For this reason, I argue, the Québec government strictly manages and defines what they deem an authentic trans identity and body. Only individuals who meet these often restrictive standards are recognized by the government and permitted to change their legal identities.

In this chapter, I will trace how my subjects moved through and experienced the spaces of the state apparatus. As part of my analysis, I will draw upon Foucault's conception of the state, and his analytics of power and resistance. Foucault's theorizing about these ideas will be productive for examining the legalities surrounding the change of name and sex designation applications in Québec. Therefore, Foucault's framework for interpreting power and resistance will be employed as a complement to participants' narratives and reflections of these application procedures. First, the chapter opens with a discussion of the Directeur de l'état civil's role as an administrative state body, as well as detailed outlines of the application procedures for a change of name and sex designation. Next, I will present trans activism in the province and the recent implementation of Bill 35, which greatly affected the application procedures. The following section will scrutinize how the state plans to change the legal conditions that govern the change of sex designation process, as well as the critique of these proposed modifications. Then, I will analyze how my interviewees experienced and navigated state spaces associated with the application process. Finally, the chapter will end by examining the possibilities of resistance within state governance that endeavors to define and limit their identities.

### 4.1 Changing Civil Status and the Québec State

The Directeur de l'état civil (DEC), located in Québec City, is the state body responsible for the collection and distribution of official documents related to civil status for Québec citizens, such as copies of acts and attestations of birth, marriage, civil union and death (DEC, 2015). The DEC is "under the purview of the Ministère de l'Emploi et de Solidarité sociale, and is headed by the Registrar for Civil Status, the sole public officer of civil status in Québec, whose mandate is provided for in the *Civil Code of Québec*" (DEC, 2015). For trans persons residing in Québec, the DEC is also the principal administrative body in charge of name and sex designation changes. All applications for modifications to name or sex are filtered through the DEC's administrative body, which remains the principle hub of state regulation in the transition process. Before presenting my participants experiential accounts of negotiating this state apparatus, it is important to know

the format in which these applications are dealt with. Therefore, the following two sections will detail the standard procedures of applying for a change of name and sex designation in Québec.

### 4.1.1 Changing Names in Québec

The standard procedure for a change of name[4] occurs in two stages. Stage one involves submitting an application for preliminary analysis, whereby the DEC verifies the applicant's eligibility to apply for a change of name. Being approved to apply for a change of name does not mean a change of name will be necessarily granted. Following this preliminary evaluation, the DEC sends the official change of name application. This begins the second stage of the application process that includes a number of steps. First, as this application represents an official legal document, applicants are requested to have their personal information verified by a representative of the law, such as a lawyer or notary. Additionally, applicants are required to publically declare their intention to change their given name to "allow[s] interested persons to become aware of your application for a change of name" (DEC, 2014). Specifically, this action has to be completed by publishing two notices, seven days apart, in the governmental newspaper, *La Gazette officielle du Québec*,[5] as well as two notices in a newspaper located in the judicial district where the applicant resides. These notices include the applicant's former name, their new name, and their complete home address (Ward, 2014). Proof of the publication of these notices must be included in the final application.

After the declarations of their intent to change their name are published, the DEC invites "persons to submit comments regarding the application for a change of name or to object to it" (DEC, 2015). If no objections to the name are submitted to the DEC, the Registrar of Civil Status renders a final verdict and the applicant is sent a written decision that outlines the reasons for accepting or rejecting the final application. While there is no cost for a preliminary analysis, the current fee for the final application is $134.00 (Gouvernement du Québec, 2015). This amount does not account for the expense of taking out two advertisements in local newspapers,[6] and in

[4] With regards to the DEC, trans persons have two options available to them when making a request to alter their legal birth name: 1) they can make an application to change their birth name to one which corresponds with their gender identity; or 2) they can make an application which combines a change of name and change of sex designation in a single form.

[5] *La Gazette officielle du Québec* (Québec Official Gazette) is a governmental publication consisting of judicial notices, as well as notifications of changes to legislative texts and regulations. It was first published in January 1869. It became the *Québec Official Publisher* (*L'Éditeur officiel*) in 1969.

[6] The cost of which varies greatly depending on the particular news outlets.

*La Gazette*, or the issuance of a change of name certificate, which costs $10.80 (Gouvernement du Québec, 2015).

### 4.1.2 Changing Sex Designation in Québec

Changing one's sex designation in the province follows a slightly different application procedure than the change of name. To change one's sex designation, the DEC follows the current formulation of Article 71 of the Civil Code which specifies that:

> Any person who has successfully undergone *medical treatments and surgical operations involving a structural modification of sexual organs* intended to change his or her apparent sexual characteristics may obtain a change of the designation of sex appearing on his or her act of birth and, if necessary, a change of given names (DEC, 2014).

The wording of this statement clearly necessitates genital reconstruction and/or removal of sexual organs, specifically a hysterectomy for male-identified trans persons. For applicants to prove that said procedures were duly performed, they were required to obtain a letter of attestation from the physician who performed the surgeries, as well as a letter from another physician who confirms the "successful treatment" of the person in question. The cost for submitting a formal application for a change of sex designation is $134.00 (Gouvernement du Québec, 2015). Also, the only method of accessing this form is to call the DEC directly and ask for it to be mailed to your address; this is unusual given that all other legal forms are easily accessible and downloadable from their website. According to the DEC's website, the processing time for a change of sex designation application is 90 working days, or approximately four to six months; but, given the feedback from my interview participants, it can take up to a full year.

## 4.2 Trans Activism in Québec and Bill 35

In recent years, the standard procedures outlined above for name and sex designation changes have come under fire. Trans advocate groups in Québec ASTTEQ and ATQ have protested against the legal application processes for a number of reasons. First, they oppose the need to publish applicants' home addresses in the declarations of their intent to change their given name. This is viewed as an intolerable condition by advocate groups because trans applicants' private residences are exposed to the public sphere. Given the history of discrimination and violence experienced by this marginalized group, publically showcasing

where trans people live could potentially, and unnecessarily, endanger them. Secondly, trans advocates have vehemently opposed the surgical requirement to change one's sex designation in the province. The surgery requirement has always been the most controversial requirement and is often considered discriminatory; many trans persons oppose the sterilization, resultant from the surgical procedures, as mandatory for persons desiring a legal change of sex (Cormier & L'Heritier, 2014; Bouchard, 2014).

For years, trans advocate groups in the province had been demonstrating in front of the National Assembly and lobbied the government to change these legal requirements. These methods of protest were eventually successful. Therefore, on the 6th of December 2013[7], the National Assembly of Québec[8] enacted Bill 35*: An Act to amend the Civil Code as regards civil status, successions and the publication of rights*. Bill 35 includes a number of significant alterations to the Civil Code of Québec[9] which improved the legal proceedings for trans persons applying for a change of name and/or sex. For instance, it modified the requirement for individuals to publish their intention to change their birth name. More specifically, Article 63 of the Civil Code of Québec was replaced with:

> Before authorizing a change of name, the registrar of civil status shall ascertain that notices of the application have been published, except where *in the case of an application concerning a given name, it is clear that the change requested relates to a modification of the person's sexual identity.*[10] (Québec Official Publisher, 2013)

In addition, replacing the second paragraph by the following amended Article 67 of the Code:

[7] Originally introduced April 17th, 2013, the Bill was eventually passed on December 6, 2013.
[8] The National Assembly, composed of 125 elected Members, represents the epicenter of governmental decision-making and legislative changes in the province.
[9] According to the Government of Québec's Ministry of Justice website: "The Civil Code of Québec is a general law that contains all of the basic provisions that govern life in society, namely the relationships among citizens and the relationships between people and property. It governs all civil rights, such as leasing items or property, sales contracts, etc. It also deals with family law, as in the case of matrimonial regimes." The current Civil Code of Québec came into force on January 1st, 1994.
[10] Where this legal definition differs from that of English Canada is in the use of the term "sexual identity," where other provinces would employ "gender identity." This term is not born from a conflation of sexuality and gender, but is simply a matter of language. Currently, in the French language it is unusual for the term "gender" (*genre*) to replace "sex" (*sexe*). In French, as in English, *genre* is more commonly used to refer to different categories of music, literature or film for example. For this same reason, among French-speaking persons, the term transsexual (*transexuel* or *transexuelle*) is more often used as a self-descriptor than transgender (*transgenre*). This is not the case among English-speaking trans persons who recently tend to dislike the term "transsexual" as it is loaded with historically negative connotations and stereotypes.

> Notice of the change is published in the *Québec Official Gazette* except where *in the case of an application concerning a given name, it is clear that the change requested relates to a modification of the person's sexual identity.* (Québec Official Publisher, 2013)

These two Articles of the Bill came into force as of March 1st, 2014. Following this date of entry, the DEC updated their official website, making it clear that for reasons of "sexual identity," trans individuals would no longer be required to publically declare their intent to change their given name. Removing the publication requirement was a huge victory for trans activists in the province who had been petitioning the government for years to have this condition waived. While the majority of my interviewees applied for their change of name in the latter half of 2014, and did not have to undergo the publication process, two applied to change their name before the Articles came into effect. Therefore, they were subject to the previous conditions that left trans persons open to potential discrimination at their doorstep. Chase, 23, graduate student and a prominent YouTube star, shared his concerns about the publications:

> I am still not happy at all that I had to put my name in the newspaper. I went with the *Journal de Montréal* and I had to pay 96$ for two ads. One for one week and then the next week. Then I had to buy the newspaper and cut the ad out. I had to [publish] where I live, I had to put my postal code and my apartment number. I know people who didn't want to change their name for this reason. (Chase, interview with William Zullo, November 13, 2014, transcript)

Another interviewee, Jacques, 30, who works as an early childhood educator, described his experience in a similar way:

> At the time when I applied you had to publish in a newspaper like the *Journal de Montréal*. The *Métro* newspaper is cheaper, but everyone reads it! [In the end] nothing bad happened, but it was intimidating anyway. It was [also] a lot of money and I was only working a little. (Jacques, interview with William Zullo, December 4, 2014, transcript)[11]

Even though my interview partners did not experience any harassment, this does not minimize the danger they were exposed to or the fear/anxiety they experienced, as their private selves and residential addresses were revealed to the public sphere. Ultimately, the threat to personal safety, as well as the publication costs strongly dissuaded trans persons from changing their name. For

[11] The interview with Jacques was conducted exclusively in French and the transcript was written in French as well. For ease of reading and consistency, I have decided to translate all French quotations into English.

this reason, the modifications to Articles 63 and 67 of the Civil Code were widely celebrated by trans individuals in Québec as one less administrative hurdle to gaining full recognition for their gender identity.

Articles 63 and 67 were included in the original formulation of Bill 35. However, when Bill 35 was initially introduced on April 17th, 2013, there was no change to Article 71 of the Civil Code, which requires persons to undergo surgical modification of sexual organs to acquire a legal change of sex. Although the publication requirements were waived, trans individuals felt that the Bill skirted the most significant issue: they would still be forced to undergo invasive and sterilizing surgeries to receive legal recognition of their gender identity. However, perhaps due to the filing of human rights complaints and threats of legal action against the Québec government by advocate groups, like the Center for Gender Advocacy, Bill 35 was amended and Article 71 was re-written (Harris, 2013; Vendeville, 2013). Therefore, when Bill 35 was formally enacted on December 6, 2013, Article 71 read:

> Every person whose sexual identity does not correspond to the designation of sex that appears in that person's act of birth may, if the conditions prescribed by this Code and by government regulations have been met, have that designation and, if necessary, the person's given names changed. *These changes may in no case be made dependant on the requirement to have undergone any medical treatment or surgical operation whatsoever.* (Québec Official Publisher, 2013)

This re-wording of Article 71 explicitly eliminates any requirement for medical treatment or the need to undergo surgeries that modify or remove sexual organs.

Bill 35 signals a dramatic change in the processing of sex designation applications in Québec. However, Article 71 *still has not been put into practice,* and no official date of entry has been set by the Québec government. Therefore, as it stands, trans persons are still required to undergo surgical procedures to change their sex designation with the DEC. On March 25, 2015, I received some specific information about this issue in the form of a phone call from the DEC administrator of *Activates juridictionnelles* (judicial activities). The administrator informed me that there has been a long delay in the implementation of the Bill because it was the previous PQ government that initially proposed it. However, because the Liberals replaced this government in 2014, the MNAs of the new government must approve the Bill before it can be fully enacted. The

administrator stated that they were unsure of when the Bill would come into force, but that it was unlikely to be implemented before Spring 2016.

The delay is also due to the time necessary to write up regulations to replace the legal requirements for changing one's sex designation in the province. A draft version of the legal conditions which may become the new requirements was published on December 17, 2014 by the government newspaper, *La Gazette*. This draft regulation was entitled, "Regulation to amend the Regulation respecting change of name and of other particulars of civil status". Principally responsible for this proposed regulation is the Minister of Justice, Québec Liberal Party member, Stéphanie Vallée. Since 2008, the Minister of Justice has been in charge of the Québec Government's "Fight Against Homophobia" which aims to ensure the recognition of LGBT individuals in Québec society. Therefore, as the current head of the "Fight Against Homophobia" campaign, Stéphanie Vallée commented on the publication of the draft regulation one day after its inception:

> For transsexual and transgender persons, this legal project confirms the interest of the Québec government in facilitating the steps by which trans individuals can obtain official documents which reflect their gender identity, as well as contribute to their social and judicial recognition. [My translation] [12] (Portail Québec, 2014)

As mentioned in the Minister's comments, this draft regulation[13] not only outlines the latest requirements for changing sex designation, but will also impact how trans persons are officially recognized within the Civil Code of Québec.

### 4.3 Redefining Sex Designation Procedures and Trans Critique

Given the significance of the new conditions outlined in the "Regulation to amend the Regulation respecting change of name and of other particulars of civil status," I will now quote all of proposed legislation in full verbatim:

> 23.1 Among the reasons stated in the application, the applicant must declare having lived at all times, for at least 2 years, under the appearance of the sex for which a change of

[12] Pour les personnes transsexuelles ou transgenres, ce projet de règlement confirme la volonté du gouvernement du Québec de faciliter les démarches pour qu'elles obtiennent des documents officiels qui reflètent leur identité de genre et, ainsi, de contribuer à leur pleine reconnaissance juridique et sociale. [Original French publication]

[13] Citizens are given 45 days after the publication of a draft regulation to send their responses (comments, complaints, recommendations etc.) to the Minister of the National Assembly in charge of the proposed regulations.

> designation is requested and having the intention of living at all times under that appearance until his or her death.
>
> 23.2 In addition to the documents that must accompany the application pursuant to section 4, the application must be accompanied by a letter from a physician, a psychologist, a psychiatrist or a sexologist authorized to practice in Canada or in the State in which the applicant is domiciled who declares having evaluated or followed the applicant, confirms that the sexual identity of the applicant does not correspond to the designation of sex that appears in the applicant's act of birth and is of the opinion that the change of designation is appropriate.
>
> The application must also be accompanied by an affidavit of a person of full age who confirms having known the applicant for at least 2 years and that, to the person's knowledge, the applicant has lived at all times, for at least 2 years, under the appearance of the sex for which a change of designation is requested. (*Québec Official Gazette*, 2014, p. 2793)

Although the regulations listed above are deemed an improvement for the processing of sex designation requests in the province, trans advocates feel that there are still some fundamental concerns with the draft regulation. Firstly, the draft regulation fails to address a chief concern: the requirement to be of "full age".[14] As it stands in the draft regulation, to legally change sex in the province, an individual must be over 18 years old. Therefore, while trans youth, with the consent of their legal guardians, are allowed to undergo body modifications (i.e. hormones and surgery), the government does not permit them to legally change their sex designation on birth registration. Regardless of their physicality and felt gender, trans youth are thus not able to acquire formal identification which supports their identity. This age restriction has already been eliminated in the neighboring province of Ontario, as well as in British Columbia. Both Ontario and British Columbia legislation allow trans youth, individuals 17 years of age and under in Ontario and 19 years and under in BC, to change their sex with the written consent of a person with legal custody

[14] Following the introduction of Bill 35, on May 23, 2013, le Comité trans du Conseil québécois LGBT, a trans advocate group which has been fighting for trans rights in the province for eight years, submitted a proposal to the then Minister of Justice (Monsieur Bertrand St-Arnaud), which contained a list of recommended amendments to the Bill. The principle recommendations were to: eliminate the minimum age restriction and the obligation to be a Canadian citizen for changing name and sex in the province.

(ServiceOntario, 2015; Government of British Columbia, 2015). Thus, it is particularly disappointing for trans youth living in Québec to still be unable to receive full legal recognition for their gender identity.

Secondly, trans activists criticize the requirement for an applicant to "declare having lived at all times, for at least two years, under the appearance of the sex for which a change of designation is requested" (Québec Official Publisher, 2014, p. 2793). This temporal condition is not required under British Columbia or Ontario protocol which simply demands a "statutory declaration" from the applicant which states their desire for a change of gender designation (Government of British Columbia, 2015; ServiceOntario, 2015). The main problem with this demand is that some persons are not able to live and "appear" as their felt gender at all times. Largely, this issue is due to transphobic work environments, where people may experience discrimination or job loss if they fully come out as trans. Currently, the Charter of Human Rights and Freedoms in Québec does not explicitly prohibit discrimination on the basis of "gender expression" or "gender identity"; in this way, trans persons are not properly protected against workplace harassment or violence. For this reason, unless the individual is enrolled in a supportive CEGEP or university which recognizes trans identities or is employed in a trans-friendly work environment, it may be difficult to obtain proof of living two years full-time in their felt gender. Another means of gaining this proof involves attending psychotherapy sessions consistently for two years whereby a therapist could write a letter verifying their trans status. However, as will be discussed extensively in the following chapter, psychotherapy sessions are typically not covered by RAMQ health insurance, and thus, this method is too costly for the majority of trans applicants.

Thirdly, the phrase "and having the intention of living at all times under that appearance until his or her death" has certain restrictions critiqued by Grabham (2010; 2011). As previously discussed in my literature review, Grabham refers to the legal requirement to maintain a singular gender until one's death as "gender permanence." She suggests that "gender permanence" is used by governmental bodies to limit the fluidity of trans identities. In her research, she discusses how in 2004, the UK introduced the Gender Recognition Act (GRA) which serves to streamline the legal changes desired by trans persons undergoing transition. However, for a legal sex change to be approved by state officials, the GRA requires that the individual must "intend to continue to live in their acquired gender 'until death'" (Grabham, 2010, p. 108). Grabham claims that this

stipulation is predicated on the belief that trans people are naturally more gender fluid than non-trans individuals. Therefore, state legislators need to limit the unpredictability of trans peoples' identification by including this measure within the bill. Grabham (2010, 2011) contends that this requirement seems unnecessary since gender is no more a bureaucratic burden than other legal status changes, such as a change of address or marital status.

Finally, another issue is the statement that "the application must be accompanied by a letter from a physician, a psychologist, a psychiatrist or a sexologist… [which] confirms that the sexual identity of the applicant does not correspond to the designation of sex that appears in the applicant's act of birth…" This specific demand, also required by the government of Ontario and British Columbia, continues to medicalize trans identities. Given this formulation of the draft regulation, trans persons must continue to subjugate themselves to the evaluation of licensed medical professionals. However, there are no provisions or training for medical doctors currently offered by the Québec government to help them appropriately determine whether a person's gender identity corresponds with the sex designation on their birth certificate. Even professionals who are supposedly trained to handle mental health issues are not always well informed or up-to-date about the current medical protocol outlined by prominent organizations like the World Professional Association for Trans Health (WPATH), which has set the benchmark for trans healthcare worldwide. The medicalization of trans identities in Québec will be elaborated upon in the subsequent chapter which focuses on trans experiences within medical spaces. For now, the following section will detail my interviewees experiences navigating state space and will use Foucault's notion of the state and power as a means to analyze these encounters.

### 4.4 Experiences of the Application Process

The trans masculine persons I interviewed experienced the regulatory nature of the Québec government and the management of the application process in myriad ways. Some of their experiences were dependent on the how they learned about the legal conditions and gathered information about the application procedures. For example, some applicants informed themselves through the DEC website, or by calling the DEC directly, and others decided to speak with trans individuals and community groups online to learn about the legal process. Another factor is whether participants desired a change of name or sex designation. This greatly affected the nature of the requirements, thereby influencing the number and types of proofs necessary to meet the

conditions stipulated in the aforementioned regulations. Overall, the regulatory quality of the state was commonly experienced in my interview partners' interactions with the DEC. To give context to my interviewees' experiences, I will first outline the definition of the state I will be employing. Then I will present and analyze the two prominent themes which emerged from my interviewees' narratives.

The state itself can be viewed in a number of ways, but this thesis draws upon Foucault's rendering. In his work, Foucault is clear that the state should not be considered a monolithic entity holding absolute power over its citizens. He argues that this formulation of the state misrepresents the functioning of power as simply top-down and all-encompassing. Foucault discusses this point in *The History of Sexuality: An Introduction* (1978/1990):

> By power, I do not mean 'Power' as a group of institutions and mechanisms that ensure the subservience of the citizens of a given state […] The analysis, in terms of power, must not assume that the sovereignty of the state, the form of the law, or the over-all unity of a domination are given at the outset; rather, these are only the terminal forms power takes" (p. 92).

Instead Foucault contends that power is omnipresent, and exists within all forms of social relationships, and that these power relations are revealed in our day-to-day interactions: "Power is not something that is acquired, seized, or shared, something that one holds on to or allows to slip away; power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations" (p.94). Foucault also denotes how these power relations, although abstract and non-physical, possess the power to control, organize, and manage reality, such as the case with laws, norms, and codes of conduct. This regulatory functioning of the state is prominently felt in the state spaces associated with the applications for change of name and/or sex. In this way, the DEC itself represents the primary hub of state space interaction for my interview partners who have to submit their change of name and/or sex applications to this administrative body. In this regard, when speaking to the DEC employees or when searching for information on the governmental organization's website, my interview partners were navigating state space, as well as learning about the means in which the state manages and defines their identities. In the end, the DEC was found to be a problematic source of information, an issue which was often discussed during my interviews.

Throughout the course of my interviews, my participants frequently brought up two key problems when submitting applications to the DEC: first, was the vagueness of the DEC application instructions, and, second, was the arbitrary employment of the laws by DEC employees in charge of approving or rejecting applications. These two issues, which are highly contingent on one another, demonstrate what Foucault (1978/1990) described as the lack of state sovereignty and "over-all unity" of state domination, as well as the irrationality of state regulation (p. 92). These two elements can be demonstrated through my interviewees' experiential accounts of the application process.

Typically, if a citizen completes all of the necessary steps to make a legal change with the government then there should be little concern over whether their application would be approved or not. However, several of my interviewees reported that they were greatly concerned whether their change of name or sex application would be accepted by the DEC administration. Largely, this was due to the lack of clarity in instructions, illustrated by the mismatch between what the DEC website and employees claimed was required to meet the prescribed conditions versus what was *actually* required by state legislation. For example, Pierre, 21, a history undergraduate from Gatineau, recounted his experience of applying for a change of name:

> I found the documents from the DEC were a bit difficult to understand. The main problem I encountered was that I had no idea that I needed to send a letter from my endocrinologist at the same time. I sent my letters from my psychologists and I thought everything was correct until [the DEC] sent me a letter telling me that they were missing a document, but I had no idea which document was missing. They didn't write which one was missing. In the little package they sent me, it didn't say what exactly I needed to send them back. All their letter said was that I needed to send the "important documents," but I didn't realize [at the time] that they were referring to a letter from an endocrinologist. (Pierre, interview with William Zullo, December 11, 2014, transcript)[15]

Eventually, Pierre was able to acquire his name change. However, as he came to realize, there was no indication on the DEC website that a letter from an endocrinologist was *required* for a

[15] The interview with Pierre was orally conducted using the program, Skype. It was also conducted bilingually, where I asked questions in English and Pierre responded in French. Like Jacques' interview, Pierre's responses were transcribed in French. For ease of reading and consistency, I have decided to translate all French quotations used in this thesis into English.

change of name application. Even when calling the DEC directly, employees would provide unclear, or even false information. Jacob, 41, who is a CEGEP professor, explained this issue:

> One thing that was really frustrating with the DEC back a few years ago...I had called to ask if top surgery was required because it was unclear on the website. I was sent back and forth and finally, someone who seemed they knew what they were talking about confirmed that top surgery was NOT needed for FTM sex marker change. Then, after my hysto, I checked again, and I couldn't find this person anymore. Everyone then claimed that it was required and always had been. (Jacob, interview with William Zullo, October 27, 2014, transcript) [16]

In Jacob's situation, there was confusion between multiple employees of the DEC about the legal conditions for granting a change of sex. Jacob was told he needed "top surgery" (mastectomy) to apply for a change of sex designation, however, this requirement, if at all necessary[17], is also not clearly stated in the instructions provided by the DEC.

In a similar vein, Simon, 26, a Québec native who recently completed his undergraduate in alternative-film, had undergone some of his initial transitioning procedures in Ontario, where he did not encounter administrative problems when filing for his change of name application. Therefore, given his prior experience, he was surprised by the level of resistance he had to negotiate with the Québec government to acquire his change of sex designation:

> The forms they send you are these old photocopied versions of this official document and you can barely read some of it and you're trying to fill it out. It is pretty crooked on the paper. Even after you file [your application], you don't know where it goes and you get this case worker who takes care of your file and makes sure everything is ready before submitting it and you can only talk to that person, but you can't get the direct line and then you have to call and ask to be transferred and if they don't pick up you have to wait by the phone and if it rings I can't miss this 'cause there is no way of getting in touch with them. It's really annoying. (Simon, interview with William Zullo, October 30, 2014, transcript)

[16] The interview with Jacob was conducted in a written format using the program, Skype. My questions and his responses were written entirely in English. Jacob's quotes used in this thesis are directly copied from the written transcript. Therefore, all of his quotes retain his original wording, including the punctuation, capitalization and emphasis.

[17] Jacob was the only participant who was told that they needed to undergo a mastectomy to meet the DEC requirements. He was also the only participant who had not undergone this procedure. My other interviewees reported that DEC employees told them that the mastectomy was not necessary. N.B: Mastectomies have only recently been covered by RAMQ insurance. Previously, mastectomies were considered "aesthetic" surgeries and for this reason, were not paid for by the RAMQ.

Simon here is describing the standard DEC procedure of assigning a case worker who remains in charge of an applicant's personal file throughout their application process. This means that Simon had to speak with the specific DEC employee in charge of his file to learn about the status of his application or make any changes. Every application which is submitted to the DEC is considered on a case-by-case basis. Following this protocol, the success of each application is based upon the opinion of the DEC employee in charge of the applicant's file. However, the regulations themselves do not specify what applicant's should submit to prove that they meet the legal conditions qualify for a name or sex designation change. Additionally, the instructions readily available from the DEC are poorly defined. As a result, each caseworker could have a different interpretation of the law. This means that the perspective of each DEC employee determines whether a person's application is approved or not. For example, Stuart, 25, a social work undergraduate, wanted to change his name and sex designation. After reading the DEC's application instructions online, Stuart realized that he did not meet the legal conditions for a change of sex because he had not completed a hysterectomy. For this reason, he only submitted a change of name application. However, after he submitted his application, he was called by the case worker in charge of his file who informed him that he could also apply for a change of sex designation:

> So I sent my name change [to the DEC] and they told me to send letters from the therapists and from the doctors saying that I have been on hormones. So I sent them two letters from therapists, another [from the endocrinologist] which said I was on testosterone and the letter I got from the surgeon [for the mastectomy]. Then [a DEC employee] called me and said if you sent [the DEC] all this, why are you not changing your gender marker too? So I said that I thought that I couldn't and then [the DEC employee] said we'll send you the forms. [The DEC] sent me an official letter with the form saying you need to send us this. So all I had to do was get a letter from the doctor saying I had undergone structural modification. I hope the structural modifications I did are sufficient. I mean what do they want? (Stuart, interview with William Zullo, November 4, 2014, transcript)

Through his interaction with the DEC employee, Stuart came to learn of the uneven implementation of state regulation. Based upon his experience with the change of name application, Stuart reflected upon the lack of clarity in the application process:

> Even for the name change and gender marker, everybody gets different requirements and it doesn't make any sense. It's better to have a process which everybody has to go through instead of having it by a case-by-case basis which takes way longer, which requires more resources, and more manpower. It becomes too difficult to follow who got what. We don't know how the process works. (Stuart, interview with William Zullo, November 4, 2014, transcript)

Stuart critiqued the lack of transparency within the DEC's protocol because it makes it more difficult for trans persons to learn what they need to be officially recognized. If the Québec government simply wanted to enforce strict gender norms through legal policies which explicitly delineate what they would be willing to accept as male and female, then having clear and precise instructions would be beneficial. However, this lack of clarity in instructions and in regulations blur the lines between what may and may not be acceptable. For this reason, the DEC employees in charge of processing these requests are placed in a situation where they have to make subjective decisions based on how they interpret the law.

Perhaps this lack of clear guidelines was due to internal disagreements between different authoritative bodies in charge of producing the administrative protocol for this process. However, due to this lack of cohesion it seems that some of the regulations which separate the processes for change of name versus a change of sex are baseless. Mitchel, 21, who is involved in several queer-oriented organizations in Montréal, noted this legal paradox:

> It's really fascinating when you apply for a name change and you don't have to publish it in the formal *Gazette*. You get that because you are seen as trans by the Québec government. It's the only way you really don't have to deal with the publications and my question to them is, "Okay, you see me as trans so why don't you let me have the frickin' gender marker? You want me to prove that I am trans enough? Do I have to strip in front of you?" (Mitchel, interview by William Zullo, December 12, 2014, transcript).

As analyzed by Mitchel, the additional proofs needed for the change of sex become legally superfluous if the DEC already *recognizes* the individual as a *trans person* when they apply for a change of name. Or in other words, the only reason the DEC does not require an applicant for a change of name to publish their intent is because the administrators have *identified* the applicant as *trans*. Therefore, if the government is willing to recognize a trans person when they apply for a change of name, then why do they not also, as suggested by Mitchel, change their sex designation

as well? Why are trans persons forced to undergo medical and surgical procedures that they do not desire to attain a change of sex designation? If the applicant has already proved they are trans, and the DEC is willing to authenticate it, then why not also provide them formal recognition for their *gender identity*? Perhaps the principle reason to demand surgical intervention is because the Québec government is only willing to recognize the two standard categories of gender. In this way, the state seeks to reinforce the dichotomy of gender through the regulations that govern the legal application processes for change of name and sex as means to encourage trans persons to comply with these gender norms.

The lack of clarity in the DEC's instructions and the subjective nature of interpreting the government's regulations concerning the change of sex designation exemplifies the population management techniques of the Québec government. For instance, as Pierre, Jacob, Simon, Mitchel and other participants revealed to me in our interviews, the lack of correct and/or clear guidelines and regulations interfered with their ability to successfully apply for a change of sex. Because of this problem, a common consequence was that my interviewees were unable to acquire official recognition for their gender identity. This shows that by failing to provide sufficient information, explicit rules, and legitimacy for non-binary individuals (or individuals who do not wish to undergo medical or surgical interventions), the state prolongs, sometimes indefinitely, the period in which trans identities and bodies are considered illegible or unrecognizable by the state. Being legally illegible is potentially harmful for trans individuals already marginalized by social circumstances. Illegibility means reduced legal protection and an increased unwillingness for trans persons to come forward if they experience discriminatory or abusive situations. For this reason, being "stuck" in this phase of illegibility is regarded as highly undesirable for trans persons given the possible risks to their well-being.

Given the way in which the application process is currently organized and managed, trans persons are either discouraged from attempting to transition, or they are encouraged to "fully" transition. Fully transitioning would mean abiding by the medical and surgical modification procedures required by state regulations. In this regard, the state mandates a particular and limited definition of trans, setting a standard which trans persons must conform to to receive official state recognition. This official standard is considered to be at odds with the wants of trans persons, like some of my interviewees, who desire recognition, but not necessarily physical

modification. For this reason, trans individuals in Québec attempt to resist the means in which the state restricts their identities.

### 4.5 Resistance to State Definitions of Trans Identities

Due to Foucault's more open conceptualization of power this also creates the potential for resistance, thus, "where there is power, there is resistance" (p. 95). Foucault explains how resistance functions within a multiplicity of relations that are irregularly distributed within all domains, levels, and networks of relationships. Sometimes these "points" or "knots" of resistance convalesce, "mobilizing groups or individuals in a definitive way, inflaming certain points of the [social] body"; "just as the network of power relations ends by forming a dense web that passes through apparatuses and institutions […] so too the swarm of points of resistance traverses social stratifications and individual unities." (p. 96). In this way, because power is considered to be highly diffuse and spread throughout the social body, this allows points of resistance to emerge at any place within it. For instance, power can exist within all state actors, like Members of the National Assembly and DEC employees, but it also exists within all trans community groups and individuals. Thus, although the state determines the regulations which aim to standardize the application process, trans persons also possess the means to destabilize this process. This final section will begin with how specific interview questions encouraged participants to reflect on the nature of state regulation which they have experienced through the change of name and/or sex application process. Additionally, I will trace how my interviewees came to learn and understand about the technologies of power, such as the laws governing the application process, and how these regulations impacted their transition processes and lives. Following this, I further explore the example of Chase who most effectively used the very means of state power, the vagueness and arbitrary application of law, to produce a positive outcome for himself.

At the end of my interviews, I typically asked my participants a series of questions to elicit reflections upon the application process, as well as their opinions concerning the DEC's requirements and provincial regulations. I went through different formulations of the questions throughout the course of my interviews, but some examples of the questions are: 1) Do you feel that the DEC and/or the Québec government wants trans persons to follow a specific transition timeline? 2) What do you feel are the DEC and/or Québec government's main concerns regarding trans persons? 3) What do you feel is the ideal trans applicant in the eyes of the DEC and/or

Québec government? These questions produced critical reflections from my respondents about how they came to learn about and understand the nature of state regulation, and its impact upon their lives.

After I posed the first question about the transition timeline, Jacques reflected on how he had believed that to be considered a "real" man, as well as an authentic transman, he needed to undergo a particular set of surgeries that would biologically make this true:

> I felt that you must conform to be a real trans person or to become a man. You [had to] undergo operations and do the right steps. For some reason, I got it into in my head that I needed to change my name, get a mastectomy, a hysterectomy and do the phalloplasty […] The fact that [the DEC] requires a change of name and hysterectomy shocked me a bit. In the end, I said to myself that I will wait and I will do [the surgeries] when I want to. (Jacques, interview with William Zullo, December 4, 2014, transcript)

Eventually, Jacques realized that undergoing these transition surgeries was not what he actually wanted. Instead, he noted that the intense pressure he felt to undergo these surgeries was a result of the state's conceptualization of trans, which he felt he had to conform to. Jacob also described how he felt that the state endeavours to normalize sexed and gendered identities. In this regard, Jacob was highly critical of the government's approach to handling non-conformist individuals and questioned the government's unease concerning unaligned bodies:

> I'm not sure if they want us to do everything in a specific order, BUT they do seem brainwashed about what constitutes a woman or a man - the whole package has to match for someone to be able to change their gender ID, or at least as close as possible. Us non-binaries don't even fit into the equation at this point. It's like they want to avoid confusion, because OMG the world will collapse if there are people with penises running around calling themselves women and having that corroborated by their ID. (Jacob, interview with William Zullo, October 27, 2014, transcript)

Ultimately, Jacob is asking why "non-binaries" trouble the state in that they are not, evidently, harmful to the state itself. Chase, who also analyzed the state's position regarding non-binary individuals, echoed this particular point:

> They want people who pass 100% who have gotten every single surgery you can get and who will not look "abnormal." I hate the word normal. They don't want someone like me walking around who is really out and doing research and who doesn't want to get a

> hysterectomy. Before you could not change your gender marker if you do not have hormones, cause some people pass without hormones. I feel that people who are non-binary and who just want to change their name are not allowed to. (Chase, interview with William Zullo, November 13, 2014, transcript)

In this remark, Chase notes that some trans persons can pass as "normal," meaning they can be seen as a gender-and-biology-aligned person without undergoing medical or surgical procedures. Thus, it seems unnecessary for the state to be unduly concerned that trans persons would not be able to "fit in" with the general population unless they have undergone bodily modifications, since it is clearly feasible. Mitchel also assessed this state concern, but concentrated on the key issue of reproductivity:

> I think they have some vague concept of an ideal trans applicant, but I think it's again case-by-case. For transmen specifically, they want you to be sterile and on testosterone for at least X number of years, not months, and the top surgery really doesn't matter in their eyes. I also think they are worried about the concept of a pregnant man and I have read a couple of articles about it and I think it's one of the most ridiculous things ever. I mean what if someone identifies as a man and is pregnant? (Mitchel, interview by William Zullo, December 12, 2014, transcript)

Mitchel indicated what he felt was a specific concern of the Québec government: the desire for sterile bodies that cannot sexually reproduce under any circumstances. Mitchel's comments here are similar to Jacob's presented above where "people with penises running around calling themselves women" threaten the stability of binary sex and gender models idealized by the Québec government. In both of these examples, Mitchel and Jacob are critical of how the state takes issue with trans persons who wish to retain their organs associated with their birth gender, while requesting to be officially recognized under the "opposite" gender identity.

Largely, my interviewees' responses highlight how they struggled to comprehend the reasons behind the state regulation of their identities and bodies, and how they questioned the legal requirements and application process for permitting changes to name and/or sex designation. These participants contended that trans persons could pass without medical intervention. For this reason, if the state was only concerned with making trans bodies fit societal gender norms, then why are these procedures universally required? However, even though each applicant is assessed on a case-by-case basis, there is no perfect method that can be employed by

the state to determine if a person is truly trans *without requiring them to undergo medical interventions*. Therefore, in the eyes of the state, if individuals do not physically modify their sexual organs to conform with only one easily identifiable and biological category, there is a risk that this person will be capable of legally shifting between male and female. As Grabham (2010, 2011) notes in her research, the state is concerned about the illegibility of trans persons, due to the assumption that they can more easily shift between the categories of male and female than non-trans persons. James, 29, Toronto native who currently works as a coordinator at ASTTEQ, notes that the anxiety over trans persons and their potential illegibility is misplaced. Rather than being a rational concern, it represents the state's discomfort with non-binary individuals:

> I think the general transphobia… about not knowing what to do with us…[is unfounded] whe[n] the answer is just let us live our lives and I don't know why that is unreasonable for them. It makes no sense. But, I think often it is a lot of fear […] which I don't exactly understand. Why shouldn't [everybody] just be able to live their lives the way they want to… (James, interview with William Zullo, December 8, 2014, transcript)[18]

Like James, many of my interviewees felt that the DEC regulations that require bodily modifications are legally unnecessary, and largely forced them into a position of illegibility. In this way, the legal conditions simply reinforce the dichotomization of gender, and hinder trans persons from accessing full legal rights and recognition for their felt gender. For example, even though all of my participants desired state recognition for their gender identities, due to the strict legal requirements only one interviewee, Simon, met all of the government's conditions to change their sex designation and had done so. Moreover, given that the re-wording of Article 71 of the Civil Code had not come into effect at the time of my data collection, all of my interview partners were subject to the conditions which require "*medical treatments and surgical operations involving a structural modification of sexual organs"* to formally change sex. According to the DEC instructions, trans persons need to provide proof indicating that they have modified their sexual organs (hysterectomy in the case of trans masculine individuals) to meet the requirements for changing one's sex designation. However, one participant, Chase, was able to legally change their sex without meeting these requirements. As I learned throughout the course of our interview, Chase had managed to successfully change his gender marker *without*

[18] This interview with James was conducted outside of the university premises. I conducted this interview in the communal office space provided to ASTTEQ employees.

*undergoing a hysterectomy.* At the time of his application, Chase had already undergone a mastectomy and had been taking testosterone for several years. However, at the time of his application, these body modifications would not have been considered adequate to meet the legal requirements. Only a hysterectomy would be considered adequate. Chase described to me how he was able to achieve this seemingly impossible objective:

> I wrote a letter and in it I literally copy and pasted the [DEC] law: "modification to sexual organs and sex characteristics..." It should have said *some* sex characteristics but the doctor signed it anyways. Three months later, I got a letter [from the DEC] and it said I was approved. As far as I know, I am the first trans guy to be able to have my gender marker changed without a hysterectomy. (Chase, interview with William Zullo, November 13, 2014, transcript)

Aware of the legal restrictions, Chase recounted how he wrote the letter of proof, which *implied* that he had undergone a hysterectomy.[19] Therefore, because his letter indicated that he met the legal conditions, and because a medical professional ratified it, he was able to successfully bypass the regulations. This example illustrates again how state power is not all-encompassing and that the application of state law is arbitrarily enforced. Additionally, Chase's example demonstrates how trans individuals can potentially resist state power and exercise their own power to actively resist the strict formulation and limits of the law. Therefore, although the current legal conditions set boundaries of what body modifications are required to acquire legal recognition in Québec, these rules can also be circumvented. Therefore, not only do the current regulations fail to uphold state regulatory aims, they also hinder trans persons from gaining full recognition in the eyes of the state. This remains a significant problem for the most vulnerable trans persons who may have difficulty accessing financial and legal resources to acquire these changes.

### 4.6 Conclusion

Scheim & Bauer (2015) "question whether there is any need for gender designation on Canadian identification, as gender is rarely used for identity verification and serves no legal purpose since laws based on sex have been equalized (e.g., marriage, property, inheritance,

[19] From our interview, I understood that Chase's doctor asked him to personally write the letter to allow him some agency to explain his physical modifications. However, in the majority of cases, medical professionals do not allow their patients to write the letters of proof themselves.

voting)" (p. 12). For one thing, the regulations that are currently in place fail to unanimously govern the transition process, as persons are able to circumvent and resist them. In this manner, the restrictive application process seems to be a part of population management tactics, and perhaps the principle role of these tactics is related to the Québec government's interest in maintaining two immutable sexed categories of male and female. Additionally, due to the current, and seemingly, future legal requirements governing the transition process in Québec, trans persons will continue to rely on the verification of medical professionals to receive legal recognition of their gender identities. However, it remains difficult for trans persons to access proper medical help because physicians and mental health specialists lack trans-specific information. Given the importance in my participants' narratives, the subsequent chapter will be dedicated to discussing the complex issues concerning the physical transition process within the medical sector in Québec.

## Chapter 5: Negotiating Clinical Space: Medicalization and Transition Pathways

*"One must ask what knowledge of the body and life processes is assumed to be socially relevant and, by contrast, what alternative interpretations are devalued and marginalized. What scientific experts and disciplines have legitimate authority to tell the truth about life, health, or a given population?" (Lemke, 2011, p. 119)*

This chapter seeks to understand and analyze the medicalization practice of trans identities in Québec, and how this is intertwined with the provincial government's management of the transition process, which was considered in the proceeding chapter. The main focus of this chapter is to contextualize aspects of medicalization through my participants' experiential accounts of various medical spaces, both private and public clinics and hospitals, and interactions with healthcare staff. Geographically, the spaces are largely concentrated on the island of Montréal, as the city contains two renowned plastic surgeons that are the only ones in the province to specialize in transition-related surgeries.

This chapter opens with a broader discussion of the role of medical practitioners in medicalizing trans identities through the diagnostic categorization of Gender Dysphoria. This is followed by a presentation of key complaints and concerns trans persons report when attempting to acquire medical care or when discussing their gender transition with health professionals. The subsequent section deals with the particular transition paths that are encouraged by the Québec government's current legislation concerning gender marker changes. This section includes the specific problems of medical gate keeping and surgical options for persons residing in the province. The final section looks to alternative forms of accessing medical care, such as going out-of-province for surgical procedures, communicating with community-based support groups, and acquiring medical care from a clinic geared towards trans identities.

### 5.1 Medicalizing Trans Identities?

As discussed at length in the preceding chapter, trans persons who desire to change their name and/or sex designation need to amass letters from various health professionals which attest to the physical changes and surgeries that they have undergone. Even with the proposed amendments to the Civil Code, which would eliminate the need for physical modification, the Québec government will continue to require letters from healthcare professionals to authenticate applicants' trans identity. The medical criteria used to determine whether an individual could be

considered trans by medical professionals is defined by the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Unfortunately, the APA has a long history of pathologizing trans identities. For instance, the DSM-4, published in 1994, diagnostically categorized trans individuals as suffering from Gender Identity Disorder. The term "disorder" in the title was especially problematic for trans individuals, since it directly implied that their *identity* was disordered. Due to this issue, trans advocates campaigned for the APA to remove this pathologizing categorization (Lev, 2013). Recently, the APA has recognized the pathologizing nature of this label, and has attempted to correct it. Thus, in the newest edition of their manual, the DSM-5, they have produced what they consider to be a far less stigmatizing diagnostic category, entitled Gender Dysphoria (GD). The APA (2013) states:

> For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and […] this condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Gender dysphoria is manifested in a variety of ways, including strong desires to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender.

The wording of this diagnosis is intended to be more respectful and reflective of the lived experiences of trans individuals. The focus on the experience of *distress* with one's gender versus the problematizing of the gender *identity* itself is a fundamental and welcomed change from the previous edition. However, even with the introduction of the less pathologizing and more inclusive GD label, there are many trans advocates who look forward to the day when GD will be completely removed from the DSM, just as homosexuality was removed from the DSM as a mental disorder in 1973.[20]

Trans advocates remain suspicious of mental health practitioners, and are especially wary of the DSM categorization. However, there are some who argue that GD should remain in the DSM as an official medical diagnosis for two key reasons. First, insurance companies and government-based insurers, like the RAMQ, assert that an official DSM diagnosis is necessary to fund transition-related medical procedures (Lev, 2013). Specifically, insurance agents need a

[20] Due to heated disagreement between APA members, homosexuality was only removed as a formal diagnosis in 1986.

medical reason/diagnosis to justify funding. Therefore, if GD is removed as a diagnostic category, then medical insurers will not be able to rationalize paying for said procedures. This lack of funding would significantly decrease the number of trans persons able to access medical and surgical procedures. This is especially true for low-income individuals who cannot afford private healthcare alternatives (Ehrbar, 2010). Second, a formal diagnosis of GD can be cited in a court of law to provide legal protection for trans individuals within personal, social, and occupational spheres (APA, 2013). For instance, if an employee takes time off work to undergo a transition-related surgical procedure, they would be allowed to do so given that GD is labelled as a medical condition. Therefore, since trans persons continue to face discrimination in their daily lives, being able to access legal advocacy and support is essential for safeguarding their rights and maintaining their overall well-being.

The two issues raised above represent important considerations for individuals campaigning to remove GD as an official diagnosis. However, there are also arguments which question the need for a diagnosis at all. For instance, to receive medical and/or legal aid, trans persons need to be recognized by the definitions and parameters set by medical authorities and institutions. Therefore, through the existence of this diagnostic category, trans individuals are *obliged* to medicalize their identities and the experiences of their bodies to be medically and legally recognized as trans by medical insurers and state governments. Particularly, as noted by Nadesan (2008), "within contemporary neoliberal governmentalities […] efforts to rationalize health-care costs produce wide networks of surveillance, responsibilized individuals, and targeted governance of risky persons whose unhealth threatens national vitality" (p. 94). Thus, the increasing need for government-based medical insurers, like the RAMQ, to justify healthcare expenses puts increasing pressure on trans persons to conform to a medically and state-established diagnosis. Failure to do so may result in having to pay for their right to access transition-related medical procedures.

### 5.2 Experiences Within the Medical Sector

Trans persons continue to experience high levels of discrimination and misunderstanding when in public spaces, but also within clinical spaces and interacting with medical professionals. This was noted by both secondary literature on the subject, and my participant self-reports. A recent study that surveyed trans individuals about emergency care in Ontario revealed a slew of

negative encounters with healthcare providers (Bauer et al., 2014). This study found that service refusal was just one of many discriminatory incidents with medical staff, some of which included: the use of hurtful or insulting language, being belittled or ridiculed for being trans, refusal to discuss trans related concerns, and being told they were not really trans (Bauer et al., 2014). This issue also surfaced during my interviews. For example, one of my participant's experiences mirrored the negative encounters reported in this research study. Jacob recounted a situation where a radiologist responded aggressively to the fact that his name did not match the gender listed on his medicare card:

> There is almost always a slight bit of awkwardness, but most doctors and nurses recover pretty quickly. The worst experience I had was with a radiologist. He called "Mme [participant's last name]" when I was in the waiting room. And when I stood up and headed over, he started yelling: "I said MADAME" over and over, loud enough for everyone in the waiting room to hear. And when I tried […] to explain, and said that he didn't need to yell so loud, he kept giving me shit, saying he had to prevent fraud, etc. (Jacob, interview with William Zullo, October 27, 2014, transcript)

In this example, Jacob's masculine appearance belied the gender listed on his medicare card. Other participants also agreed that this type of misunderstanding was common, not only in the medical sector, but also in any space where they needed to present an ID. In this case, Jacob's narrative is just one example of how trans persons can potentially experience medical space.

Why are negative encounters with medical professionals so common for trans patients? Several researchers have attempted to understand this issue. Harbin et al. (2012) interviewed nine physicians in Halifax and found that "discomfort about providing care to trans patients was something that all physicians readily admitted, even those who said they felt comfortable with all queer patients" (p. 153). Harbin et al. (2012) concluded that the main reason for this discomfort was the physicians' lack of knowledge about trans individuals. Similarly, Snelgrove et al. (2012) interviewed a number of physicians in Ontario, the majority of who reported difficulties providing adequate healthcare due to their lack of familiarity with trans individuals. Additionally, trans participants in studies by Taylor (2013) and Bauer et al. (2014) explained how they had to regularly educate medical professionals about trans issues because healthcare workers lacked sufficient information to properly care for them. My interviewees had also encountered medical

practitioners who were uneducated about trans identities. For example, Mitchel recounted zir frustration with zir GP's lack of knowledge:

> My original GP out in the West Island was not the greatest but he was trying his best and I was his first trans client ever and I had to do a lot of education on his behalf, but that's not my job. He should be able to look up some stuff for himself… (Mitchel, interview with William Zullo, December 12, 2014, transcript)

In other instances, medical professionals' "knowledge" of trans persons is based on stereotypes. An example of this are healthcare providers who believe that all trans persons got "the surgery," in other words, the one all-encompassing surgery which would transform them into another sex. A few of my interviewees recounted situations where medical staff believed in such assumptions or had limited conceptualizations of different trans identities. For instance, Chase described a particularly problematic experience with a psychiatrist at the Douglas Mental Health University Institute in Montréal. Although Chase went to the Douglas to strictly obtain help for his anxiety, his attending psychiatrist focused instead on his trans identity, which he also did not seem to fully understand:

> The psychiatrist made it all about me being trans and he started quoting Freud for like 20 minutes. He asked if I was fixated on my mother or something like that. I literally said, "Don't Freud me right now". When I told him I was trans, he said, "So…they made boobs?" I was like what? Has he even heard of the DSM? I told him I was the other way. He had never heard about FTMs. So then he asked if they had constructed a penis yet. I was done after he said that. That was one of the worst experiences. (Chase, interview with William Zullo, November 13, 2013, transcript)

In other cases, because of their lack of familiarity, some physicians expect their trans patients to find their own specialists and cannot provide referrals:

> I went to see a psychiatrist and he knew a lot of trans people, but he didn't know the steps to transition. He told me to call ATQ or to get my own information and that if I really wanted to transition I needed to get informed and get moving. This is really what he told me. I was really disappointed. I didn't have a choice but to call and call and get information and sometimes, on the Internet, you're not sure if the information is true… (Jacques, interview with William Zullo, December 4, 2014, transcript)

Being unable to provide referrals to trans patients has been identified as a frequent problem experienced by medical doctors. For example, physicians interviewed in the study by Snelgrove et al. (2012) reported that they often did not know which specialists to refer trans patients to who would either have sufficient knowledge or who be willing to treat trans patients. These doctors, by and large, cited the lack of formal information networks as a barrier to providing proper referrals.

As acknowledged by trans individuals and physicians alike, the lack of trans-specific information continues to be a significant hurdle for medical professionals to provide proper healthcare to trans patients. However, according to the RAMQ, physicians and mental health specialists are supposed to be the most knowledgeable professionals regarding trans individuals. Based on this assumption, the provincial government has given healthcare providers the authority to determine who meets the requirements for transition-related medical and surgical funding. As illustrated through my participants' testimony and the research studies cited above, this authority is unjustifiable since the majority of healthcare providers are not informed enough to make such assessments. Many of my interviewees expressed concern over medical professionals' lack of expertise, which so sharply contrasted with their status as authorities of trans identities and bodies. Lucas, 22, Concordia University film student from France, described such concerns: "They should be educated about [trans issues]. They basically have control over so many trans people's lives. If you have so much power over my life, you should probably know what's up." (Lucas, interview with William Zullo, November 24, 2014, transcript)

Due to the lack of expertise, and the possibility of being poorly treated or refused medical care, trans persons often feel that they cannot trust or rely on medical practitioners. For this reason, trans individuals are often reluctant to contact professionals for medical care. For example, Stuart remarks that because of these concerns, some persons will choose unregulated methods of acquiring transition procedures:

> I mean the way it is now, there's no official system, and so people end up going under the table. You need to be followed; you need to be given the right dose [of hormones]. There is a lack of information and people don't know how to access it. And even if you know, it's difficult to access it. You need to go see a GP, you need to get a referral for an endocrinologist and who says this endocrinologist will know anything about my situation

> or be open-minded or friendly? (Stuart, interview with William Zullo, November 4, 2014, transcript)

Another consequence is that some individuals choose not to reveal their true feelings to medical professionals. This is done to conform to a certain stereotype of trans, which includes undergoing every type of transition-related surgery available. Some persons feel it is necessary to express this desire because they feel they are more likely to be recognized as a "real" trans person. Furthermore, these individuals feel the need to demonstrate they are "trans enough" because they fear they will be blocked from gaining access to the medical procedures they could potentially desire. For example, Pierre recounted his experience of lying to his attending physician about wanting bottom surgery because he felt pressure to conform to the doctor's presumption about transition procedures:

> Recently, I had a medical exam which had no connection to me being trans, but the medical specialist asked me a lot of questions about being trans like, "When are you having your phalloplasty?" but I was, like, I didn't want to do it. In the end, I lied to them about my feelings because I did not feel like having to explain everything. If you tell them you don't want to have surgeries, they find you less credible. (Pierre, interview with William Zullo, December 11, 2014, transcript)

In this case, Pierre's doctor wrongly assumed that all trans patients would desire the same transition outcomes. Fortunately, the opinions and beliefs of medical professionals vary and not all healthcare providers are uninformed about trans identities. Additionally, just because a physician has not previously encountered a trans person in their practice does not mean they will immediately decline to provide care or feel uncomfortable about doing so. While negative experiences are regrettably common, there are also more hopeful examples. For instance, Ting described to me the openness of his endocrinologist to learn more about trans issues: "I got referred from my family doctor and I was his first trans patient and it didn't bother him and he had books about trans persons on his table, so I knew he had done research. [It was] super amazing." Like Ting, a few of my interviewees described positive experiences with healthcare professionals who were very knowledgeable about trans healthcare and empathetically listened to their concerns. However, given the results of the aforementioned studies and the largely negative experiences of my participants, it seems that the majority of medical professionals remain uninformed about the interests and medical needs of trans individuals

### 5.3 The Path to Transition in Québec

In Québec, there are particular paths for trans persons in the medical system that are strongly encouraged. Feeling pressure to undergo a particular physical transition pathway is linked to the legalities of changing one's name and/or gender marker. As mentioned in the preceding chapter, to change one's sex designation, trans individuals must undergo invasive surgical procedures, which essentially lead to sterilization. To gain access to said surgeries, it is necessary to be on hormones for a period of time, and to gain access to hormones, one has to be referred by a medical doctor or mental health practitioner. This creates a rigid type of pathway which trans persons in the Québec medical system must traverse. Additionally, this set pathway, as well as the types of body modification required, have become so normalized by the medical community that trans individuals who do not desire these procedures are read as inauthentic and non-committal.

All of the individuals I interviewed for my project had undergone at least one type of physical transition procedure (hormones, a mastectomy, hysterectomy and/or phalloplasty). Also, some participants had scheduled further body modification surgeries or were considering options in the future. However, not all trans-identified persons want to experience every form of body modification procedure that is medically available, nor do they necessarily want to follow a single transition pathway (including benchmark procedures like hormones and surgeries). For example, a study about trans experience within the medical system conducted by the Trans PULSE community-based research project in Ontario found that 23% (approximately 100 individuals) of the 433 total survey respondents reported that they were living in their felt gender without medical intervention (Scheim & Bauer, 2015)[21]. Specifically, they found that trans masculine individuals were more likely to have socially transitioned (disclosing trans status to friend, family, coworkers etc.) without medical intervention than trans feminine individuals. Further, the researchers demonstrated that "contrary to the assumption that medical transition begins with hormones," some study participants had undergone surgical procedures before or without hormones (Scheim & Bauer, 2015, p. 11). Thus, the study concluded that the diversity and heterogeneity of transition experiences highlighted in their study "belies the popular notion

[21] The survey data was collected between 2009-2010 using respondent-driven sampling, a methodology, which is useful when trying to generate a sample of difficult to access, understudied populations, like trans persons.

that a linear and rapid transition from one binary sex/gender to the other is the norm…" (Scheim & Bauer, 2015, p. 10).

Even though all of my interviewees desired some of the medical and/or surgical options available, and ostensibly, many follow this route, they were generally concerned by, and even critical of, the linear transition process encouraged by the state. One participant, Pierre, was quite vocal about this issue:

> But honestly, I have the impression that the medical system, and everyone in general, believes that to be trans is like a process one must do in a certain order, like you start with a psychologist, you take hormones, and you do your operations. And personally, I find that I don't think that way. In my opinion, it's better to adapt a kind of treatment method for [each aspect of the] dysphoria. For example, if I don't like a part of myself, I could change it…but it's not necessary to have a type of pathway that all trans persons must follow. (Pierre, interview with William Zullo, December 11, 2014, transcript)

As noted by Pierre, the medicalization of trans identities has led to particular assumptions in the medical community, and in society in general, of what is desired by trans persons and what particular characteristics make someone "trans". This is just one of the reasons why trans individuals encounter difficulties when coming into contact with healthcare workers whose knowledge of trans may be based upon these stereotypes.

### 5.3.1 Documentation and Medical Gatekeeping in Québec

To gain access to medical specialists, like endocrinologists or surgeons, my participants had to first acquire referrals from medical doctors, or from mental health specialists. Several of my interviewees reported that they did not have a General Practitioner (GP), or that their GP refused to write a letter of referral for trans-related procedures. James described to me this particular experience:

> I knew I wanted to start hormones, but I wasn't sure how to go about doing that. I tried [to get a referral letter from] my family doctor who was a family friend for, like, my whole life, but he said no. He wasn't into learning anything about [being trans]. He just said, "I don't feel comfortable," and that was the end. I remember feeling, like, you're a total shithead, so I was, like, and this is for the best, 'cause you're going to make me feel uncomfortable. (James, interview with William Zullo, December 8, 2014, transcript)

Unfortunately, James' experience with his long-time family doctor is not unique. Another interviewee, Lucas, also had difficulty acquiring a letter of referral from a doctor:

> I went to see doctors and I wanted to see them for a referral letter to see an endocrinologist and I had to try several times 'cause most of them did not want to do it, even for just a referral, and it's like the entire time I had to explain my childhood. That's not my job. I am not here to tell you what trans means. (Lucas, interview with William Zullo, November 24, 2014, transcript)

As illustrated by these two examples, it may be difficult for trans persons to acquire referral letters from medical doctors due to a lack of knowledge of trans issues or a discomfort on the part of the attending physician. Generally, trans persons have trouble acquiring proper medical care, but it is especially problematic at the beginning of their physical transition process as they may yet be unaware of trans-friendly doctors who are willing to provide them with adequate attention. Moreover, as indicated above, to access specialized medical care and to change one's name and/or sex designation, referrals and letters of proof from medical professionals are absolutely necessary.

Given that medical doctors may refuse to provide referrals or letters of proof to trans patients, an alternative is to acquire references from mental health specialists. In the case of my interviewees, the majority chose to seek out mental health professionals as the first step in their physical transition process. To find helpful mental health practitioners, my interviewees contacted a variety of professionals with a particular specialization in psychotherapy, such as: gender therapists, sexologists, counselors, psychologists and psychiatrists. To find these professionals, my interviewees typically looked online for the therapists' contact information. For example, Jacob mentioned that he "went on the Ordre des Psychologues du Québec website and wrote to a bunch of psychologists that had 'sexual identity' listed under their interests" and selected a psychologist who seemed to fit his needs (Jacob, interview with William Zullo, October 27, 2014, transcript). My interviewees also reported that they were often directed to professionals by user suggestions/reviews on online forums, or by employees of ATQ or ASTTEQ. Most interviewees made appointments with mental health professionals with the objective of acquiring referrals and/or legal proof of their trans status, but some desired personal therapy as well. Overall, what influenced my participants' choice of therapist was the

professional's knowledge of trans identities, the cost of the sessions, and the number of sessions required by the professional to acquire letters of attestation.

A particular dilemma that emerges from the requirement to obtain a letter from a mental health professional is that public insurance companies, like the RAMQ, do not pay for most psychotherapeutic sessions. Therefore, most of my respondents had to pay privately for their therapy sessions. The cost of these sessions is highly variable and dependent on the service providers. In the case of my participants, the fees for their individual sessions ranged from 40-115$. Moreover, this is just the cost for individual sessions; however, therapists will typically ask to see their clients for several sessions before they will write letters of proof. Therefore, even though a single session may be affordable, several sessions may not be.

A related problem is the additional cost of obtaining letters of attestation and recommendation from therapists. To have transition-related surgeries funded by the RAMQ, all individuals, whether trans feminine or masculine, must go through the Centre Métropolitain de Chirurgie, a private surgical clinic located in Montréal. To acquire surgery from this clinic, an individual must gather several letters: two letters from their mental health specialist,[22] a letter from the endocrinologist/doctor[23] who has been monitoring their hormonal dosage and a letter from their family doctor which says that there are no physical contraindications to the surgery. Although not all of the healthcare professionals charged for the writing of these letters, for those that did, my interviewees typically paid between 40-150$ each. It is important to note here that all of the costs discussed in the previous two paragraphs do not include the expenditures for name and/or gender marker changes. However, as it currently stands, medical and surgical intervention is necessary to make these legal changes in the province. Therefore, not only is the government's body modification requirement invasive, it also assumes that all trans persons can afford these costly procedures.

Overall, transitioning remains a costly process. This issue was raised by the majority of my interviewees who often cited the costs of transition procedures as potential barriers for undergoing surgery or acquiring legal changes. Largely, this disproportionately impedes low-income persons from accessing these opportunities. Given this obvious dilemma, how do medical

[22] They need one letter, which attests that the therapist has been following the individual for at least six months, and another which recommends the individual for surgery.
[23] Mental health professionals are not the only specialists who can charge for writing letters. Endocrinologists, even in the public medical system, are also allowed to charge for the writing of letters.

professionals react to the lack of affordability? Dean, 54, a former calèche driver (horse-drawn carriage) in the Old Port of Montréal, recounted his experience of sharing this concern with his attending psychiatrist:

> At the time I had the money [to pay for the letters and therapy sessions] 'cause I was working the carriages and I asked the psychiatrist what happens to people, like, on welfare? You know what he answered? He said, "Go work the streets." I was, like, what? And he said that's the reality for a lot of trans women. I told him that's a really stupid answer. (Dean, interview with William Zullo, November 14, 2014, transcript)

In this case, the attending physician is reproducing a harmful notion/stereotype that trans feminine persons are commonly sex workers. This transphobic response is especially problematic coming from a medical specialist employed at a public hospital. This lack of empathy and discriminatory attitude towards trans people on the part of healthcare staff poses additional hurdles that trans individuals need to overcome. For this reason, trans persons need to be very careful about who they choose to be their medical doctor or specialist to have the proper healthcare they deserve. However, as there is a lack of awareness within the medical sector regarding trans identities and particular health needs, then trans persons will continue to find it difficult to locate trans-friendly physicians within Québec. This issue is particularly accentuated for trans persons searching for in-province surgeons.

### 5.3.2 Surgical Options in Québec

Trans persons living in Québec continue to face limited options when searching for in-province surgery that will be funded by the RAMQ. Before 2009, trans persons desiring any form of specialized medical procedures had to do so through the Human Sexuality Unit located at the Montréal General Hospital. This is no longer the case. Currently, however, for the RAMQ to finance transition-related surgeries, they must be undertaken at GRS Montréal, a private hospital which houses two specialized plastic surgeons who perform said surgeries. This section will discuss my participants' experiences of medical treatment and surgical procedures at these two pivotal medical nodes in the physical transition process.

In Québec, the Human Sexuality Unit (HSU) of the Department of Psychiatry at the Montréal General Hospital runs a longstanding transition program. This program, established in 1977 by head psychiatrist Dr. Pierre Assalian, was historically the sole option for Québec

residents seeking gender-confirming procedures (Allison, 2010; Archambault, 2013; ATQ, 2013). Thus, any persons living in the province who wanted access to medical-based transition procedures needed to go through this program and its affiliated professionals. This was true until 2009 when a three-way agreement was signed between the Ministère de la santé et des services sociaux, the Agence de la santé et des services sociaux and the Centre hospitalier de l'Université de Montréal (CHUM) to expand the number of professionals allowed to oversee medical transitions and to change the method by which the Regie de l'assurance maladie du Québec provided funding. This agreement also allowed the province to enter into a public-private contract between CHUM and the Centre Métropolitain de Chirurgie (CMC), the only clinic that currently provides in-province surgeries. [24] However, even with these policy changes, the HSU remains an influential provider of medical care for trans identified persons in Québec.

The HSU program has been critiqued by a number of trans advocate groups residing in the province, such as the Trans Health Network and Action Santé Travesti(e)s & Transsexuel(le)s du Québec (Enriquez, 2013; Santetranshealth, 2013). Furthermore, Françoise Susset (2012), a clinical psychologist who specializes in trans healthcare in Québec, and a member of the Canadian Professional Association of Transgender Health (CPATH), has critiqued the program's "old school approach." By calling the program "old school," she is referring to their procedural model that follows the third version (1981) of the World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) (WPATH, 2013; Coleman et al., 2011). The SOC includes suggested requirements for HRT, SRS, and post-transition follow-up. WPATH released the seventh version of its SOC in 2011 and many of the revisions are considered to be improvements over the older versions (Coleman et al., 2011). For example, the previous versions of the SOC were criticized for the use of pathologizing language, like "disordered" gender identities, and non-alignment of gender pronouns with individuals' gender identities. Previous versions also proposed problematic medical hurdles, such as mandatory urological examinations and psychotherapy requirements for individuals desiring hormones or surgeries. These particular medical requirements were dropped in the 4th version in 1990 and the

[24] Before this contract was signed between the Québec government and the CMC, trans women were sent abroad to specialized surgeons in Thailand, world-renowned for its SRS surgeons (Aizura, 2010), to have their surgeries funded by the RAMQ. Unfortunately, top and bottom surgeries for trans men were previously not covered by the RAMQ.

fifth version in 1998, respectively. Therefore, professionals and trans advocates alike cite the HSU's reliance on outdated modes of practice as an additional source of critique.

A majority of my interviewees had heard of and/or had encountered the HSU program. Some of these persons had decided against contacting the specialists involved or enrolling in the program given its infamous reputation and expensive therapeutic costs.[25] Out of all of the persons I interviewed, only one had attempted to register for the program. Unfortunately, he was immediately rejected at the initial meeting:

> When I think about my experience at the General [hospital where the HSU unit is located], I want to puke. I remember sitting down in a huge room with three people, one psychiatrist and two sexologists. I remember sitting there and they were watching me. It felt like a panel, fuck. I told them I was flip-flopping around and I was not sure, and they were super rude and were, like, you're not right for this. (Chase, interview with William Zullo, November 13, 2014, transcript)

In the end, Chase was paired with a sexologist intern who was in training with the HSU program. He received therapy from this intern for about one year before moving onto other professional care that he felt was more attentive to his needs. Overall, his main problems with the program stemmed from their rigid conceptualization of trans identities and their beliefs in a set transition pathway: "If you are not trans in their specific way, there is no point in going there. They tell you when you're ready to have hormones and surgery and you wouldn't have been able to get surgery without hormones" (Chase, interview with William Zullo, November 13, 2014, transcript). The inflexibility of the program's requirements and the extensive costs mean that a large proportion of trans persons are unable to access its services. For individuals who do use this program, however, surgical requests and letters of attestation are easy to come by and are recognized by government and medical authorities. Today, due to the agreement in 2009, it is no longer necessary for trans persons to be funneled through this program to acquire medical or surgical procedures. Now, trans persons residing in the province can independently select professionals, acquire referrals and access surgery. However, to acquire in-province surgery, not only are there several administrative steps involved, but all surgery must be undertaken at a single clinic: GRS

[25] To be considered a full-time member of their program, an individual would have to attend both individual and mandatory group therapy sessions twice a month. The individual sessions cost approximately 115$ and the group 50$. Therefore, in one year, an individual could expect to pay approximately between 3000-4000$ depending upon whether they chose to regularly attend their individual appointments. Group therapy is a flat rate and must always be paid regardless if they chose to attend or not.

Montréal. The following section will detail the pivotal role of this clinic as a surgery focal point and analyze the clinic's connection to state management of the transition process in the province.

GRS Montréal is considered a world-renowned surgical institution for trans individuals. It is part of the Centre Métropolitain de Chirurgie, and is described as a "fully-equipped, state-of-the-art private hospital" (GRS Montréal, 2015). The principle surgeons are Dr. Pierre Brassard and Dr. Maud Bélanger who can perform a wide range of surgeries for trans feminine and masculine individuals. Dr. Brassard is currently in charge of trans feminine surgeries, and Dr. Bélanger, trans masculine ones. This clinic not only serves Québec-born residents, but also attracts a diverse range of clients from around the world. Moreover, it is the only clinic in all of Canada that performs "bottom"[26] surgeries that are fully paid for by provincial medicare. For example, two of my interviewees, Simon[27] and James, told me that the Centre for Addiction and Mental Health (CAMH) in Toronto regularly sends patients from their Gender Identity Clinic to GRS Montréal to undergo bottom surgeries (CAMH, 2012). In fact, for Québec residents, the RAMQ will only pay for transition-related surgeries if they are completed at this clinic.[28] Despite the restrictions on where the procedures can be undertaken, the RAMQ's full payment of transition-related surgeries represents a significant improvement in the care provision for trans individuals.

All surgeries are trying experiences, even for my participants who had often been looking forward to their top surgery for years. Understandably, it is largely the results of surgery they have been dreaming about and not the procedure itself. Unique to the trans surgery process, however, is the government-officiated approval that must occur before an individual can be scheduled for surgery at the GRS Montréal clinic. As previously discussed in the chapter, a series of letters and proofs are required before one can access surgery at this clinic. Foremost, trans persons need to procure a medical attestation stating that they have been formally diagnosed with Gender Dysphoria and that surgery is deemed necessary. Moreover, the individual needs a letter from a doctor which indicates that they have been on hormones for several months. These proofs are then sent as a package to the RAMQ, where the final decision is made about whether an

[26] "Bottom surgery" colloquially refers to any number of surgeries performed in the genital area. Conversely, "top surgery" refers to chest masculinization or bilateral mastectomy with chest contouring. Trans masculine individuals commonly use these terms to describe the surgeries they have undergone.
[27] Simon attended the CAMH's Gender Identity Clinic while he was an undergraduate at York University in Toronto.
[28] The RAMQ will only fund Québec residents' surgeries. Specifically, for trans masculine individuals, this includes: mastectomy with chest contouring, hysterectomy, oophorectomy, metaoidioplasty, phalloplasty, penectomy, orchiectomy, and vaginoplasty (Susset, 2008)

individual can go for surgery or not. In this way, the clinical space of GRS Montréal can only be accessed following state authorization.

My participants' experiences at the clinic varied greatly, but what seemed to determine their overall impression was the behavior of the clinic's staff. Pierre went for top surgery at GRS Montréal in 2013 and he had a good experience at the clinic: "I found that the personnel were professional and helpful, and I didn't have any problems. They did not make any mistakes and they used the right pronouns even though I haven't changed my gender officially." (Pierre, interview with William Zullo, December 11, 2014, transcript). Dean had also undergone top surgery at the clinic in 2014, but his evaluation of the clinic seemed less positive:

> The only thing I found weird was that, after I woke up after the top surgery, the elasto band around the chest was not sterile. It was weird. When I went home, the next day there was blood on it and there was nothing between the stitches and the band. There was no gauze or nothing. I told [Dr. Bélanger] that it wasn't normal. Of course, when I removed it, my chest was stuck to it, so that's why it didn't set right. (Dean, interview with William Zullo, December 14, 2014, transcript)

In this quote, Dean is describing an issue he had with the way his chest was bandaged after surgery. It seems that the protocol at this clinic is that the chest area is padded with white gauze, and on top of the gauze, an elastoband is wrapped around the chest.[29] According to Dean's description, and from what he explained to me further on in our interview, it seems that only an elastoband was placed on his chest, and upon attempting to remove the band, he pulled at the stitches around his nipple area which led to the nipple not setting exactly right. Overall, Dean reported that he was pleased with his surgical results, but this was something that troubled him and he felt was not well-explained by the surgeon when he asked about it afterwards. Dean also had another complaint concerning the staff's treatment of his gluten intolerance:

> Also, what I thought was stupid is that I have a severe gluten intolerance and every time they brought me food, there was gluten in it. I had the bracelet too which shows that I have gluten intolerance. The next day I wrote on the form "gluten intolerant" and when the breakfast came it was regular toast…(Dean, interview with William Zullo, December 14, 2014, transcript)

[29] The elastoband can be used to hook the two plastic vials (one for each side of the chest) that collect fluid from the chest post-surgery.

Dean explained to me how he repeatedly asked for non-gluten food items, but seemed to be ignored by some members of the clinical staff. Only one nurse responded to his concerns and brought him gluten-free snacks. The nurse even indicated that the clinic was well stocked with gluten free food options which further confused Dean as to why they would not readily provide him with said food options. Although Dean was the only participant to directly experience such staff or protocol issues with the clinic, my other participants reported hearing similar complaints from other trans persons.

Besides the clinic's staff, another aspect of the clinic which seemed to frustrate my participants was the overall lack of transparency of GRS Montréal. For example, participants had difficulty finding post-operative photo results before their surgeries, a practice that is commonly used to evaluate the surgeon's skill and style. Given that top and/or bottom surgery has permanent and visible effects, many participants wanted to review post-operative photos. However, the clinic typically refuses to share surgical results with potential clients. For instance, Mitchel described zir experience of trying to acquire post-surgery photos:

> I remember asking for results directly from the clinic and they wouldn't give them to me. […] they sent me some results after two months of hounding them. I wanted to see what they had to offer 'cause I have seen some things on Transbucket[30] and I wasn't thrilled. I got two pictures and I was, like, this is worse than what I have seen elsewhere…(Mitchel, interview with William Zullo, December 12, 2014, transcript)

In the end, Mitchel decided to go out-of-province for surgery due to the lack of clear information from the clinic, poor visual results, and because ze did not want hormones, ze would not have passed the approval process. In a similar vein, Lucas wanted to review surgery results before agreeing to undergo body modification at the clinic. However, like Mitchel, he was unable to acquire photos from the clinic. Lucas also criticized the lack of photo-sharing by persons who had undergone surgery at the clinic itself:

> Only problem is that people don't share enough pictures, so that's why people in Montréal are not aware of Dr. Bélanger. People always post pictures on Transbucket, but there are no pictures of [Bélanger's results]. It's so hard to find pictures. I had to post a bunch of messages to get someone to send me some pictures. That's why when I get the surgery, I

[30] Transbucket is a photo-sharing website which exhibits pre-operation and post-operation photo results of both top and bottom surgeries. The photos featured on the website are explicit and are not considered "safe-for-work".

> am going to be, like, yeah, this is what I got in Montréal, and covered in Montréal. Don't spend 10,000 dollars to go [out-of-province]. (Lucas, interview with William Zullo, November 24, 2014, transcript)

As illustrated by Mitchel and Lucas' experiences, a serious disadvantage of this clinic seems to be that it is not readily transparent. A related critique is that the clinic does not provide adequate information about the surgical process, such as a detailed itinerary of what will occur when one steps into the clinic until one leaves. Simon, who had a phalloplasty in 2013 at the clinic remarked that "they don't give you much info in advance, so you go in blind." (Simon, interview with William Zullo, October 30, 2014, transcript)

Overall, the lack of transparency regarding the outcomes and procedures of this private clinic seemingly mirrors the lack of clarity within state processing of legal changes relating to trans identities. In the space of the GRS Montréal clinic, the overlap between the medical and legal spheres is perhaps more noticeable than elsewhere. Although not all of my participants linked the government's input to the clinic, Simon reflected upon this connection:

> The medical and legal system definitely benefit from each other. Just think about the Brassard clinic [GRS Montréal] here, which [has] greatly benefitted from the fact that there is this law which requires you to have some surgery. Being the only recognized clinic in Canada which does bottom surgery, [means that] these people are making their lives off of doing these surgeries. It is in their best interest to have these laws continue. It has become their bread and butter. Dr. Brassard…chooses to only do trans women surgeries, and the clinic closes for six weeks in the summer. He owns his own hospital, and he owns the whole area around it for the recovery home. He basically has created himself as a brand. People from all over Canada and the United States go there. [Also], there is a map at the clinic where people can put pins of where they come from and they come from all over the world. (Simon, interview with William Zullo, October 30, 2014, transcript)

As noted by Simon, GRS Montréal is a private clinic which receives government funding to provide in-province surgeries, but the surgeons are also trying to attract "business" and make a notable brand for themselves. Additionally, as the only plastic surgery clinic to offer trans-related operations, and be supported by the Québec government, they have the power to direct all aspects of the surgical process. For example, they could decide not to offer variations of bottom surgery or only perform surgeries following a particular style. Moreover, in accordance with the state

regulations, the clinic only accept patients if they have been diagnosed with GD, and have been taking hormones for several months. However, if a person does not want to be diagnosed with a psychological problem, or receive hormonal treatments, then they would not be able to access surgery at this clinic. For these reasons, some persons decide to go out-of-province for surgery where they do not have to submit themselves to these conditions to access surgical options. Going out-of-province for surgery is just one of the ways my participants negotiated the limitations of the standard transition pathway imposed upon them by state regulations concerning the change of sex designation in the province. The following section will present some of the medical alternatives in which my participants engaged to bypass the medicalization of their identities.

### 5.4 Resistance Practices: Finding Alternative Paths to Transition

Given the limited procedural options in the province, as well as the legal regulations in place which restrict access to surgical funding, trans persons living in Québec have adopted strategies to negotiate these limitations by developing alternative networks of information which intend to provide more widespread access to pertinent medical knowledge and care resources. Three of the main alternative pathways discussed by my participants were going out-of-province for surgery, participating in local trans organizations or interacting with internet-based community groups, and acquiring medical care from explicitly trans-friendly medical doctors.

#### 5.4.1 Out-of-Province Surgery

Acquiring surgery at GRS Montréal is not an easy process as interested persons must conform to stringent and state-ordained requirements. Also, the wait times for the clinic have become longer as demand for its services has increased in recent years. For these reasons, individuals regularly go out-of-province for their surgical procedures. In the case of my participants, nearly half had undergone top surgery outside of Québec. My interviewees cited numerous benefits of going out-of-province, such as: better service, greater availability of information concerning the surgeon and their post-operative results, and the minimal steps required for arranging a surgery date.[31] However, the main complaint regarding going out-of-province was the expense of travelling to the location of the surgical clinic, the accommodation

[31] These surgeons required that their clients submit a form from a medical doctor indicating they were in good health and could physically undergo surgery.

costs, and of course, the surgery itself, which is not funded because this surgical care is available in Québec.

The two most popular surgeons and destinations for my interviewees were: Dr. Hugh McLean in Toronto and Dr. Charles Garramone in Davie, Florida. Citing all of the benefits of going out-of-province, as well as his excellent reputation, Mitchel and James decided to undergo top surgery with Dr. McLean. James was particularly impressed with the Toronto clinic/surgeon: "His clinic is just amazing. [It is a] private clinic, so it does cost, like, 6000$, including recovery stuff for top surgery. You're paying for it, so the people are paid very well to take care of you very well." In a similar vein, Chase, Ting and Stuart decided to acquire top surgery with Dr. Garramone because of personal recommendations and/or because they preferred his post-operative results over other surgeons'. Overall, Ting gave a positive review of the Florida clinic/surgeon: "I went to Dr. Garramone because he is *the* guy. I felt that the process here is too long and I didn't like the results that I saw. [Dr. Garramone] was very professional. His office was great and the surgical area was good too. It was a good experience." As can be evidenced from James and Ting's descriptions, all of my interviewees who decided to go out-of-province were not disappointed with their choice. However, given the high costs associated with going out-of-province for surgery, this is not possible for all trans individuals desiring body modification.

What can be learned from these individual's desire to go out-of-province is the difficulty of accessing surgical care in Québec. The current government requirements make it difficult for all trans persons to acquire surgery in-province. In the case of Mitchel and Ting, they had no other option but to go out-of-province given that hormones are necessary to meet government approval for undergoing surgery at GRS Montréal. The need to go out-of-province exemplifies a consequence of the government's rigid conceptualization of trans identities. Specifically, it demonstrates the problem with state authorities only recognizing trans individuals who are willing to follow a set transition pathway. Ultimately, those who do not meet these conditions cannot access certain forms of medical care in-province. Moreover, another issue is that the current arrangement of the RAMQ authorization process for transition-related surgeries requires letters of approval from several medical professionals, like GPs, endocrinologists, and mental health specialists. Therefore, due to these requirements, medical professionals are given full responsibility to determine whether an individual meets state standards. This perhaps undue

authority profoundly affects the relationship dynamic between healthcare providers and trans patients. Trans persons, in particular, are impacted by this uneven distribution of power; but medical professionals are also placed in an uncomfortable position where they alone are deemed worthy to pass judgment, when, in some cases, they lack the adequate information to make such assessments.

### 5.4.2 Community Support Groups

Community support groups, whether located on Internet sites or in the city of Montréal, contain an abundance of pertinent trans-specific information concerning both the legal and medical aspects of transitioning in the province. My participants noted how invaluable online resources and community knowledge were in helping them understand and cope with the emotional and physical experiences of the transition process. The principle benefits of these community support groups is the space they provide for trans persons to gather and share their personal experiences with each other about medical procedures associated with the transition process. This sharing of experientially-based information is especially important when this knowledge is difficult to acquire directly from healthcare professionals. In this way, community support networks help to provide an alternative path through the hegemonic medical system by providing relevant information, guidance, and access to trans aware doctors.

My interviewees cited the support they procured through interaction with individuals on online support groups/forums/blogs. For example, Pierre described one online community forum dedicated to helping trans persons find relevant medical professionals in Québec and providing information about medical and legal procedures:

> There is this forum of Québec trans persons [online] called 'D'un Autre Genre' [Of Another Gender]. In the hormones section there are references and information and it's there that I read all of the comments about the changes, like the legal change of name. (Pierre, interview with William Zullo, December 11, 2014, transcript)

Here, Pierre discusses the ease in which he was able to acquire the contacts of healthcare professionals, as well as important legal information that he could use to legally change his name. Largely, these websites can help trans persons bypass the limited knowledge possessed by the majority of healthcare providers.

Some of my participants also cited acquiring medical care and information from locally based community organizations, like ASTTEQ, ATQ or Gender Advocacy centers located at

universities. For example, one interviewee noted that ASTTEQ provides free needles for injecting hormones, and coordinators of the center will also demonstrate how to safely inject the needles. Another important aspect of the local community organizations is the spaces they create for trans persons to interact and communicate with one another. For example, ASTTEQ and ATQ host weekly "drop-ins" for both masculine-identified and female-identified trans persons that are facilitated by trans coordinators. At these drop-ins, trans persons meet and discuss personal issues in their lives and can also receive specific counseling or medical information. These informal discussion groups open up spaces of conversation and intimate sharing opportunities which some individuals may not have regular access to. These groups are invaluable resources for persons who may not have supportive kinship networks that will help them through their transition process, or for those who cannot find information about the medical aspects of the transition process.

### 5.4.3 Trans-Friendly Clinic

Two of my interviewees, Stuart and Simon, described to me the recent opening of a trans-friendly public clinic in Montréal, Clinique OPUS. Clinique OPUS provides medical care to non-trans persons as well, but two doctors/specialists employed at the clinic are advertised as being very knowledgeable about providing trans healthcare. Stuart and Simon were both able to acquire their GP and endocrinologist at the clinic, and they reported being particularly impressed with the level of care provision offered. Several other interviewees reported that they had heard of the clinic, as it is also advertised through trans community groups. However, information about the clinic is largely shared through word-of-mouth, as the clinic is not easily identifiable as a trans-friendly clinic online. Stuart noted this issue:

> If you do type in Google like trans-friendly clinic in Montréal their name won't come up. The only reason I knew it was cause my therapist told me and trans Facebook groups in Montréal put it online. I put it on my blog, but who the fuck will know my blog exists? I mean if your isolated and don't have a community, how are you going to get this info? […] We need more places like Clinique OPUS and we need more advertisement for these places. (Stuart, interview with William Zullo, November 4, 2014, transcript)

As noted by Stuart, better advertising of this clinic through the use of an online website could perhaps help trans persons locate it more easily. Another issue is that there are currently only two

doctors at the clinic who provide trans-specific healthcare; therefore, they are limited in the number of individuals they can provide service to. For instance, Simon indicated that the doctors "are really busy and it took like a year for [him] to get in" (Simon, interview with William Zullo, October 30, 2014, transcript). This is a regular complaint concerning the clinic on online forums where some persons note that there is currently a two-year waiting list for new patients. As an alternative medical model, the clinic represents a step in the right direction for providing much more trans-aware healthcare, but this would need to be replicated on a much larger scale to service the entirety of the trans population in Québec. Therefore, as recommended by Stuart, such clinics need to be more readily available, while advertisements should also be widely distributed through a network of medical contacts. In this way, trans persons would have greater access to better informed medical care providers and could avoid the misconceptions and discriminatory attitudes that they continue to face within the medical sector overall.

### 5.5 Conclusion

This chapter showcased my participants' experiences when accessing medical care in the province, as well as the alternative medical spaces they used to negotiate the medicalization of their identities. Overall, what was noted by both secondary literature, and supported by my interviewees' experiences was that many medical professionals lack adequate knowledge and/or awareness of trans persons to properly and/or respectfully care for them. My interviewees' narratives also revealed a number of problems with the government's management of the transition process. First, it seems that the Québec government's reliance on medical professionals to determine which individuals meet the requirements to gain access to RAMQ medical funding is problematic given the limited number of healthcare professionals who are willing to care for trans persons and/or who have knowledge of their medical concerns. Moreover, the DEC's dependence on the evaluation of medical professionals to establish which persons have "transitioned enough" to warrant a change of sex designation should probably be reviewed due to the lack of awareness of trans needs in the medical community. My interview participants attempted to navigate the medical sector to varying degrees, often experiencing discrimination by medical staff. Some ways these problems could be ameliorated is by lifting the state requirements for granting a change of sex designation and also by widely distributing information amongst healthcare workers about trans persons throughout the province.

# Chapter 6: CONCLUSION

An increasing body of work is dedicated to understanding the perceptions and experiences of trans persons. Geographic literature is no exception and more research is being produced which focuses on trans spatial practices and conceptions of a variety of spaces, particularly the urban and queer. However, trans persons' experiences in specifically clinical settings, which reflect the concerns of the two subfields of health and queer geography, have yet to be explored from a geographic perspective. More specifically, health geography lacks research that explicitly focuses on the concerns of socially marginalized sexual/gender identities, while the domains of queer and trans geography have not yet examined the spatialization of trans bodies within a medicalized context and environment. This study thus situates itself as an intervention into both the health and queer geographic literatures.

This project sought to contribute to the fields of queer, health and trans geography by helping to understand the spatialization of trans individuals seeking gender-confirming medical procedures as they intersected with and connected to clinical spaces managed by state apparatuses. Specifically, this research project provided a platform for trans voices and personal accounts of the physiological, psychological, and emotional experiences occurring in state and clinical spaces during the transition process. These are areas of research that have largely been overlooked in academic discourse. This research objective was especially important given the restrictive legislations in Québec compared to other provinces in Canada, like British Columbia and Ontario. The state regulations in Québec and management by the DEC prevent many trans persons, including the majority of my participants, from legally changing their sex designation because surgical modification and/or removal of sexual organs remains a key requirement to enact said change.

The main population studied in this project was trans-masculine persons living in Québec who were undergoing or who had planned to undergo transition-related medical interventions, such as psychotherapy, HRT and SRS, leading to a physical transformation of their body to align with their felt gender identity. Furthermore, the participants were selected based on their desire to legally change their sex designation within the province of Québec. This interest was considered a key component of the participant selection process, as these individuals would experience both medical environments and state spaces administered by the Québec government's Directeur de l'état civil administrative body and operations.

This thesis employed a Foucauldian biopolitical and biopower epistemological framework as means to guide the analytical and methodological processes. Ethnography of the state theory was used as a methodological bridge between the Foucauldian research framework and data collections methods. Participants were recruited through university LGBTQ and gender advocacy centers, as well as through transgender/transsexual organizations on the island of Montréal. The participants were interviewed following oral history interview methods that emphasized and fostered the recounting of personal narratives and life stories. Moreover, to equalize the potentially uneven power relations between researcher and participant and to encourage openness within the interview, positionality, reflexivity and sharing authority guidelines were followed.

The principle research objective of this project was to explore biopolitical spaces in Québec which effect trans persons: namely, state and medical spaces. State spaces were defined as the administrative spaces under the regulatory body of the Directeur de l'état civil, which is the chief administrative branch of government in which trans persons would have to interact with to enact official identification changes in the province of Québec. The medical spaces consisted of RAMQ-funded medical programs and clinics, specifically located in the city of Montréal, as well as broader clinical spaces, like hospitals and public/private clinics. Both spatial spheres were seen as places of biopolitical power where people undergoing transition must navigate a normative pathway.

A number of findings emerged from conducting research for this project. After compiling participant narratives about their experiences navigating state spaces, three key issues became evident: First, my interviewees noted the lack of clear and accessible instructions about how to change gender designation in Québec. Second, they felt that there was a lack of transparency about the application approval process. This means that they were unsure of how the DEC determines who is "trans enough" to warrant a change of gender. Third, they reported that DEC employees subjectively interpreted the state regulations; as applicants, they were receiving mixed messages about what is legally required to enact a change of gender. From my interviewees' experiences of accessing medical care, I ascertained three other principal concerns: First, many of my interviewees felt limited by the well-ingrained transition pathway, which starts with therapy then moves to hormones and ends with surgery. My interview partners commented that medical professionals expected them to follow this pathway and undergo all possible forms of physical modification. However, the majority of my interviewees did not desire all of these physical

changes. Second, medical professionals in Québec lack trans specific knowledge. For instance, many of my participants felt that they had to explain what "trans" was. Also, in some cases, the information possessed by medical practitioners was inaccurate or based on stereotypes of trans persons, like how they all get "the surgery" or, shockingly, that they are sex workers. Third, my participants encountered many instances of "direct" discrimination from medical professionals. For example, some were denied service and treated disrespectfully, and/or had their request to use particular gender pronouns ignored.

There were also some consequences of the aforementioned findings. One issue was that my interview partners felt locked into a period of what I term "illegibility," where they appear as the other gender, but are not able to legally change their gender marker and have their gender identity recognized or "read" by the state. This concerned some of my interviewees who felt nervous about applying for jobs or travelling abroad because their identity documents were not aligned with their gender presentation. Another consequence was that several participants felt that they had to lie about their transition interests to conform to the expectations of medical personnel or they feared that their authenticity as a "real" trans person would be called into question. An additional concern was that in Québec, for persons who do not follow the transition pathway, it becomes exceedingly difficult to acquire medical funding. For instance, the RAMQ will fully fund select surgical procedures; however, in order to be eligible for funding, individuals need to provide documentation that they have undergone psychological counselling and that they have been taking hormones for a period of time. Further, the documentation process is costly since medical personnel charge for the writing of letters, even professionals working in the public system. These costs disproportionately affect low income trans persons who may not be able to afford the documentation fees, on top of paying for for hormones, which are only partially funded, on top of the administrative costs charged by the DEC.

Given the research findings and problems encountered by my interview partners, this led me to question why the Québec state had put into practice such restrictive legislation concerning gender designation. The majority of my participants desired to be legally identified as male, which is a gender category recognized by the state; therefore, why would the state make it difficult to do so? I argued that the Québec state requires extensive physical modification because this limits the possibility of persons legally changing their gender designation multiple times. However, Scheim & Bauer (2015) contend that this should not be a serious state concern, because

technically speaking, changing the gender marker is not more administratively taxing than changing a persons' address. Thus, the conclusion I came to, from a biopower and biopolitics standpoint, is that the state is fearful and threatened by the seeming fluidity of trans bodies. In the eyes of the state, trans bodies can easily move between genders, making them potentially unreadable or untrackable, and, thus, ungovernable. In this regard, the state is engaging in biopolitics by managing the trans population through certain pieces of legislation enacted in medical and legal spaces. The state deems such legislation necessary to protect its aims against problematic and unproductive bodies within the state apparatus, such as trans persons. However, there exists a profound contradiction in this state anxiety; namely, it is due to the restrictive state regulations that trans persons are rendered illegible in the first place. Ultimately, my interview partners expressed their desire to fit into the state's gender categories, but were prevented from doing so by the rigid legislation and difficult application process.

There are limitations to this project, but also some productive avenues for future research. One limitation is the small number of persons interviewed; however, I argue that this problem was counterbalanced by the in-depth information collected through the use of qualitative interviewing techniques. Thus, even if fewer participants were recruited for this project, I was able to gather provocative and critical narratives from my interviewees. In addition, although the role of gender, and to some extent, class were discussed, I did not thoroughly examine other intersections of identity or forms of difference, such as race, that could have affected the participants' transition experiences. Therefore, I suggest that future research look to incorporate multiple aspects of identity and marginality, and how this could affect trans persons' experiences of legal and medical transition in Québec. Furthermore, because I was unable to interview medical professionals or legal officials within this thesis, it would be fruitful to turn to these subjects to assess their understanding of trans identities and how they conceive of their role within Québec's regulatory framework. Finally, perhaps future work could look to trace the genealogy of state anxiety concerning trans persons, thus viewing state and medical spaces as part of an all-encompassing biopolitical space regulated by the Québec state. In this way, the state's unease with trans bodies could be studied both more historically and more broadly than I was able to achieve in this thesis.

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## APPENDIX A:

## CONSENT TO PARTICIPATE IN SPATIALIZING "GENDER OUTLAWS": TRANSGENDER BIOPOLITICS AND HEALTH LANDSCAPES IN MONTRÉAL

I understand that I have been asked to participate in a research project being conducted by William Zullo of Geography, Planning and Environment of Concordia University (514) 265-3151; wjz135@gmail.com under the supervision of Julie Podmore and Kevin Gould of Geography, Planning and Environment of Concordia University (1455 de Maisonneuve West, H1255-26; H1255-13 Montréal, QC, H3G 1M8, (514) 848-2424 x 2049; 5480; jpodmore@johnabbott.qc.ca; kevin.gould@concordia.ca).

### A. PURPOSE

I have been informed that the purpose of this study is to examine the emotional experiences of transgender individuals who are currently undergoing sex/gender reassignment or gender-confirming medical procedures (such as psychotherapeutic counselling, hormonal therapy or surgical operations). Specifically, this study is interested in understanding and exploring transgender persons' experiences of clinical spaces and interactions with medical health professionals who provide their medical care.

### B. PROCEDURES

- I understand that my participation in the study will last for approximately 60 minutes.
- I understand that the interviews will be audio recorded. I understand that no one will have access to the audio files other than the principle investigator.
- I understand that there is no obligation to answer any question.
- I understand that I may ask questions of the researcher at any point during the research process.
- I understand that I may obtain a copy of the final research paper should I request it.

### C. RISKS AND BENEFITS

- I understand that some of the questions asked during the interview may involve reflecting on times where I (or people close to me) experienced discrimination or transphobia and that this may cause emotional distress.
- I understand that the researcher has a list of mental health resources I can obtain upon request.
- I understand that I can ask for information to be omitted from the transcript, and for that information to be destroyed anytime before April 1st, 2015.
- I understand that participating in this interview might give me an opportunity to discuss relevant issues that affect my life, to voice concerns and share my stories in a context that encourages that.

**D. CONDITIONS OF PARTICIPATION**

- I understand that I am free to withdraw my consent and discontinue my participation anytime before April 1st, 2015 without negative consequences.
- I understand that the researcher might have to break confidentiality if I reveal that I intend to harm myself or others, and report the situation to appropriate authorities.
- I understand that the data resulting from this study may be published, and that the work might be presented at future conferences.
- Please check a box to indicate the level of confidentiality you are most comfortable with. I understand that my participation in this study is:

☐ **Confidential** (i.e., the researcher will know, but will **not reveal** my identity in study results/published material). If my personal information is disclosed, I will be identified by a pseudonym.

☐ **Disclosed** (i.e., the researcher will know, and I would like them to **disclose** my identity in study results/published material).

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT.
I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator, William Zullo of Geography, Planning and Environment of Concordia University (514) 265-3151; wjz135@gmail.com under the supervision of Julie Podmore and Kevin Gould of Geography, Planning and Environment of Concordia University (1455 de Maisonneuve West, H1255-26; H1255-13 Montréal, QC, H3G 1M8, (514) 848-2424 x 2049; 5480; jpodmore@johnabbott.qc.ca; kevin.gould@concordia.ca).

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, 514.848.2424 ex. 7481 ethics@alcor.concordia.ca

## APPENDIX B:

## FORMULAIRE DE CONSENTEMENT POUR L'ÉTUDE « SPATIALIZING "GENDER OUTLAWS": TRANSGENDER BIOPOLITICS AND HEALTH LANDSCAPES IN MONTREAL »

Je comprends que j'ai été invité(e) à participer à l'étude menée par William Zullo du Département de Geography, Planning and Environment à l'Université Concordia (514- 265-3151, wjz135@gmail.com) supervisé par Julie Podmore et Kevin Gould du Département de Geography, Planning and Environment à l'Université Concordia (1455 de Maisonneuve Ouest, H1255-26; H-1255-13 Montréal, QC, H3G 1M8, 514-848-2424, poste 2049; poste 5480; jpodmore@johnabbott.qc.ca; kevin.gould@concordia.ca).

### A. BUT DE LA RECHERCHE

J'ai été informé(e) que le but de cette étude est d'examiner les expériences de personnes transgenres qui subissent actuellement (ou qui ont subi) une réassignation sexuelle ou une confirmation médicale de leur genre (tel que la psychothérapie ou le soutien psychologique, des traitements d'hormonothérapie ou des opérations chirurgicales). Plus précisément, cette étude s'intéresse à comprendre et analyser les expériences de personnes transgenres dans les espaces cliniques ainsi que leurs interactions avec les médecins et les professionnels de la santé qui leur fournissent des soins médicaux.

### B. PROCÉDURES

- Je comprends que ma participation dans cette étude durera environ une heure.
- Je comprends que les entrevues seront enregistrées en format audio. Je comprends que personne, autre que le chercheur principal, n'aura accès aux fichiers audio.
- Je comprends qu'il n'y a aucune obligation de répondre à quelque question que ce soit.
- Je comprends que je peux poser des questions au chercheur à tout moment pendant le processus de recherche.
- Je comprends que je peux obtenir une copie (en anglais) du mémoire de maîtrise final, si j'en fais la demande.

### C. RISQUES ET AVANTAGES

- Je comprends que certaines questions posées dans le cadre de l'entrevue pourraient me rappeler des moments où j'ai été victime de discrimination ou de transphobie et que cela pourrait me causer de la détresse psychologique.
- Je comprends que le chercheur a une liste de ressources en santé mentale que je peux obtenir sur demande.
- Je comprends que je peux demander que des renseignements soient omis dans la transcription de l'entrevue et que ces renseignements soient détruits à tout moment avant le 1er avril 2015.

- Je comprends que participer à cette entrevue pourrait me donner l'occasion de discuter des problématique pertinentes qui affectent ma vie, d'exprimer des préoccupations et de partager mes expériences dans un contexte qui encourage cela.

**D. CONDITIONS DE PARTICIPATION**

- Je comprends que je peux retirer mon consentement et interrompre ma participation à tout moment avant le 1er avril 2015, ce sans conséquences négatives.
- Je comprends que le chercheur pourrait être obligé de rompre la confidentialité si je révèle que j'ai l'intention de me blesser ou blesser autrui, ainsi qu'en avertir les autorités appropriées.
- Je comprends que les données de cette étude pourraient être publiées et présentées dans des colloques ou conférences à venir.
- Veuillez cocher la case appropriée pour indiquer le niveau de confidentialité avec lequel vous êtes le plus à l'aise.
- Je comprends que ma participation à cette étude est:

☐ **Confidentielle** (c'est–à-dire que le chercheur connaît mon identité mais **ne la révélera pas** dans les résultats de l'étude/matériel publié et si mes informations personnelles sont utilisées, je serai identifié(e) par un pseudonyme).

☐ **Identifié** (c'est–à-dire que le chercheur connaît mon identité et je voudrais qu'il la **révèle** dans les résultats de l'étude/matériel publié).

J'AI LU ATTENTIVEMENT CE QUI PRÉCÈDE ET JE COMPRENDS LA NATURE DE L'ENTENTE. JE CONSENS LIBREMENT ET VOLONTAIREMENT À PARTICIPER À CETTE ÉTUDE.

NOM (en lettres moulées) _____

SIGNATURE _____

DATE _____

Vous pouvez parler, à tout moment, de toute question concernant les conditions dans lesquelles se déroule votre participation à cette étude avec le responsable de l'étude, William Zullo de Geography, Planning and Environment à l'Université Concordia 514-265-3151; wjz135@gmail.com supervisé par Julie Podmore et Kevin Gould de Geography, Planning and Environment à l'Université Concordia (1455 de Maisonneuve West, H1255-26; H1255-13 Montréal, QC, H3G 1M8, 514-848-2424 poste 2049; poste 5480; jpodmore@johnabbott.qc.ca; kevin.gould@concordia.ca).

Si vous avez des questions concernant vos droits en tant que participants à l'étude, S.V.P. contactez la conseillère en éthique de la recherche de l'Université Concordia au 514-848-2424, poste 7481 ou par courriel à ethics@alcor.concordia.ca.

## APPENDIX C:
## SAMPLE INTERVIEW QUESTIONS AND GUIDE

**Identity:**
Concerning your gender identity, how would you like me to refer to you? What gender pronouns would you prefer me to use?
What particular term do you use to refer to yourself when describing your transgender status to another person? Why do you prefer to use that term? Do you use different terms depending on the person and/or situation?
When were you born?
Did you grow up in Montréal or Québec? If not, where did you grow up?
What other ways would you define yourself? (i.e. sexuality, language, race, cultural, ethnicity, class) Could you describe these to me?

**Transition Process:**
When was the first time you felt that you were transgender?
Why did you feel like you wanted to transition?
What were the steps you took to begin your transition process?
When did you start your transition process?
Did you start your transition process in Montréal or Québec? If not, where did you start?
Did you have to move in order to access health services tailored to transgender clients? If yes, did you find it difficult to move and were there any problems with moving?
Have you attended psychological counseling or therapy sessions before in Montréal? If yes, when did you start and for how long have you been attending?
Have you always seen the same counselor/psychologist/therapist or have you seen multiple ones?
Overall, what was your experience of the psychotherapeutic process and the medical professional(s) who provided you with care?
Have you received hormonal therapy? Did you receive hormonal therapy in Montréal? If yes, when was the first time you received hormonal therapy and for how long have you been receiving hormones?
Overall, what was your experience of hormonal therapy and the medical professional(s) who provided you with care?
Have you undergone any surgical procedure(s) in Montréal? If yes, what type of procedures and when did you undergo them?
Overall, what was your experience of the surgical procedure(s) and the medical professional(s) who provided you with care?

**Legal Procedures:**
Have you ever tried to change your name and/or gender identity marker on official forms in Québec?
What has been your overall experience of changing your name and/or gender identity?
What were the steps you took to prepare your application?
Were you able to procure supporting documents? If yes, who did you get these documents from?
How long was the application procedure from start to end?
What would be the ideal trans applicant in the eyes of the Québec government administrators who are in charge of the legal changes?

## APPENDIX D:
## MENTAL HEALTH RESOURCES FOR PARTICIPANTS

**Aide aux trans du Québec**
Phone: 514-254-9038
Email: ecoute@atq1980.org

**Ami Québec**
Address: 6875 Décarie Boul., Suite 300, Montréal, Québec
Phone: 514-486-1448
Email: info@amiQuébec.org

**Argyle Institute**
Address: 4150 Ste. Catherine St. West, Suite 328, Westmount, QC
Phone: 514-931-5629
Email: info@argyleinstitute.org

**Action Santé Travesti(e)s & Transsexuel(le)s du Québec**
Address: 1300 Sanguinet, Montréal, QC
Phone: 514-847-0067 x207
Email: info@astteq.org

**Douglas Mental Health**
Address: 6875 Lasalle Boul., Montréal, QC
Phone: 514-761-6131

**Head & Hands**
Address: 4833 Sherbrooke St. W, Montréal, QC
Phone: 514-481-0277
Email: info@headandhands.ca

**Queen Elizabeth Health Complex**
Address: Suite-102, 2100 Marlowe, Montréal, QC
Phone: 514-481-0317

**Centre for Gender Advocacy**
Address: 2110 MacKay, Montréal, QC
Phone (Peer Support Line): 514-848-2424 ext. 7800