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Introduction

Special Issue on Medicalization and Masculinities

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Medicalization and Masculinities

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Introduction

Special Issue on *Medicalization and Masculinities*

by Karen Hvidtfeldt, Camilla Bruun Eriksen, Michael Nebeling Petersen & Kristian Møller

How are the bodily interventions of medicalization taking shape in contemporary society? What are the gendered effects of medicalization, and in what ways are contemporary masculinities being transformed culturally and bodily? Are contemporary gay and/or trans masculinities medicalized in new ways? And what are the experiences of, and possibilities found within, (new) masculinities?

These are some of the questions that have inspired this special issue of *Women, Gender & Research* on *Medicalization and Masculinities*. Different gendered bodies have traditionally been the subject of medical interventions and beauty-enhancing treatments of an intimate kind. Within gender studies, the focus has mainly been on female bodies in the reproductive age, concerning various rejuvenation and beauty regimes and following the technological developments of, for instance, fertility technologies and reproductive biomedicine. However, in a Western context, cosmetic surgery is no longer reserved for feminized, privileged, or subcultural groups but is increasingly understood as an acceptable tool to 'fix', e.g., signs of aging or 'overweight' and thus also to achieve a 'normal' (masculinized) body (Atkinson, 2008). The male body has even, according to Jamie Hakim (2019), become sexualized in the same ways as the female body has been, as a means to achieve value within a neoliberalism in which both male and female bodies are increasingly precarious.

Within masculinity studies, a body of scholarly literature is currently emerging, investigating new phenomena in the intersection between masculinities and medicalization, e.g., 'andropause' and 'sexual fitness' (e.g., Rosenfeld and Faircloth 2006; Featherstone & Hepworth; 1985a, 1985b; Gullette 1997, 1998; Marshall 2007; Marshall & Katz 2002). Importantly, some masculinities have historically been the object of medicalization and medical intervention: Boys have been diagnosed and regulated through systems of pathologization (e.g., Timimi 2011; Hart, Grand & Riley 2006) while indigenous, racialized, sexually minoritized and gendered minoritized, as well as disabled men, are medicalized in different and often cruel and inhuman ways within different systems of oppression,

e.g., colonialism, settler-colonialism, Nazism, white supremacist and cis-heterosexist systems, etc. Within patriarchal and white supremacist societies, however, the white cis-heterosexual adult man has generally avoided medical attention and interventions until ageing beyond midlife, which typically marked the point at which white male bodies could be safely folded into a medicalized regime without necessarily having their masculinity threatened. Cultural shifts have (at least partly) changed this and today both younger white male bodies and middle-aged white male bodies are perceived as in need of regulation/discipline and are therefore increasingly subjected to treatments and modifications, e.g., rejuvenating products and treatments, medicine and other substances enhancing vitality and sexual desire, and aligning bodies to aged, gendered, and sexualized norms of beauty (Bordo 2000; Rosenfeld & Faircloth 2006; Conrad 2007; Kampf, Marshall, & Petersen 2013). Trans bodies – at least in Denmark and unlike intersexed bodies (Holm & Bülow 2020) – are pathologized to a lesser extent but are rather being included in health regimes and thereby into other forms of medicalization (e.g., in 2018, the clinical practice guidelines from the World Health Organization (WHO) removed 'transsexuality' from being considered a pathological condition). Such inclusions often challenge gendered norms of embodiment, e.g., within fertility treatments, and therefore research on such issues also questions traditional assumptions within masculinity and gender studies.

This special issue is a collection of articles that investigates the medicalization of bodies from different vantage points, disciplines, and theoretical and empirical settings. The articles aim to challenge and expand the binary categorizations and assessments (healthy vs. ill, necessary vs. un-necessary, artificial vs. natural, body vs. culture, etc.) through critical investigations. More specifically, we are interested in the investigation of what is perceived as male bodies and the intimate issues of medicalization in relation to masculinities. Within critical masculinity studies, masculinities are often viewed as negotiated positions deriving from a variety of practices and positions established in relation to each other, rather than as solely stemming from, and pertaining to, the male-sexed body (e.g., Hearn 2004; Connell & Messerschmidt 2005; Kimmel 2005; Race 2009). Thus, the concept of masculinity is a dynamic and multifaceted phenomenon emerging from cultural, material, and discursive frames and contexts. We are especially interested in understanding how medicalization can be theorized and analyzed as a complex phenomenon; both a biotechnological and a cultural development that does not unequivocally disturb the body, but rather modifies it. This resembles the bodily extension of prostheses in a somatechnical or feminist posthumanist perspective, where bodies and technologies do not exist outside of, or separate from, one another; as Nikki Sullivan and Samantha Murray state: Bodily-being "(…) is always already technologized, and technologies are always already enfleshed" (2009, 7).

The issue's contributions

In the first article, Michael Nebeling Petersen and Karen Hvidtfeldt bring up recent developments within critical masculinity theory in order to understand how masculinities can be and have been conceptualized as a development from 'hegemonic masculinity' to, for instance, 'inclusive masculinity' and 'involved fatherhood.' In the context of recent mainstream critiques of what are termed 'toxic' masculinities (e.g., the normalization of sexual assaults and sexism as shown by the #MeToo movement), the authors analyze two short films by the international shaving company Gillette: "We believe," published in January 2019 and the so-called 'trans commercial,' "First Shave, the story of Samson," published in May 2019, in order to asses and critically discuss the theories of masculinities and consider to what extent the films place themselves in relation to new/old notions of masculinities.

Secondly, and starting from the question of how to make sense of a war veteran's personal health biography, Sebastian Mohr in his contribution proposes the 'performative effects of diagnosis' as an analytical tool to explore the

transformations in people's intimate lives that being diagnosed brings with it. Extrapolating from feminist theory, trans studies, STS, and medical anthropology and sociology, he argues that the performative effects of diagnosis allow scholars to explore transformations in people's intimate lives without a foreclosure about the normative dimensions of these transformations. Mohr argues that, rather than only asking how biopolitical and cis and heteronormative normalcy constitutes itself, the performative effects of diagnosis offer the opportunity to explore how these dimensions are (re)configured and (un)done in and through medicalized intimacies.

The issue's third contribution, by Anne Sofie Bach, starts off by taking us back to the 1950s, when legal gender reassignment in Denmark required castration. In 2014, this requirement was abolished, making Denmark the first country in the world to grant access to legal gender reassignment based on a self-definition model to people above the age of 18. Drawing on the concept of sociotechnical imaginaries and focusing on the concept of reproductive citizenship, Bach brings attention to both the de-medicalization and re-medicalization of transgender bodies and their fertility following this shift in legislation. Additionally, and through notions of coherence between bodies, gender, and parenthood, Bach extends her discussion of reproductive practices of trans men to include a critical discussion of fertility preservation access and surrogacy.

A fourth article, which doesn't relate to this issue's framework of *Medicalization and Masculinities*, is nonetheless related to ideas about masculine and feminine work places and gendered divisions of labour: "An increased male presence supposedly promotes gender equality [within kindergartens], as men are thought better suited to meet the gender-specific needs of the young boys." Drawing on the results of a questionnaire completed by more than 700 staff members in all of the 80 kindergartens in two Danish municipalities, this assumption is discussed and questioned by the authors Eli Smeplass and Bent Olsen.

Last but certainly not least, this special issue features an interview with the co-editor of the *Somatechnics Journal*, Professor Sheila L. Cavanagh, on what we are calling "The Psychic life of Gender." In conversation with Michael Nebeling Petersen and Camilla Bruun Eriksen, Cavanagh, among other things, elaborates on being a 'polyamorous thinker' and shares her academic hope that the field of somatechnics and contemporary queer theorists will engage more seriously and consistently with critical psychoanalysis in the future. Psychoanalysis, she argues, has potential when it comes to understanding gender as a complex and affectively loaded force:

> *From an academic perspective, psychoanalysis can help us understand gender as a symptom. If masculinity and femininity are symptoms, what can they teach us? It is not enough to catalogue what counts, culturally and historically, as masculine and as feminine, but to better understand our passionate attachments to gender – whatever those genders might be. Gender needs to be taken seriously, like a symptom it needs to be respected and interpreted with a critical psychoanalytic attunement to what it inscribes about the history of the subject.*

Thus, Cavanagh articulates one of the major ambitions with this special issue, namely, to inspire new theoretically-informed ways of questioning what counts as 'normal,' and to attend to those elements of subjectivity relating to gender, race, and sexuality that are not conscious or self-evident and that complicate the analytical crossroads between medicalization, masculinity, and gender studies.

References

Atkinson, M. (2008). Exploring Male Femininity in the 'Crisis': Men and Cosmetic Surgery. *Body & Society, 14*(1), pp. 67-87. DOI: 10.1177/1357034X07087531

Bordo, S. (2000). *The male body: a new look at men in public and in private*. New York: Farrar, Straus and Giroux.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender and society, 19*(6), pp. 829-859. DOI: 10.1177/0891243205278639

Conrad, P. (2007). *The medicalization of society: on the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.

Featherstone, M., & Hepworth, M. (1985a). The history of the male menopause 1848–1936. *Maturitas, 7*(3), pp. 249-257. DOI: 10.1016/0378-5122(85)90047-7

Featherstone, M., & Hepworth, M. (1985b). The male menopause: lifestyle and sexuality. *Maturitas, 7*(3), pp. 235-246. DOI: 10.1016/0378-5122(85)90045-3

Gullette, M. M. (1997). *Declining to Decline: Cultural Combat and the Politics of the Midlife*. Charlottesville: University of Virginia Press.

Gullette, M. M. (1998). Midlife Discourses in the Twentieth-Century United States: An Essay on the Sexuality, Ideology, and Politics of 'Middle Ageism'. In R. A. Shweder (Ed.), *Welcome to Middle Age! (And Other Cultural Fictions)*, pp. 3-44. Chicago: University of Chicago Press.

Hakim, J. (2019). *Work That Body: Male Bodies in Digital Culture*. Racial cultural studies. Lanham: Rowman & Littlefield International.

Hart, N., Grand, N., & Riley, K. (2006). "Making the Grade: The Gender Gap, ADHD, and the Medicalization of Boyhood". In Rosenfeld D. & Faircloth C. (Eds.), *Medicalized Masculinities,* pp. 132-164. Temple University Press.

Hearn, J. (2004). From Hegemonic Masculinity to the Hegemony of Men. *Feminist Theory, 5*(1), pp. 49-72. DOI: 10.1177/1464700104040813

Holm, M-L & Bülow, M.H. (2020). "Samtykke for hvem? Medicinske tilgange til interkønnede personer". In: Di Nucci, E., Knox, J.L. & Jensen, R.T. (red.). 8 cases i medicinsk etik. København: Munksgaard, 75-99.

Kampf, A., Marshall, B. L., & Petersen, A. R. (2013). *Aging men, masculinities and modern medicine*. Milton Park, Abingdon, Oxon; New York, NY: Routledge.

Kimmel, M. S. (2005). *The history of men: essays in the history of American and British masculinities*. Albany: State University of New York Press.

Marshall, B. L. (2007). Climacteric Redux? (Re)medicalizing the Male Menopause. *Men and Masculinities, 9*(4), pp. 509-529. DOI: 10.1177/1097184X05284224

Marshall, B. L., & Katz, S. (2002). Forever Functional: Sexual Fitness and the Ageing Male Body. *Body & Society, 8*(4), pp. 43-70. DOI: 10.1177/1357034X02008004003

Race, K. (2009). *Pleasure consuming medicine: the queer politics of drugs*. Durham NC: Duke University Press.

Rosenfeld, D., & Faircloth, C. A. (2006). *Medicalized masculinities*. Philadelphia: Temple University Press.

Sullivan, N., & Murray, S. (2009). *Somatechnics: queering the technologisation of bodies*. Farnham, Surrey/ Burlington, VT: Ashgate.

Timimi, S. (2011). "Medicalizing masculinity". In Rapley M., Moncrieff J., Dillon J. (Eds.) *De-Medicalizing Misery,* pp. 86-98. Palgrave Macmillan, London.

“The best men can be”

New configurations of masculinity in the Gillette ad “We believe”

by Michael Nebeling Petersen & Karen Hvidtfeldt

Abstract

In January 2019, the company Gillette released a short movie “We believe” as advertisement for the brand. In the ad, Gillette reframes their slogan from “the best a man can get” to “the best a man can be.” Connecting the video to the #MeToo movement and critiquing ‘toxic masculinity’, Gillette portrays a new, more responsible, gentle, empathetic masculinity for “the men of tomorrow.” In this article, we present and discuss theories and strands of masculinity studies, and we analyze how the short movie portrays contemporary masculinity vis-à-vis these theories. Our argument is that while Gillette’s short movie and similar branding movies appeal to social responsibility and might open for new and more inclusive masculinities, it does, however, at the same time reproduce the patriarchal organization of masculinity in which power and privilege run from man to man and leave women and children as objects. Furthermore, the recoding of masculinity from toxicity to empathy is framed as an individual choice within neoliberal logics.

KEYWORDS: critical studies of men and masculinities, masculinity, patriarchy, Gillette, #metoo

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"Our tagline needs to continue to inspire us all to be better every day, and to help create a new standard for boys to admire and for men to achieve… Because the boys of today are the men of tomorrow."
(Gillette.com 2019)

In the short film titled "We believe," launched by the American safety razor and personal care company Gillette on January 13th 2019, Gillette develops and replaces the company brand's slogan since 1989 "The best a man can get" with a new tagline, "The best men can be" (Gillette 2019b). The opening sequence presents a flashback to Gillette's own ad history as a group of young boys tear through an older (retro) Gillette ad at the exact spot in which a young girl kisses a man on his clean-shaven cheek. The voice-over of the sounds of different news clip speaks situates the commercial: "Bullying… The #MeToo movement against sexual harassment… Masculinity." As the male speak asks: "Is this the best a man can get?" it is followed by a small sequence of the historically well-known jingle/theme song "The best a man can get" after which the speak rhetorically challenges Gillette's own statement by repeating "Is it?" The commercial shows a series of episodes of men and culture patronizing, laughing at or sexually objectifying women as well as boy cultures of fighting, bullying and no crying encouraged by fathers as "boys will boys." The commercial then states that "something finally changed," and makes a stand for a better masculinity and boy culture based in care, inclusivity, responsibility and empathy.

Gillette's *We believe* campaign gave immediate cause to heated media attention, however also stirred fierce debates on social media platforms. Comments show that viewers experienced the commercial as a backlash towards traditional masculine values and that many men felt that the ad unjustly held all men accountable for performing toxic masculinity. The ad also gave cause to critiques towards Gillette for trying to capitalize on the #MeToo movement and at the same time performing double standards as products for women typically cost more than products catering to men (so-called "pink tax"). Following this both men and women voiced negative critique and the video soon reached the top 10 list of most disliked videos on YouTube.

The aim of this article is to critically present and discuss theories of masculinities in the context of recent mainstream critiques of what is termed "toxic" masculinities (e.g. the #MeToo movement). We firstly draw up recent developments within masculinity theory to understand how masculinity can be and has been conceptualized. In particular, we are interested in how masculinity is transformed and how these transformations are theoretically understood in conceptualizations as 'hegemonic masculinity', 'inclusive masculinity' and 'involved fatherhood'. Secondly, we analyze to what extent the short film places itself in relation to new/old notions of masculinity in order to asses and critically discuss the theories of masculinities. Following this, and finally, we include another Gillette commercial portraying new forms of masculinity, the so-called 'trans commercial', *First Shave, the story of Samson*, published in May 2019. This latter commercial was perceived as a – to some extent – more inclusive representation of masculinity. We discuss the range of this inclusivity as we operationalize the Gillette commercials as obvious examples of such popular and broadly accessible critiques of traditional – if not toxic – masculinity.

Critical studies of men and masculinities

While women and minoritized men have long been the object of research, the focused studying of (heterosexual) men and masculinities is a relatively new phenomenon. Within the gender studies subfield of Critical Studies on Men and Masculinities (CSMM), men and masculinity are considered to be social, and socially and societally constructed, and the focus on criticism relates to not that the studies are critical towards men per se,

but rather that men constitute a social category of power (Hearn 2019) in ways that should be addressed and analyzed. In this section, we will present modern theories and conceptualizations of masculinities, before moving to presenting a more poststructuralistically grounded, queer and feminist theorization of same. Our aim is to present and critically discuss different theories prevalent in the field of studies of masculinities in order to later discuss these theories in relation to the case.

According to Hearn et al., reflecting on the Swedish context and history, CSMM can roughly be structured within three waves: In the 1960s and 1970s, the focus was on "sex role approaches and structural gender power" (Hearn et al. 2012: 34), while CSMM in the 1980s and 1990s was increasingly and vastly influenced by Raewyn Connell's concept of and theory on hegemonic masculinity (Connell 1995; Connell and Messerschmidt 2005), which widened CSMM to analyze and focus on different kinds of masculinities, their relations and positions to other men, as well as masculinity's structural and hierarchical relation to women and femininity. Hegemonic masculinity is understood as the at any time dominant one; thus, constantly changing in relation to the given context:

> *It is the masculinity that is most dominant and culturally exalted at any given time, though its ascendancy is not fixed. Rather, hegemonic masculinity responds to societal changes and challenges and mutates accordingly. It subordinates men who embody devalued forms of masculinity, such as gay men (subordinated masculinities) and marginalizes men based on axes such as race, ethnicity, class, and ability (marginalized masculinities). (Elliott 2016: 46).*

Hegemonic masculinity is the organization of power and dominance which works both internally within the form of social hierarchies of masculinities and externally in relation to women (Demetriou 2001; Christensen and Jensen 2014: 63). This means that different masculinities are socially organized in terms of dominance, privilege and access to power in accordance with their proximity to the (contextually depending) hegemonic masculinity. This organization is internal, as it relates to the organization of masculinities, whereas the masculinities also are organized in a hierarchical dichotomy to femininity and women. This is the external relation of power, which is a patriarchal organization. Critical approaches have addressed hegemonic masculinity as harmful to both men and women: The latter because of the violence directed towards women, subordination, unequal opportunities and the responsibility of care work. For men the cost of hegemonic masculinity is the accompanying stress to meet the ideals of hegemonic masculinity and that men's needs for intimacy and emotional engagement are denied (Hanlon 2012; Elliott 2016: 247).

The 2000s mark the third wave of CSMM (Hearn et al. 2012: 37-38), as CSMM to some extent became influenced by different strands of poststructuralist feminist theories, resulting in more theoretical contributions on the constructions of masculinity encompassing feminist third-wave theories, e.g. like intersectionality (Frosh, Phoenix, and Pattman 2002) and queer theories (Halberstam 1998). As Lucas Gottzén & Wibke Straube put it, Jack Halberstam's concept 'female masculinity' "attempts to destabilize the relationship between men and masculinity that characterizes masculinity studies in its tendency to ascribe masculinity as something primarily (or solely) cis-male bodies accomplish" (Gottzén et al. 2016: 220). Thus, Halberstam expands the understanding of 'trans' by examining popular cultural expressions as for instance butches and drag kings and stresses the need to analytically separate the concept of masculinity from cis-manliness.

Eve Kosofsky Sedgwick (1985) explores the intersectional premise of queer theory, that gender is inherently sexualized and vice versa. In her work Sedgwick has especially shown how heterosexual masculinity is defined and structured around the violent exclusion of *homosexual* male desire: Within contemporary Western patriarchy, she argues, when men help men to maintain economic, social and cultural privileges, it is not seen as *gay* (Sedgwick 1985, 1990). Though these homosocial systems of support could be seen as

interactions of homosocial desire, however, gayness is understood, within patriarchy, as inherently feminine and anti-masculine. This leaves the Western culture as structured "by a chronic, now endemic crisis of the homo/heterosexual definition" (Sedgwick 1990: 1) in which heterosexual masculinities and patriarchal homosocial patterns of male-to-male desire are not easily (if even possibly) demarcated from homosexual homosocial desire. While on the one hand, male homosociality enables the reproduction of patriarchy from male to male, homosociality also runs the chronic risk of being labeled as gay. Thus, masculinity needs to constantly distance itself from homosexual desire and draw the line between what is 'male' and what is 'gay'. But it is impossible to fixate the line between homosocial forms of desire (which should be understood as a continuum of male-to-male interactions of desire and affects), and thus, Sedgwick argues, homophobia appears as the violent and omnipresent demarcation of homosexuality from the realm of masculinity. A demarcation which is essentially anti-feminist as it depends on women as currency in which homosocial male-to-male interactions can continue without being regarded, framed or understood as homosexual. In the classical literary plot, for example, two men fight over the honor, power and dominance. The affective energies and desires are directed from one man to another, and the placing of a woman in the middle (the two men fighting over who should have the woman) conceptualizes this intensified male-to-male desire interaction as not-homosexual. In this way, homophobia and sexism are intimately linked. Kimmel echoes Sedgwick (while strangely enough not referencing her) when he argues that masculinity should be conceptualized as hierarchal power relations to the feminine and to other forms of masculinity and, thus, masculinity is constructed and enabled by homophobia and the escape from the feminine (Kimmel 1997).

During recent decades, especially the concept of inclusive masculinity has set the agenda for new configurations of masculinity. Inclusive masculinity, a term coined by Eric Anderson (2009), points to the fact that contemporary masculinity has become radically more diverse and non-exclusive. Anderson's research focuses on the identification of shifting cultural attitudes towards former stereotypical gender roles among university-attending men within specific sports environments in North American and Western European cultures. Building on empirical studies within these surroundings, he argues that "things are now finally beginning to change" (Anderson 2009: 4). Anderson argues that homophobia and "homohysteria" were central to the production of orthodox masculinity, making "hyper-masculinity compulsory for boys, and its expression of femininity among boys taboo" (Anderson 2009: 7). Homohysteria is defined as the fear of being socially perceived as gay (Anderson and McCormack 2018). As this fear gradually diminishes more inclusive forms of masculinity emerge, "multiple masculinities will proliferate without hierarchy and hegemony," as homophobic discourse will no longer be socially acceptable. "In such a setting, the esteemed attributes of men will no longer rely on control and domination of other men; there is no predominance of masculine bullying or harassment and homophobic stigmatization will cease, even if individual men remain personally homophobic" (Anderson 2009: 97). As the borders of acceptable heteromasculine behaviors thus expand, the formerly mentioned concept of 'hegemonic masculinity' devalues as there is no longer a dominating form of masculinity present. As cultural homohysteria diminishes, the remaining level of a conservative, 'orthodox masculinity' continues to exist as a dominant but no longer dominating ('hegemonic') form.

This leads Anderson to conclusions that place homophobia and gender inequality in the past and announce a new reality in which 'inclusive masculinity' is the new normal and in which boys and men are free to express emotional intimacy and to openly display physical expressions of relationship with one another.

> *Accordingly, this culture permits an even greater expansion of acceptable heteromasculine behaviors, which results in yet a further blurring of feminine and masculine behaviors and terrains. The differences between*

> *masculinity and femininity, men and women, gay and straight, will be harder to distinguish, and masculinity will no longer serve as the primary method of stratifying men. Whereas gender expressions coded as feminine were edged to extinction among men in the 1980s; today they flourish. (Anderson 2009: 97).*

These rather optimistic and hopeful assessments of the current state of gender and sexual equality have given cause to extended discussion and criticism. Rachel O'Neill convincingly points out that the theory of inclusive masculinity lacks a theoretical framework of sexual politics and feminism in order to recognize how new/old masculinities emerge (e.g. "neo-orthodox masculinities" (Rodino-Colocino, DeCarvalho, and Heresco 2018)) and operate as power relations, and to analytically address how these achieve new forms and expressions. Thus, inclusive masculinity theory both reflects and reproduces logics of 'postfeminism' specifically through the erasure of sexual politics:

> *With sexual politics – that is, an understanding of gender relations as structured by power – consigned to the past, postfeminism represents an especially pernicious form of antifeminism wherein the "taken into accountness" of feminism allows for a more thorough dismantling of feminist politics, at the same time that gender inequalities are renewed and patriarchal norms reinstated. (O'Neill 2015: 102).*

Feminist gender theories tend to theorize the ways in which gender is constituted in language, power and social relations, offering theoretical concepts to understand and even deconstruct the production of gendered meaning and identity (Butler 1990) as well as matter and bodies (Butler 1993). Though aligned with these scholarly insights, CSMM seems mainly to have been developing descriptive theories of masculinity; departing from the concept of hegemonic masculinities, CSMM has been keen on naming new forms of masculinity, each conceptualizing a new way of doing masculinity within larger social contexts. Apart from inclusive masculinity Anderson and McCormack list also "personalized masculinities (Swain, 2006); soft-boiled masculinities (Heath, 2003); cool masculinities (Jackson & Dempster, 2009); caring masculinities (Elliott, 2016); flexible masculinities (Batnitzky, McDowell, & Dyer, 2009); chameleon masculinities (Ward, 2015); and saturated masculinities (Mercer, forthcoming)" (Anderson and McCormack 2018: 556). These studies have in different ways tried to widen the scope of CSMM by offering new/old concepts of masculinity, questioning both the theoretical premise of Connell's hegemonic masculinity "of patriarchy on which the concept of hegemonic masculinity is based," arguing that it "simply does not allow for an explanation of how alternative equality oriented masculinities might emerge" (Christensen and Jensen 2014: 66), and at the same time critically discussing the theoretical premises of the notion of inclusive masculinity headed by Anderson himself.

Toxic masculinity – "Boys will be boys"

In the following part we explore how the narration and composition of the 1.40-minute short film titled "We believe. The best men can be" taps into both contemporary political agendas of gender equality and the ongoing development of masculinity theory. Though the commercial is short and fictional, it represents the contemporary discussions about masculinities. We have chosen the commercial as a case of popular representation and negotiation of what masculinity can and should be in the context of feminist critiques of male privilege and violence. The aim of this article, however, is not to lay claim about how men and masculinities are represented in commercial popular culture in general. Rather, we use our analysis of the Gillette ads as a projection to discuss and evaluate theories and conceptualizations of masculinity within. We situate the analysis within cultural studies and gender studies, in which commercials and commercial popular culture have been analyzed in order to understand how gender,

meaning, identity, power and culture are (re)configured and understood and where both the levels of semiotic, aesthetics and production are granted analytical significance (Bordo 2000; Hall 1997).

If understood as an ad, it is remarkable that the short film does at no point display razors or refer directly to the products supposedly being marketed. Though branding and marketing are not the primary focus of this article, the commercial is as such an obvious example of value-based marketing or "emotional branding", to which advertising and brand managers according to Roopali Mukherjee and Sarah Banet-Weiser have increasingly turned in the late 20th and early 21st century, developing strategies that appeal to "affect, emotion and social responsibility" (Mukherjee and Banet-Weiser 2012: 20). Sarah Banet-Weiser highlights the Dove Real Beauty campaign from 2006 as "a contemporary example of commodity activism, one of the new ways that advertisers and marketers have used brands as a platform for social activism" (Mukherjee and Banet-Weiser 2012: 40), and accordingly on their website, Gillette states that "[i]t's time we acknowledge that brands, like ours, play a role in influencing culture. And as a company that encourages men to be their best, we have a responsibility to make sure we are promoting positive, attainable, inclusive and healthy versions of what it means to be a man" (Gillette.com 2019). As the ad's audio quotes short media headlines like "bullying," "the #MeToo movement against sexual harassment" and "masculinity," the short film marks itself as being a comment on the contemporary #MeToo movement understood as a crisis of masculinity. Underlining this is also the fact that *We believe: The best a Man can be* is part of a campaign including both the video launched on TV and on social media and a pledge made by Gillette on the company website "to donate $1 million per year for the next three years to non-profit organizations executing programs in the United States designed to inspire, educate and help men of all ages achieve their personal 'best' and become role models for the next generation."

The first half of the short film displays the influence and challenges of contemporary social media culture as the one word "FREAK" covers the screen, followed by a focus on a woman who embraces and tries to comfort a young boy while further demeaning text messages continuously appear on the screen. This points both towards bullying and hateful behavior as being a dominant part of digital communication in everyday youth culture in general and specifically towards gender-related hate speech (e.g. "sissy"). Through sequences of fast cuts, a number of references to 20th-century American popular culture are presented: cartoons, sitcoms, music videos, displaying a historical reality of mediated misogyny. Thus, the problem is localized as ubiquitous, and despite the examples being from comical and humorous popular culture, the speak announces the question of masculinity to be too serious to just ignore or "laugh (…) off." Male power, dominance and oppressive behavior are legitimized among both children and adults as gendered inequalities are shaped and shared through popular culture.

The ad problematizes what has been termed toxic masculinity, understood as the ways in which hegemonic masculinities rely on the symbolic and literal violence of other men and women. Throughout the ad's different settings, we see the effects of this violence: The patronizing of and sexual violence towards women, the violence and mockery of other men and the taboo on men's and boys' need to show feelings, insecurities and empathy. In the opening scene, the film cuts between different men gazing in the mirror and the reflection of themselves in moments of thinking, while the voice-over frames the ad: "…bullying, the #MeToo movement against sexual harassment, masculinity. Is this the best a man can get?" Through the introduction of the first part of the ad, this mosaic shows how toxic masculinity works: The bullying of other ('weak') boys, the shaming of empathy, the objectification, sexualization and patronization of women, the violence and no-tears logic. Symbolically (and in a self-reflective mode of Gillette), the "boys of tomorrow" jump out through the screen of a Gillette ad from the 80s, showing how the advertisement and cultural representations of masculinity have framed and added to this toxic masculinity, within a sexist culture saturating television shows, cartoons, music industry, cinema,

etc. Thus, toxic masculinity is reproduced through cultural representations and excused as "boys will be boys" by other men.

However, the short film turns down traditional evolutionary arguments like "boys will be boys" as being "the same old excuses" and as a self-confirming group dynamic. A sequence shows how chubby middle-aged men stand shoulder to shoulder behind their identical barbecues as a visualization of the feminist argument that masculine culture not only offers male privilege but also provides men with a shield of protection against accusations (0.35). The announcement of the #MeToo movement is highlighted as a turning point after which men, formerly protected from any consequences of their actions, are now being held responsible. The media statements "something finally changed" (0.40) and "allegations regarding sexual assault and sexual harassment" are visualized as a mosaic of news channels, and as a narrative point of no return the statement "there will be no going back" is declared exactly halfway through the film (0.47). Following this, the last part of the short film emphasizes which types of social interaction will no longer be acceptable, including fighting, men rivaling among themselves or catcalling women. At the same time the soundtrack rhythm shifts to arpeggios, creating a tension between the rhythm that accompanies themes of conflict and the half pace that supplements the suggestions for solutions. The audio resembles the tradition of folk music typically played as open chords on string instruments and as such holds references to the 20th-century tradition of American film music, e.g. sceneries of the wide-open spaces of the prairie suggesting a new world of open possibilities. Thus, the soundtrack of the film provides a hopeful and symbolic atmosphere throughout the ad.

The Gillette short film is in many ways in line with the definition of inclusive masculinity claimed by Eric Anderson as for instance the film visualizes social conventions and behaviors wherein the differences between masculinity and femininity are less obvious and harder to distinguish than before. This analogy is supported by scenes where men associate respectfully with women without sexual harassment and explicitly reject unacceptable male behavior. In the first scene of the second half of the short film, we see a man at a pool party patronizing a woman by saying, "smile, sweetie." While the woman being humiliated turns her head and looks at the man with a face of anger, another man interferes in the scene and stops the patronizing by getting between the man and the woman and saying, "come on." Secondly, we see a man about to catcall a woman on a busy street who is interrupted by yet another man saying, "not cool, not cool." The next couple of scenes are cut together in a collage-like mix in which different ways of young boys violently harassing other boys are disciplined by grown-up men with the words "this is not how we treat each other." Also, we see an adult man standing in front of a mirror with an infant girl, encouraging her to repeat the empowering statement "I am strong!" All this before the ad ends with a series of clips of young boys looking directly into the camera with the voice-over "the boys of today will be the men of tomorrow." Terry Crews, actor, former football star, sexual assault survivor and the author of the autobiography *Manhood: How to Be a Better Man or Just Live with One*, is displayed during his congress testimony as he states that "men need to hold other men accountable." The film displays other examples of 'good behavior', e.g. groups of young men gathered in the street shaking hands instead of rivaling, and a man who steps out of the line of men behind the barbecues and intervenes in a conflict between two young boys. In this way, Gillette is calling on men to take responsibility for changing culture and blames also the ignoring of other men's misbehavior.

"Because the boys of today will be the men of tomorrow"

A major argument in the short film lies in the declaration of intergenerational influence and paternal responsibility. Gillette's "We believe" shows how men today do no longer refuse or abstain from taking part in the upbringing of children. The second part of the short film portrays men spending

free time with their family rather than being with friends or at work and shows how men step forward also when it comes to getting involved in emotional labor. Within traditional masculinity and a gendered division of labor, child care and everyday upbringing are understood as a feminized activity and responsibility. In the family structure of the (post)industrialized societies the role of the father is generally speaking defined as an economic provider (breadwinner) whereas domestic tasks are stereotypically thought of as being female. The biological line of argumentation would see women as the 'natural' providers of child care (having been pregnant and given birth), whereas sociological arguments would point to the extent that taking over responsibilities of care "means giving up the privileges and power of hegemonic masculinity" (Elliott 2016: 254; Hanlon 2012).

It is, however, remarkable to what extent "We believe" portrays relations between fathers and sons. "The best a man can be" shows examples of how inclusive masculinity allows (and demands) of boys and men to express feelings towards each other and engage in physical contact (other than the traditional act of males fighting). Thomas Johansson and Jesper Andreasson argue that a gradually changing kind of everyday fatherhood "toward involved fatherhood and equitable caregiving can be seen in many Western countries, as well as in other parts of the world. This process, although not uncontested, should undoubtedly be understood as calling into question old ideologies, structures and identity formations" (Johansson and Andreasson 2017: 2). A new metanarrative of involved fatherhood is emerging wherein the distant provider-dad model is no longer an option (Farstad and Stefansen 2015). Abigail Gregory and Susan Milner point towards a new normative discourse of fatherhood in popular media in which both parents take parental leave or reduce working hours and state that "'new fatherhood' has problematized the tension between fathers' caring and breadwinner roles, around two key themes: the need for father-sensitive legislation and the need to reduce long working hours" (Gregory and Milner 2011: 593; O'Brien 2005). These new standards of parenthood include an emotionally present and nurturing father who also (or especially) after a possible divorce shows involvement and responsibility. This research, however, also points out that reality might lag behind the public image of change, e.g. supported by Johansson and Andreasson who argue that everyday life also in the Nordic countries holds a distinction between child-oriented masculinity *and* gender-equal men (Johansson and Andreasson 2017).

The double bind of masculinity

Throughout the accounts of the changing of masculinity in the Gillette ad, we see men correcting and stopping other men in specific ways. This means that women are portrayed as objects which some men can harass, while other men can intervene and stop. Likewise, it is the father figure, the older man, who calls the children into behaving properly. While we do not want to question the importance of men holding other men and themselves accountable for sexism and misogyny, we suggest that it is worth reflecting on what kind of social organization of masculinity the ad represents as being "the best." In the new social organization, the misogyny and catcalling are replaced with well-behaved and balanced masculinity. What is interesting is, however, to what extent this new organization of masculinity resembles the former tradition.

In the (according to Gillette) 'new' organization, men save women and fatherly figures teach the boys how to behave in relation to other men and to the gendered other (the woman). In this way, the Gillette organization of masculinity targets toxic masculinity in a patriarchal framework in which masculinity is recoded from toxicity to empathy without questioning the patriarchal organization in which women still are left outside the organization as mere objects for male-to-male action and intervention. Thus the ad draws attention to what Susan Bordo termed the double bind of masculinity: How men in order to "do the right thing" and "be cool" need to on the one hand act civilized and non-sexist, however on the other must take leadership and show the way (described by Bordo as the

balance between "beast" and "gentleman") (Bordo 2000). On the one hand, men are expected to act and to become socialized through gentle and non-dominant forms of masculinity and *not* take advantage of male privileges and dominance. On the other hand, men are expected to become full gendered subjects through exactly embodying the norms of masculinity: Being the best on the soccer field, taking charge, speaking up and saving women and children.

Following Sedgwick's and Kimmel's arguments about masculinity as constructed through the expulsion of male homosexuality, we can understand why there is no representation of male homosexuality in the ad: The recoding of masculinity, suggested in the ad, challenges hegemonic notions of what defines masculinity and which social privileges masculinity gives access to. Thus, we argue that the seemingly non-toxic organization of masculinity in the Gillette ad is highly homosocial in the narrative and visual quality of the ad (and also in the reception of the ad in online debates following the release on social media, YouTube in particular). The recoding of masculinity from being characterized by inter-male violence, bullying and competition to one of inter-male care, support and empathy runs the risk of being framed as *too* homosocial, as *gay*, and this might explain why the ad neither mentions or represents male homosexuality nor challenges the boundaries of male-to-male desire. And in this way, women are still needed as the object through which male-to-male desire can run and as objects of heterosexual alibis. Read along this Sedgwick vein, the ad does present a more sensitive and family-oriented masculinity, however does not challenge the ways in which masculinity is based on patriarchal structures of dominance and privilege. Rather, it recodes the same structures in a modern and gentle way, while, however, reserving the symbolic and literal power to men.

Race or color blindness?

Whereas homosexuality is nonvisible in Gillette's ad, questions of both class and race seem to appear in different ways. Mostly the ad portrays middle-class masculinity in the suburbs. However, also black masculinity in the city is represented in small sequences. Within Connell's account of hegemonic masculinity, she argues that racialized masculinities (notably black masculinity in the US) function as subordinated masculinities within a white supremacist society. It has long been part of racist discourse and logic that racialized men are scapegoated as more patriarchal and sexist than white men. In different local versions, the patriarchal-racist logic characterized by Gayatri Chakravorty Spivak runs the notion that white men save brown women from brown men (Spivak 1994: 93).

In the ad, it is (what appears to be) white men who catcall and treat women poorly in public spaces, which for one challenges the racist imagery in which racialized men are the men who most often and most brutally catcall women or behave directly sexist in streets and public places. And additionally, when it is stopped, it is in the Gillette ad in several cases done by racialized men. Likewise, black men are portrayed as caring and fatherly and a part of the change away from toxic masculinity. The question is how we are to understand or conceptualize these changes in relation to race in the ad? On the one hand the changes seem to be new ways of portraying racialized masculinity compared to the racist representations that typically dominate public discourse (colored men as brutal, dangerous and sexist). On the other hand, "We believe" brings to mind current debates of race in relation to postracial color blindness as described by David L. Eng (Eng 2010). Following Eng's line of thought, we may ask if the ad portrays race within what Eng would call a color-blind or postracial imagery in which race is seen as something not important and not structuring in contemporary society. Eng critiques that this postracial discourse itself is racist, as it makes it difficult to address racism and potentially makes us blind to the fundamental ways in which race and racism structure social and cultural worlds. We wish to point to the fact that these positive post-race portrayals of masculinity run the risk of rendering invisible how race continues to impact the very foundation of

masculinity as a hierarchized social order of violence and privilege.

Happy shaving #mybestself – Masculinity as ritualized doings passed on by fathers

In continuation of the "The best a man can be" ad, Gillette launched a new short film in May 2019, this time featuring Canadian artist Samson Bonkeabantu Brown as he learns to shave (Gillette 2019a). The 1.05-minute ad "First Shave, the story of Samson" features him with his father who passes on his knowledge about shaving. The short film refers directly to the contemporary discussions of masculinity, and Samson's statement "growing up I was always trying to figure out what kind of man I wanted to become, and I am *still* trying to figure out what man to become" underlines the notion of masculinity as an embodiment and construction rather than a biological or congenital condition. The use of the word "transitioning" (0.15) marks that Samson is transitioning from female to male and that the act of shaving is part of this process.

In "First Shave, the story of Samson" shaving is presented as a universal and common human condition. This is underlined by the way shaving techniques are described first in geographical terms ("north, north, east, west, never in a hurry") and afterwards as an emotional process connected to confidence as a fundamental human value ("don't be scared, shaving is about being confident"). Interestingly, masculinity is not represented as something only deriving from the body or genitalia, rather, masculinity is portrayed as ritualized doing. To shave comes to represent the masculine doings which constitute and make a man. Furthermore, masculinity as ritualized doings is passed on from fathers to sons, and by letting trans sons be part of this generational pattern of masculinity and maleness without questioning their masculinity or body, the ad about Samson represents a (in mainstream) new and more inclusive and contemporary understanding of what masculinity is and can be. An understanding which aligns to queer- and trans-theoretical conceptualizations of masculinity and gendered embodiment.

The ad's empathetic storyline about inclusiveness, about fatherly and generational love and about coming of age and coming to one's 'true' gender is moving and affective. This happy story is aligned with the narrative Samson: His primary motivation for transitioning was not merely gendered, but also affective: "I went into my transition just wanting to be happy" (not "just wanting to be a man"). Thus, the film rhetorically subordinates gender differences to happiness and involves not only men in the need to change: "I am at the point of my manhood where I am actually happy. It is not just myself transitioning. It is everybody around me transitioning" (as he hugs his father). Whereas cis masculinity normally is understood in mainstream as a condition rather than a choice, the storyline uses trans masculinity to reflect all gendered embodiment as, if not a choice, then a dynamic, changing and reflexive condition. In this way, the change of masculinities represented in "The best a man can be" is mirrored in a trans-masculine experience of gendered reflexivity and embodiment. Thus, very interestingly, the ad portrays a masculine experience *constituting* manliness which relates to both cis and trans masculinity and thereby diminishes the difference between those forms of masculinity and gendered embodiment.

In Gillette's ad, transitioning becomes less about the bodily change and the ability to grow a beard and more about the process of shaving away a beard. Or rather, masculinity is constituted by the reflexivity and ritualized doings. These doings are represented by the technology of shaving (and the products developed and sold by Gillette). And in contrast to "The best a man can be", the film "First Shave, the story of Samson" does display razors. However, like the Dove Real Beauty campaign, the quality and price of the products are not the subject of the ads. Apart from this commercial logic, Dove and Gillette also share the thematic focus on youth and self-esteem.

Samson states that he is "just wanting to be happy" and "glad I am at the point where I am able to shave." As such he appears as what Sara Ahmed has termed a 'happy queer', which is according to

Ahmed not the typical image of queer fiction archives (Ahmed 2010). Traditionally, in queer fiction, the theme of trans masculinity (if portrayed at all) is about how trans men are negated a male identity, and their unhappy battles to gain access to recognition as male from other men, family and friends. In the Gillette ad, the shaving equipment becomes a 'happy object' which rather seamlessly connects Samson to (embodied) masculinity as well as a male generational line through the intimate masculine connection to his father. The shaving gear as what connects Samson to masculinity and as a happy object invokes the feeling of sympathy towards Samson and his situation and further towards Gillette and their products. The feeling of kinship in "First Shave, the story of Samson" is constituted through the transfer of knowledge and experience from father to son, and openness towards and acceptance of transgenderness connect to recognizable family values. The ad closes with an image of the original Gillette tagline "the best a man can get" printed across Samson's face as a visual reminder of the traditional company brand.

Conclusion

The Gillette ads obviously belong to the tradition of value-based marketing and lifestyle commercials; ads doing marketing for products by paying attention to feelings and questions of identity and appealing to the customers' values and sense of ethics as the speak for instance encourages to consider how "to say the right thing. To act the right way" or "Whenever, wherever, however it happens. Your first shave is special." "First Shave, the story of Samson" can be said to take masculinity to a new level of inclusion of masculinities traditionally not included (racialized transgenderness), however, does at the same time silence these exact issues. Gillette's ads target race and gender concerning both minoritized masculinities (transgendered, black masculinity) and hegemonic masculinity (men offended by #MeToo). The narrative of "First Shave, the story of Samson" follows the same logic as in "The best a man can be": The older man (father figure) teaches the young man how to behave (and how to shave) within a patriarchal framework. Thus, masculinity is recoded from toxicity to empathy without questioning the patriarchal organization: The father figure takes leadership. He shows the way and through gentle authority saves the young (trans) man. Though the representation of a happy trans-masculine story of inclusion and acceptance is as important as it is rare, one must keep in mind that the Gillette ad still portrays a patriarchal organization of masculinity in which men have the final authority to protect women and children and in which masculine privileges are passed on from fathers to sons. The masculinities offered in the Gillette ads open towards other and more empathetic masculinities, however, the organization of masculinity remains patriarchal, and the 'ethics of doing the right thing' envisioned by Gillette does at the same time connect non-toxic masculinity to postfeminist and neoliberal ideals of individualism.

Notes

1 According to a list on Wikipedia counting the dislike and like buttons on YouTube (Wikipedia 2019).

References

Ahmed, Sara (2010): *The promise of happiness*. Duke University Press, Durham N.C.

Anderson, Eric (2009): *Inclusive masculinity: the changing nature of masculinities*. Routledge, New York.

Anderson, Eric & McCormack, Mark (2018): Inclusive Masculinity Theory: overview, reflection and refinement, in: *Journal of Gender Studies* 27/5:547-561. DOI: 10.1080/09589236.2016.1245605

Bordo, Susan (2000): *The male body: a new look at men in public and in private*. Farrar, Straus and Giroux, New York.

Butler, Judith (1990): *Gender trouble: Feminism and the subversion of identity*. Routledge, London.

Butler, Judith (1993): *Bodies that matter: On the discursive limits of "sex"*. Routledge, London.

Christensen, Ann-Dorte & Jensen, Sune Qvotrup (2014): Combining hegemonic masculinity and intersectionality, in: *NORMA: International Journal for Masculinity Studies* 9 (1):60-75. DOI: 10.1080/18902138.2014.892289

Connell, R. W. (1995): *Masculinities*. Polity Press, Cambridge.

Connell, R. W. & Messerschmidt, James W. (2005): Hegemonic Masculinity: Rethinking the Concept, in: *Gender and Society* 19 (6):829-859. DOI: 10.1177/0891243205278639

Demetriou, Demetrakis Z. (2001): Connell's Concept of Hegemonic Masculinity: A Critique, in: *Theory and Society* 30 (3):337-361. DOI: 10.1023/A:1017596718715

Elliott, Karla (2016): Caring Masculinities: Theorizing an Emerging Concept, in: *Men and Masculinities* 19 (3):240-259. DOI: 10.1177/1097184X15576203

Eng, David L. (2010): *The feeling of kinship: queer liberalism and the racialization of intimacy*. Duke University Press, Durham, NC.

Farstad, Gunhild R., and Stefansen, Kari (2015): Involved fatherhood in the Nordic context: dominant narratives, divergent approaches, in: *NORMA: International Journal for Masculinity Studies* 10 (1):55-70. DOI: 10.1080/18902138.2015.1013348

Frosh, Stephen; Phoenix, Ann, & Pattman, Rob (2002): *Young masculinities: understanding boys in contemporary society*. Palgrave, Basingstoke.

Gillette. 2019a. Story of Samson. Youtube: https://www.youtube.com/watch?v=QPXEjoV7erk

Gillette. 2019b. We Believe: The Best Men Can Be. Youtube: https://www.youtube.com/watch?v=koPmuEyP3a0

Gillette.com. 2019, accessed November 14, 2019, https://gillette.com/en-us/about/the-best-men-can-be

Gottzén, Lucas & Straube, Wibke (2016): Trans masculinities, Universitet Karlstads, Centrum för Samhällsvetenskap, Fakulteten för humaniora och and genusforskning. , in: *NORMA* 11 (4):217-224. DOI: 10.1080/18902138.2016.1262056

Gregory, Abigail, & Milner, Susan (2011): What is "New" about Fatherhood? The Social Construction of Fatherhood in France and the UK, in: *Men and Masculinities* 14 (5):588-606. DOI: 10.1177/1097184X11412940

Halberstam, Judith (1998): *Female masculinity*. Duke University Press, Durham, N.C.

Hall, Stuart (1997): *Representation: cultural representations and signifying practices*. Reprint. Open University, Sage, London.

Hanlon, Niall (2012): *Masculinities, Care and Equality: Identity and Nurture in Men's Lives*. Palgrave Macmillan UK, London.

Hearn, Jeff; Nordberg, Marie; Andersson, Kjerstin; Balkmar, Dag; Gottzén, Lucas; Klinth, Roger; Pringle, Keith & Sandberg, Linn (2012): *Hegemonic masculinity and beyond: 40 years of research in Sweden*. Sociologiska Institutionen, Humanistisk-samhällsvetenskapliga vetenskapsområdet, Universitet Uppsala and Samhällsvetenskapliga fakulteten, *Men and Masculinities* 15 (1):31.

Johansson, Thomas & Andreasson, Jesper (2017): *Fatherhood in Transition: Masculinity, Identity and Everyday Life*. Palgrave Macmillan UK, London.

Kimmel, M. S. (1997): Masculinity as homophobia: Fear, shame and silence in the construction of gender identity, in: M. M. Gergen & S. N. Davis (eds.): *Toward a new psychology of gender*. Taylor & Frances/ Routledge, Florence, KY, US.

Mukherjee, Roopali & Banet-Weiser, Sarah (2012): *Commodity activism: cultural resistance in neoliberal times*. New York University Press, New York.

O'Brien, Margaret (2005): *Shared Caring: Bringing Fathers into the Frame*, *Series, no. 18*. Equal Opportunities Commission, Manchester.

O'Neill, Rachel (2015): Whither Critical Masculinity Studies? Notes on Inclusive Masculinity Theory, Postfeminism, and Sexual Politics, in: *Men and Masculinities* 18 (1):100-120. DOI: 10.1177/1097184X14553056

Rodino-Colocino, Michelle; DeCarvalho, Lauren J. & Heresco, Aaron (2018): Neo-Orthodox Masculinities on Man Caves, in: *Television & New Media* 19 (7):626-645. DOI: 10.1177/1527476417709341

Sedgwick, Eve Kosofsky (1985): *Between men: English Literature and Male Homosocial Desire*, *Gender and Culture*. Columbia University Press, New York, N.Y.

Sedgwick, Eve Kosofsky (1990): *Epistemology of the closet*. University of California Press, Berkeley, Cal.

Spivak, Gayatri Chakravorty (1994): Can the Subaltern Speak?, in: Patrick Williams & Laura Chrisman (eds.): *Colonial Discourse and Post-Colonial Theory: A reader*. Harvester Wheatsheaf, Herfordshire.

Wikipedia. 2019. List of most-disliked YouTube videos. Accessed November 14, 2019. https://en.wikipedia.org/wiki/List_of_most-disliked_YouTube_videos

The performative effects of diagnosis

Thinking gender and sexuality through diagnostic politics

by Sebastian Mohr

Abstract

In this article, I suggest the performative effects of diagnosis as an analytical tool to explore the transformations in people's intimate lives that being diagnosed brings with it. As an analytical term, I understand the performative effects of diagnosis to describe trajectories in people's intimate lives that emerge in the interplay between a person's intimate sense of self, that is, their gendered and sexualed self-perceptions, and the logics and norms contained in medical diagnoses. I develop this term in the context of ethnographic research on Danish war veterans' understandings of and experiences with intimacy and extrapolate it conceptually in this article through scholarship in feminist theory, trans studies, STS, and medical anthropology and sociology. The argument that I make throughout is that the performative effects of diagnosis allows scholars to explore transformations in people's intimate lives without a foreclosure about the normative dimensions of these transformations. In that sense, rather than only asking how biopolitical and cis- and heteronormative normalcy constitutes itself, the performative effects of diagnosis provide the opportunity to explore how these dimensions are (re)configured and (un)done in and through medicalized intimacies.

KEYWORDS: biosociality, identity, intimacy, medicalization, performativity, sexuality

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> *I felt less satisfied with my sex life in my disease unconscious period (min ikke sygdomsbevidste periode), you know, when I was sick but was not aware of it. For about 20 years, sex was really, really boring, something mechanical that didn't really give me any kind of satisfaction. It was only to have release (udløsning), you know, the plain physical urge (tvang) that was there. (…) But I wasn't aware that it should have been any different. It wasn't as if I was unsatisfied with it. I just had a more general feeling that something was missing in my life, and my psychologist back then also said that I might have a depression. I had the feeling that something was missing and I thought that this had to do with work, you know. But it was actually my feelings that I wasn't in contact with, that was what I missed, what I was lacking. There was a hole inside of me, you know. And because I wasn't aware of that at the time, I was also not aware that there was something wrong with the things I did, sex for example.*
>
> *Jim, Danish war veteran in his 40s*

This article is concerned with what I call *the performative effects of diagnosis*. The performative effects of diagnosis might be understood as trajectories in people's intimate lives that open up through the interplay between medical diagnoses on the one hand and people's gendered and sexualed self-perceptions on the other. As such, the performative effects of diagnosis as an analytical term are concerned with how people construct a meaningful intimate biography in light of being diagnosed, that is, they not only describe reality in light of a diagnosis but rather explore the creation of a new intimate reality in people's lives due to being diagnosed. Jim, a Danish war veteran in his 40s and whom the above quote is from, might be said to put in a nutshell what the performative effects of diagnosis are about. They describe changes in how people conceive of their intimate lives and how they make these changes meaningful in terms of living intimacy when having a medical diagnosis. In Jim's case, these kinds of changes became apparent in how he narrated his own intimate life over the course of different conversations with me. He divided his life into a *disease unconscious period* and a *disease conscious period*. This division of his life, into a period in which he was suffering from post-traumatic stress disorder (PTSD) without being aware of it and a period in which he was aware of this particular diagnosis and thus also able to do something about it, characterized not only how he thought about himself but also how his intimate life played out. What is more, once being able to think of himself in terms of being diagnosed with PTSD, Jim reconstructed his intimate biography in light of this new self-perception, or as he puts it himself above: "There was a hole inside of me, you know. And because I wasn't aware of that at the time, I was also not aware that there was something wrong with the things I did, sex for example."

Narrating his life through this division, Jim points to the importance of diagnoses not only in terms of pathology, medical treatment, and healing, but also in terms of his self-perception as a man, an intimate partner, and not least a human being longing for meaningful sexual relations. Taking Jim's narrative seriously in this sense, in this article I thus want to offer the performative effects of diagnosis as an analytical tool, which allows scholars to ask what medical diagnoses actually do in people's intimate lives. While health research and health studies often only focus on solving the (medical) problems at hand, and while gender studies often focus on the subjugating force of medicalization and its intertwinement with cis- and heteronormative assumptions and not least patriarchal gender relations, the tool that I am offering here rather strives to explore the transformative potential of living medicalized intimacies. As such, with this article I wish to intervene in both scholarly discussions of (veteran) health as well as in discussions of medicalization in gender studies by offering the performative effects of diagnosis as a tool that allows for exploring what it actually means to live intimate-sexual lives in light of medical diagnoses.

I will proceed by first giving you a more detailed account of Jim's life through a portrait that

emerged from the conversations I had with him. While this article is not an in-depth analysis of his narrative but rather a conceptual contribution to discussions within gender studies and (veteran) health studies about how gender and sexuality interplay with medical diagnoses and the politics and logics contained within them, I nevertheless want to put Jim's portrait at the beginning of my conceptual reflections. I think that it is important to recognize the significance that empirical accounts have for the development of theoretical concepts. In a second step, I will provide you with an account of the theoretical underpinnings of the performative effects of diagnosis. To do so, I weave together feminist notions of performativity, discussions of (bio)medicalization and biosociality in medical anthropology and sociology and science and technology studies (STS), and last but not least trans studies scholarship on the (bio)medical regulation of trans folks' gender identity. This will further situate the concept by making it knowable through existing thought universes. I will end the article with a summary of the most important points and their implications for scholarship interested in the interplay between gender, sexuality, and medical diagnoses.

Situating the performative effects of diagnosis ethnographically – Jim's portrait

Jim is a Danish war veteran in his forties. He has been married a couple of times and has children from these marriages. On his first deployment when he was only 20 years old, he is now on early retirement due to occupational injuries and impairments resulting from that first deployment. Jim has been on three deployments altogether between the 1990s and 2010. In 2011, Jim was diagnosed with PTSD, personality change, obsessive-compulsive disorder, depression, as well as anxiety, and was at the time of our conversations taking Valdoxan, used to treat depression, and Imozop, a prescription medicine targeting sleeping problems. But Jim has also had periods of self-medication with alcohol. In addition, Jim has gone through a variety of different therapeutic treatments ranging from help by an occupational psychologist organized by his last employer, specialized clinical treatment for military personnel in the public health care system, to peer group sexual therapy with other veterans organized by an autodidact sexual therapist. Following this last therapy, Jim began with a training course to become a sexual therapist himself.

Jim was one of 12 veterans that I interviewed. Research took place between 2016 and 2018 and had the objective of exploring Danish war veterans' understandings of and experiences with intimacy. Besides interviewing veterans about their lives, I also worked as a volunteer at a home for veterans at least once a week and conducted participant observation at relationship courses offered by the Danish Veteran Center for current and former military personnel and their partners. As with all of my interviewees, I had three conversations with Jim: one about his life and career as a soldier, one about his relations to loved ones, family, friends, colleagues, and other acquaintances, and one about his sex life.

Jim's narrative was determined by one fundamental division: a period in his life in which he was suffering from PTSD without being aware of it – his disease unconscious period – and his current life now that he is aware of the fact that he has PTSD and thus can do something about it – his disease conscious period. This division was the main reference point when talking about his intimate and sexual life. What was most important for Jim when explaining his intimate and sexual life to me was that being diagnosed with PTSD enabled him to get into contact with his feelings again. What is more, PTSD as a diagnosis also enabled him to look at his intimate relations in a different way, remaking them now that he regards himself as someone with PTSD.

This became most obvious when Jim compared his former marriages with romantic relationships he had after being diagnosed. While he talked about his intimate relations to his former wives as something that just needed to be done, he understood his intimate relations with his girlfriends

as emotional, sensual, and personally involved. Talking about his current sex life, Jim said:

> *I have more and better sex now than before. You know, those emotions, they add a totally different level, it is like there is a different layer on top now. I can feel the people I am with, and they can feel me. It has become much more, it is really much more sensual and intimate than it was before.*

In contrast, he talked about his relationship to one of his wives in the following way:

> *When I came back from deployment, our relationship had changed because, without knowing it, I had gotten PTSD. And the emotional emptiness (følelsesforladthed) which comes with that, that began at that point, so that I didn't have the same feelings for her anymore. I distanced myself from her and I also had difficulties sleeping, headaches, and was short-tempered (opfarende), all those things that come with PTSD.*

In addition to talking about his intimate life in light of his PTSD diagnosis, Jim also attributed what he described as his evolving sexual openness to his current awareness about the shortcomings of PTSD. While never considering himself capable of or interested in sexual practices other than monogamous heterosexual penetrative intercourse before his PTSD diagnosis, after being diagnosed and subsequent therapeutic experiences, Jim started to experiment with sexual relations that involved other body parts than his penis and forms of sexual stimulation other than heterosexual penetrative intercourse. To that end, Jim talked for example about trying polyamorous intimate relations, experimenting with sexual dominance and submission, watching other men engage sexually with each other, and having his prostate stimulated anally by other people. Talking about this change in his sexual life, he said:

> *I think my sex life really changes when I start to connect with my feelings again, when I get to know myself. And those are more or less only the last three years of my life. Before that, there wasn't really any development. One third of my life is all the way until I am reported sick, one third is when I am ill, and then the last part now that I am in contact with my feelings again.*

The difference that the diagnostic event made in Jim's way of living intimacy needs to be accounted for conceptually. This is what the performative effects of diagnosis aspire to do: to provide an analytical tool that allows for the exploration of the intimate potentials that emerge in the interplay between people's sense of self in terms of gender and sexuality on the one hand, and the regulatory moments contained in medical diagnoses on the other. Jim's intimate biography first gave meaning to him after he was diagnosed with PTSD. The diagnosis enabled him to find words for and meaning in the sexual and intimate relations he has had during his lifetime, or, in other words, the performative effects of diagnosis opened a space for him to understand, live, and experience intimacy differently. And rather than only describing a status quo, Jim talks about how new intimate realities in terms of gender and sexuality came into being.

Jim's way of narrating his intimate life made me aware of the importance of a conceptual intervention in discussions of medical diagnosis and medicalization. While (veteran) health studies most likely evaluate Jim's and other veterans' lives in terms of medical betterment and therapeutic innovation, and while gender studies more often than not rightly point to cis- and heteronormative dimensions and the subjugating power of medicalization, the performative effects of diagnosis aim at opening up an analytical space rather than foreclosing it. They allow for an exploration of new intimate realities that diagnoses bring about. Thus, the analytical starting point of the performative effects of diagnosis is *that* transformations are taking place in people's gendered and sexualed self-perceptions and not that these transformations are good or bad or large or small. How I support this argument theoretically will be the focal point in the following conceptual discussion.

Situating the performative effects of diagnosis conceptually, part one – feminist legacies

The advent of diagnosis remakes Jim's intimate life as he knows it, with far reaching consequences for his gender and sexual subjectivity. From a normative position that conceives of emotional introspection, therapeutic intervention, and medical treatment as a way of betterment, the changes in Jim's intimate life might be said to be positive. That is at least also how Jim himself understands his intimate biography. Yet while the performative effects of diagnosis might certainly provoke this kind of meaning making, the concept is not only concerned with positivity, betterment, or improvement. Rather, the performative effects of diagnosis describe changes in or the (re)making of intimacy as a transformative process without a normative claim about whether or not those transformations are good.

Thinking of the (re)making of intimacy in this way, I am inspired by feminist concepts of gender performativity, by scholarship in medical anthropology and sociology and STS interested in questions of biomedicalization, biosociality, and subjectivation, and not least by work of scholars in trans studies looking at the interplay between gender identity and (bio)medical regulation. I will first attend to feminist theorizations of performativity. Then, I will connect these ideas with ways of thinking subjectivation in times of biosociality. In a third step, I will turn to scholarship in trans studies in order to think through questions of gender identity in light of (bio)medical regulation and practice.

While public discussions often reduce gender and sexuality to relatively stable and fixed characteristics of human beings, the histories of gender and sexuality (as ways of describing and understanding people and their intimate relations to one another) actually show that gender and sexuality are anything but stable and fixed. What is more, using them as categories for defining and explaining people's behavior has ramifications for how people understand themselves and, not least, for how gender and sexual norms take hold in people's lives, that is, they are performative in the sense that they not only describe reality but actually help reality come into being. When heterosexuality and homosexuality as categorical terms were coined in the middle of the 19th century for example, both terms connoted equally "perverse" behavior since both did not have a procreative objective (Katz 1996). Yet at the beginning of the 20th century, the categorical understanding of heterosexuality had come to describe normalcy, leaving behind homosexuality as pathology, disease, deviance, and not least punishable offense (Foucault 1990). This had real consequences in people's lives. Whereas people understood and identified as heterosexual were mostly freed from medical, therapeutic, and legal interventions, people categorized as homosexual on the other hand were subjected to pathologization, medicalization, and criminalization (Terry 1999).

A similar dynamic was at work when gender as a concept made its debut, first in the clinical treatment of intersex and trans people and later in the social sciences and especially feminism. John Money, a psychologist with a specialization in intersexuality, developed a clinical treatment regime for intersex and trans individuals in the 1950s. This treatment regime had the objective of turning people into clearly identifiable men and women in cis- and heteronormative terms. For that purpose, John Money offered gender as a way to think about his patients' non-dichotomous femininities and masculinities (Germon 2009; Goldie 2014). Conceiving of gender as a way of helping people adjust to what was at the time identified as the best (in the sense of normatively least disturbing) ways of being a man or woman, gender had real life consequences. Gender in Money's terms helped bring a particular reality – cis- and heteronormativity – into being by (violently) transforming people's intimate sense of self. Not only did gender in Money's terms force people to take on identities as unambiguous women and men. Money's treatment regime also changed their bodily, affective, and emotional capacities by operating cis-gender into their bodies. In other words, gender emerges already here as performative since it not only describes a reality but rather brings new intimate realities into being.

But gender as such a transformative force also played a central role in social science and especially feminist thinking following Money's initial conceptualization. Whereas gender was productive by giving feminists a way of conceptualizing power relations between women and men (Ortner 1972; Rubin 1975; Millett 1970) and thus helped to legitimize and subsequently institutionalize feminism and gender studies, it was also performative in terms of creating new identifications and forms of subjectivation. Once gender was available as a way of thinking about the social dynamics of sex categorizations, women and men could critically reflect on their personal and intimate life through a vocabulary of (in)equality. This probably became most visible in radical feminist ideas, which posed that intimacy and sexuality are central arenas in which gender as a power relation plays out and is (un)done (Rubin 1984; Dworkin 1981). In other words, gender's performative dimensions (re)created (new) intimate realities for people through for example feminist masturbation courses (Dodson 2004) and feminist sex toy stores (Comella 2017) but also anti-pornography campaigns (MacKinnon and Dworkin 1997) and men's rights groups (Kimmel 1987).

Yet it was first with the work of Judith Butler at the end of the 1980s and the beginning of the 1990s that Western feminism actually adapted a vocabulary that enabled scholars to talk about gender as performative (1986, 1990, 1993). Itself the result of the productive force of feminist theorizing, Butler's work offered a critique of how Western feminists conceptualized gender at the time. While feminists had offered gender as a way of thinking about the social inequalities between women and men, Butler made the radical step of questioning the very distinction between sex and gender. Rather than simply arguing that gender was done as part of social relations as other contemporaries did (West and Zimmerman 1987; Carrigan, Connell, and Lee 1985; Crenshaw 1991), Butler inquired about the effects that the distinction between sex on the one hand and gender on the other might have for Western feminist epistemology, critique, and activism.

Her basic argument in *Gender Trouble* was as simple as it was revolutionary: gender is the normative basis upon which sex is build (Butler 1990). To put it differently, in order for sex to work as a binary classificatory code there needs to be a normative understanding of what makes unambiguous women and men, that is, rather than gender being the social expression of sex, gender is the social framework within which binary sex emerges. With this argument, Butler pushed feminist theorizing to engage with the performative dimensions of gender rather than only with its social manifestations since the object of inquiry in Butler's argument encompassed gender as a normative as well as transformative feature of social life. Thus in Butler's argument, gender is performative because it (re)creates reality in its conceptual, discursive, and material dimensions.

With this argument, Butler was able to point to the effects that the distinction between sex and gender had for feminist theorizing and activism. Holding on to a sex-gender divide, Butler argued, binary feminism is not able to account for the diversity of female subjectivation since woman (as a clearly sexed individual) remained its only legitimate subject. In addition, Butler insisted, binary feminism rests on a heterosexual matrix and thus perpetuates heterosexuality as a norm of subjectivation while also limiting the investigation of gender to only its subjugating elements, thereby missing its subversive potential. In Butler's account gender emerges as performative in at least three ways: 1) gender brings about particular forms of feminist theorizing and activism; 2) gender (re)creates its own normative ontology by perpetuating cis- and heteronormativity; and 3) gender simultaneously subverts this ontology by creating avenues for potential other futures.

This understanding is important for the conceptualization of the performative effects of diagnosis. The performative effects of diagnosis are concerned with the dynamic between normative de- and proscriptions of reality as well as with the subversive potential contained in the event of diagnosis. Thus, diagnoses might be said to be performative in at least three ways. First, diagnoses (re)instate a particular line of reasoning in the lives of people who are diagnosed, namely the reasoning employed in (bio)medical and therapeutic

discourses. Secondly, diagnoses (re)create a specific normative ontology through the perpetuation of the intimate self in terms of the biopolitically responsible and cis- and heteronormatively gendered subject. And thirdly, diagnoses are also performative because they subvert their own ontological framework by opening up potential futures beyond biopolitical and cis- and heteronormative normalcy. That is to say, medical diagnoses have performative effects in the sense that they not simply describe a certain condition identified by medicine as pathological and in need of treatment but rather that medical diagnoses bring about new intimate realities in people's lives. Diagnostic events and the effects they have transform how people perceive themselves in terms of gender and sexuality and thus also how they live their intimate lives as gendered and sexualed individuals.

Situating the performative effects of diagnosis conceptually, part two – (bio)medicalization and biosociality

One could argue that the performative effects of diagnosis are old news. For scholars interested in what difference medicine and medical treatment make in the daily lives of people, the question of how medicine changes people's lives is certainly not a new one. Yet while this question has been posed time and again, exploring it as a matter of intimate relations and as a matter of emerging intimate subjectivities, as I have laid out, has not necessarily been the analytical focus. However, that is precisely what the performative effects of diagnosis are concerned with. They are about the meaningful differences that diagnoses (and subsequent treatment) make in the intimate lives of people. As such, the performative effects of diagnosis explore how (bio)medical and therapeutic reasoning take hold in people's lives, what kinds of intimate selves that process perpetuates, and what subversive dynamics this process of intimate becoming contains or opens up for.

In 1951, Talcott Parsons offered an analysis of medicine as part of a larger system of social control (2005). Thereby he coined the term sick role to describe a patient's social positioning through which their deviance from their usual social role becomes legitimate and therewith a way of upholding the social order. Thus in Parsons' terms, being a patient is not plainly about becoming healthy again. As he understood it, being a patient also means to enter a social contract that legitimizes people's temporary deviation from their usual societal obligations while also binding them to existing social norms. Or, put differently, by accepting the obligations of the sick role, patients are allowed to abstain from what is otherwise expected of them, like for example going to work or fulfilling roles as parents, friends, and sexual partners.

This might be said to be a conceptual starting point for how to think subjectivation or intimate subjectivities in relation to the performative effects of diagnosis. The sick role contains an element of (temporarily) changed identity and reality since through the sick role, patients might be said to begin thinking of themselves and their intimate capacities in a new way. Thus, while Parsons and those who followed him never conceptualized it as such, one may say that the sick role is performative in a double sense. It upholds the existing social order by creating a temporarily legitimate deviation from the norm while simultaneously bringing about new intimate realities that have the potential to subvert this norm, since patients are allowed to live other intimate lives as long as they accept the obligations of the sick role.

Irving Zola (1972) and his student Peter Conrad (2007) took up this idea of medicine as an institution of social control and developed what today is known as medicalization. Medicalization might be understood as the process through which social life becomes comprehensible as a medical matter. For something to be medicalized, it needs to be contained within a medical logic, be described with medical language, and be taken care of through medical treatment. While this conceptual development might seem unspectacular for some since, in their eyes, that is what medicine does, namely helping people to get back to normal by enrolling them into a treatment regime,

it was rather path-breaking for discussions within medical sociology at the time. Medicalization does more than simply pointing out the obvious. Medicalization highlights how medicine's sphere of influence extends, that is, how the social control that medicine and medical treatment exert proliferates beyond medicine's original mandate.

Extending the idea of the sick role, Zola and Conrad thus conceptually developed the performative dimensions of medical authority in the daily lives of people. In that sense, medicalization could be understood as performative because it leads to the proliferation of medical and therapeutic reasoning and thus to the production of new intimate realities. For example, the increasing use of medical substances among gay men against HIV-infections (called PrEP or pre-exposure prophylaxis) can be understood as a form of medicalized intimacy (Dean 2015; Martinez-Lacabe 2019; Young, Flowers, and McDaid 2016). Through the analytical lens of medicalization, gay men using PrEP might be said to not only decrease their likelihood of being infected with HIV. PrEP also extends (bio)medical and not least bio-political control over areas of intimate life that queer activists had fought hard for to be liberated from medical pathologization. At the same time though, one might argue, it is exactly this process of medicalization that creates the possibility of queer intimacy by protecting queer bodies from death. However one would normatively position the effects of medicalization, this process might be said to be performative because it both extends existing norms of bio-political responsibility while also challenging them by creating pathways for other potential queer futures. In other words, medicine not only heals people, it also transforms their social and intimate life.

Feminists took up medicalization as part of their theorizing, especially in relation to reproductive technologies and reproductive biomedicine (Franklin 1997; Clarke 1998; Rapp 1999; Martin 2001). Some feminists looked at (bio)medical interventions in people's intimate lives and bodies critically because they were rightly weary of the patriarchal dynamics involved in medical control. Other feminists praised the potential of new medical technologies to free the female subject from traditional gender relations (Thompson 2005; Franklin and McNeil 1988; Koch 1990). Although discussions among feminists about the social consequences of reproductive technologies are still ongoing, a shift nonetheless occurred from viewing medicine purely as an institution of social control towards exploring (bio)medicine as a field of potentiality (Taussig, Hoeyer, and Helmreich 2013). Important for this shift were, amongst other things, two conceptual terms: biomedicalization and biosociality.

While biomedicalization was thought of as a conceptual overhaul of the original medicalization thesis (Clarke et al. 2003), biosociality developed as part of engagements within anthropology with the Human Genome Initiative inspired by Michel Foucault's conceptual vocabulary (Rabinow 1996). In the re-development of the medicalization thesis, Adele Clarke and colleagues offered the term biomedicalization as a way of analytically grasping the transformations in sociality and identities through biomedicine (2003; 2010). While much of the scholarship up to that point had been concerned with how (bio)medicine keeps certain power and gender relations in place, Clarke and scholars adopting her conceptual ideas were rather interested in what kinds of new identities and forms of identification (bio)medical technologies enable. What came in focus were the performative dimensions of the proliferation of (bio)medicine in people's daily lives. Along a similar line of argument, Paul Rabinow offered the term biosociality in order to account for the changes in how people understand themselves as well as their social relations through the development of and interventions in social life through biotechnologies (1996). Biomedicalization and biosociality thus enabled scholars to ask questions about the performative effects that biomedicine and biotechnology bring about in people's ways of identifying, relating, and not least being intimate.

While the medicalization of the female body had been in focus for quite a while at that time, the medicalization of and its effects for men, male bodies, and masculinities was less so (Rosenfeld and Faircloth 2006; Oudshoorn 2003). That changed

in line with increasing attention on men's health (Robertson 2007). Masculinity studies scholars became involved with biomedical questions and health scholars adopted concepts from within feminism and masculinity studies in their work. This paved the way for investigations into and conceptualizations of the differences diagnoses, illness, and treatment make in men's intimate lives. Concepts such as Marcia Inhorn's *emergent masculinities* (Inhorn 2012) or Emily Wentzell's *composite masculinities* (Wentzell 2013) are just two examples of a number of concepts offered in order to analytically explore and comprehend the interplay between gender identity, medical technology, treatment, and diagnosis. As I have suggested, one might also comprehend this interplay in terms of biosocial subjectivation, that is, the continuous "invocation of the subject in terms of biomedical registers and biopolitical valuations" (Mohr 2018, 7). While different concepts address different dimensions of people's experiences and meaning making, they all have in common an interest in what kinds of new realities (bio)medical interventions create and in particular how gender is implicated in that process. Diagnoses not only put a new name on something that a patient did not know how to address before, as Annemarie Goldstein Jutel puts it (2011). Rather, diagnoses performatively transform how people think of themselves in an intimate sense and what kind of intimate lives they are (not) able to live. I will elaborate on this point now by discussing scholarship in trans studies on the interplay between gender identity and medical regulation.

Situating the performative effects of diagnosis conceptually, part three – trans identity and medical regulation

The performative effects of diagnosis are probably most urgently felt by those whose gender and sexual identities and bodily dispositions are framed as pathological by the mainstream model of cis- and heteronormative and ableist medicine as we know it today in most western-democratic societies. It is their bodies and identities that are diagnosed as being outside of what medicine (and in extension society) considers "normal". The criminalization and pathologization of gay men and lesbian women serve as strong reminders of what kinds of effects diagnoses can have in peoples' intimate lives. Medical understandings of homosexuality as a pathology not only provided grounds for widespread and continuous discrimination of lesbian women and gay men, it also had performative effects in the sense that lesbian and gay intimacies were (and one might even argue for some continue to be) a source of shame.

The medicalization and pathologization of trans folks' gender identity points to similar dynamics. It is through its influence as a social institution that medicine exerts is definitional power in terms of diagnosis, with very clear consequences for what kinds of lives trans people are (not) allowed to live (Inch 2016). Yet while the performative effects of gender dysphoria limit trans people's intimate possibilities in important ways, trans people also engage with the possibilities that the medicalization of gender identity and sexuality bring with them such as access to transition technologies and social recognition and acceptance (Johnson 2019; Burke 2011). Thus, the performative effects of diagnosis do not solely describe a subjugating power but rather a dynamic entanglement between people's intimate sense of self, normative assumptions around gender and sexuality, and at the same time continuous re-negotiations of these very norms.

Despite arguments to the contrary in certain parts of western LGBTQI activism, trans and intersex as categorical (self)definitions are neither culturally nor historically ubiquitous and self-evident. Rather, trans and intersex as both medical classifications as well as modes of identifying are particular in the sense that they emerged in a specific medico-legal and activist space bound to Western European and American societies (Stryker 2008). What is more, trans and intersex as classificatory regimes and terms of identification are bound to the interplay between diagnostic practice on the one hand and appropriations of and resistances to this practice on the other (Horncastle 2018; Paine 2018; Plemons 2014).

The work of historian and trans studies scholar Sølve Holm is directly concerned with this dynamic. In their work, they look at the medical and legal regulation of intersex and trans people in Denmark between 1902 and 1973 (2017). Holm addresses the question: what kinds of historical backgrounds enabled medical professionals in Denmark to make the claim that intersex and trans lives in self-identified terms would neither be possible nor desirable and should therefore be made to fit into the binary framework of cis- and heteronormativity? Attending to this question through the analysis of a variety of different historical sources, Holm gives an intriguing account of how intersex and trans lives and intimacies were dis- and enabled in Denmark. Looking specifically at the lives of two protagonists, Holm makes understandable just how performative the interplay is between medical and legal regulation on the one hand and intersex and trans people's identifications on the other. Not only are subjects made, both as patients in need of protection and as self-authoritative individuals successfully playing the system, but also welfare states organized around the legal and clinical management of gender identity.

At the center of it all are the lived intimate realities of intersex and trans people, who make claims to live more livable lives, as Holm puts it. Yet rather than medicine exerting its force as an institution of social control only, by making people into cis- and heteronormative individuals, intersex and trans people's intimate sense of self becomes an authoritative dimension that remakes diagnostic practice. At the same time, this practice enables intersex and trans people to live the lives they want to live. As Holm puts it themselves in the concluding chapter of their thesis: while both protagonists

> *articulate clearly that they wish to be recognised as a man and a woman respectively, in recounting the events of their lives, neither of them tells a story about having always experienced themselves as being this in essence. Rather, their accounts are of movements between different gendersexed positions, which are to a great extent dependent on the notions, values, and material conditions of the social situations in which they find themselves. And they are about growing urges to move to materialdiscursive places and spaces (…) that feel more comfortable to them, and where they may recognize themselves in the ways in which others relate to them. (Holm 2017, 380)*

What emerges here is thus a notion of a performative potential that arises from the interplay between medicine as a social institution shaping bodies and identities on the one hand and bodies and identities talking back to this institution on the other. Without necessarily being able to say whether those intimate lives were the best ones possible (in a normative sense), it is this performative potential that opens the possibility for particular intimate lives to emerge and take shape. Or put differently, the particular intimate lives of Holm's protagonists would not have been possible without "the notions, values, and material conditions" (Ibid.) that the performative effects of diagnosis brought about.

Anthropologist and trans studies scholar Eric Plemons engages with the effects of diagnosis and treatment in his work on facial feminization surgery (2017). Following the work of two surgeons in the USA and the trajectories of American trans women undergoing this surgical procedure, in his ethnography *The Look of a Woman* Plemons opens the black box of trans medical practice. Facial feminization in Plemons' account is not plainly a surgical procedure. Rather, he unpacks it ethnographically and thereby makes it understandable as actively shaping and being shaped by gender. For once, the surgical procedure itself is the result of the performative potential of gender since surgeons' ways of conceptualizing and conducting the procedure are the results of particular gendered world makings. Yet through the surgical procedure, gender also takes form in trans women's bodies, and what is more, the procedure likewise has a profound influence on how these women view themselves (for better or worse) and thus how they envision and actually live their intimate lives.

This performative dimension becomes particularly clear in Rachel's story, one of the protagonists in Plemon's book. In her mid-fifties and just recovering from surgery when Plemons meets her for the first time, Rachel was very enthusiastic and accordingly also "bursting with the optimism of a yet unknown future." (Ibid., 136) Enticed by the possibility of living a different intimate life due to the performative potential of facial feminization, Rachel's intimate sense of self changed since surgery made her into the woman she desired to be. And although at the time Plemons met her, Rachel had not seen her new face yet, she nonetheless talked about herself as holistically transformed:

> *Under its bandages her new face – still tender, bruised, and cut – held the possibility of a radically new identity in which she could be a stranger to everyone she knew. That sounded scary to me, but to Rachel the prospect was 'wonderful.' (Ibid., 138)*

Far from only changing her body in a radical way, facial feminization surgery creates a space in which Rachel is able to construct a new identity, enabling her to live a different kind of intimate life. While Rachel's life and that of many other trans women is characterized by medicalization and its diagnostic logics, something that might be understood as a form of social control, Rachel's autonomy and her ability to create the livable life she wants to lead are also enabled by medical practice and its normative politics. Medical diagnosis, practice, and treatment are not purely ways of controlling bodies and identities. They are also about potential intimacies, which individuals can(not) and (do not) want to live.

It is in this complex dynamic of social control, potentiality, normativity, and subversion that I want to position the performative effects of diagnosis. Understood as intimate trajectories emerging through the interplay between people's sense of self as a gendered and sexualed subject on the one hand and the norms and logics of diagnoses on the other, the performative effects of diagnosis are not an ontological claim about whether living intimate lives in light of a medical diagnosis is a good or a bad thing, improves or worsens people's well-being, multiplies or limits their agency. Rather, I am offering the performative effects of diagnosis as an analytical tool that allows us to investigate what difference the event of diagnosis makes in people's intimate lives. As such, the performative effects of diagnosis pay tribute to the complexity that living intimate lives with a diagnosis entails and the multiple and sometimes contradictory dynamics that medical potentiality unfolds in people's intimacies. Going back to Jim's narrative at the very beginning of this article, being diagnosed with PTSD has both enabling and disabling effects, just as the diagnostic logic of medicine has both enabling and disabling effects in the lives of women like Rachel. While Jim is at times heavily medicated, experiences erectile difficulty, and as a result has to face his own shortcomings as a sexual partner, being diagnosed with PTSD also enabled him to enter into different and, most importantly for himself, more meaningful intimate relations than was the case before the advent of diagnosis. And analytically grasping that kind of complexity opens the possibility to be curious about what actually happens in people's intimate lives rather than describing their lives only in terms of either the positive or negative consequences of medical authority and (gender) normativity.

Concluding remarks

I want to end by pointing out what I consider the most important dimensions of the performative effects of diagnosis in a conceptual-analytical sense. First, the performative effects of diagnosis are embedded in the lived realities of actual people, and they therefore need to be contextualized in those intimacies when attending to them. Second, the performative effects of diagnosis are concerned with transformative – that is remaking reality – dynamics in people's intimate lives in light of medical diagnoses, independent of how one perceives those dynamics in a normative sense (i.e. good or bad; large or small), and they therefore also need to be explored as such. And third, the performative effects of diagnosis are performative on

at least three levels: they (re)instate (bio)medical and therapeutic reasoning in people's lives; they (re)create people's intimate selves in terms of biopolitical responsibility and cis- and heteronormativity; and they simultaneously subvert these normative dimensions by installing potential futures that go beyond the normalcy of biopolitics and cis- and heterornormativity. As such, the performative effects of diagnosis explore how (bio)medical and therapeutic reasoning take hold in people's lives, what kinds of intimate selves that process perpetuates, and what subversive dynamics this process of intimate becoming contains or opens up for. Diagnoses have real effects in people's lives. They are not only a matter of describing a health status. Rather, they change people's intimate possibilities, and precisely therefore it is important to develop a conceptual language for these changes, so that scholars can attend analytically to *how* changes in people's lives play out rather than only understanding these changes as reifications of the status quo, be that biopolitics, medical authority, or cis- and heteronormativity.

I am not proposing the performative effects of diagnosis as just another set of analytical ideas that solely helps to make the important point that we live in patriarchal and cis- and heteronormative societies. Equally, I am not proposing this analytical tool only to point to the necessity of solving medical and health problems. Rather, I am proposing the performative effects of diagnosis as an important avenue to pursue for scholars of all disciplines if they want to explore and understand *what* changes and transformations take place in people's intimate lives through the advent of diagnosis.

For people in (veteran) health studies this would mean not to regard changes in people's intimate sense of self as side effects that can be ignored. Rather, the performative effects of diagnosis force scholars to put changes in people's gendered and sexualed self-perceptions at the centre of their analytical and therapeutic interest since it is in and through these self-perceptions that we all are intimate with others, be that partners, lovers, friends, medical professionals or even social institutions and society itself. For gender studies scholars, the performative effects of diagnosis re-instate an analytical openness for the exploration of *how* gender and sexuality as particular normative dimensions of social life take hold in people's intimate lives and *what* difference medical diagnoses and their politics and logics make in that process. So, rather than foreclosing the analysis of (bio)medicalization in terms of a critique of the perpetuation of patriarchal and cis- and heteronormative sociality, the performative effects of diagnosis as an analytical tool allows scholars to ask *what* changes are taking place in people's intimate lives, no matter whether scholars themselves think of these changes as desirable or not or whether or not they deem them subversive (enough). Asking these questions in such an open sense is neither naïve nor uncritical. Rather, it is important to pose and explore these questions openly if one wants to be able to confront the endurance of cis- and heteronormativity in all its varieties. Biopolitical and cis- and heteronormative normalcy take many forms, and employing the performative effects of diagnosis as an analytical tool can help to develop an adequate understanding of their persistence, change, and subversion.

Notes

[1] The term sexualed refers to "generic meanings and activities in relation to sexuality" just as the term gendered does so in relation to gender (Hearn 2014, 402).

References

Burke, M. C. 2011. Resisting pathology: GID and the contested terrain of diagnosis in the transgender rights movement. *Advances in Medical Sociology.* 12, 183-210.

Butler, J. 1986. Sex and Gender in Simone de Beauvoir's Second Sex. *Yale French Studies.* 72, 35-49. DOI: 10.2307/2930225

Butler, J. 1990. *Gender Trouble. Feminism and the Subversion of Identity*. New York: Routledge.

Butler, J. 1993. *Bodies That Matter. On the discursive limits of sex*. New York & London: Routledge.

Carrigan, T., Connell, B., & Lee, J. 1985. Toward a New Sociology of Masculinity. *Theory and Society.* 14 (5), 551-604.

Clarke, A. E. 1998. *Disciplining reproduction: modernity, American life sciences, and "the problems of sex"*. Berkeley: University of California Press.

Clarke, A. E., Mamo, L., Fosket, J. R., Fishman, J., & Shim, J. K., eds. 2010. *Biomedicalization: Technoscience, Health, and Illness in the U.S.* Durham: Duke University Press.

Clarke, A. E., Shim, J. K., Mamo, L. , Fosket, J. R., & Fishman, J. R. 2003. Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine. *American Sociological Review.* 68 (2), 161-194.

Comella, L. 2017. *Vibrator Nation: How Feminist Sex-Toy Stores Changed the Business of Pleasure*. Durham: Duke University Press.

Conrad, P. 2007. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: The Johns Hopkins University Press.

Crenshaw, K. 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review.* 43 (6), 1241-1299.

Dean, T. 2015. Mediated intimacies: Raw sex, Truvada, and the biopolitics of chemoprophylaxis. *Sexualities.* 18 (1-2), 224-246. DOI: 10.1177/1363460715569137

Dodson, B. 2004. We Are All Quite Queer. *Journal of Bisexuality.* 4 (3-4), 155-163. DOI: 10.1300/J159v04n03_12

Dworkin, A. 1981. *Pornography: Men Possessing Women*. London: The Women's Press.

Foucault, M. 1990. *The History of Sexuality. Volume 1: An Introduction*. New York: Vintage Books.

Franklin, S. 1997. *Embodied progress: a cultural account of assisted conception*. New York: Routledge.

Franklin, S. & McNeil, M. 1988. Reproductive Futures: Recent Literature and Current Feminist Debates on Reproductive Technologies. *Feminist Studies.* 14 (3), 545-560.

Germon, J. 2009. *Gender: a genealogy of an idea*. New York: Palgrave Macmillan.

Goldie, T. 2014. *The Man Who Invented Gender: Engaging the Ideas of John Money*. Vancouver: UBC Press.

Holm, S. 2017. *Fleshing out the self: Reimagining intersexed and trans embodied lives through (auto)biographical accounts of the past*. Department of Thematic Studies – Tema Genus, Linköping University, Linköping.

Horncastle, J. 2018. Busting Out: Happenstance Surgery, Clinic Effects, and the Poetics of Genderqueer Subjectivity. *TSQ: Transgender Studies Quarterly.* 5 (2), 251-267. DOI: 10.1215/23289252-4348684

Inch, E. 2016. Changing Minds: The Psycho-Pathologization of Trans People. *International Journal of Mental Health.* 45 (3), 193-204. DOI: 10.1080/00207411.2016.1204822

Inhorn, M. C. 2012. *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*. Princeton: Princeton University Press.

Johnson, A. H. 2019. Rejecting, reframing, and reintroducing: trans people's strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health & Illness.* Early Online View. DOI: 10.1111/1467-9566.12829

Jutel, A. G. 2011. *Putting a name to it: diagnosis in contemporary society*. Baltimore: Johns Hopkins University Press.

Katz, J. 1996. *The invention of heterosexuality*. New York: Plume.

Kimmel, M. S. 1987. Men's Responses to Feminism at the Turn of the Century. *Gender & Society.* 1 (3), 261-283. DOI: 10.1177/089124387001003003

Koch, L. 1990. IVF – An irrational choice? *Reproductive and Genetic Engineering: Journal of International Feminist Analysis*. 3, 225-232.

MacKinnon, C. A. & Dworkin, A. 1997. *In Harm's Way: The Pornography Civil Rights Hearings*. Cambridge: Harvard University Press.

Martin, E. 2001. *The Woman in the Body. A Cultural Analysis of Reproduction*. Boston: Beacon Press.

Martinez-Lacabe, A. 2019. The non-positive antiretroviral gay body: the biomedicalisation of gay sex in England. *Culture, Health & Sexuality*. 21 (10), 1-14. DOI: 10.1080/13691058.2018.1539772

Millett, K. 1970. *Sexual Politics*. London: Rupert Hart-Davis.

Mohr, S. 2018. *Being A Sperm Donor: Masculinity, Sexuality, and Biosociality in Denmark*. New York: Berghahn Books.

Ortner, S. B. 1972. Is Female to Male as Nature Is to Culture? *Feminist Studies.* 1 (2), 5-31.

Oudshoorn, N. 2003. *The male pill: a biography of a technology in the making*. Durham: Duke University Press.

Paine, E. A. 2018. Embodied disruption: "Sorting out" gender and nonconformity in the doctor's office. *Social Science & Medicine.* 211, 352-358. DOI: 10.1016/j.socscimed.2018.06.039

Parsons, T. 2005. *The Social System*. London: Routledge.

Plemons, E. 2017. *The Look of a Woman: Facial Feminization Surgery and the Aims of Trans-Medicine*. Durham: Duke University Press.

Plemons, E. 2014. Description of sex difference as prescription for sex change: On the origins of facial feminization surgery. *Social Studies of Science.* 44 (5), 657-679.

Rabinow, P. 1996. Artificiality and Enlightenment: From Sociobiology to Biosociality. In: Rabinow, P. *Essays on the Anthropology of Reason*. Princeton: Princeton University Press, 91-111.

Rapp, R. 1999. *Testing women, testing the fetus: the social impact of amniocentesis in America*. London: Routledge.

Robertson, S. 2007. *Understanding Men and Health: Masculinities, Identity and Well-being*. Maidenhead: Open University Press.

Rosenfeld, D. & Faircloth, C. A. eds. 2006. *Medicalized Masculinities*. Philadelphia: Temple University Press.

Rubin, G. 1975. The Traffic in Women: Notes on the 'Political Economy' of Sex. In: Reiter, R. R. ed. *Toward an Anthropology of Women*. New York: Monthly Review Press, 157-210.

Rubin, G. 1984. Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality. In: Vance, C. S. ed. *Pleasure and Danger: exploring female sexuality*, New York: Routledge & Kegan Paul, 267-319.

Stryker, S. 2008. *Transgender History*. Berkley: Seal Press.

Taussig, K.-S., Hoeyer, K., & Helmreich, S. 2013. The Anthropology of Potentiality in Biomedicine: An Introduction to Supplement 7. *Current Anthropology.* 54 (S7), S3-S14. DOI: 10.1086/671401

Terry, J. 1999. *An American obsession: science, medicine, and homosexuality in modern society*. Chicago: The University of Chicago Press.

Thompson, C. 2005. Fertile ground: feminists theorize reproductive technologies. In: Thompson, C. *Making parents: the ontological choreography of reproductive technologies*. Cambridge: MIT Press, 55-75.

Wentzell, E. A. 2013. *Maturing Masculinities. Aging, Chronic Illness, and Viagra in Mexico*. Durham: Duke University Press.

West, C. & Zimmerman, D. H. 1987. Doing Gender. *Gender and Society.* 1 (2), 125-151.

Young, I., Flowers, P. & McDaid, L. 2016. Can a pill prevent HIV? Negotiating the biomedicalisation of HIV prevention. *Sociology of Health & Illness.* 38 (3), 411-425. DOI: 10.1111/1467-9566.12372

Zola, I. K. 1972. Medicine as an institution of social control. *The Sociological Review.* 20 (4), 487-504.

Not of women born

Sociotechnical imaginaries of gender and kinship in the regulation of transmasculine reproductive citizenship in Denmark

by Anna Sofie Bach

Abstract

In 2014, Denmark abolished the castration requirement that had been in place since the 1950s in order to obtain legal gender reassignment. As a self-declaration model was introduced, the law was amended to enable everyone with a uterus to retain access to pregnancy care and assisted reproduction. Combining Science and Technology Studies with critical transgender scholarship, this paper explores how the legal reforms, which sought to separate legal gender status from the healthcare system, have shaped the emergence of reproductive transmasculinities and the institutionalization of reproductive citizenship for trans men. Drawing on the concept of sociotechnical imaginaries (Jasanoff, 2015), I discuss how specific understandings of coherence between bodies, gender and parenthood organize and restrict the reproductive practices of trans men. For example, men who give birth are still registered as mothers. Through the framework of biomedicalization (Clarke et al., 2010), I extend my discussion of reproductive autonomy to fertility preservation access. I discuss why, in Denmark, sperm can be frozen in relation to gender- affirmative treatment, but eggs cannot, and in doing so I highlight how this disparity is not only shaped by normative practices of risk prediction, but also by the political opposition to surrogacy in Denmark.

KEYWORDS: transgender, reproduction, reproductive citizenship, fertility preservation, sociotechnical imaginaries, biomedicalization

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Introduction

> *Castration is the only model that is irreversible and which certainly prevents legal men from becoming biological mothers and the other way around.*
>
> (The Ministry of Justice 2014, 52)

In 2014, Denmark abolished the castration requirement that had been in place since the 1950s in order to obtain legal gender reassignment (Holm, 2017). In fact, the removal of the castration requirement was part of a more significant legal reform of the Central Personal Register (Bill no. L182 2013/2014) through which Denmark was the first country in the world to grant access to legal gender reassignment based on a self-definition model to people above the age of 18 (Holm, 2017; Dietz 2018). Importantly, the abolition of the castration requirement was followed by an amendment of the healthcare laws so that people who legally transition retain access to reproductive healthcare services, such as abortion, pregnancy care and, not least, assisted reproduction (Bill no. L189 2013/2014). In combination, these reforms not only granted transgender individuals the right to bodily integrity, the legal amendments also provided a new degree of reproductive autonomy (Herrmann, 2012).

Both nationally and internationally, the Danish reforms have been celebrated for being progressive and inclusive. However, as highlighted by Dietz (2018), the political goal of separating legal gender status from the healthcare system complicates the embodiment of transgender identities. While depathologization and destigmatization are certainly desirable, the close attention to *legal* gender status that shaped the 2014 reforms invisibilizes the need for the *medical* body modifications that many trans people have (Dietz, 2018; Nord, 2018). Thus, critical voices have highlighted how Denmark's adoption of the self-declaration model correlated with a centralization of trans-related healthcare at the Sexological Clinic in Copenhagen, which has monopolized and restricted access to hormones and surgeries (e.g. Amnesty International 2016, Dietz 2018; Nord 2018; Raun 2016). Similarly, as I will discuss in this paper, although trans men have legal access to reproductive healthcare services, their reproductive citizenship is greatly affected by the ways in which the self-declaration model, as it was adopted in Denmark, disconnects legal gender status from the (reproductive) body.

In this paper, I discuss the materialization of reproductive trans masculinities and investigate how transmasculine fertility and reproduction have been debated and conceptualized in relation to the Danish policy reforms. As also highlighted in the introductory quote from the ministerial report that laid the foundation for the reforms, transgender fertility calls for a reorganization of the gendered meanings of reproduction and parenthood. Simultaneously, the quote shows how the normative categorical order of reproduction is disturbed by pregnancy in men and in ways that cause socio-political controversy, as highlighted in the parliamentary debates on the reforms.

Drawing on a framework that combines critical transgender scholarship with feminist Science and Technology Studies (STS), I demonstrate how the reproductive bodies of trans men are shaped and regulated through complex entanglements of law, biomedical knowledge production, technoscientific achievements and social norms. Applying the notion of sociotechnical imaginaries (Jasanoff 2015), I am particularly concerned with how medico-legal conceptualizations of gender and kinship render reproductive bodies and parental situations (un)intelligible (Butler, 2004) and the effects of these processes of meaning-making on the reproductive lives of trans men. Based on an analysis of 'the paper trail' left behind by the policy reforms since 2014, including reports, public hearings, parliamentary debates and medical guidelines, I show how the separation of legal

gender and the body allows for the preservation of an idea of 'reproductive sex/gender[1]' that manifests itself not only in transgender parental recognition, but also in fertility preservation practices. Arguably, this gendering of the reproductive body not only complicates the intelligibility of pregnancy in men, it also affects the biomedicalization of transmasculine bodies in terms of whether or not future (in)fertility becomes a focal point (Clarke et al 2010; Kroløkke et al, 2019).

Focusing on reproductive citizenship (Carroll & Kroløkke, 2018), I seek to add to the scholarly discussions on the (de)medicalization of gender non-conforming people by drawing attention to the biomedicalization of transgender bodies and their fertility (see also Linander et al, 2017; Nord, 2018). The analysis not only brings to the fore the limits of the inclusion provided by the political reforms in Denmark, it also highlights the complicated ways in which transgender bodies and identities are simultaneously *de*medicalized and *re*medicalized (Ballard & Elston 2005; Conrad 2007). In particular, this pertains to diagnostic reclassifications and the biomedical incitements to fertility preservation. While much has been gained through the self-declaration model, it is important to address the inconsistency created through the notion of 'reproductive sex/gender', a sociotechnical imaginary that preserves binary, biology-based conceptualizations of coherence between gender, bodies and kinship. This imaginary not only prohibits gender-affirmative parental recognition, it is also likely to coproduce the discomfort experienced by many transgender people in their interaction with reproductive healthcare services (see for instance Tved, 2019; Armuand et al. 2016)

Theoretical perspectives

This paper combines a Science and Technology Studies (STS) framework, drawing on the notions of (bio)medicalization (Clarke et al. 2010; Conrad 2007; Mamo 2007) and sociotechnical imaginaries (Jasanoff 2015) with critical transgender scholarship (Butler 2004; Dietz, 2018; Holm, 2017; Linander et al. 2017; Nord 2018, Stryker & Aizura 2013; Raun 2014; 2016; Stryker 2017). By bringing together these perspectives in a discussion of reproductive citizenship, my aim is to add new perspectives to the growing body of trans scholarship that is preoccupied with demonstrating "how medical, legal, social, and cultural discourses have required bodies to conform to gender norms" (Stryker & Aizura 2013, 1). I critically engage with practices of categorization that entangle law, social norms, biomedical knowledge production and technoscientific advancements, and in doing so my focus is on the processes of meaning-making through which embodied identities and kinship relations become (un)intelligible in the context of the Danish welfare state (Jasanoff, 2015; Butler, 2004).

At the same time, I try to honour the lived experiences of transgender people by adopting a more inclusive understanding of what it means to be transgender than many of the policy documents that I analyze (Raun 2014). In doing so, I draw on the work of Stryker (2017) who uses the term transgender to "refer to people who move away from the gender they were assigned at birth, people who cross over *(trans-)* the boundaries constructed by their culture to define and contain that gender" (p. 1, original italics). However, as emphasized by Stryker, Currah and Moore (2008, 11), this does not suggest that everything else, or perhaps cisgender people in particular, can "be characterized by boundedness and fixity" (see also Raun 2014). Consequently, transgender is not simply about medical or legal transition, while for many people this is of the utmost importance – even a matter of life or death (Dietz 2018). As Stryker highlights (2017, 1), transgender is best characterized by the movement "away from an unchosen starting point, rather than any particular destination or mode of transition".

As a way of thinking through how gender and kinship categories are produced and (re)organized through processes that entangle materiality, meaning and morality, I apply the concept of sociotechnical imaginaries (Jasanoff, 2015) in my analysis of the policy work. Jasanoff states (2015, 4) that sociotechnical imaginaries are "collectively held, institutionally stabilized and publicly

performed visions of desirable futures animated by shared understandings of the social order attainable through, and supportive of, advances in science and technology". Approached through this framework, gender and kinship categories such as 'man' or 'mother' cannot be reduced to representations of 'a natural order', but have to be approached as social products related to the envisioning of "how life ought, or ought not to be lived" (ibid.). Obviously the envisioning of desired futures correlates, as Jasanoff also emphasizes, with the opposite of this, i.e., resistance against the undesirable or expressions of "shared fears of harm" (2015, 5) are equally important elements in terms of (re)articulating awareness of and commitment to a particular order of social life (Jasanoff 2015, 26).

The Danish Central Personal Register (CPR) is a prime example of how legal interpretations of biomedical classification schemes, social gender norms, new registration technologies and political visions of population administration came together in 1968. Institutionalized as the core infrastructure of the welfare state (Sløk-Andersen 2011), the CPR system distributes a personal identification number to all residents in Denmark in which the last digit assigns gender (even = female, odd = male). Binary gender categorization is in this way inescapable in the interaction with the state, and especially around public healthcare, which has been digitalized around this logic in recent decades. For example, it has proven difficult to register pregnancy services to a male CPR number (Erichsen 2018). The fact that the digital platform recognizes this as an error reflects the institutionalization of sociotechnical imaginaries of gender and kinship according to which pregnancy does not occur in men.

Furthermore, inspired by the work of Clarke and colleagues (2003, 2010), I approach the Danish reforms as a complex process through which the depathologization of gender non-conformity, the prevalence of (publicly funded) assisted reproduction and the (bio)medicalization of (in)fertility, through new technoscientific preventive remedies such as cryopreservation, coproduces new approaches to management of reproductive citizenship (Carroll & Kroløkke 2018; Linander et al. 2017; Mamo 2007). Originally, the concept of medicalization captures the extension of medical jurisdiction, authority and practice into increasingly broader areas of human life (Clarke et al. 2003; Conrad 2007). Importantly, this also meant that, from the late 19th century onwards, an expanding biomedical community became especially closely involved in the regulation of gender and sexuality. Through the process of medicalization, gender non-conformity moved from the realms of religiously criminalized sinfulness towards the realms of pathology and illness (Conrad 2007; Dresher et al. 2012, Holm, 2017; Stryker 2017).[2]

Medicalization involves a specific interest in providing a treatment, potentially even a 'cure' (Ballard & Elston 2005; Conrad 2007; Clarke et al 2010). Whereas homosexuality in today's Western mainstream biomedical discourse has been (re)positioned as a sort of 'natural' variation in sexual orientation (which is not equivalent to destigmatization, Conrad 2007), the need for medical transition, accessed through synthetic hormones and surgery, keeps some transgender people in a complex relationship with the biomedical regime and its logics of disease and treatment (Dietz 2018; Linander et al. 2017; Mamo 2007; Stryker 2017). However, in the ICD-11, the diagnostic manual of WHO from 2018, the diagnosis of 'transsexualism' has been replaced by 'gender incongruence', repositioned in a new chapter on sexual health conditions (WHO 2018). In anticipation of this international trend of depathologization, a similar reconceptualization took place in Denmark in 2017 emphasizing that 'treatment' can take place without the presence of illness, as in the case of pregnancy, which is not classified as a disease despite the existence of a diagnostic code.

Similarly, involuntary childlessness has been medicalized (Conrad 2007; Mamo 2007). As the biomedical regime gained more insights into the physiological aspects of reproduction, 'infertility' emerged as a medical condition to be treated through biomedical interventions such as IVF. With increasing attention on the psycho-social consequences of involuntary childlessness as well as on new technoscientific possibilities, the prevention

of infertility is increasingly sought through the cryopreservation of gametes and reproductive tissues. The concept of *bio*medicalization, as coined by Clarke et al. (2003), captures exactly this shift in perspectives from reactive treatment to prophylactic preventive care that seeks to optimize health and well-being rather than cure disease. In this sense, the (bio)medicalization of infertility informs contemporary debates on reproduction and reproductive autonomy. In the Danish context, the biopolitical project of population control is allegedly shifting from preventing (unwanted) pregnancies to increasingly making sure that procreation will take place.

In his notion of biological citizenship, Rose (2007, 131) captures this change and underlines how, in the late 20th century, citizenship has come to include the right to health and well-being. In legal theorizing, the autonomy to make reproductive choices is seen as vital to human dignity (Herrmann 2012). However, there is not a uniform understanding of how reproductive autonomy is realized in a rights-based perspective. As a negative right, autonomy is understood as the right to freedom from state intervention. Others understand reproductive autonomy as constituted through the positive right to medically assisted reproduction (ibid).

Extending this discussion, in their work on egg freezing, Carroll & Kroløkke (2018) note how fertility preservation constitutes a new way of managing what they see as reproductive citizenship. While Carroll and Kroløkke's work centres on elective freezing among healthy women, and thus on responsible management on the individual level, the establishment of so-called medical freezing programs, e.g. for cancer patients, can be understood as a similar, yet collectivized and institutionalized, desire to uphold the reproductive citizenship of patients in treatment who can be restored as (re)productive citizens (Bach & Kroløkke 2019).

In combination, these perspectives allow me to explore and critically discuss the ways in which materiality, meaning and morality entangle in the policy reforms that have reorganized the reproductive citizenship of transgender people in Denmark.

Methods and data

Empirically, this paper examines 'the paper trail' left behind by the policy reforms. Law, Jasanoff argues (2015, 26), "is an especially fruitful site in which to examine imaginaries in practice". In this sense, policy documents can be mined for insights into framings of desirable futures or, as Jasanoff also points out, for the "monsters" that policy seeks to eliminate and avoid (Jasanoff 2015, 27). Thus, policy reforms are sites of collectivized meaning-making and central places to inquire into the negotiation and institutionalization of sociotechnical imaginaries. As the 2014 reforms concern a central social infrastructure – the CPR number – the deliberations on the changes provide insights into how actors and institutions respond when confronted with an attempt to reorganize the social order.

My data analysis is informed by situational analysis as developed by Clarke, Friese & Washburn (2018). Inspired by grounded theory, situational analysis works with visual mapping as a way of organizing and structuring complex and rich empirical materials. Combining initial explorative processes with the steps involved in organizing, connecting and situating arguments and agents across both time and political spheres, this method promotes the comparative approach ideal for the identification of sociotechnical imaginaries (Jasanoff, 2015). Although parliamentary debates on legal gender status took place prior to 2014, I chosen a 2014 working group report from the Ministry of Justice as my empirical point of departure since the report is the foundation for bills L182 and L189. Moreover, the report comments explicitly on the (il)legitimacy of the castration requirement. From this point in time, I tracked relevant documents relating to the reform, including the preparatory comments, parliamentary readings, public hearing responses and the assessments from the parliamentary committees that, in the Danish system, debate bills and potential amendments after the first reading in the Parliament. I also included the medical guidelines that came out in 2014 and the updated versions from 2017, following the reorganization of trans-related healthcare outside of

psychiatry, as well as the public hearings on the guidelines and patient handouts. Parliamentary debates were found through the website of the Danish Parliament. The other documents were available through www.retsinformation.dk. Patient handouts were downloaded from the website of the Center for Gender Identity in Copenhagen.

Including public hearings in the material proved especially relevant in order not only to identify political actors, but also to provide access to negotiation of meaning across political spheres. Parliamentarians may decide the law, but their arguments and views do not evolve in isolation. Including counter ideas/protests is a way of analytically embracing the complexity of coproduction as well as exploring the legitimacy of the imaginaries identified (Clarke et al. 2010,14).

Abolishing the castration requirement

The abolition of the castration requirement in Denmark is part of an international process through which practices of forced sterilisation and castration[3] have become increasingly illegitimate, as also reflected in the 2014 working group report from the Ministry of Justice. Whereas other practices of forced sterilization were ended in Denmark in the 1960s (Koch 2014), the castration requirement for legal gender reassignment was preserved through the introduction of the CPR number in 1968. As documented by Holm (2017), the castration requirement was institutionalized in the 1950s. It was part of the establishment of a set of guidelines to organize medico-legal practices around the increasing number of people seeking both legal and medical transition following the famous, and heavily mediatized, transition of US citizen Christine Jorgensen in Copenhagen in 1951-52 (Holm 2017). According to Holm's (2017) historical research, the Ministry of Justice was reluctant. However, the Medico-Legal Council, an advisory body to the Ministry, convinced the Ministry that castration was in the interest of the patients. In this logic, 'genuine transvestites', a new biomedical conceptualisation, who were 'born in the wrong body' would wish to avail themselves of the new technoscientific options for bodily modifications, including gender reassignment surgery. The concept of 'informed consent' was in this way built into the Danish medico-legal legitimization of transgender castration practices. Both the Medico-Legal Council and the Ministry of Justice were, however, also concerned about the reproductive risks involved with gender non-conforming people who legally transition (Holm 2017). A case of a man who applied for abortion in 1953 after having been granted legal gender reassignment a few years before on the basis of an intersex condition, convinced the Ministry that a castration requirement would prohibit this kind of conceptual and social disorder (Holm 2017).

While a similar concern was expressed in 2014, as evident in the introductory quote, the working group established that the Danish castration requirement was likely to violate Article 8 of the European Human Rights Convention on the right to respect for privacy and family life (The Ministry of Justice 2014, 77). Reviewing preceding cases, the working group pointed to a changing understanding of forced castration with regard to what coercion entails. In particular, they highlighted a ruling from 2012 by the Swedish Legal Advisor to the Government (Kammerrätten), which found that if an operation is a requirement in order to obtain access to a benefit or a right, then it can be regarded as a "coerced bodily operation" (The Ministry of Justice 2014, 30). In Sweden, this ruling led to the abolition of the castration requirement in 2013. On the basis of this assessment, the Ministry of Justice proposes three new models for legal gender reassignment, none of which require castration, although two of them require respectively a doctor's certificate, from a GP for example, or the diagnosis of 'transsexuality' from the Sexological Clinic. The centre-left government, which included transgender rights on its political platform agenda, proposed the self-declaration model (L182). Important in relation to the establishment of reproductive citizenship are the accompanying amendments, positioned as consequential adjustments, of, respectively, the Act on Health and the Law of Assisted Reproduction. Among other things, this bill (L189) preserves access to

reproductive services for everyone with a uterus and ovaries.

When bill L182 was debated in Parliament, several politicians across the political spectrum positioned the existing legal apparatus as "old fashioned" in several aspects, the castration requirement being one. This includes the spokesperson from the party Left (which in Denmark is politically placed right of centre), who nevertheless argued for an assessment model. Echoing the contemporary, biomedicalizing preoccupation with risk and prevention (Clarke et al. 2010), the spokesperson finds it appropriate for a doctor not only to screen for 'contraindications', but also to advise on the medical consequences of legal gender reassignment. Specifically, the Left Party is concerned about the fact that trans people will no longer be *automatically* called for medical screening programs, e.g. Pap smear testing, due to a combination of the technical functionality of the CPR system and, according to the Minister of Health, the attempt to acknowledge legal gender status (screening is still provided on request). While this can be seen as a call to *re*medicalize transgender bodies, the political debate more broadly involves a depathologization of transgender people. Although the proposal does not concern the diagnostic codes, which were not changed until 2017, most debaters stress that they do not regard transgender as an illness. This includes the opponents of the bill who, nevertheless, find it bizarre to attempt to disconnect the gender marker of the personal identification number from what they see as the "reality" of biology, that is, from the biomedical classification of genital differences. Yet, as also described by Dietz (2018), as it was adopted in Denmark, the self-declaration model was founded on a separation of legal gender status and the healthcare system. This is emphasized, for example, in the speech by Stine Brix from the left-wing party Enhedslisten, who stresses that "Gender identity is a private matter. It is not a concern of the healthcare authorities" (L182, 18:27).

Arguably co-produced by the lobbying of trans activists and LGBTQ organizations that have long opposed deterministic biological models of gender, the notion of gender identity is pivotal to the policy reform. Through the notion of gender identity, the bill configures the transgender individual as "a person who experiences oneself as belonging to the opposite sex/gender" (L182). Furthermore, in the commented bill, it is stated that the amendment of the law will improve the lives of people "who experience a discrepancy between their biological sex/gender and the gender they feel like" (ibid.) Notably, these formulations counter the idea that gender identity derives directly from biology. However, not only does this configuration of transgender rest on a binary understanding of two opposite identity positions, as also remarked by the NGO Sex & Society in the public hearing[4], it also (re)articulates an imaginary of bodies in which they are always already 'naturally' gendered. As applied by the parliamentarians, the notion of gender as identity does not involve a degendering of the body. Rather, as the reform separates legal gender status from the healthcare system, it produces a body-mind dualism that has come to have a significant impact on the embodiment of transgender reproductive citizenship (see also hartline 2018).

Biological (reproductive) sex/gender: legal men and biological mothers

In contrast to L182, which concerned a *negative* right to the freedom from state interference in reproductive autonomy, L189 concerns the *positive* right to medically assisted reproduction, both in the shape of pregnancy care and reproductive technologies (Herrmann 2012). Consequently, the conceptualization of the reproductive body plays an important role in this debate.

Linguistically there are important differences in how the acts are amended. Arguably the Act on Health is gender-neutralized as the word 'the pregnant' or 'person' replaces 'the (pregnant) woman' (L189). Instead of revising the text, in the Law on Assisted Reproduction a new clause is added that specifies what the law means by 'man' and 'woman'. According to the hearing response of the Danish Council on Ethics, where some of the members problematized the lack of recognition of the legal

reassignment in the phrasing, the first draft of the bill worded these clauses as "woman is in this law understood as a person with *female reproductive organs*" and vice versa (Hearing responses L189, my italics). In the final version, the text reads: "This law considers 1) woman: a person with uterus or ovarian tissue, 2) man: a person with at least one testicle. " (Act 744). While apparently a technical way of providing legal inclusion, the clause contributes to the preservation of the sociotechnical imaginary of gender, destabilized in L182, which correlates the categories of 'woman' and 'uterus' and 'man' and 'testicle(s)'.

"Wouldn't it make sense to decide if one follows the biological or the legal sex/gender when it comes to healthcare?" Charlotte Dyremose from the Conservative Party asked during the first reading of L189 after the Minister of Health had evoked the notion of "a biological woman" in his recap of those for whom the consequential amendments will secure "continued eligibility for services related to pregnancy care, abortion, fetus reduction and treatment with reproductive technologies." (L189, 20:14-20:18). The inconsistency of the connection between gender categories and reproductive capacities is further highlighted in the government's refusal to amend the Act on determination of parentage through which legal parental categorization is regulated in Denmark. Thus, the imaginary of gender is intertwined with the sociotechnical production of legal kinship.

Based on Roman law principles, the Act on determination of parentage states that motherhood is established through birth and that the legal partner of the mother is always the father (Dam 2018). Since 2013, another woman can be equally recognized as a legal co-mother if a sperm donor is used (ibid). As early as in the working group report from 2014, the discrepancy between the imaginary of reproductive sex/gender and the self-declaration model can be seen. Some of the members of The Danish Council on Ethics are also of the view that this discrepancy lacks respect for the legal gender reassignment as provided through L182. Yet the council disagrees on the matter and other members are aligned with the Ministry of Children and Equality, under whose jurisdiction the act lies, and which, in a statement to the Ministry of Health and Prevention, declares that:

> *With respect to the Act on determination of parentage, you have the sex/gender you use to procreate, which is why it will not cause any doubt about interpretation that one or both parents at the time of conception have another legal sex/gender than their biological sex/gender.* (The Health Committee 2014, 15).

In the statement, the Ministry of Children and Equality further stresses that it does not find that the law prohibits procreation among people who legally transition, nor their legal recognition as parents. Thus, reproductive autonomy is constituted as the negative right to freedom from state prohibition and reproductive citizenship is reduced to a matter of reproductive choice.

Importantly, the commitment to the notion of reproductive sex/gender was challenged in 2016 when a trans man, who legally transitioned following the reform in 2014, applied to become the father of the future child he was having with a friend. Initially, his application was denied and he was to be classified as a 'co-mother'. In 2017, however, the High Court overturned the verdict and granted the man legal recognition as the father (Tved 2017). Although the verdict has destabilized the correlation between reproductive sex/gender and legal parental recognition, pregnancy in men is still informed by the imaginary of reproductive sex/gender, meaning that, in Denmark, men who give birth cannot be recognized as fathers.

Notably, in the debate, the Minster of Health rejects the discussion of parental categorization by positing the matter as belonging to another Ministry. Furthermore, he attests that it would be demanding to rewrite the entire law, a position that is also reflected in the solution to the Law on Assisted Reproduction. The unwillingness to amend the clause is, however, likely to derive from the fact that the principle of mater semper certa est plays an important role in the legal framework implemented in Denmark to prevent surrogacy. A legal complex that not only intertwines the notion

of reproductive sex/gender with normative understandings of (il)legitimate kinship structures, but also comes to affect transgender reproductive citizenship as it shapes the practices of fertility preservation.

Freezing for the (unknown) future

Across the globe fertility preservation, in the form of the cryopreservation of reproductive cells and tissue, is gaining attention as a means of preventing involuntary childlessness, including in relation to gender affirmative treatment (De Sutter 2001; 2016; Kroløkke et al. 2019; WPATH 2011). As an anticipatory practice aimed at preventing the (potential) trauma of future infertility, the advancement of fertility preservation options can be understood as part of the biomedicalization of (in)fertility, initiated with the technologizing of assisted reproduction, as well as contributing to the specific valorization of genetic kinship (Adams et al. 2009; Mamo 2007). In the international guidelines of trans-related healthcare, discussing future fertility is positioned as a central aspect of good medical counselling (WPATH, 2011). As discussed by, for example, de Sutter (2016), the need to discuss fertility is also growing as the people seeking medical transitioning are becoming younger and are therefore less likely to have had children. In several countries, including Denmark, transgender children are also increasingly offered hormone blockers to pause their pubertal development in advance of later so-called cross-hormonal treatment. In the biomedical imaginary, a major side effect concerns the prospect of forming biological/genetic families in the future.

However, fertility preservation was not a central concern in the 2014 policy reform. In a memorandum, the Ministry of Health briefly noted that freezing opportunities already existed within the legal framework (The Health Committee 2014, 4). Accordingly, the medical guidelines that were issued in 2014 stated that *"under the observation of the current law"* referral to the depositing of sperm and eggs exists when *"it is possible to refer these (the eggs) to the same woman at a later point"* (The Danish Health Authorities, 2014). However, in the updated version of the guidelines from 2017, the clause was removed. Testifying to the biomedicalization of (in)fertility, in the public hearing this change was problematized primarily by biomedical professionals, including the new Center for Gender Identity. Nevertheless, according to a patient handout, also updated, sperm preservation is still available free of charge in relation to oestrogen treatment or surgery, while *"There is currently no offer to preserve eggs for later"* (Patient handout 2017; 2018).

In Denmark, as demonstrated by Kroløkke et al. (2019), gamete preservation is regulated by a normative, gendered framework through which sperm has become a highly mobile and commercialized substance, while eggs are restricted, in particular by a 5-year storage rule, but also by a ban on donation, lifted in 2006, and selling. Importantly, in 2012, the law was amended to allow exemptions to the 5-year rule in the case of disease. However, egg freezing has been shaped by an imaginary in which eggs should ideally not leave the body. If they do, then ideally they should return quickly and, preferably, to the same *woman*, as stated in the law. In combination with the ban on medically assisted surrogacy that exists in Danish law, this idea complicates egg freezing in the context of medical transitioning. The restriction of surrogacy obviously limits putting frozen eggs to use, if a transmasculine individual has the uterus removed. While it would technically be possible to use the womb of a partner, as in the case of lesbian 'egg-swapping' (Mamo 2007), Danish doctors consider this practice medically risky if the partner has usable eggs. However, in 2018, a ban on so-called double donation was lifted as long as it was done on 'medical indication', using at least one non-anonymous donor (The Ministry of Health 2017). While donor anonymity would not be a concern, whether transmasculine people are intelligible reproductive subjects who fall within the frame of 'medical indication' remains to be seen and would, currently, require eggs to have been frozen in the private sector. Arguably, the fact that sperm depositing is offered free of charge in relation to oestrogen treatment indicates that, in

this context, fertility preservation is considered medical freezing. In contrast to so-called social freezing, freezing on medical indication is covered by public healthcare. Besides, the presence of a partner with a womb relies on speculative forecasting of the future (Adams et al. 2009) and is, of course, in many cases not available.

Meanwhile, speculative forecasting is an inherent part of fertility preservation where the prediction of the future is key to the production of intelligible candidates for medical freezing (Bach & Kroløkke 2019). In this sense, medical freezing relies on the biomedical prediction of risk and chance (ibid). Importantly, whereas the removal of ovaries and uterus is regarded as an irreversible procedure, testosterone treatment is, at least post-puberty, considered to be a reversible treatment in relation to fertility (changes in e.g. body hair and voice are not reversible if considerable change has happened). This means that reproductive capacity is likely to be regained if testosterone is stopped (De Sutter 2016). In contrast, not only is sperm production believed to be damaged by oestrogen, but also sperm is easier and cheaper to freeze due to technological differences in freezing protocols. This highlights the point made by Thompson (2005), that costs are a main driver in the constitution of citizenship in the reproductive arena.

Due to the 5-year rule, the freezing of unfertilized eggs, also only a robust technology since 2012, is not a particularly widespread practice in Danish public hospitals and in the case of diseases such as cancer, it is increasingly common to freeze ovarian tissue (Bach & Kroløkke 2019; Kroløkke et al. 2019). In contrast to egg freezing, ovary preservation does not require oestrogen stimulation, a process found to be particularly uncomfortable in the context of transmasculinity (Armuand et al. 2017). Easily done in relation to gender-affirmative surgery, ovary freezing is proposed as an ideal remedy for fertility preservation in transmasculine individuals (see, for example, De Sutter 2016). However, effective ways of putting the tissue to use in the context of transmasculine bodies and identities have yet to be developed since it currently involves the restoration of oestrogen production.

As the discussion above highlights, fertility preservation is a matter not only of technological abilities, but also of practices regulated through normative sociotechnical imaginaries institutionalized through law that render certain procreational situations desirable and others illegitimate. While transgender (in)fertility is increasingly biomedicalized, in the Danish context the reproductive citizenship of transmasculine people is constituted and institutionalized in relation to the possession of a uterus in which pregnancy can be established.

Concluding discussion: Reproductive justice beyond the gender binary?

In this paper I have examined the formation of transgender reproductive citizenship in Denmark following the reforms of legal gender reassignment in 2014. I focus specifically on the emergence of new reproductive masculinities and the ways in which pregnancy in men has become regulated after the abolition of the castration requirement that had been in place since the 1950s. I have discussed how transgender reproductive rights are shaped not only by sociotechnical imaginaries of gender and kinship, but also by ambiguous processes of depathologization and biomedicalization (Clarke et al. 2010; Conrad 2007; Linander et al. 2017). In particular, I have highlighted the consequences of how the notion of reproductive sex/gender was preserved in the reorganization of the gendered logic of the Danish CPR system, which assigns all Danish residents an individual, gendered identification number. Despite the disconnection of biology and legal gender, men who give birth become the legal mothers of their children. Moreover, while increasing attention is given to protecting future fertility, in the Danish context access to fertility preservation is shaped through gendered notions as well as by a societal investment in preventing (commercial) surrogacy. These findings re-emphasize how the biomedicalization is not only gendered (Clarke et al. 2010; Linander et al. 2017; Riska 2010), but also that the biomedicalisation of infertility is predominantly institutionalised around cis-gendered logics.

While the reform made everyday life easier, as it provided easy access to legal gender recognition, it still preserved the binary logic of the CPR system in which you can only be 'man' or 'woman', 'father' or 'mother'. In this sense, the reform has not been inclusive to trans people who identify outside of the gender binary (Dietz 2018; hartline 2018, 2019), nor was it particularly inclusive of the non-cisgendered reproductive practice it sought to enable. As the reform concerns people over the age of 18, I have only briefly touched upon the discussion of transgender children, who in ever greater numbers are pursuing trans-related healthcare (Centre for Gender Identity website[5]). With the biomedicalization of (in)fertility and a new-found focus on the reproductive citizenship of the transgender population, their early entrance to medical transition amplifies the debate about fertility preservation options.

While fertility preservation arguably preserves an imaginary of the biological family as desirable and the road to future happiness (Mamo 2007), in a reproductive rights perspective, the Danish healthcare system, which already sustains the reproductive future of other children whose future fertility is compromised by medical treatment, is excluding transgender children from having the same options. In this sense, my analysis points to the stratification of the right to (reproductive) health (Linander et al. 2017). These inequalities call for a renewed focus on the ways in which Danish legislation shape the reproductive citizenship of gender non-conforming people. Furthermore, they highlight the need for more research into the experiences of gender non-conforming people with fertility counselling and fertility services, especially with regard to the diversity among the transgender population and the extent to which they avail themselves of medical transition. Existing research points towards a significant level of discomfort produced in the interaction with healthcare professionals who are inadequately informed on LGBTQ issues (see, for example, Armoud 2018; Tved 2019). Moreover, in order to sustain the reproductive citizenship of transgender people in Denmark, more knowledge is needed about the consequences of gender-affirmative treatment in order to provide people who medically transition with good fertility counselling.

Notes

1 In the Danish language there is no separation of sex and gender. As the word 'køn' holds both meanings, I use sex/gender when translating from Danish or referring to the Danish meaning.

2 'Transsexualism' did not appear as an independent diagnosis until homosexuality was removed from international classifications in the early 1980s. Denmark followed in 1981. (Dresner et al. 2012).

3 In contrast to sterilization, which involves tying or cutting the sperm duct or fallopian tubes, castration entails the removal of testicles or ovaries. This is a more encompassing procedure as it also involves the hormonal production.

4 They suggest instead using the more inclusive "belonging to another gender" (The Health Committee 2014).

5 https://www.rigshospitalet.dk/afdelinger-og-klinikker/julianemarie/center-for-koensidentitet/om-centret/Sider/tal-og-statistikker.aspx

References

Adams, V, Murphy, M & Clarke, A. 2009. Anticipation: Technoscience, life, affect, temporality, *Subjectivity,* 28(1), 246-265.

Amnesty International. 2016. *Transkønnedes adgang til Sundhedsydelser i Danmark. En opfølgning på Amnestys Rapport fra 2014*. Amnesty International

Armuand, G, Dhejne, C, Olofsson, J.I. & Rodriquez-Wallberg, K.A. 2016. Transgender men's experiences of fertility preservation: a qualitative study. *Human Reproduction,* 32(2), 383-390.

Bach, A.S., Kroløkke, C. 2019. Hope and Happy Futurity in the Cryotank: Biomedical Imaginaries of Ovarian Tissue Freezing. *Science as Culture.* Online first

Ballard, K. & Elston, M.A . 2005. Medicalisation – A Multi-Dimensional Concept. *Social Theory & Health,* 3, 228-241.

Butler, J. 2004. *Undoing Gender*. Francis & Taylor Ltm.

Carroll, K and Kroløkke, C. 2018. Freezing for Love: Enacting 'Responsible' Reproductive Citizenship Through Egg Freezing. *Culture, Health and Sexuality,* 20(9), 992-1005. DOI: 10.1080/13691058.2017

Clarke, A. Friese, C. & Washburn, R. 2018. 2 ed., *Situational Analysis. Grounded Theory after the Interpretive Turn.* Sage.

Clarke, A., Shim, J.K., Mamo, L., Fosket, J.R. & Fishman, J. 2003. Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine. *American Sociological Review* 68(2): 161-194.

Clarke, A.E., Shim, J.K, Mamo, L, Fosket, J.R. & Fishman, J.R. 2010. Introduction, in Clarke, A.E, Mamo, L, Fosket, J.R., Fishman, J.R. & Shim, J.K. (Eds.). *Biomedicalisation. Technoscience, Health and Illness in the U.S.* Durham & London: Duke University Press, 1-44.

Conrad, P. 2007. *The Medicalization of Society. On the Transformation of Human Conditions into Treatable Disorder.* Baltimore: The Johns Hopkins University Press.

Dam, L.E. 2018. Når Mænd Føder Børn. En menneskeretlig analyse af de danske regler om
registrering af retligt forældreskab for personer, som har skiftet juridisk køn. Retskraft – Copenhagen Journal of Legal Studies 2(1),

De Sutter, P. 2016. Reproduction and Fertility Issues for Transgender People, in Ettner, R., Monstrey, S. & Cole, E. (Eds.). *Principles of Transgender Medicine and Surgery*. New York and London: Routledge.: Routledge

Dietz, D. 2018. Governing Legal Embodiment: On the Limits of Self-Declaration. *Feminist Legal Studies*, 26(2), 185-204.

Dresher, J., Cohen-Kettenis, P. & Winter, S. 2012. Minding the body: Situating gender identity diagnoses in the ICD-11. *International Review of Psychiatry*, 24(6), 568-577.

Erichsen, J.R. 2018. Lovændring har banet vejen: Mikkel er en mand, og om få uger skal han føde, *Politiken,* 18 maj 2018.

hartline, f.r. 2018. (Trans)gender outlaws? A critical analysis of Norway's 2016 self-determination law. *Tijdschrift voor Genderstudies*, 21(4), 361-380.

hartline, f. r. 2019. Examining Trans Narratives in the Wake of Norway's Gender Recognition Law, *a/b: Auto/Biography Studies*, 34(1), 67-87, DOI: 10.1080/08989575.2019.1542822

Herrmann, J. R. 2012. Reproductive Health, in Toebes, B., Hendricks, A., Hartlev, M., Herrmann, J.R. (Eds.). *Health and Human Rights in Europe,* Cambridge: Intersentia Uitgevers N.V., 145-176.

Holm, ML. 2017. *Fleshing out the Self. Reimagining intersexed and trans embodied lives through (auto)biographical accounts of the past.* Ph.D Dissertation Linköping Studies in Arts and Science No. 712.

Jasanoff, S. 2015. Future Imperfectum: Science, technology and the Imaginations of Modernity, in Jasanoff, S. & Kim, S.H. (Eds.), *Dreamscapes of Modernity. Sociotechnical Imaginaries and the Fabrication of Power.* Chicago: The University of Chicago Press, 1-33.

Koch, L. 2014. *Racehygiejne i Danmark 1920-195.* Informations Forlag.

Kroløkke, C., Petersen, T.S., Herrmann, J.R., Bach, A.S., Adrian, S.A, Klingenberg, R., Nebeling Pedersen, M. 2019. *The Cryopolitics of Reproduction on Ice. A New Scandinavian Ice Age.* Emerald Publishing Limited.

Linander, I., Alm, E., Hammarström, A., Harryson, L. 2017. Negotiating the (bio)medical gaze – Experiences of trans-specific health-care in Sweden. *Social Science and Medicine* 174, 9-16.

Mamo, L. 2007. *Queering Reproduction. Achieving Pregnancy in the Age of Technoscience*. Durham & London: Duke University Press.

Nord, I. 2018. Routes to gender-affirmation surgery. Navigation and Negotiation in times of biomedicalization, in Griffin, G. & Jordan, M (eds.). *Body, Migration, Re/constructive Surgeries. Making the Gendered Body in a Globalized World.* London and New York: Routledge.

Raun, T. 2014. Trans as Contested Intelligibility: Interrogating how to Conduct Trans Analysis with Respectful Curiosity. *Lambda Nordica,* 1, 13-37.

Raun, T. 2016. Debat om hormoner og operationer. Brugen af Facebook som alternative nyhedskilde og redskab til politisk mobilisering i Caspian-sagen, in Blach-Ørsten, M & Willig, I. (eds.) *Den fælles dagsorden og alle de andre. En nyhedsugeanalyse af medieindhold, mediebrug og medieforventninger.* Samfundslitteratur

Riska, E. 2010. Gender and Medicalization and Biomedicalization Theories. In, Clarke, A.E, Mamo, L, Fosket, J.R., Fishman, J.R. & Shim, J.K. (Eds.). *Biomedicalisation. Technoscience, Health and Illness in the U.S.* Durham & London: Duke University Press, 147-170.

Rose, N. 2007. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century.* Princeton University Press

Stryker, S., Currah, P. & Moore, L.J. 2008, Introduction: Trans-, Trans, or Transgender?, *Women's Studies Quarterly*, 36 (3/4), 11-22.

Stryker, S. & Aizura, A.Z. 2013. Introduction: Transgender Studies 2.0, in Stryker, S. & Aizura, A.Z. (Eds.). *The Transgender Studies Reader 2.* New York: Routledge, 1-12.

Stryker, S. 2017. Revised edition. *Transgender History. The Roots of Today's Revolution.* New York: Seal Press.

Sløk-Andersen, B. 2011. Køn som infrastruktur. *Women, Gender & Research,* ?(3-4), 22-30.

The Ministry of Health 2017. Dobbeltdonation tilladt for par og enlige kvinder. (Double donation permitted for couples and single women). Website news. Retrieved from: https://www.sum.dk/Aktuelt/Nyheder/Sundhedspolitik/2007/December/Dobbeltdonation-tilladt-for-enlige-kvinder-og-par.aspx (accessed 10/12 2019)

Thompson, C. 2005. *Making Parents. The Ontological Choreography of Reproductive Technologies.* London & Cambridge: The MIT press.

Tved, C. 2017. Notat om Landsretsdom om faderskab til juridisk kønsskiftede. Retrieved from http://killjoy.dk/da/Vidensbank/landsretsdom-faderskab-juridisk-konsskiftede (accessed 13/11 2019)

Tved, C. 2019. I *know perfectly well, that they don't believe I exist. A qualitative study of queer-persons encounter with the fertility treatment system*. Master Thesis, Malmö University.

WHO 2018. ICD-11. Classifying disease to map the way we live and die. Retrieved from https://www.who.int/news-room/spotlight/international-classification-of-diseases (accessed 10/12 2019)

WPATH 2011. *The Standard of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. 7th version.* The World Professional Association for Transgender Health.

Legal material and policy documents

Danish Health Authorities. 2014. *Guidelines on diagnosing and treating of transgender.* Retrieved from https://www.retsinformation.dk/Forms/R0710.aspx?id=167172 (accessed 13/11 2019)

Danish Health Authorities. 2017. *Guidelines on medical treatment in relation to gender identity issues.* Retrieved from https://www.retsinformation.dk/Forms/R0710.aspx?id=193798 (accessed 13/11 2019)

Hearing Responses L189, 2014. Retrieved from https://www.ft.dk/samling/20131/lovforslag/L189/bilag/1/1363529.pdf (accessed 13/11 2019)

Patient handout 2017, Hormonbehandling ved transkønnethed eller anden kønsidentitetsproblematik for transmænd. Patientvejledning, December 2017.

Patient handout 2018, Hormonbehandling ved transkønnethed eller anden kønsidentitetsproblematik for transkvinder. Patientvejledning, October 2018.

The Health Committee 2014. *Hearing memorandum L189*. Retrieved from https://www.ft.dk/samling/20131/lovforslag/L189/bilag/1/1363528.pdf (accessed 13/11 2019)

The Ministry of Justice. 2014. *Rapport fra arbejdsgruppen om juridisk kønsskifte* (Report from the working group on legal gender reassignment). The Ministry of Justice

Act 744, retrieved from https://www.retsinformation.dk/Forms/R0710.aspx?id=163836 (accessed 13/11 2019)

L182 2013/2014. The bill on changing the Act on The Central Personal Register, retrieved from https://www.ft.dk/samling/20131/lovforslag/l182/index.htm (accessed 13/11 2019)

L189 2013/2014. The bill on changing the Act on Health and the Law on Assisted Reproduction, retrieved from https://www.ft.dk/samling/20131/lovforslag/l189/index.htm (accessed 13/11 2019)

The Psychic Life of Gender

Introducing a psycho-soma-technical approach to gender

an interview with co-editor of the *Somatechnics Journal* and Professor Sheila L. Cavanagh, from the Department of Sociology at York University in Toronto, Canada

SHEILA L. CAVANAGH is a professor at York University, Toronto. She coordinated the Sexuality Studies Program at York (2010-2014) and is past chair of the Sexuality Studies Association (Canada) (2014-2016). Cavanagh also co-edited the *Somatechnics* Journal (2016-2018). Her research is in the area of psychoanalytic sociology, gender and sexuality studies. Cavanagh edited a special double issue of *Transgender Studies Quarterly* on psychoanalysis (2017) and is completing her third book monograph titled *Transgender and the Other Sexual Difference: Jacques Lacan and Bracha L. Ettinger*. Cavanagh co-edited *Skin, Culture and Psychoanalysis* (2013) and her first sole-authored book titled *Sexing the Teacher: School Sex Scandals and Queer Pedagogies* (2007) was given honorable mention by the Canadian Women's Studies Association. Cavanagh's second sole-authored book titled *Queering Bathrooms: Gender, Sexuality, and the Hygienic Imagination* (2010) is a GLBT Indie Book Award finalist and recipient of the CWSA/ACEF Outstanding Scholarship Prize Honourable Mention (2012). Her performed ethnography titled *Queer Bathroom Monologues* premiered at the *Toronto Fringe Festival* (2011) and was given the Audience Pick Award. The play was professionally staged at Buddies in Bad Times Theatre, Toronto (2014) and has toured at conferences, colleges and universities in Canada and the United States. Lastly, Cavanagh has published in a wide range of international journals and given keynotes addresses at conferences in Sweden, Turkey, the United States and Canada.

Both assistant professor **CAMILLA BRUUN ERIKSEN** and associate professor **MICHAEL NEBELING PETERSEN** are part of the FKK-funded project *Medicine Man,* which explores how everyday cultures and perceptions of middle age men's bodies unfold when masculinity is increasingly both mediatized and medicalized. Today large parts of intimate life, health and social relations have become mediatized: Bodies are monitored using mobile apps, communities are formed on social media, and intimate questions are increasingly the topic of TV-shows and intensified in online campaigns. *Medicine Man* is based on a theoretical framework of somatechnics and assemblage theory. The project considers medicalization as a cultural phenomenon, which emerges inseparably from contemporary media, and thus adds humanistic research to health and social sciences about how mediatized culture shapes the body and its medicalized interventions.

In the tradition of feminist posthumanist theories, somatechnical theories invite us to think about how technologies are always already enfleshed, and how bodies are always already technologized. In a queer theoretical tradition, and forefronting trans studies, crip and critical disability studies help us to understand how all bodies are modified and assembled through and in technologies. In this way, somatechnics centers the technological parts of becoming, not in opposition to 'natural' becoming, but rather in ways that challenge oppositions such as nature and culture, human and machine. In the Spring of 2019, the research project *Medicine Man – media assemblages of medicalized masculinities* had invited scholars to participate in a seminar in order to discuss and develop somatechnical conceptualizations of masculinity in relation to even more intensified contemporary medicalizations and mediatizations of gendered being and embodiment. From this perspective, masculinities do not derive from certain bodies nor genes, rather, masculinities are an ongoing dynamic process in which bodies come into being. Following Butler, we understand this process as a performative and ritualized doing which constitutes and fixates bodies, genders, and sex. However, we are curious as to how this process of gendered embodiment also involves technological and medical interventions: How masculinities are being reconfigured, recalibrated, and reassembled in meetings between the material and affective presence of a body, gendered regulatory and disciplinary power technologies, prosthetic and surgical interventions, and medical treatments and diagnoses within an intensified mediatized presence. As part of the seminar, Sheila L. Cavanagh insisted on bringing psychoanalysis (back) into the center of somatechnical queer studies and so Camilla Bruun Eriksen and Michael Nebeling Petersen conducted an interview in order to better understand the inner workings of psychoanalysis within gender theory in a somatechnical framework.

SHEILA I really like the somatechnical approach to theorizing masculinities. One of the many valuable things the soma-technical has to offer is that it encourages us to think critically about bodies on multiple levels – and by bodies I am not only referring to biology, but to embodiment. Our bodies are shaped by phenomenological sensations, desires, affects and a myriad of technological assemblages well theorized in somatechnical terms. Bodies are wonderfully diverse and hybrid. The somatechnical approach to bodies is attentive to the way human experience is mediated by organic and technological assemblages that confuse and confound nature/culture binaries. The somatechnical approach to theorizing embodiment is of central importance to transgender studies which, in my mind, includes critical masculinity studies (among other things), because it enables us to understand the way sex and gender is subject to change. One can be a feminine man or a masculine woman and somatechnics gives us a way to understand the way sex and gender are not co-determinate but mediated by a range of factors specific to culture, technology, politics, discourse, power, ability and so forth.

Queer theory teaches us that gender is not simple, and I like the way somatechnics gives us a way to navigate and to express the complexities central to everyone's gender identity regardless of trans- status. I am excited by the points of intersection between critical masculinity studies and somatechnics. In addition to the incredible project you are doing on *Medicine Men: Media Assemblages of Medicalized Masculinity* at the University of Southern Denmark, I want to briefly mention the paradigm-shifting work of Dan Irving, a Canadian scholar at the University of Ottawa in Canada. His research program investigates what it means to be a 'self-made man' in trans- experience. Specifically, he asks important questions about the way neoliberal discourses shape our understanding of what it means to transition for many trans- men in the North American context. Irving considers how many embodied narratives of transition are dependent upon white, class-specific, able-bodied presumptions about what it means to be a 'real-man' and the political implications for critical masculinity studies. What I like about his work is that it enables us to expand our thinking about what it means to be a man and masculine beyond

hegemonic notions of male-masculinity saturating popular discourses of gender. The strength of the somatechnologically informed approach to masculinity studies is that it prompts us to broaden our understanding of what it means to be a body, to be gendered and sexual in the contemporary landscape.

CAMILLA *How does soma-techniques trouble or disturb binaries in a way that e.g. queer theory doesn't? Or maybe how does somatechnical theory do it differently?*

SHEILA Somatechnics is, in my view, grounded in queer theory. Scholars like Malena Gustavson, Samantha Murray, Holly Randell-Moon, Karin Sellberg, Elizabeth Stephens, Susan Stryker, Nikki Sullivan, Iris van der Tuin and myself who are central to the formation of the field are all, in various and different ways, engaged with queer theory. Queer theory gives us a way to understand gender trouble in Butlerian terms, power-knowledge relations and bio-politics in Foucauldian terms and the epistemology of the closet in ways so beautifully narrated by Eve Kosofsky Sedgwick. More recent queer of color critique has pushed us to better understand histories of colonization, migration, nationalism, citizenship and systems of racialization in relation to sexuality and gender formation, and I am thinking here of scholars such as David Eng, Gayatri Gopinath, José Estaban Muñoz, Rinaldo Walcott.

I view somatechnics as an outgrowth of queer theory but with a Deleuzian and Guattarian twist. While every somatechnical scholar will have a different take on the history and theories central to the development of the field, I believe there is great inspiration taken from work such as *Capitalism and Schizophrenia: Anti-Oedipus* (1972) and *A thousand Plateaus* (1980) by Deleuze and Guattari; *Frankenstein* by Mary Shelly and the incredible work on monster theory, queer crip theory, and abjection stemming from it. I would also mention *A Cyborg Manifesto: Science, Technology and Socialist Feminism in the late 20th Century* by Donna Haraway, *On Touching* by Jean Luc Nancy, and transgender studies scholarship pioneered by scholars like Aren Z. Aizura, Susan Stryker, Sandy Stone, Paisley Currah, Stephen Whittle and many others.

If, as Jay Prosser argued in *Second Skins: The Body Narratives of Transsexuality,* queer theory has neglected questions of embodiment, technology and phenomenology, somatechnics seeks to incorporate the fleshy-sensory-technologically mediated aspects of embodiment into its theorizing. We might say that somatechnics is a late (post)-modern approach to body studies whereby we, who publish in the field or identify with the field, are 'polyamorous thinkers'. We refuse to be bound to any one disciplinary distinction, theoretical influence or paradigmatic boundary. As such, somatechnics is inter- and multi-disciplinary, but also deeply concerned about questions of life, sociality, feeling, technology and what will become of our futures.

Speaking of futures, I would like the field of somatechnics and contemporary queer theorists more generally, to engage more seriously and consistently with psychoanalysis. If we are going to truly trouble binary oppositions and the exclusions they engender, we need to engage important questions relating to unconscious processes and the way they confound any simple identitarian notion of what it means to be human. Contemporary queer theorists often forget –or intentionally overlook – the contributions that psychoanalysis makes to the field. Judith Butler's writing on gender melancholia engage Freud's early writings on mourning and melancholia; Eve K. Sedgwick's work on queer affects is inspired by Melanie Klein and Silvan Tomkins; Lee Edelman's work on male homoeroticisms is heavily influenced by Jacques Lacan's writing on jouissance, a form of a painful pleasure. Queer of color scholarship also engages psychoanalysis. José Esteban Muñoz (1967 – 2013) wrote about feeling brown/feeling down in terms of the depressive position theorized by Melanie Klein; David Eng writes about racial castration in Freudian terms; Amber Jamilla Musser writes on race, power and masochism and the list goes on. What strikes me as original and important about these queer scholarly engagements with psychoanalysis is that they attend to those

elements of subjectivity relating to gender, race and sexuality that are not conscious or self-evident. In psychoanalytic terms, we are internally divided between conscious and unconscious elements of our being. Identity-based theorizing cannot account for dualities, ambiguities and contradictions within the subject.

In my mind, psychoanalysis underpins some of the most important innovations in queer theorizing. But the psychoanalytic bits are usually forgotten or ignored in the secondary source literature and this is a great loss. When gender and sexuality studies are infused with psychoanalytic insights into desire, we are able to think in more robust ways about what Judith Butler calls *the psychic life of power*. If we want to understand the tenacity and reproduction of binary gender codes governing masculinity and femininity, for example, we must consider our passionate attachments to gender norms. Unlike symbolic interactionists like Erving Goffman, who wrote about gender as a performance, Butler understood that gender is something more than a conscious performance – hence her theorization of gender performativity. The theory of gender performativity is a queer retelling of the Freudian Oedipal complex whereby what is at stake is not only the prohibition of incest, but the prohibition on same-sex love. Gender is not only a performance. It is a way to manage the prohibition on homosexuality by making unconscious compromises: if I cannot love my father (as a boy), I will grow up to be like him (incorporate masculinity by way of identification); if I cannot love my mother (as a girl), I will grow up to be like her (incorporate femininity by way of identification). Butler's theorization of gender trouble does not make sense without attention to unconscious processes. As a queer theorist who engages psychoanalysis, I believe that gender is psychically significant. I also believe that somatechnical studies of gender, sexuality and the body can all be enriched by attention to what I would like to introduce as the *psycho-soma-technical approach*.

MICHAEL *What is a psycho-soma-technical approach to gender?*

SHEILA In my view, the psycho-soma-technical approach to gender combines the insights of somatechnics with critical psychoanalysis or, in more specifically sociological terms, psychosocial studies. In other words, psychosomatechnical studies involves attention to unconscious processes and to core writings in the field of psychoanalysis. Psychosomatechnics critically incorporates psychoanalytic theories of the body, psychosexuality, the unconscious life of the subject, symptomatology, and so on, into accounts of embodiment.

I always tell my graduate students that the first truly queer text was *Three Essays on The Theory of Sexuality* by Sigmund Freud. For me, this is a queer text par excellence! I am not suggesting that Freudian psychoanalysis is above critique, but that Freud took human sexuality including its unconscious elements seriously and understood the problem of normativity central to modernity. He dared to talk about infantile sexualities, animal sexualities, perversions, non-genital erotic zones, clitoral orgasms, unconscious phantasies, etc., all in the Victorian era when it was not popular to do so. No one overturned sexual taboos and the silence surrounding sexuality in the way that Freud did. He troubled the binaries between male and female, masculine and feminine, heterosexual/homosexual, etc., long before queer theory was institutionalized as a field of study. Freud's foundational premise was that we are inherently bisexual and polyamorously perverse. A critically queer reading of Freud offers a solid groundwork for a radical gender and sexual politic responsive to the unconscious life of the subject. Although Freud's work is often misread and he is, unfairly in my view, called a biological determinist he never lost track of the socio-cultural realm. He wrote extensively about the effect of civilization on what he called – in scare-quotes – the 'natural' sexual instinct. As a psychoanalyst, he was deeply concerned about how the repressive mechanisms of culture disproportionately effected women.

I will leave aside what I take to be Freud's contributions to psychoanalytic feminisms, and briefly comment on his contributions to queer theorizing and gender studies. In *Three Essays on the Theory of Sexuality* Freud claims that we overvalue

the object of attraction (man or woman) and undervalue the aim meaning the sexual act and its unconscious significance. Moreover, we understand sexuality in terms of its manifest and adult heterosexual expression. We forget that sexuality is, almost by Freudian definition, lifelong, perverse and bisexual. When you introduce unconscious processes into sexuality studies, heterosexuality and homosexuality are not what they seem. There is always an underside, another parallel scene that confounds sexual orientation in the psychoanalytic frame. What may appear to be a heterosexual object choice conceals a homoerotic aim and vice versa. Sexuality, in psychoanalytic perspective, conceals or is, rather, driven by non-conscious and unconscious instincts. What Sedgwick calls the epistemology of the closet is not (only) a site of repression whereby gays, lesbians, bisexuals, etc., are closeted, but a space of unconscious possibility where something non-conscious and forbidden can be expressed.

In *Queering Bathrooms: Gender, Sexuality and the Hygienic Imagination* (2010) I tried to understand the way bi-gender toilet designs are not only oppressive sites of transphobic hate, but homoerotic spaces. I could go on but suffice to say that what psychoanalysis offers to somatechnics is an insistence that our sexuality like our gender is not straightforward. Identities are, in other words, defenses against difference both internal and external. By this I mean that identities are only the tip of the proverbial iceberg. Identities refer to what we avow or take to be true about ourselves and others. Although identities have been strategically important for LGBTQ activism, they conceal elements of our being that confound categorization or language more generally. In this way we are all, to use Julia Kristeva's often cited book title, *Strangers to Ourselves*. There is so much about who we are that we do not know. I often wonder what we would write, in the name of somatechnics, if we didn't foreground identity but engaged unconscious processes?

I would also like to say that I endorse *critical* approaches to psychoanalysis, not psychoanalytic dogma or conservativism. Psychoanalysis is, in my view, at its best when it throws what counts as 'normal' into question. Let us remember that Freud was the first one to place quotation marks around the word 'normal' in his writing on sexuality. Normality is impossible – and overrated! Our psychopathologies are what make us human and this is, in my view, a wonderfully queer approach. See, for example, *Clinical Encounters in Sexuality: Psychoanalytic Practice & Queer Theory* edited by Noreen Giffney and Eve Watson. This collection brings psychoanalysis and queer theory into conversation. I would love to see a collection brining somatechnics into conversation with psychoanalysis. Until such a collection is edited, suffice to say that there is an unconscious life to gender and sexuality worthy of somatechnical investigation. By bringing psychoanalysis to the somatechnical table so to speak, we can envision bodies and technologies in relation to psychic life.

MICHAEL *What I have taken from the field of somatechnics and other posthuman theorizations of embodiment is the acknowledgement that the somatechnical body isn't a new one – the human has always intervened in his body?*

SHEILA And you are right. Like you, I am not one of those people who believes our experiences of embodiment today are somehow more complex or elaborate than they were in the past. Certainly, we have always found ways to modify our bodies. Scarification and tattooing, for instance, have been around for ages. In fact, we can't properly think about the body or embodiment without attention to history; personal histories and cultural histories. I think with the emergence of cultural studies and soma-technics we have a growing understanding of the fact that the body is a very complex interplay between nature and culture. In fact, the psyche may be the product of an alchemy between nature and culture.

CAMILLA *Which I guess, brings us to the ever-haunting question of the binary?*

SHEILA Yes! I think, we are witnessing a proliferation of gender identifications that defy bi-gender culture. People are identifying as bi-gender,

a-gender, non-binary and so on. People are also adopting gender pronouns that include 'they,' 'them' and 'their' among many other terms of address. I have great respect and admiration for people who are navigating ways to be, and to self-identify, outside the gender binary. It is vitally important to support gender self-determination and to respect gender identity and pronoun choice. In fact, this is a civil rights issue as the horrific trans-bathroom bans in the United States demonstrate. Most readers of somatechnics know and acknowledge this transphobic reality. But what I think we don't acknowledge is the way the gender binary does not sufficiently capture anyone's experience. None of us live our lives as stereotypes and it is not possible to conform absolutely to masculine and feminine gender codes; even if there was some provisional agreement about what it might mean to be a man or a woman – which of course there is not. No gender identity, trans- or cisgender, can capture all of what is determinative of our experience as subjects. If we are all, to borrow Freud's term, polyamorously perverse, and have bisexual capacities and inclinations in the psychoanalytic sense, gender identities and sexual orientations are misleading and reductive. They may be fictions essential to life and survival, but they detract attention away from the internal contradictions central to our being.

A somatechnical engagement with psychoanalysis would, ideally, enable us to think beyond binaries. Take, for instance, Freud's writing on the bodily ego (which involves the way we come to inhabit our bodies instinctively, sexually and phenomenologically). Or Jacques Lacan's writing on the mirror stage. These psychoanalytic formulations enable us to consider how our sense of self is shaped in relation to Others, that is intersubjectivity. No identity takes shape without a relation – internal and external – to an Other – as person or as object. We see ourselves through the mirror image or the eyes of an/Other. As Kaja Silverman says, there are also acoustic mirrors central to our experiences in utero that shape object relations. Theories of gender, sexuality and embodiment must come to terms with the fact that human experience is complicated by intersubjectivity (relations with Others), and intrasubjectivity (relations with internal Others as objects). While we use language, identifications and gender pronouns to produce a semblance of order, human experience is dynamic and irreducible to any given term of reference. Embodiment is complicated. Somatechnical studies of body modification practices such as tattooing, scarification, piercing, etc. have been of vital cultural significance.

I am equally impressed and inspired by theorizations of skin, technology and bodily transformations in somatechnical research. But I always wonder how somatechnical research would be enhanced with attention to unconscious processes. I believe we should engage psychoanalysts who work with clients because they are attuned to unconscious communications. We do fascinating things with the surfaces of our bodies, our skins, etc., but what do these surface inscriptions, cuts and grafts signify for others and for ourselves? Likewise, what does a gender identity investment in masculinity, femininity, a combination or refusal thereof, tell us about a particular subject? We know there are differences between people identifying with a given gendered position, but when we take unconscious processes seriously those differences grow exponentially and can be understood in sexually specific ways. To the extent that we negate unconscious processes, we miss so much of vital importance to gender, sex and body studies.

MICHAEL *So, we really should start paying more attention to psychoanalysis?*

SHEILA Yes, I think we should all read psychoanalysis, but critically and with attention to our own internal resistances! One of the things psychoanalysis teaches us is that there is a lot we don't want to know about ourselves and others. But, at the same time, psychoanalysis has been used in conservative, diagnostic and normalizing ways – I am deeply troubled by the way some psychoanalysts think it is there job to 'cure' or to 'fix' someone. In my own psychoanalytically informed sociotherapy practice, I do not begin with the premise that people are sick or disordered. In my

view, psychoanalysis should involve critical and self-reflective dialogue. Analysts should respect the wisdom of the symptom – not try to eradicate or cure it! I believe in minimizing suffering yes, but our idiosyncratic quirks, our symptoms, give us insight into who we are. Symptoms index the compromises we have made to survive – to live and to love and to lose. From an academic perspective, psychoanalysis can help us understand gender as a symptom. If masculinity and femininity are symptoms, what can they teach us? It is not enough to catalogue what counts, culturally and historically, as masculine and as feminine, but to better understand our passionate attachments to gender – whatever those genders might be. Gender needs to be taken seriously, like a symptom it needs to be respected and interpreted with a critical psychoanalytic attunement to what it inscribes about the history of the subject.

Gør mændene en forskel i børnehaven?

Rapport fra et studie af børnehavens pædagogiske kønskarakter

af Eli Smeplass & Bent Olsen

Abstract

Do men make a difference in kindergartens? Report from a study of the gendered character of the kindergarten. Several kindergarten policies identify men as an exceptional educational resource in kindergartens. An increased male presence supposedly promotes gender equality, as men are thought better suited to meet the gender specific needs of the young boys. We investigate these assumptions in light of a major research project on gender dimensions in female employees' educational values. Our data consist of answers to a questionnaire from over 700 staff members in all of the 80 kindergartens in two Danish municipalities. The framework of Pierre Bourdieu and Mary Douglas' Grid Group Cultural Theory informs our theoretical approach. We find that there are no defining differences between women and men's pedagogical contribution in the kindergarten, in contrary to underlying assumptions of several policy programs. Further, we discuss how these policies contains assumptions of gender essentialism. The discussion addresses how female staff members receives a pedagogical inferior position, while men are favoured for their unique desirable properties, all which are homologous to an increasing polarization between care and economy of the State.

KEYWORDS: educational values, gender, preschool teacher, symbolic dominance, Bourdieu.

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Desværre har de danske pædagoger og lærere ikke så meget forstand på at skabe stærke drenge, fordi de fleste selv er kvinder. De danske pædagoger og lærere er gode til at skabe stærke piger, det er tydeligt for mig at se. Hvis man skal skabe rigtige mænd, skal der mænd til at rådgive de kvindelige pædagoger og lærere.

(Møller 2007)

Artiklens ærinde og indhold

Inden for de seneste år har social- og børnehavepolitikken fremhævet mænd som en ekstraordinær pædagogisk ressource i børnehaverne og i flere andre sektorer, hvor kvinder også er i overtal (Epinion 2013; Kaare 2014). De politiske argumenter for at øge andelen af den mandlige personalemasse i børnehaverne bygger blandt andet på antagelsen om, at netop mændene kan løfte drengene op i øjenhøjde med pigerne, som anses for at være bedre udrustet end drengene til at blive elev i skolesystemet. Hertil kommer er serie af argumenter, der alle viser tilbage til fremme af ligestilling mellem kønnene, både på personalesiden og blandt børnene.

Men er der hold i disse argumenter for at øge andelen af mænd i børnehaverne, tilbyder mændene noget andet og mere end det kvindelig personale; er mændene virkelig en så formidabel pædagogisk ressource? Vi finder ingen forskningsmæssige belæg, der kan støtte dette standpunkt.

Vi vil alligevel holde spørgsmålet om de særligt mandlige ressourcer levende ved at gennemgå fundene fra vores forskningsprojektet om pædagogiske værdier i børnehaven, da vi også har bygget en kønsdimension ind i dette. Datamaterialet består af 700 spørgeskemabesvarelser fra personalet i samtlige 80 børnehaver i to danske kommuner. Her som i den øvrige forskning vi introducerer undervejs er konklusionen, at der ikke er betydende forskelle i de måder mandligt henholdsvis kvindeligt personale møder børnene på i børnehaven. Som vi viser det undervejs ophæver vores forskningsdesign den kendte modsætning mellem diskurs og praktik, her mellem pædagogiske værdier og pædagogisk praksis, ved at gøre brug af Bourdieus dispositionsbegreb.

Afslutningsvis finder vi begrundet anledning til at overskride vores egen forskning ved at grave spadestik dybere efter nogle historisk nedlejrede former for relationer af dominans kønnene imellem, dem som Bourdieu får frem i bogen "Den maskuline dominans" Det er her vi finder en unik historisk og kropssociologisk forståelse af den kønsdominansens dialektik, vi afdækker med vores forskning; det kommer nemlig frem, hvordan den politiske promovering af mændene hænger sammen med underkendelsen af det kvindelige personales pædagogiske kapaciteter.

De analyser af børnehavens kønsdimensioner, vi kan lægge frem her, indgår i det hovedstudie som undersøger, om det pædagogiske personales sociale oprindelse og livsbane sætter spor i dets pædagogiske værdier (Olsen 2014; 2015; 2015a; 2019). Her forbindes på en og samme gang omfattende og helt fundamentale kategorier til forståelsen af en stor erhvervsgruppes værdiorienteringer og pædagogiske praksisser, disse kategorier er livsbane, social klasse, uddannelse, kulturelle værdier, krop, emotioner og habitus.

Som det første skal vi nu give et kort signalement af, hvad den politiske interesse for køn i børnehaven drejer sig om.

Mændene i de børnehavepolitiske intentioner

Bagtæppet for kønsforskellene i de danske børnehavers personalemasse er et arbejdsmarked, der er et af verdens mest kønsopdelte og med sit eget ligestillingsparadoks (Birkelund & Petersen 2003). Der er således fortsat mange typer af arbejde, som domineres af enten det ene eller det andet køn på trods af de politiske ligestillingsbestræbelser. Således er mere end 60 procent af de erhvervsaktive beskæftiget inden for brancher, hvor der er mindre end 25 procent af det ene køn (Holt, Geerdsen, Christensen, Klitgaard & Lind 2006, s. 48). I øvrigt

har mandlige pædagoger i gennemsnit en højere løn end de kvindelige og en mindre lønspredning (Lønkommissionens redegørelse 2010, s. 432).

Den centrale del af de børnehavepædagogiske kønsinvesteringer kommer fra politiske programmer for ligestilling mellem kønnene (Wahlström 2005; Dolk 2011). Her ses et pædagogiske ligestillingsarbejde med børnene i lyset af, hvordan mandligt og kvindeligt personale er til stede i personalemassen som henholdsvis under- og overrepræsenteret. Dette forhold har fremmet nyere politiske ønsker om at forøge af andelen af mandligt ansatte i børnehaverne. Den politiske interesse har således ikke øje for hverken frigørelse eller for mangfoldigheden af kønsidentiteter (Holst 2013, s. 191). Andelen af mænd blandt personalet i danske børnehaver for de 0-6 årige børn er beskedent. I begyndelsen af januar 2013 var den omkring 7 procent (BUPL 2015; Nielsen 2017, s. 104). Til sammenligning var den tilsvarende andel i Norge på 9 procent (Statistisk sentralbyrå 2015); i begge lande er andelen af mænd øvrigt svagt stigende. Politiske ønsker om at få flere mænd til at søge mod børnehaveområdet er således kendt fra både Danmark (FLERE MÆND. TAK! 2009), Norge (Stortingsmelding 7 2015, 15) og flere andre lande som Tyskland (Friedmann 2012). Allerede i 1999 besluttede det norske Storting, at arbejde frem mod en andel af mandlige ansatte på minimum 20 procent (Stortingsmelding 27 1999, s. 88). De to standardsynspunkter er at personalets sammensætning bør afspejle befolkningens, samt at en overvægt af kvindeligt pædagogisk personale fremmer et mere feminint miljø, som ikke i fornødent omfang kommer drenges behov, ønsker og udtryksmåder i møde. Følgelig betragtes mandligt personale som en ekstraordinær og ønsket ressource, der i kraft af sit køn menes at tilføre børnehavelivet de unikke kvaliteter, som tilgodeser hvad der formodes at være drengenes særinteresser som køn betragtet (Handlingsplan 2003; STM 7 2015; Nielsen 2005, 34-38; Friis 2006; Redegørelse 2016). I Stortingsmelding 7 holdes drengene frem som det svage køn, da de er mere afhængige af støtte og opfølgning i deres udvikling end pigerne er det (Stortingsmelding 7 2015, s. 15). Vi ser imidlertid at disse konklusioner er svagt begrundede, argumentationerne har snarere karakter af at være hypoteser om sammenhænge i flere led mellem mænd, pædagogik, drenge og en antaget effekt af det mandlige personales formodede kvaliteter. I det der bliver tilbage af denne argumentation, får man samtidig antydet at det kvindelige personale ikke på en fuldgod måde kan være det for drengene, de bør være.

Med denne politisk formulerede pædagogiske argumentation skal mændene altså ikke ind i børnehaverne primært fordi kønsubalancen er uretfærdig for dem selv, men fordi drengene i børnehaven menes at have brug for dem. Mændene forbindes på den måde med en kompensatorisk kønskraft af nærmest mytisk karakter, med hvilken de formodes at kunne løfte drengene op i øjenhøjde med pigerne.

Men kan det mandlige personale i børnehaverne virkelig noget unikt af den karakter, som gør dem til en særlig pædagogisk kapacitet i børnehaven? Et første svar på denne problemstilling kommer fra et omfattende norsk studie.

Forskelle i mænds og kvinders arbejdsopgaver i børnehaven

Baseret på analyser af svar fra 2.300 kvindelige og 133 mandlige ansatte i 588 tilfældigt udvalgte norske børnehaver konkluderer Løvgren (2014), at personalet ikke opfatter det sådan, at arbejdsopgaverne udføres efter et "traditionelt kønsrollemønster". En "kønstraditionalist" vil mene, at der er arbejdsopgaver som passer bedst til kvinder, og andre bedst til mænd.

Med denne undersøgelses design og interesse for personalets holdninger får man naturligvis ikke indblik i, hvorvidt der kan være mønsterforskelle mellem de måder det mandlige respektive det kvindelige personale handler, samspiller og opfatter arbejdet på i hverdagen, og hvilke sociale dynamikker som enten inkludere eller ekskluderer et kønsmæssigt lille mindretal, nemlig mændene. Når denne undersøgelse ikke får tydelige forskelle frem mellem hvordan de to køn ser på arbejdsfordeling og -opgaver kan det bero på, at de sætter krydsene i spørgeskemaet under indtryk af de sociale vilkår de lever i mere generelt.

Et metodologisk mellemspil

I vores egen undersøgelse har vi netop taget konsekvensen af de teoretiske, metodiske og sociale vilkår hvor under respondenter svarer på et spørgeskema – og informanter i et interview for den sags skyld. Ingen tager stilling i et tomrum, men alle har en position på et marked for livsværdier, og pædagogiske standpunkter og vurderinger (Bourdieu 1999b, s. 607-612). Inden respondenten får spørgeskemaet i hånden er temaer som køn, værdier, pædagogiske arbejdsopgaver og ligestilling allerede tilgængelige. På dette marked eller i dette "felt" er der dominerende legitime og mindre legitime meninger, legitime og mindre legitime måder at udtrykke sig på. Her kan man være tilbøjelig til at forme sin stillingstagen til spørgsmålene i skemaet alt efter de dominerende opfattelser af det, der spørges om. Det kan fx være ved at undertrykke holdninger af lavere markedsværdi såsom at holde på, at kvinder generelt er bedre til at trøste børn, der græder, mens mændene typisk er bedre til at sætte gang i den. For ikke så mange årtier siden ville det være legitimt at se på kvinder som de bedst egnede til at holde hus og hjem, passe børnene og holde sig i mandens og arbejdsmarkedets baggrund. Men om man i dag insisterer på traditionalisme i kønsspørgsmål som at "kvindens plads er i hjemmet og i køkkenet", mens offentligsfærerne er reserveret mændene med deres maskulinitet, er man på kollisionskurs med de legitime og dominerende opfattelser af, hvordan arbejdsdelingen mellem kønnene bør være. Respondentens svar i en spørgeundersøgelse afgives således ikke i et kulturelt tomrum, men fra en position nederst i det pædagogiske kundskabshierarki. I laget over praktiseres de pædagogiske uddannelser og ovenpå igen forskningen (Olsen 2014a). Fra en således domineret position har respondenten en begrænset adgang til at definere de dominerende værdier, som bare kan søges og identificeres. Respondentens svar på pædagogiske værdispørgsmål afgives på den måde i en relation af *symbolsk vold,* hvor underkastelsen former sig som et samarbejde med de dominerende positioner (Bourdieu 1999a, s. 178). En lignende dominansrelation kan de såkaldte "pædagogiske retninger" fremme ved at påtvinge børnehavens personale en idealistisk hierarkisk taksonomi. Ifølge denne kan pædagogens arbejde udledes af principper og mål, der selv påstås at stamme i lige linje fra såkaldte "menneskesyn" og "samfundssyn" (Rokkjær 2007). Brugen af de såkaldte "pædagogiske koncepter" (Aabro 2016) er en nyere instrumentel og funktionalistisk variant af det samme problemkompleks. Spørger man derfor direkte til de pædagogiske værdidimensioner, svarer det til at påkalde denne skolastiske illusion om en allerede given værditaksonomi.

Hvordan undgår man nu at respondenterne i mødet med spørgeskemaet begynder at famle efter denne imaginære taksonomi, eller at svarene forbliver et modificeret ekko af aktuelle og dominerende diskurser inden for køn, pædagogik og ligestilling, enten svarene er modvillige eller velvillige? Og hvordan får man svar frem, som mest mulig ligner det arbejdsunivers, det pædagogiske personale færdes i til daglig? De udfordringer har vi løst med brug af dilemmaspørgsmål, hvor vi kan komme tæt på genkendelige værdidimensioner fra hverdagslivet i børnehaven uden at spørge direkte *til* dem.

Kønsmønstre i børnehavens personalegruppe

Vores datamateriale består af 700 spørgeskemabesvarelser fra ledere, pædagoger og pædagogmedhjælpere i samtlige 80 børnehaver i de to danske kommuner Fanø og Esbjerg.[1] Efter bortfald af mangelfulde besvarelser skal vi arbejde med besvarelserne fra 624 kvinder og 45 mænd, henholdsvis 93,3 procent og 6,7 procent, hvilket svarer til fordelingen på landsplan, se tabel 1 i appendikset. Den ene del af skemaet består af 13 pædagogiske dilemmaspørgsmål, hvoraf to sæt omhandler køn. Den anden del skal få baggrundsinformationer frem om respondenternes arbejdsforhold, om opvækst- og levemiljø og hvordan de gør brug af en række faglige og kulturelle ressourcer såsom læsning af faglige tidsskrifter og brug af nyhedsmedier (Olsen 2015). I forlængelse her af kan vi spørge, om der er store forskelle mellem

de mandlige og kvindelige respondenter hvad opvækst og sociale investeringer op over livsbanen angår? Hvis der er sådanne forskelle i datamaterialet betyder det, at køn bare kan bruges som én variabel blandt flere.

Der er ganske få, men systematiske forskelle blandt respondentgruppens mænd og kvinder. Den ene omhandler opvækstmiljøet, hvor 19,0 procent af mændene mod 9,4 procent af kvinderne har en far med enten lærer- eller pædagogbaggrund, jf. tabel 2 i appendiks. Det samme mønster går igen for mødrenes del, hvor over halvdelen af mændene i tabel 3 – 51,2 procent – har en mor med baggrund inden for pædagogisk arbejde og omsorg, mens dette bare gælder for under en tredjedel af de kvindelig ansatte. Den anden forskel drejer sig om de investereringer respondenterne gør op over livsbanen, i dette tilfælde i pardannelse; hele 48,1 procent af mændene mod bare 14,2 procent af kvinderne har en partner inden for et pædagogisk erhverv, se tabel 4. Uden at kunne komme det nærmere tyder det altså på, at mændene i højere grad end kvinderne kan forbindes med de særlige varianter af arvet og erhvervet kulturel kapital som kan høre til omsorgsarbejde, pædagogik og lærergerning.

Sådan stillede vi værdispørgsmålene

Vi undersøger om kvinder og mænd i respondentgruppen har forskellige værdiprofiler i forhold til henholdsvis drenge og piger i børnehaven. Først præsenterer vi projektets design og hovedfund og fortsætter derpå ind i de kønsspecifikke detailstudier.

Værdispørgsmålene indledes på denne måde: ”Her kommer nogle udsagn om pædagogik i daginstitutionen. Synspunkterne kommer to og to. Kryds af ved det ene i hvert par, du synes bedst om”. De to udsagn indledes med denne case – det afkrydsede udsagn her og senere indikerer det udsagn, som flertallet af respondenterne vælger:

> *To piger har leget intenst sammen i over en halv time, og nu kommer Emma og vil være med også. Efter nogle forgæves forsøg på at blive optaget i de to pigers leg, puffer de Emma væk, og hun begynder at hulke.*
>
> ☑ *Børn oplever hele tiden at blive lukket ind i grupper og holdt ude, så derfor må Emma også acceptere afvisningen og blive den erfaring rigere, det ville jeg prøve at forklare hende.*
>
> ☐ *Det er ikke acceptabelt at holde andre børn ude af en legegruppe, og da slet ikke på den måde, jeg ville prøve, om jeg kunne bringe pigerne sammen og få Emma med i legen.*

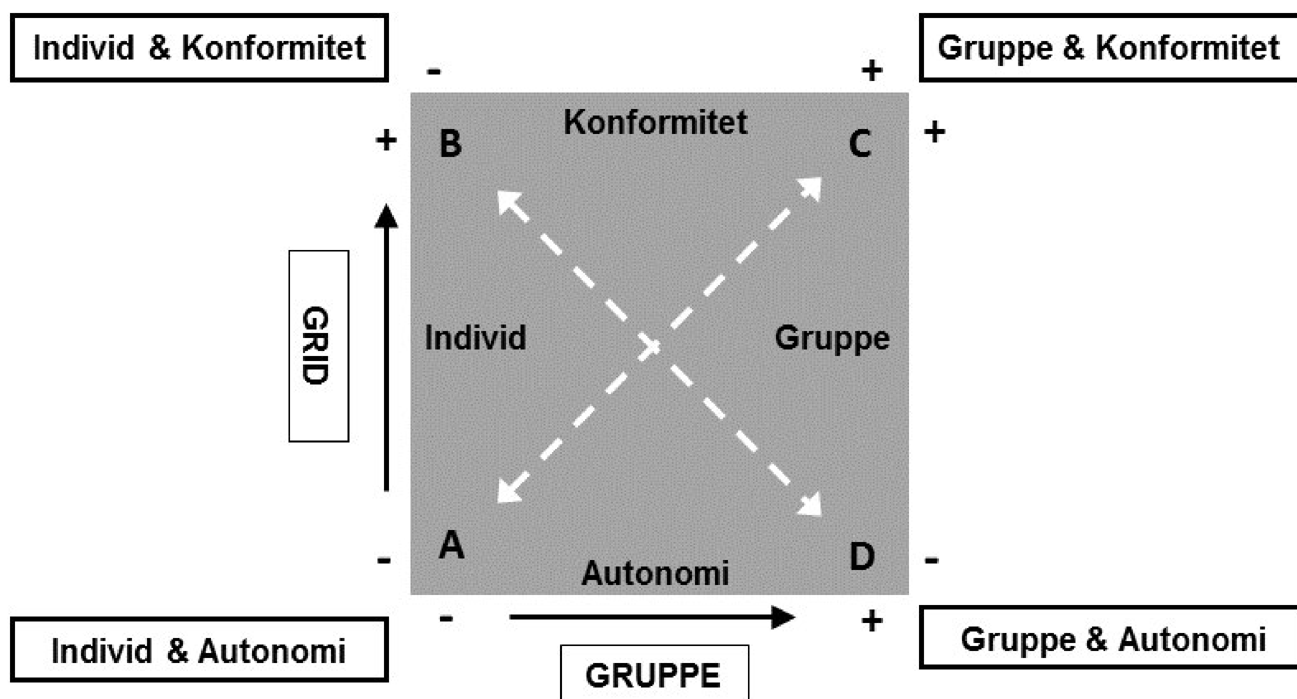
Respondenten skal altså vælge det synspunkt, hun eller han ”synes bedst om”. Udsagnene er konstrueret på baggrund af Mary Douglas’ *Grid Group Cultural Theory*.

Grid-Group, netværk og gruppe

Med Douglas’ model bliver det muligt på en systematisk måde at spørge *om* værdidimensionerne uden at spørge direkte *til* dem. Termen ”grid” henviser til et fletværk af regler og bindinger, ethvert individ er spundet ind i (Douglas 1978, s. 6). ”Grid” aksen dækker, som den lodrette pil i figur 1 illustrerer det, et kontinuum fra stærk til svag individualitet. ”Gruppe” garanterer den ”sociale integration” og defineres ved de krav, den gør gældende over for sine medlemmer, de grænser, den trækker rundt om dem, de rettigheder den giver samt de pålæg den udsteder (Douglas 1975; 1978, s. 7-8). Grid og gruppe kan nu kombineres sammen i en matrix med de fire poler mod hjørnerne A, B, C og D, den nøjere forklaring følger efter figuren (se næste side).

Følger man først den venstre lodrette GRID-pil fra bunden og op, erstattes svage rollestrukturer med udviklede rollestrukturer øverst. De sociale bindinger går fra stærk til svag individualitet. I bunden er de sociale bindinger svage, mens der mod **+**’erne i toppen er synlige regelsæt. Med den vandrette pil GRUPPE fra venstre mød højre erstattes en svag gruppeloyalitet gradvist med en stærk.

I figurens position C – stærk grid og stærk gruppe – vil voksne være tilbøjelige til at holde



Figur 1: Fire værdipoler i forlængelse af Mary Douglas' "Grid group cultural theory".

stærkt på generationsforskellen mellem dem og børnene og håndhæve kollektive normer og regler. Derimod er barnet som enkeltindivid i centrum i position A – svag grid og svag gruppe – uden at være bundet til hverken moralske fordringer eller en gruppes normer. På den måde udgør positionerne A, B, C eller D fire indbyrdes modstående pædagogiske profiler. Er pædagogen fx vokset op i et indremissionsk hjem med stærke moralske familiebindinger og strenge kønsdelte religiøse leveregler som i C positionen – Gruppe & Konformitet – kan der forestå et omfattende identitetsarbejde med en ansættelse i en børnehave af "typen A" – Individ & Autonomi – med en barnecentreret reformpædagogik og vægt på ligestilling mellem kønnene. Et andet typeeksempel på C positionen kunne være Jehovas Vidner, som via en stærke bindinger indadtil i menigheden vogter over en række religiøst begrundede moralske dogmer. Imod position A – Individ & Autonomi – vil man alene være engageret i en universel individualisme såsom at være "sin egen lykkes smed" eller vægte "individets frie udfoldelsesmuligheder".

De hvide dobbeltpile inde i kvadratet illustrerer hvordan sympati for et B-udsagn samtidig kalder på afsmagen for et D-udsagn, ligesom også aksen A-C er en relation af smag-afsmag. Hvert enkelt spørgsmål af de fire hjørnespørgsmål – A-C samt B-D – er blevet til på følgende måde: Forestil dig, at du står i hjørne A – Individ & Autonomi – hvilket udsagn ville du tilslutte dig, begejstre dig?

Der er her en helt unik handlingsteoretisk pointe i at stille respondenten disse dilemmaspørgsmål, hvor de altså skal vælge diagonalt mellem A eller C, respektive B eller D. Hverken de eller nogen anden kan nemlig regne sig frem til et "korrekt" eller socialt anerkendelsesværdigt svar, det findes nemlig slet ikke. Det er på den måde vi omgår den tidligere skildrede bias af symbolsk vold. Respondenten kan altså ikke finde et endegyldigt "sandt" eller "korrekt" svar i det påtvungne valg mellem det ene af de to udsagn ad kognitiv vej, ved fx at appellere til pædagogikfagets viden og argumenter.

Mens respondenten sidder der med spørgeskemaet krydser to medier hinanden, refleksion og praktik. Hun bliver jo nødt til at spørge sig selv: *Hvad synes jeg egentlig bedst om, udsagn A eller C?* Her vækkes den diskursive side. Men valget af det foretrukne udsagn træffes ikke i dette

register, men i det kropligt emotionelle, akkurat sådan som det praktiske hverdagsliv i børnehaven også former sig. Spørgedesignets direkte appel til følelserne vækker netop de kropligt forankrede dispositioner (Bourdieu 1999, s. 146-148). Det kan også være rigtigt at sige, at kilden til svarvalget ikke kan lokaliseres, fordi det bliver til mellem krop og omverden, i habitus" møde med feltet.[2] Hvert dilemmaspørgsmål vækker således en kvasi-eksperimentel indlevelse, der står i forhold til hverdagslivet i børnehaven på samme måde som en dramadokumentar står til det liv, dokumentaren skildrer.

Hvordan stiller 700 børnehaveansatte til en kønsbestemt konflikt med piger i hovedrollen?

De voksne og pigerne

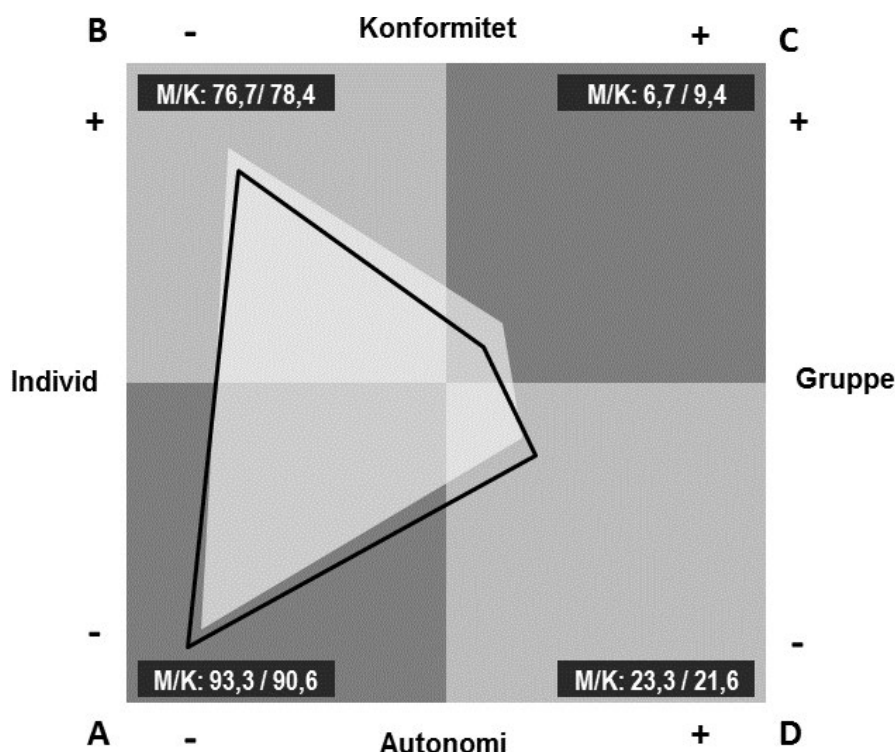
To piger har leget intenst sammen i over en halv time, og nu kommer Emma og vil være med også. Efter nogle forgæves forsøg på at blive optaget i de to pigers leg, puffer de Emma væk, og hun begynder at hulke.

☑ *Alle tre piger er selvstændige individer, der selv kan vælge til og fra, jeg ville trøste Emma og derpå forklare hende, hvorfor hun ikke kan være med i den legegruppe lige i dag.*
(Udsagn A: Individ & Autonomi)

☐ *Det går ikke, at børn bare kan afvise hinanden på den måde, det er der ikke plads til i et fællesskab, så jeg ville få de to piger til at lukke Emma med ind i gruppen.*
(Udsagn C: Gruppe & Konformitet)

Og det andet og sidste sæt af dilemmaudsagn:

☑ *Børn oplever hele tiden at blive lukket ind i grupper og holdt ude, så derfor må Emma også acceptere afvisningen og blive den erfaring rigere, det ville jeg prøve at forklare hende.*
(Udsagn B: Individ & Konformitet)



Figur 2: Svarprofil for pige-temaet fordelt på kvindelige (K) respondenter (den hvide rombe) og mandlige (M, rombe i sort omrids); svarfordeling for henholdsvis mandligt og kvindeligt personale i procent.

> ☐ *Det er ikke acceptabelt at holde andre børn ude af en legegruppe, og da slet ikke på den måde, jeg ville prøve, om jeg kunne bringe pigerne sammen og få Emma med i legen. (Udsagn D: Gruppe & Autonomi)*

Det kvindelige personales svarprofil for de to sæt af dilemmaspørgsmål – A versus C og B versus D – er illustreret med den hvide rombe i figur 2, mens det mandlige personales profil fremgår af den sorte rombe; svarprocenterne for hvert udsagn er angivet i hvert hjørne fordelt på mandlige og kvindelige respondenter.

De mandlige og kvindelige ansatte har næsten helt identiske svarprofiler og orienteret mod individ siden, polariseret mellem autonomi og konformitet. Gemmer der sig et ikke-kønnet polariseret mønster i de to køns svarprofiler om man slår de to romber sammen, adskiller respondenter i det øverste venstre B-hjørne sig fra dem i den nederste venstre A-hjørne? Det gør der ikke, hverken alder, antal år i erhvervet, placeringen i stillingshierarkiet, arvet kapital eller akkumuleret kulturel kapital op over livsbanen tvinger særlige præferencer frem.

De voksne og drengene

Drengetemaet indledes med en anden case:

> *En ansat i en daginstitution (pædagog eller pædagogmedhjælper) er blevet irriteret på 5 årige Oliver, han har været en del på tværs i dagens løb og er nu blevet temmelig hårdhændet over for to af de mindre børn; den ansatte griber fat i Olivers overarm, trækker ham til side og skælder ham ud i en hård tone.*

> ☐ *Det er helt i orden, at den ansatte skrider ind og gør, som hun gør, for Olivers voldsomme opførsel kan hverken tolereres inden for eller uden for institutionen. (Udsagn C: Gruppe & Konformitet)*

> ☑ *Det er aldeles ikke i orden, at den ansatte skrider ind på den måde, i stedet ville jeg prøve at snakke med Oliver i fred og ro og forklare, hvordan hans handlinger kan ødelægge det for de mindre børn. (Udsagn A: Individ & Autonomi).*

Og det andet og sidste sæt af dilemmaudsagn:

> ☐ *Det er i orden, at den ansatte reagerer så kvikt på Olivers handling og irettesætter ham, for ser vi igennem fingre med den slags, risikerer vi, at det hele skrider. (Udsagn B: Individ & Konformitet).*

> ☑ *Oliver bør stoppes på den ene eller den anden måde, og derefter må vi finde en aktivitet, der kan sluse ham tilbage i børnegruppen. (Udsagn D: Gruppe & Autonomi).*

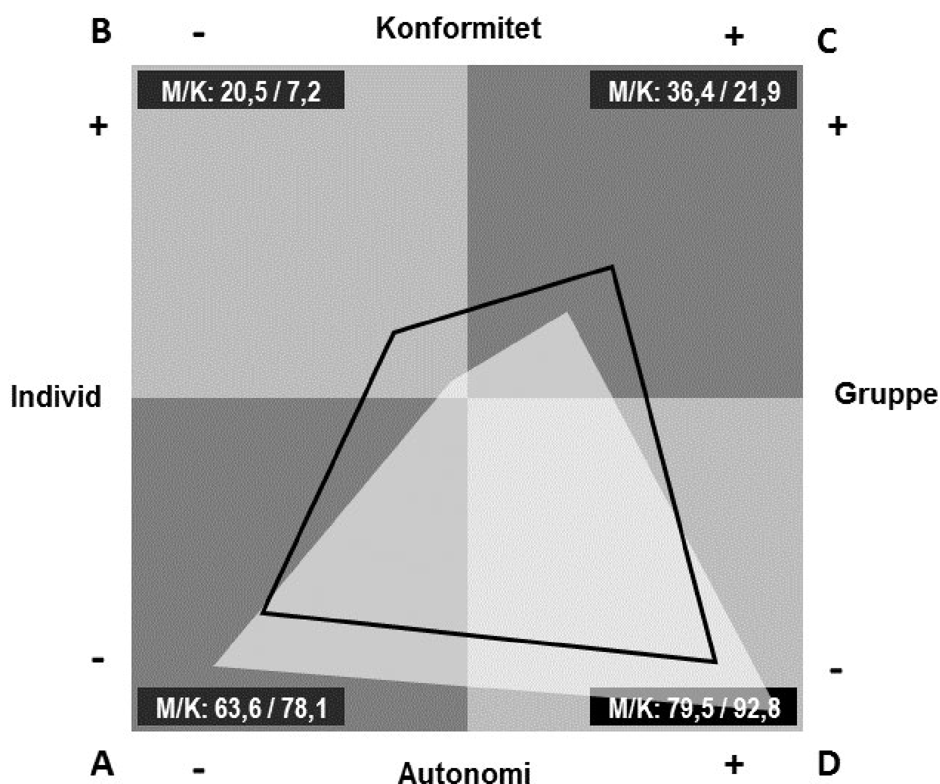
Svarprofilerne for disse to sæt af dilemmaspørgsmål er illustreret på samme måde i figur 3 som i figur 2.

Som figuren viser, får spørgsmålene om Oliver en anden fordeling frem i Douglas" model end ved pigetemaet. De mandlige og kvindelige ansatte er fælles om orienteringen "nedad" mod autonomi polariseret mellem individ og gruppe, dog insisterer de kvindelige ansatte lidt stærkere end mændene på svaralternativerne A og D. Som med pigetemaet kan heller ikke variationerne inden for drengeprofilen forklares med hverken respondenternes alder, antal år i erhvervet, placeringen i stillingshierarkiet, arvet kapital eller akkumuleret kulturel kapital op over livsbanen.

Forskningsprojektets konklusioner

Sammenfattende viser analyserne af de to sæt af dilemmaspørgsmål – pigetemaet og drengetemaet – at gruppen af mandlige og kvindelige respondenter har tilnærmelsesvist *identiske* orienteringer. Vi finder altså *ingen* kønsdelte præferencer blandt personalet når respondenter bliver konfronteret med pædagogiske kønsspørgsmål på denne måde.

Hvad betyder det, at respondenterne orienterer sig mod individ, og ikke gruppe under pigetemaet, som vist i figur 2, mens de har præferencer



Figur 3: Svarprofil for drenge-temaet fordelt på kvindelige (K) respondenter (den hvide rombe) og mandlige (M, rombe i sort omrids); svarfordeling for henholdsvis mandligt og kvindeligt personale i procent.

for autonomi og ikke konformitet for drengenes vedkommende som vist i figur 3?[3]

Først kan vi vise til, at både pige- og drengeprofilen har A-hjørnet til fælles, når man sammenholder figur 2 og 3. Den centrale forskel består i, at der i pigeprofilen indgår en konformitetsdimension (B-hjørnet, stærk GRID, svag GRUPPE), som er fraværende for drengenes vedkommende. Tilsvarende er drengeprofilen ene om gruppedimensionen (D-hjørnet, svag GRID, stærk GRUPPE). Pigerne mødes åbenbart med et stærkere integrativt ordens- og voksenregime end drengene bliver genstand for; de tilstås derimod en større tillid inden for børnehavens gruppesammenhænge jf. forskellen mellem D-polen i figur 2 og 3. Dette samsvarer med Palludans (2005) analyserer af de to "toner" i studiet af samspillene mellem voksne og børn i børnehaven, udvekslingstonen og undervisningstonen. Nogle børn bliver "talt med" som en fuldgod partner, andre talt "ned til". Blandt de børn som prøver at finde vej fra undervisningstonen til udvekslingstonen, er der nogen, som mislykkes. Og det er helt typisk pigerne. Ifølge Palludan (2005) falder det derimod ganske enkelt for drengene, især de etnisk danske, at respondere på det personalet gør og tale med de voksne om det, de voksne er optaget af.

Er der forskelle mellem det mandlige og det kvindelige personales svarvalg på dilemmaspørgsmålene i de *resterende* 11 cases fra børnehavens dagligliv, som tilsammen omhandler tolerance, børns kreativitet, deres manerer og høflighed, ordensarbejde, konkurrence, påpasselighed med børnehavens ejendele, morgensamlingen, børns overgang til skolen samt personalets relationer til forskellige forældregrupper. Også her er svarene nær identiske med de mønstre, som de to figurer illustrerer, det kvindelige og det mandlige personales svarprofiler er altså tilnærmelsesvis identiske i undersøgelsen som helhed, uanset at rekrutteringsmønstret adskiller sig fra hinanden i de to grupper. Der er dog et mønster i seks af de pædagogiske temaer, hvor de kvindelige respondenter er lidt mere tilbøjelige til at orientere sig

mod autonomisvar – A eller D – mens mændene omvendt orienterer sig mod konformitet, især mod C-hjørnet. Denne variation er imidlertid ikke så omfattende og stærk, at det giver anledning til yderligere analyser her.

Konklusionerne i vores forskning er ikke bare sammenfaldende med Løvgrens (2014), men også med den forskning Brandes, Röseler & Schneider-Andrich (2015) har gennemført i Tyskland. Brandes m.fl. har her observeret kvindelige og mandlige børnehaveansattes deltagelse i pædagogiske aktiviteter og heller ikke de kan afsløre væsentlige kønsforskelle i personalets faglige overvejelser og deres pædagogiske praksisser med børnene. Vores fund er også på linje med Andresen (1990). Hun iagttog bl.a. hvordan børnehavens pædagogiske personale *uanset* dets køn, mødte drengene og pigerne på forskellige måder. Således blev pigerne oftest hilst med at blive aet på kinden, mens drengene derimod får et klap på skuldrene.

Tager mændene over, hvor det kvindelige personale i børnehaven må give fortabt?

Nej, vores eget forskningsarbejde samt Andresens (1990), Løvgrens (2014) og Brandes m.fl. (2015) peger samstemmende på, at der *ikke* er manifeste forskelle i de måder, mænd og kvinder reagerer på, når de bliver udfordret på spørgsmål om arbejdet i børnehaven i al almindelighed og forholdet til drenge og piger specielt. Også andre forskningsarbejder har berørt den problemstilling, vi har undersøgt.

Palludan (2005) afdækker, hvordan flygtighed og samhørighed konkurrerer med hinanden i de voksnes samspil med børnene, og hvordan flygtigheden får overtaget. Det sker bl.a. når klokken, den institutionelle lineære tidsrytme dominerer, og når de voksnes overblik huserer, altså når ordensarbejdet tager over (Olsen 2007). Det fremgår ikke af Palludans forskning om det mandlige personale administrerer spændingen mellem flygtighed og samhørighed på en anden måde end det kvindelige personale. Det er heller ikke dokumenteret at det mandlige personale skulle administrere ordensarbejde samt irettesættelser og sympatihandlinger over for børnene i andre mønstre end det kvindelige jf. Olsen (2007).

De i øvrigt ganske få og metodisk selektive kvalitative studier rapporterer at mænd – ud over at varetage en stor del af de samme opgaver som det kvindelige personale i børnehaverne – også leverer et eget bidrag (Havung 2000; Røthing 2006, s. 114). Paradoksalt nok er der ingen, som har spurgt om ikke også det kvindelige personale gør en forskel og yder sine ekstraordinære bidrag til børnehavens levemiljø. Snarere defineres kvindernes bidrag som et problem, netop flere mænd skal kunne kompensere for.

I titlen lagde vi an til at problematisere gennemslagskraften af kønspolitiske bestræbelser på udviklingen af den pædagogiske praksis. Den forskning vi her har gennemgået er altså på kollisionskurs med den nationale og internationale politiske strømning, der skal få flere mænd ind i børnehavernes personalemasse. Dette giver anledning til at undersøge, om denne utakt kunne bero på, at de politiske opfattelser af køn har nogle indbyggede svagheder; vi spørger således om kønskonstruktionerne har karakter af essentialisme, indeholder stereotyper eller bygger på myter.

Kønsessentialisme

De politiske forståelser af kønsforskelle er generelt blevet kritiseret for at være binære ved at dikotomisere kønnene og for en essentialistisk forståelse af kvinder og mænd (Kvande 2007, s. 36; Nørgaard 2017, s. 81, s. 89). Kønsessentialismens problem ligger i at mænd tillægges nogle iboende og statiske kvaliteter blot i kraft af at de er mænd, og på samme måde for kvinder (Narayan 1998). En sådan reduktionisme overser, at der er flere måder å være mand på og være kvinde på, og giver næring til forestillingen om, at den krop du er født med fastlægger dine dispositioner, også de pædagogiske. Engagementet i mænds attråede særtræk beror således på en essentialisme samtidig som kønsforskningen og arbejdslivsforskningen

for længst har erkendt, hvordan kønsessentialisme overser alle variationer inden for og mellem kønskategorierne (Shields 2008; Özbilgin, Beauregard, Tatli & Bell 2011). En aktuel og bemærkelsesværdig massiv interesse for drengenes institutionsliv og relativt svage skolepræstationer målt med pigernes bygger i hele sit udgangspunkt på en kønsessentialisme (NOU 2019:3). Det ensidige kønsfokus er også blevet kritiseret for at overse de præmisser kvinder og mænd deler såsom klasse eller etnicitet (Acker 2007). ”Intersektionalitet” er en godt etableret analytisk strategi, som kan få frem, hvordan mennesker ikke bare tilhører en kønskategori, men også er knyttet til blandt andet klasse (Crenshaw 1989; Christensen & Siim 2006; Agustín 2013) og arbejdsliv (Jeanes, Knights & Martin 2012). Parallelt med dette vækker også den pædagogiske kønsforskning, vi her har adgang til, mistanken om en gøgeungeeffekt, hvor etnicitet- og især klasseperspektivet skubbes ud over kanten. Ved at inddrage alle sociale skillelinjer udfordrer samfundsvidenskaben alle de forståelser af køn, som baserer sig på en ”første natur”, biologisk forstået (Payne 2013). Den pædagogiske forsknings engagementer i det mandlige køn kan således være mindre kontroversielt, helliget konsensus og ikke konflikt, og med færre politisk indbyggede konflikter end etnicitet og især klasse.

Alligevel er politikken på området fremdeles snævert fokuseret på grundlæggende forskelle mellem kvinder og mænd med bl.a. kønskvotering som agenda. I argumentationerne for indsatsen finder vi gentagende påstande om at mænd pædagogisk har noget andet og mere at byde på end deres kvindelige kolleger (FLERE MÆND. TAK!, s. 5), at ”mænd giver grundlag for en anden type læring” når drengene kan ”spejle” sig i mænd og ikke kun kvinder (Gundersen 2014), eller ”Mange menn har lyst til å gjøre andre aktiviteter med barna enn det som tradisjonelt gjøres, og det kan være klokt å åpne opp for dette” (Friis 2006, s. 23). Alle disse påstande står som oftest uden belæg eller nuancering. Her ser vi at kvinde-mand dikotomien lukker og isolerer kønskategorierne og samtidig åbner for en positiv særbehandling af mænd i børnehaven. Kvinderne har netop ikke egne og unikke egenskaber i omgangen med børnene, de bliver hvad de mangler, fx kapaciteten til at være forbillede for børnene.

Ligestilling bliver således brugt ikke bare som et vigtigt argument mod kønsubalance, men tager også sigte på særbehandling af drengene, der tildeles et eget psykologisk behov for at spejle sig i voksne mænd (jf. Handlingsplan 2003; Stortingsmelding 7 2015; Nielsen 2005, s. 34-38; Friis 2006; Redegørelse 2016).

Stereotypier og myter

Begrundelserne for denne kønsmæssige omfordeling af personalet til børnehaven og indsatsen for at rekruttere flere mænd vækker også mistanke, fordi den medbringer en stereotyp forståelse af kvinder og mænd (Alvesson & Billing 2009); en forskningschef på et dansk University College leverer her den fulde bekræftelse på dette: ”Drenge har brug for at spejle sig i mænd og ikke kun i kvinder. Det giver dem en anden type læring. Det gør, at de kommer ud og får rørt sig mere, kan tale om fodbold og andre ting, som interesserer dem, hvilket har betydning for, hvordan de udvikler deres identitet” (Gundersen 2004).

Her kobles drengenes udvikling altså op mod kønnede egenskaber ved det mandlige personale. Samtidig er det ikke nøje undersøgt, hvorvidt kvinder og mænd faktisk bærer på disse forskellige pædagogiske præferencer og opdragelsesstile i børnehaven, eller om sådanne typer af forskelle overhovedet er knyttet til køn. Kønspolitiske projekter som ligestilling og efterlysningen af flere mænd i børnehavens personalemasse har imidlertid overset eller negligeret denne omstændighed (Paulsen, Rasmussen, Andersen & Hoydal 2014); da bliver det frit frem for politisk definerede ligestillingsprojekter, som uden videre kobler fra en snæver kønsargumentation til universelle løsninger (Bacchi 2014). Her fra kan mænds angivelige pædagogiske fortrin leve videre som ”institutionelle myter” i børnehaverne (Meyer & Rowan 1977). Med denne anerkendelse af mændene følger den samtidige miskendelse af kvindernes professionelle kompetencer, uden at de grundlæggende antagelser tages alvorligt og undersøges.

Gør mændene en forskel i børnehaven?

Svaret fra intentionerne i de politiske projekter, vi har omtalt er et klart "ja" til det spørgsmål. Denne vilje gør mændene til et middel, da målet med at øge deres andel er de gunstige effekter, mændenes tilstedeværelse antages at have for at løfte børnehavens drenge og dermed også for ligestillingen. Der er imidlertid ikke forskningsmæssige belæg for disse sammenhænge og den ønskede effekt i den forskning vi har præsenteret, så her fra bliver svaret på spørgsmålet et foreløbig "nej".

Når mændene skal rulles frem betyder det samtidig, at kvinderne må vige. Mændene løftes frem med deres attråværdige pædagogiske egenskaber i omgangen med især drengene, hvormed det kvindelige personale stemples som pædagogisk underlegne. Det vilde trumfer det milde, i kønssociologiske termer vinder en maskulinitet frem over for femininitet. Der foregår altså en omvendt værdsættelsesdiskriminering (Holst 2013, s. 193).

Personalets sociale handlinger og de diskursive konstruktioner af "dreng" og "pige" i børnehaven udøves typisk uden indblanding af pædagogens vidende bevidsthed, men i de habituelle dispositioners "dunkle verden" (Bourdieu 1999a, s. 177-178). Som selv opdragede opdragere stikker personalets kønnede pædagogiske handlinger altså så dybt, at de ikke lader sig tøjle af pædagogens bevidsthed og dermed heller ikke af politiske interventionsprogrammer. Her kan børnehaven effektuere en neutralisering af personalets baggrunde i form af social klasse og køn, da den som velfærdsinstitution har ligelig behandling af børnene som den helt principielle agenda. Og det kan være netop det, vores forskning har fanget op. Vores design rummer imidlertid ikke den nok så voldsomme politiske effektivitet, der lægger sig om personalet i form af Statens højre hånd. Denne paternalistiske og maskuline fraktion i Staten betjenes af den såkaldte "statsadel" i egenskab af embedspositionerne inden for de områder, der varetager alt med samfundsøkonomi, finanser og styring (Bourdieu 2011; 1999b, s. 181-184). Imidlertid ved denne Statens højre hånden mindre og mindre om, hvad venstrehånden udretter inden for udgiftstunge velfærdsordninger som børnehaver, skole og pleje- og sundhedssektoren, som i særgrad beskæftiger kvinder. Disse professioner er mere og mere henviste til at virkeliggøre de programmer, den patriarkale højrehånd holder i strategiens korte snor: "Staten har med sin fremkomst ratificeret forskrifterne og forbuddene i det private patriarkat og fordobler dem med et *offentlig patriarkats* forskrifter og forbud. Dette offentlige patriarkat er indskrevet i alle de institutioner, det pålægges at forvalte og regulere den hjemlige enheds daglige eksistens" (Bourdieu 1999, s. 112).

Det kvindelige personale bliver på den måde ramt af Statens højre hånd to gange, først af selve den ignorerende styringsrationalitet og derpå af den strukturelt beroende udmærkelse mændene tildeles i kraft af deres køn på det feminines bekostning. Og muligvis også en tredje gang derved at positioner inden for også den pædagogiske kønsforskning ligger og pendler frit frem og tilbage mellem en forpligtelse på den egentlige forskerrolle og en politisk styret konsulentrolle.

Skal man udvikle dybere indsigter i reproduktion, køn og pædagogik ser vi den historiske tilblivelse af arbejdsdelinger og dominansrelationer kønnene imellem som en farbar og stort set uprøvet forskningsvej. For måske er det på dette historiens kulturelle bagtæppe af upåagtet symbolsk maskulin dominans, man skal finde højrehåndsstatens og andres beundrende længsel efter manden.

At dele mennesker op i køn er ligeså gammeldags som en Nokia 3310.

Mansoor Hussain (17)
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i avisen Aftenposten

Noter

1 Denne artikel indgår i rækken af publikationer, hvor hovedærindet er at undersøge om det pædagogiske personales social oprindelse og livsbane sætter spor i dets pædagogiske praksis og værdier; i sin helhed er det publiceret i *The journal of International Research in Early Childhood Education* med titlen "Does cultural capital matter in professional settings? Educational value profiles among the personnel in kindergartens" (Olsen 2019). Forskningsprojektets hovedærinde er også formidlet i følgende to artikler, "Sammenhænge mellem social oprindelse og pædagogiske profiler blandt personalet i danske børnehaver" i tidsskriftet *Praktiske Grunde* (Olsen 2015) samt i *Nordic Early Childhood Education Research* med titlen "Magt & meninger: Pædagogiske værdiprofiler blandt personalet i danske børnehaver" (Olsen 2015a). Et specialstudie er publiceret i *Gjallerhorn,* titlen er "Mener du virkelig det?! – Fire pædagogiske værdiprofiler i børnehaven" (Olsen 2014). Et delstudie omhandler det pædagogiske personales indstillinger til den proces, hvor de afslutter opholdet i børnehaven for senere at blive elev i skolesystemet, den såkaldte "overgang" fra børnehave til skole (Olsen 2015b). Hele forstudiet til projektet er udgivet som bog med titlen "Når pædagogikken bringer mennesker sammen: En eksperimentel rejse gennem byens sociale geografi og alle dens børnehaver" (Olsen 2009). "Børnehave" bruges i artiklen som samlebetegnelse for kommunale og private dagtilbud for børn op til skolealderen i form af vuggestuer, børnehaver og aldersintegrerede institutioner; termen "børnehave" har pædagogiske konnotationer i modsætning til den officielle taksonomis "daginstitution" og "dagtilbud". For at kunne udstrække temaet om køn, børnehave og politik på så nuanceret som muligt trækker vi på det materiale vi har til rådighed af kilder fra både Danmark og Norge. Der er udgivet et stort antal rapporter, vejledninger, konsulentbidrag, materialer til pædagoguddannelsen og flere andre indspil om mænd i børnehaven, om rekruttering af mænd, samt om ligestilling mellem kønnene i børnehaven, især mellem drenge og piger. Vi har alene anvendt de dele her af som er relevante for vores problemstilling, teori og empiri. En egentlig strukturering, gennemgang og analyse af hele dette kildeunivers er en selvstændig opgave i sig selv.

2 Det er på denne baggrund at vi kan bevæge os nok så tvangfrit mellem det diskursive plan og kropsligt praktiske. I teoretiske termer er det de samme dispositioner som generer krydset i spørgeskemaet, og som også giver respondentens pædagogiske virksomhed retning og valør.

3 Vi skal gøre opmærksom på, at pigetemaets spørgsmål jo ikke er det samme som drengetemaet, det er derfor to forskellige sæt af dilemmaspørgsmål, vi sammenligner.

Appendiks

			Stilling			Total
			Ledelse	Pædagog	Medhjælper	
Køn	Kvinde	N	102	376	146	624
		%	*16,3*	*60,3*	*23,4*	*100,0*
	Mand	N	8	21	16	45
		%	*17,8*	*46,7*	*35,6*	*100,0*
Sum		N	110	397	162	669
		%	*16,5*	*59,3*	*24,2*	*100,0*

Tabel 1: Stilling i børnehaven fordelt på køn.

			Køn		Sum
			Kvinde	Mand	
Erhverv	Selvstændig erhvervsdrivende	N	100	6	106
		%	*20,4*	*14,3*	*20,7*
	Pædagogiske erhverv	N	46	8	54
		%	***9,4***	***19,0***	*10,2*
	Håndværker	N	147	9	156
		%	*30,1*	*21,4*	*29,4*
	Transport/kontor/ lager/service	N	44	5	49
		%	*9,0*	*11,9*	*9,2*
	Maskinbetjening	N	69	7	76
		%	*14,1*	*16,7*	*14,3*
	Ledelse/akademiker/ tekniker	N	83	7	90
		%	*17,0*	*16,7*	*16,9*
Total		N	489	42	531
		%	*100,0*	*100,0*	*100,0*

Tabel 2: Personalets køn fordelt på fars erhverv.

			Køn		Sum
			Kvinde	Mand	
Erhverv	Selvstændig erhvervsdrivende / medhjælpende ægtefæller	N	153	7	160
		%	*31,2*	*16,3*	*30,0*
	Pædagogik og omsorg	N	154	22	176
		%	***31,4***	***51,2***	*33,0*
	Kontor/maskinbetjening/ håndværk	N	103	10	113
		%	*21,0*	*23,3*	*21,2*
	Hjemmegående	N	80	4	84
		%	*16,3*	*9,3*	*15,8*
Total		N	490	43	533
		%	*100,0*	*100,0*	*100,0*

Tabel 3: Personalets køn fordelt på mors erhverv.

			Køn		Sum
			Kvinde	Mand	
Erhverv	Selvstændig erhvervsdrivende	N	112	1	113
		%	*23,4*	*3,7*	*21,2*
	Pædagogiske erhverv	N	68	13	81
		%	***14,2***	***48,1***	*15,2*
	Håndværker	N	113	2	115
		%	*23,6*	*7,4*	*21,6*
	Transport/kontor/ lager/service	N	50	4	54
		%	*10,4*	*14,8*	*10,1*
	Maskinbetjening	N	49	2	51
		%	*10,2*	*7,4*	*9,6*
	Ledelse/akademiker/ tekniker	N	87	5	46
		%	*18,2*	*18,5*	*8,6*
Total		N	479	27	533
		%	*100,0*	*100,0*	*100,0*

Tabel 4: Personalets køn fordelt på partners erhverv.

Litteratur

Aabro, C. (2016). *Koncepter i pædagogisk arbejde*. Hans Reitzel.

Acker, J. (2000). Revisiting class: Thinking from gender, race, and organizations. *Social Politics: International Studies in Gender, State & Society*, *7*(2), 192-214.

Agustín, L. R. (2013). *Gender equality, intersectionality, and diversity in Europe*. Palgrave Macmillan.

Alvesson, M., & Billing, Y. D. (2009). *Understanding gender and organizations*. Sage.

Andresen, R. (1990). Kjønn og kultur, forskjell og fortolkning. *Sosiologi i dag*, 53-75.

Bacchi, C. (2012). Why study problematizations? Making politics visible. *Open Journal of Political Science*, *2*(01), 1.

Birkelund, G. E., & Petersen, T. (2003). *Det norske likestillingsparadokset: kjønn og arbeid i velferdssamfunnet*. I Kjølsrød, L. og Frønes, I: *Det norske samfunnet*. Oslo: Gyldendal akademisk.

Bourdieu, P. (1999). *Den maskuline dominans*. Tiderne Skifter.

Bourdieu, P. (1999a). *Meditasjoner; méditations pascaliennes.* Oslo: Pax Forlag.

Bourdieu, P. (1999b). *The Weight of the World. Social Suffering in Contemporary Society.* Polity Press.

Bourdieu, P. (2011). Statens venstre og høyre hånd. I *Agora. Journal for metafysisk spekulasjon*, nr. 1, 166-173.

Brandes, H.; Andrä, M.; Röseler, W., & Schneider-Andrich, P. (2015). Does gender make a difference? Results from the German "tandem study" on the pedagogical activity of female and male ECE workers. *European Early Childhood Education Research Journal*, 23:3, 315-327.

Christensen, A-D., & Siim, B. (2006). Fra køn til diversitet – intersektionalitet i en dansk/nordisk kontekst. *Kvinder, Køn & Forskning*, (2-3).

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1(8).

BUPL (2015). BUPL's medlemmer fordelt på køn og type arbejdsplads. http://www.bupl.dk/presse/statistik_om_boern_og_paedagoger/medlemmer_fordelt_paa_koen_og_type_arbejdsplads?OpenDocument. Senest opdateret 02-02-2015.

Dolk, K. (2011). Genuspedagogiskt trubbel. Från en kompensatorisk till en komplicerande genuspedagogik. I Lenz Taguchi, Hillevi, Bodén, Linnea & Ohrlander, Kajsa (red.) *En rosa pedagogik. Jämställdhetspedagogiska utmaningar*. Stockholm: Liber.

Douglas, M. (1978). *Cultural bias*. Paper no. 34, Royal Anthropological Institute of Great Britain and Ireland. Douglas, M. (1975). *Naturlige symboler*. København: Nyt Nordisk Forlag Arnold Busck.

Epinion. (2013). *Mænd og kvinder på kønsdominerede uddannelser Samlet rapport*. Aarhus/København: Epinion.

FLERE MÆND. TAK! Forslag til rekruttering og fastholdelse af mandlige medarbejdere i den kommunale pasning, omsorg og pleje. (2009). KL og KTO/FOA – Fag og Arbejde.

Friis, P. (2006). *TEMAHEFTE om menn i barnehagen, om å rekruttere og beholde menn i barnehagen*. Kunnskapsdepartementet.

Friedmann, J. (2012). Der Y-Faktor. *Der Spiegel*. Nr. 36, 3. september.

Gundersen, R. (2004). *5.000 flere mænd i daginstitutioner.* http://www.boernogunge.dk/internet/boernogunge.nsf/0/1888FA9D85BC0077C1257CA100449298?opendocument

Handlingsplan (2003). *Den gode barnehagen er en likestilt barnehage. Handlingsplan for likestilling i barnehagene 2004–2007*. Barne- og familiedepartementet. https://www.regjeringen.no/globalassets/upload/kilde/bfd/pla/2004/0001/ddd/pdfv/205598-q-1071-likestilling.pdf

Havung, M. (2000). *Anpassning till rådande ordning: en studie av manliga förskollärare i förskoleverksamhet*. Institutionen för pedagogik, Lärarhögskolan i Malmö.

Holst, C. (2013). Likestilling. *Tidsskrift for kjønnsforskning*. Årg. 37, nr. 2, s. 191-198.

Holt, H., Geerdsen, L. P., Christensen, G., Klitgaard, C., & Lind, M. L. (2006). *Det kønsopdelte arbejdsmarked. En kvantitativ og kvalitativ belysning.* SFI – Det Nationale Forskningscenter for Velfærd 06:02.

Jeanes, E., Knights, D., & Martin, P. Y. (Eds.). (2012). *Handbook of gender, work and organization*. John Wiley & Sons.

Kaare, J. (2014). Ligestilling. Mandlige pædagoger skaber god balance. *BØRN & UNGE*, nr. 3.

Kvande, E. (2007). *Doing gender in flexible organizations*. Bergen: Fagbokforlaget.

Lønkommissionens redegørelse (2010). *Løn, køn, uddannelse og fleksibilitet, bind II*. Albertslund: Rosendahl – Schultz Grafisk.

Løvgren, M. (2014). *Gender traditionalism at work?* In *Professional boundaries. The case of childcare workers in Norway*. Doktorgradsavhandling, Høgskolen i Oslo og Akershus.

Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American journal of sociology*, 340-363.

Narayan, U. (1998). Essence of culture and a sense of history: A feminist critique of cultural essentialism. *Hypatia*, *13*(2), 86-106.

Nielsen, S. B. (2005). *Mænd og daginstitutionsarbejdets modernisering: Teoretiske, historiske og etnografiske perspektiver på sammenhænge mellem køn, pædagogisk arbejde og organisering i daginstitutioner*. Ph.d.-afhandling, Roskilde Universitetscenter.

Nielsen, S. B. (2017). Mænd i pædagogisk arbejde. I *Køn, seksualitet og Mangfoldighed*. (s. 97-121). Frederiksberg: Samfundslitteratur.

NOU, Norges Offentlige Utredninger (2019). Nye sjanser – bedre læring. Kjønnsforskjeller i skoleprestasjoner og utdanningsløp. Oslo: Kunnskapsdepartementet, 2019:3

Nørgaard, C. (2017). Nordiske perspektiver på ligestilling i pædagogisk praksis. I *Køn, seksualitet og Mangfoldighed*. (s. 77-95). Frederiksberg: Samfundslitteratur.

Olsen, B. (2007). *Pædagogik, pædagogmedhjælpere og pædagoger – arbejdsdelinger og opdragelsespraksis i daginstitutionen*. Viborg: Forlaget PUC.

Olsen, B. (2009). *Når pædagogikken bringer mennesker sammen: En eksperimentel rejse gennem byens sociale geografi og alle dens børnehaver.* Viborg: VIA/Systime.

Olsen, B. (2014). *Mener du virkelig det?!* – Fire pædagogiske værdiprofiler i børnehaven. *Gjallerhorn* nr. 19, 72-84.

Olsen, B. (2014a). Kunnskap og symbolsk dominans: en studie av kampen om barnehagen. *PAIDEIA* nr. 7, 6-14.

Olsen, B. (2015). Sammenhænge mellem social oprindelse og pædagogiske profiler blandt personalet i danske børnehaver. *Praktiske Grunde. Nordisk tidsskrift for kultur- og samfundsvidenskab*, nr. 3-4, 2015, 57-114.

Olsen, B. (2015a). Magt & meninger: Pædagogiske værdiprofiler blandt personalet i danske børnehaver. *Nordisk barnehageforskning/Nordic Early Childhood Education Research.* Vol. 9 nr. 5, 1-17.

Olsen, B. (2015b). Foregribelsens dialektik: "skolens" nærvær i børnehavens pædagogiske værdiunivers. *Nordisk barnehageforskning/Nordic Early Childhood Education Research.* Volume 11 nr. 3.

Olsen, B. (2019). Does cultural capital matter in professional settings? Educational value profiles among the personnel in kindergartens. *The journal of International Research in Early Childhood Education. 8*(1).

Palludan, C. (2005). *Børnehaven gør en forskel*. Aarhus Universitetsforlag.

Paulsen, A. A., Rasmussen, S. R., Andersen, D. W., & Hoydal, D. (2014). *Mandlige pædagoger til småbørnsinstitutioner søges*. Speciale, Roskilde universitet. Institut for Samfund og Globalisering.

Payne, G. (Ed.). (2013). *Social divisions*. Palgrave Macmillan.

Redegørelse / Perspektiv- og handlingsplan. (2016). Ministeriet for Børn, Undervisning og Ligestilling. http://www.uvm.dk/Service/Publikationer/Ligestilling

Rokkjær, Å. (2007). *Pædagogik – refleksion og faglighed*. Semi-forlaget.

Røthing, R. (2006). *Mann i kvinneland. En kvalitativ studie av kjønnsforming blant menn i kvinnedominerte yrker*. Universitet i Oslo.

Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles*, *59*(5), 301-311.

Statistisk sentralbyrå (2015). Barnehager, 2015, endelige tall https://www.ssb.no/utdanning/statistikker/barnehager/aar-endelige/2016-04-20.

Stortingsmelding 27. (1999). *Barnehage til beste for barn og foreldre*. Barne- og familiedepartementet.

Stortingsmelding 7. (2015). *Likestilling i praksis. Like muligheter for kvinner og menn*. Barne-, likestillings- og inkluderingsdepartementet.

Wahlström, K. (2005): *Piger, drenge og pædagoger. Ligestillingspædagogik i praksis.* Forlaget Børn & Unge.

Özbilgin, M. F., Beauregard, T. A., Tatli, A., & Bell, M. P. (2011). Work–life, diversity and intersectionality: a critical review and research agenda. *International Journal of Management Reviews*, *13*(2), 177-198.

What does it take to look like a woman?

Eric Plemons:

The Look of a Woman: Facial Feminization Surgery and the Aims of Trans- Medicine

Duke University Press, 2017. 192 pages. Price: 23,95 USD.

What does it take to look like a woman? As trivial as this question might seem for some, for others it is a matter of living a livable live. While feminist critique, queer subversion, and trans activism have contributed to the destabilisation of gender in many contexts, gender as an everyday norm that makes life (un)livable is alive and well. And while gender as a norm might be said to influence everyone's lives, its regulatory dimensions and (dis)empowering potency are certainly felt more intensely by some people than by others. Looking like a woman might thus be understood as a performative accomplishment with effects for people's well-being since it potentially decides what options someone will have to live the life they envision for themselves.

Eric Plemons' *The Look of a Woman: Facial Feminization Surgery and the Aims of Trans- Medicine* gives an account of what this accomplishment looks like in the life of trans women and their surgeons. Based on ethnographic fieldwork among women who undergo surgical procedures aimed at feminising their face and among surgeons who offer these procedures, Plemons asks readers to witness what is at stake for everyone involved in the (incomplete) process of creating the look of a woman. Inviting readers to explore this performative space made up of operating rooms, surgical procedures, health care politics, medical histories, trans activism, and trans women's life stories, he uses ethnography to go against "any simple narrative of what this surgery can" and cannot do (p. 20). He immerses readers in the joys and pains and in the (broken) promises and (un)fulfilled dreams of surgery as a gendered and gendering practice with this captivating ethnography.

One of the focal points of Eric Plemons' sensitive ethnography is the term 'recognition'. Offering recognition as an alternative to the concept of passing, Plemons intervenes in debates within trans and gender studies and trans activism about the use of passing as a way to describe and analytically comprehend how gender works (or not). As he argues, recognition "offers a set of analytical tools and stakes that move beyond questions of authenticity and artifice, truth and falseness,

duplicity and strategy that often structure discussions of passing." (p. 15) Wanting to explicitly avoid thinking within dichotomies of right and wrong and good and bad, Plemons' use of recognition envisions the term both as an ontological description of how to comprehend trans women's efforts to be seen and understood as the women they want to be as well as an epistemological device for scholars attending to gender as an analytical object. As such an onto-epistemological concept, Plemons uses recognition to "see FFS (facial feminisation surgery) as suspended in tensions" (p. 15) rather than situating it as either success or failure since "[r]ecognition is a dynamic process of exchange, not a negotiation of 'true' and 'false' identities." (p. 91)

With such a focus on recognition, the book's different chapters provide a chronology of facial feminisation surgery (FFS) in at least a triple sense. While they take the reader from the origins of the procedure, its refinement and development as part of US trans medicine, to its practice and commercialisation today through the lens of its practitioners, the chapters also attend to facial feminisation surgery as the endeavour of women wanting to be recognised the way they envision themselves while also being members of a community divided by the question whether facial feminisation surgery in its current form is just and whether it is helpful for trans activism. Yet the book is also a chronology of how ways of imagining gender in medical practice and feminist thought have developed with, through, and sometimes against the efforts of trans people and their surgeons.

In chapter one, Eric Plemons retraces the history of facial feminisation surgery by going into detail with how its inventor, the surgeon Douglas Ousterhout, developed the procedure. Providing insights into the conceptual thought universe of the surgeon and critically examining the research and concepts Ousterhout uses to develop facial feminisation surgery, Plemons shows how influential ideas about the performativity of gender actually were in the reformulation of trans surgery. Chapter two compares different approaches to providing care and expertise for women seeking facial feminisation surgery. Contrasting Ousterhout's approach with that of another surgeon, Joel Beck, Plemons marks the shift in trans-surgery from operating on a pathologised body towards operating on a body to reach its fullest potential. As Plemons then goes on to show in chapter three, the success of facial feminisation surgery and the shift explored in chapter two heavily depend on the mobilisation of affect in the relations between surgeons and patients. While some might say surgical procedures are effective in and of themselves as medical interventions, Plemons argues that the effectiveness of facial feminisation surgery also depends on the affective dimensions of the clinical encounter between surgeon, patient, and the staff that take care of patients before and after surgery. In the book's fourth chapter, Plemons visits the societal, political, and activist contexts in which facial feminisation surgery as a social technology is embedded. What emerges here is the complexity of recognition that goes beyond a simple decision of passing as a woman or not. The political economies of recognition take centre stage here, reminding the reader that individual dreams and hopes are, for good and bad, always connected to larger collectives. Chapter five takes the reader into the operating room to witness how facial feminisation surgery is actually done. While all chapters are proof of Plemons' ethnographic skills, it is in this chapter that the strengths of his ethnographic analysis and writing become beautifully visible. Weaving his own ethnographic positionality sensitively together with the violence of the procedure as well as with the women's visions of their future selves, this chapter grounds scholarly discussions of the malleability of gender in the ethnographic account of bodies and identities being worked on, or as he writes himself: "Projects of political and philosophical imagination are vital to our collective spirit; they give us something to look forward to, a future worth working for. But the present isn't only a moment to be surpassed. Being present with Rosalind and other FFS patients meant remaining in complexity and contradiction without looking for relief and letting the gravity of this radical surgery have its way." (p. 133) In chapter six, the narratives of women having undergone

facial feminisation surgery are in focus as Plemons tells the stories of three patients – Rachel, Jill, and Zoe. While Rachel's and Jill's stories are filled with optimism about the transformative potential of the surgery, Zoe's account is characterised by disappointment about its failure. Yet no matter how the individual woman judges the accomplishment of looking like a woman, their stories remind us that recognition is more complex than the claim that it is realised through a certain medical intervention. Recognition is a process as part of which (trans)gendered bodies are actualised in the social encounter.

The Look of a Woman: Facial Feminization Surgery and the Aims of Trans- Medicine is a superb ethnographic account of gender in the making. Eric Plemons has given us a riveting book about the enticing force of gender – as part of medical practice, health politics, activism, and not least people's visions of themselves. And as such this book belongs on the syllabi and reading lists of anyone in gender studies.

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Intersectionality done right

Disability, war, race, work, capitalism, gender and embodiment

Jasbir K. Puar:

The Right to Maim – Debility, Capacity, Disability

Duke University Press, 2017. 296 pages. Price: 26,95 USD.

Sometimes a book stays with you long after you turned over its last page. Most scholars probably have a handful of favourite books that they keep returning to. I know I do. Books I keep close by or prefer to take with me because they always somehow 'turn out useful' no matter what I'm working on. This can be the case for many reasons – some of my favourite books unfold difficult theory much clearer than I myself can ever manage to do and others simply inspire me with their language, perspectives and idealisms. For this reason, books like *Extraordinary Bodies* (1997) by Rosemarie Garland-Thomson, *Exile and Pride* (1999) by Eli Clare and *Feminist, Queer, Crip* (2013) by Alison Kafer are hardly readable anymore due to all my notes on their pages – or even recognisable *as* books anymore. *The Right to Maim* by Jasbir Puar has quickly added itself to this list of favourites that, over and over again, call on me to re-read, think about, and engage with their ideas and critiques.

Enough of the small talk, what's it about?

According to Puar herself *The Right to Maim* is "(…) first and foremost about biopolitics" (p. xxv). Building on the theoretical framework of assemblage theory by Deleuze and Guattari, Puar considers the mechanism by which debility, disability and capacity are employed under neoliberalism in order to produce and maintain precarious populations. Within this framework, disability becomes an assemblage of sensations, affects, and forces rather than an identity. Drawing also on the work of Lauren Berlant, Puar pays special attention to the interdependent relationship between bodily capacity and bodily debility in her search for an answer to the question: Which bodies are made to pay for 'progress'? (p. 13). Using examples that span from gay youth suicide and the "It Gets Better" campaign to Israeli occupation and oppression strategies, Puar argues that neoliberalism's

heightened demands for bodily capacity simultaneously produce and mark out populations for "(…) 'slow death' – the debilitating ongoingness of structural inequality and suffering" (p. 1). Rather than opposites, capacity and debility are in fact "generated by increasingly demanding neoliberal formulations of health, agency, and choice – what I call liberal eugenics of lifestyle programming – that produce, along with biotechnologies and bioinformatics, population aggregates" (p. 13). According to Puar, it is this ongoing and (seemingly) never-ending biopolitical population control and evaluation of *all* bodies "(…) in relation to their success or failure in terms of health, wealth, progressive productivity, upward mobility, [and] enhanced capacity" (p. 15) that propagate the construction of both failed and capacitated bodies. A large portion of the book focuses on the Israel/ Palestine conflict, and in particular the mass-scale injuries inflicted on Palestinian bodies by the Israeli state in the name of defence. In contrast to a state's "right to kill", the "right to maim", which is often thought of as the more 'humane' alternative, implies the liberty to injure bodies in the name of defence. Such maiming, according to Puar, leaves the Palestinian people in a debilitating state (in several ways) of 'slow death'. Maiming, then, is about producing precarious populations and keeping them scarcely alive because it is more profitable than exterminating them all together.

Puar's objections – and mine

Like in *Terrorist Assemblages* (2007), Puar's thinking is anything but conventional and she further develops her thoughts on and use of assemblage theory. Perhaps for this reason, Puar also in *The Right to Maim* dismisses disability as an individual identity as well as the otherwise popular *social model of disability.* Used by many disability scholars in their theorisation of disability the model distinguish between impairment (e.g. bodily differences and/or intellectual, physical, sensory, or psychological variations in people) and disability (systemic and excluding structural barriers in society that contribute to the *disabling* of people). For Puar however, such categories are too rigid in explaining the complex mechanism that produce capacity, debility and disability. Instead Puar puts forward a new biopolitical concept, the right to maim, in order to unfold the mechanisms producing both capacitated and failed bodies. Thus, according to Puar, the disability activist movement, while admirable for its hard work and accomplishments in securing help for people with disabilities, needs to broaden its scope and realise that *capitalism* is what is both producing and sustaining the 'need' for precarious population. Thus, within a capitalist logic mutilation and amputation following accidents "are part of the biopolitical scripting of populations available for injury, whether through labor or warring or both" (p. 64). What I find particularly remarkable about *The Right to Maim* is the global perspective on disability that Puar applies. Very convincingly (and effortlessly it seems, hence the title of this review) she uncovers and discusses the many and complex interrelations between race, embodiment, gender, war and work (to mention just a few), and in doing so she emphasises that individual, local or even national explanations of (not to mention solutions to) the inequalities structuring (dis)ability are inadequate and need to be broadened.

As disability scholar Lennard Davis in his review[1] of *The Right to Maim* has already pointed out though, Puar's impressive web of thought-provoking insights and complex critiques can – however impressive they may be – prove somewhat difficult for many in the disability community to 'put into use' in their everyday practices. I agree with Davis that while the work of Puar (and especially her global perspective on disability) is highly important, it is equally important to remember that disability, pain and suffering is an ongoing, never-ending and 'everyday' experience for many who want and need to see change here and now. One might therefore (and rightfully so, I think) be somewhat sceptical of the 'usefulness' of an exceedingly academic, theoretical and philosophical analysis of and approach to disability.

So, who will find this book useful? While not everyone will necessarily agree with Puar on all her conclusions, anyone interested in disability studies

should read this book. Anyone working with intersectionality or assemblage theory should do the same. And anyone who wants to introduce Puar's thoughts and critiques to their students should do so, but make sure to provide a helping hand in dissecting and digesting it. In conclusion then, *The Right to Maim* is on the one hand and without a doubt a highly(!) intellectual and not at all an easy read, but it does, on the other hand, offer new and extremely important insights into critical disability studies – an academic field many (if not most) of us need to know much, much more about it.

CAMILLA BRUUN ERIKSEN, Assistant Professor at the Department for the Study of Culture, University of Southern Denmark.

Note

[1] https://criticalinquiry.uchicago.edu/lennard_davis_reviews_the_right_to_maim/ (accessed July 22nd 2019)

Literature

Clare, E. 1999. *Exile and Pride. Disability, Queerness & Liberation.* Boston: South End Press.

Garland-Thomson, R. 1997. *Extraordinary Bodies. Figuring Physical Disability in American Culture and Literature.* New York: Columbia University Press.

Kafer, A. 2013. *Feminist, Queer, Crip.* Bloomington & Indianapolis: Indiana University Press.

Puar, J. 2007. *Terrorist Assemblages. Homonationalism in queer times.* Durham & London: Duke University Press.

Vigtig bog om køn i sygepleje går skævt i byen

Ben Farid Røjgaard Nielsen:

Køn i sygeplejepraksis

Forlaget Samfundslitteratur, 2018. 114 sider. Pris: 119,95 kr.

”Køn i sygeplejerskepraksis” er den første i en ny serie rettet mod sygeplejerskestuderende og er tiltænkt at give de studerende et ”let tilgængeligt overblik” indenfor en række temaer, i dette tilfælde køn. Ulighed i sundhed med baggrund i køn gør dette til en særdeles tiltrængt bog, men at formidle et så stort og mangefacetteret område som køn og sundhed på små 100 sider er lidt af en opgave. Personligt havde jeg nok afvist dette som muligt.

Bogen er opbygget med et kort introducerende kapitel om kønsforskelle i reaktion på sygdom, og en række korte kapitler om specifikke sygdomsområder og dertil studierepeterende spørgsmål. Bogen afsluttes med en perspektiverende del samt konkrete anbefalinger og refleksioner. Helt som forlaget lægger op til er formatet kort, sproget er lægmandssprog uden fagspecifikke termer, og de studierepeterende spørgsmål meget enkle. Bogen er således studierelevant litteratur men i den lette ende af genren.

Farid Nielsen skriver i forordet at det udfordrende ved at skrive en bog om køn skyldes omdrejningspunktet biologi/kultur og i hvilken grad køn er formet heraf: ”I denne bog er svaret et både-og. Det ligger som en helt grundlæggende præmis i bogen, at mennesket har et biologisk køn såvel som et socialt køn. Lige så umuligt det er at adskille plat fra krone på en mønt, lige så lidt giver det mening at adskille det biologiske køn fra det sociale køn. Patienter må derfor ses som biologisk-sociale væsener, der har et biologisk køn men også et socialt køn, der ændrer sig, i takt med at samfundet ændrer sig” (s.9). Det sociale køn ses altså dels adskilt fra det biologiske, men også som modsætning hertil ved at være formbart og ikke-statisk. Underforstået er det biologiske køn altså fixeret og upåvirkeligt af den sociale og kulturelle kontekst det indgår i. Det ér bare, og bogens budskab videreformidler så, at der dertil findes et socialt og kulturelt påvirkeligt køn som man er nødt til at medtænke i sygeplejen. Det er i sin insisteren på denne grundpræmis for bogen, at Farid Nielsen i mine øjne går, om ikke galt, så i hvert fald skævt, i byen. For kan man egentlig med god samvittighed foretage en sådan opdeling? Kan man friholde biologien, og dermed det ’biologiske køn’,

fra en kulturel påvirkelighed? Historisk har netop (kvinder og minoriteters) kroppe og 'biologi' altid stået i centrum for magtens styringsmekanismer, og en så rigid opdeling af hvad der er biologi og hvad der er kultur, ser jeg helt enkelt ikke belæg for at hævde i dag. Som minimum kunne forfatteren have foretaget en tydelig definition af 'biologisk køn'. At der er fysiologiske forskelle bundet til kroppe med bestemte kønstegn er jo både reelt og relevant, mens det at antage at folk har et egentligt biologisk køn de ikke kan rende fra og at det findes en egentlig statisk begribelig biologi, ikke er det. Ved en klar definition kunne man således have åbnet for, at også biologi (og den dertil knyttede forskning) ligeledes er genstand for skiftende fortolkninger over tid og ikke blot den urørlige pendant til det sociale.

Grundlæggende kan man spørge om det, at ulighed og forskelsbehandling bunder i en binær kønsforståelse indenfor rammerne af et patriarkalsk samfund med stor kønsulighed, også bør lede til løsninger indenfor samme ramme således som forfatteren lægger op til her? Bogen udpeger hvordan køn, og det ikke at medtænke det i sin sygeplejefaglige tilgang, leder til under- og fejlbehandling, giver ringere udkomme af behandlingen og i nogle tilfælde marginaliserer patienter som undlader at opsøge hjælp i tide. Men bogen reproducerer også samtidig en række kønsstereotyper og det skaber et rodet indtryk, hvor man som læser efterlades forvirret.

Der formidles forskning som viser at mænd og kvinder har forskellige reaktioner og copingmekanismer på hv. Sygdom og rehabilitering og at dette medfører en kønsbetinget ulighed i sundhed og behandling. Som løsning løfter bogen at dette bør imødegås ved at medtænke køn i behandlingen. Der gives så forskellige eksempler på hvordan dette kan gøres, men nogle af disse løsningsforslag savner helt enkelt en argumentation for *hvorfor* denne løsning skal bindes op på køn. Et eksempel er i afsnittet om apopleksi (neurologiske senfølger efter hjerneskade), hvor det indledende nævnes at der ikke findes "meget nyere forskning" om mænds oplevelser heraf. Derefter præsenteres Sundhedsstyrelsens anbefalinger om kønsspecifikke rehabiliteringsaktiviteter, hvoraf systematiske præstations- og funktionsmålinger

"Køn i sygeplejerskepraksis" er den første i en ny serie rettet mod sygeplejerskestuderende og er tiltænkt at give de studerende et "let tilgængeligt overblik" indenfor en række temaer, i dette tilfælde køn. Ulighed i sundhed med baggrund i køn gør dette til en særdeles tiltrængt bog, men at formidle et så stort og mangefacetteret område som køn og sundhed på små 100 sider er lidt af en opgave. Personligt havde jeg nok afvist dette som muligt.

Bogen er opbygget med et kort introducerende kapitel om kønsforskelle i reaktion på sygdom, og en række korte kapitler om specifikke sygdomsområder og dertil studierepeterende spørgsmål. Bogen afsluttes med en perspektiverende del samt konkrete anbefalinger og refleksioner. Helt som forlaget lægger op til er formatet kort, sproget er lægmandssprog uden fagspecifikke termer, og de studierepeterende spørgsmål meget enkle. Bogen er således studierelevant litteratur men i den lette ende af genren.

Farid Nielsen skriver i forordet at det udfordrende ved at skrive en bog om køn skyldes omdrejningspunktet biologi/kultur og i hvilken grad køn er formet heraf: "I denne bog er svaret et både-og. Det ligger som en helt grundlæggende præmis i bogen, at mennesket har et biologisk køn såvel som et socialt køn. Lige så umuligt det er at adskille plat fra krone på en mønt, lige så lidt giver det mening at adskille det biologiske køn fra det sociale køn. Patienter må derfor ses som biologisk-sociale væsener, der har et biologisk køn men også et socialt køn, der ændrer sig, i takt med at samfundet ændrer sig" (s.9). Det sociale køn ses altså dels adskilt fra det biologiske, men også som modsætning hertil ved at være formbart og ikke-statisk. Underforstået er det biologiske køn altså fixeret og upåvirkeligt af den sociale og kulturelle kontekst det indgår i. Det ér bare, og bogens budskab videreformidler så, at der dertil findes et socialt og kulturelt påvirkeligt køn som man er nødt til at medtænke i sygeplejen. Det er i sin insisteren på denne grundpræmis for bogen, at Farid Nielsen i mine øjne går, om ikke galt, så i hvert fald skævt, i byen. For kan man egentlig med god samvittighed foretage en sådan opdeling? Kan man friholde biologien, og dermed det 'biologiske køn',

fra en kulturel påvirkelighed? Historisk har netop (kvinder og minoriteters) kroppe og 'biologi' altid stået i centrum for magtens styringsmekanismer, og en så rigid opdeling af hvad der er biologi og hvad der er kultur, ser jeg helt enkelt ikke belæg for at hævde i dag. Som minimum kunne forfatteren have foretaget en tydelig definition af 'biologisk køn'. At der er fysiologiske forskelle bundet til kroppe med bestemte kønstegn er jo både reelt og relevant, mens det at antage at folk har et egentligt biologisk køn de ikke kan rende fra og at det findes en egentlig statisk begribelig biologi, ikke er det. Ved en klar definition kunne man således have åbnet for, at også biologi (og den dertil knyttede forskning) ligeledes er genstand for skiftende fortolkninger over tid og ikke blot den urørlige pendant til det sociale.

Grundlæggende kan man spørge om det, at ulighed og forskelsbehandling bunder i en binær kønsforståelse indenfor rammerne af et patriarkalsk samfund med stor kønsulighed, også bør lede til løsninger indenfor samme ramme således som forfatteren lægger op til her? Bogen udpeger hvordan køn, og det ikke at medtænke det i sin sygeplejefaglige tilgang, leder til under- og fejlbehandling, giver ringere udkomme af behandlingen og i nogle tilfælde marginaliserer patienter som undlader at opsøge hjælp i tide. Men bogen reproducerer også samtidig en række kønsstereotyper og det skaber et rodet indtryk, hvor man som læser efterlades forvirret.

Der formidles forskning som viser at mænd og kvinder har forskellige reaktioner og copingmekanismer på hv. Sygdom og rehabilitering og at dette medfører en kønsbetinget ulighed i sundhed og behandling. Som løsning løfter bogen at dette bør imødegås ved at medtænke køn i behandlingen. Der gives så forskellige eksempler på hvordan dette kan gøres, men nogle af disse løsningsforslag savner helt enkelt en argumentation for *hvorfor* denne løsning skal bindes op på køn. Et eksempel er i afsnittet om apopleksi (neurologiske senfølger efter hjerneskade), hvor det indledende nævnes at der ikke findes "meget nyere forskning" om mænds oplevelser heraf. Derefter præsenteres Sundhedsstyrelsens anbefalinger om kønsspecifikke rehabiliteringsaktiviteter, hvoraf systematiske præstations- og funktionsmålinger anbefales særligt til mænd (såkaldt 'benchmarking'). Dette skulle angiveligt skabe en motivation og en meningsfuldhed som holder dem til ilden under genoptræning. Denne pointe afrundes så med sætningen: "Gubrium og kollegaer (2003) pointerer, at kvinder formodentligt også kan profitere af benchmarking, men at fænomenet især er knyttet til mænd"(s. 63). Hvorfor det især er det, hvorfor det formodentlig også er det for kvinder, og hvorfor det så fortsat benyttes som en kønsspecifik aktivitet for mænd, står således åbent. Flere af kapitlerne har således store huller i argumentation og dette sætter et spørgsmålstegn ved både bogens tilgang og ikke mindst en del af den refererede forskning.

Sex og intimitet er både en central del af et bredere sundhedsbillede, men også af menneskets kønsidentitet, og når emnet alene bringes op i kapitlet om LGBTQ personer bliver det et kedeligt klassisk greb: Heteroseksualitet ér den uproblematiserede norm som bare ér, mens det som afviger sættes under lup. Der præsenteres forskning i lgbtq personers (mangel på) sundhed, ligesom det meget relevante begreb minioritetsstress introduceres, men den veldokumenterede uheldige rolle som sundhedspersonalet spiller heri, nævnes knapt. Samme greb ses i kapitlet om trans* som fremstår med begrænset forståelse for feltet og få primære referencer. Af alt hvad man kunne have grebet fat i om transpersoners sundhed, så bruges der en knap en halv side på "navneskiftet" hvor vi f.eks oplyses om at man kan hedde både Kamel, Sok, og Altan. Det fremstår helt enkelt useriøst og en anelse latterliggørende.

På trods af enkelte gode kapitler og glimtvis interessante reflektioner, så fremstår bogen overfladisk og visse steder decideret problematisk, ligesom det normkritiske blik glimrer ved sit totale fravær. Havde siderne i stedet været brugt på at udfolde et bredere og mere nuanceret teoretisk blik på køn (og seksualitet), så havde det styrket bogens faglige tyngde. Fra forlagets side skulle man måske have udvalgt et enkelt sygeplejefagligt område og så derfra have trukket nogle generelle tråde derfra omkring køn og seksualitet. I al sin begrænsning havde dette ydet emnet køn i

sygepleje langt større retfærdighed. Som feministisk jordemoder og sexolog ser jeg derfor bogen som et godt og tiltrængt initiativ, der desværre ikke får fulgt formålet helt til dørs og hvor man godt kunne have ønsket sig langt større ambitioner fra forlagets side. Det vedstår fortsat at få udgivet litteratur der for alvor motiverer sundhedsuddannelserne til at arbejde bevidst og kritisk med fagligheden i forhold til køn, krop og seksualitet.

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