



Power, Policy and Transgender Identities: A Case Study of Gatekeeping by Mental Health Professionals in the Gender Transition Process in India

Dr Harikeerthan Raghuram MBBS MSc (LSE)
Sangath, Bhopal, India
harikeerthan.raghuram@sangath.in

Background

Transgender persons seeking gender transition are often denied or delayed by mental health professionals. Studies of gatekeeping in gender transition are mainly conducted in the Global North and focused on health professionals' perspectives. This case study from India incorporates a range of perspectives – not only those of health professionals – to contribute new evidence about gender transition.

Aim

To examine the role of power in gatekeeping in the gender transition process in India.

Methodology

Theoretical Approach

- Biopower by Michel Foucault (1973)
- Gender performativity by Judith Butler (2002)

Methods

KEY INFORMANT INTERVIEWS

(n=9; thematic analyses)

INTERVIEWEE	NUMBER
Psychiatrist (he/him)	1
Transgender persons	4
- Transwomen	2
- Transmen	1
- Non-binary persons	1
Researcher	1
Advocate	1
Journalist	1
Health Professional	2

POLICY ANALYSIS

(using policy triangle framework)

KEY POLICY DOCUMENT	YEAR
NALSA Judgement (<i>National Legal Services Authority v. Union of India</i>)	2014
Transgender Persons (Protection of Rights) Act	2019

Results

*And this gatekeeping includes things like discouragement saying “you can never be, no one will ever take you for a woman, look at your body, look at your bone structure”, etc. “You better not try this” to other people, you know? Giving making them attend session after session and not giving them a letter.... Yes, so, psychiatrists have their own notions of who is an authentic or ideal trans person. (**Researcher, Cisman**)*

*Sometimes they were influenced by their partners, sometimes they were influenced by their friends. Sometimes they did not have set objectives. Objectives means some of them were telling that “I want to be a beautiful woman, I want a handsome boyfriend.” (**Activist, Transman**)*

On one hand, mental health professionals and medical doctors engaged with requests for GAT* based on binormative gender ideals.

On the other hand, transgender persons also desired GAT for fitting into binormative gender ideals rather than as a means to reduce gender dysphoria.

Thus both the health professionals and transgender persons participate in the construction, performance and reproduction of gender

*GAT = Gender Affirming Therapies

..even though historically, Hijras/transgender persons had played a prominent role, with the onset of colonial rule from the 18th century onwards, the situation had changed drastically. **(NALSA 2014, 13)**

We had [colonil] imposition of the binary view **(Health Professional, Cisman)**

We, therefore, declare: (1) Hijras, Eunuchs, apart from binary gender, be treated as “third gender” **(NALSA 2014, 127)**

We direct the Centre and the State Governments to take steps to treat [transgender persons] as socially and educationally backward classes of citizens and extend all kinds of reservation in cases of admission in educational institutions and for public appointments. **(NALSA 2014, 128)**

The District Magistrate shall issue ... a certificate of identity as transgender person ... indicating the gender of such person as transgender. **(Transgender Act 2019, 3)**

if a transgender person undergoes surgery to change gender either as a male or female, such person may make an application, for revised certificate **(Transgender Act 2019, 4)**

Cultural intelligibility of trans identity

In the NALSA judgment, transgender identity is explicitly declared as a third gender, a culturally familiar notion. It also uses terms such as ‘born with’, ‘neither male/female’ indicating an essentialist notion of the transgender person.

This form of cultural intelligibility of the transgender identity is also revealed in its positioning in the social hierarchy as a ‘socially and educationally backward class (SEBC)’. SEBC is usually reserved for the lower caste in India and caste is also considered as something a person is ‘born with’.

This intelligibility of the trans identity as a separate gender identity is reinforced by restrictions in the new Trans Act where a transgender person can get legal identification as ‘transgender’ in a single step. However, to legally identify as male or female it is a second step: first identifying themselves as transgender and then undergoing GAS.

Potential application

01

Need to focus on gender

There is need to examine not just the biopower of health professionals but also the power of socially constructed gender (Butler, 2002)

02

Challenge: Persistent risk of oppression

The policy documents indicate a transition to a culturally familiar 'trinormativity' which does not preclude gatekeeping and possibly risks creating new forms of gender-related oppression (Agrawal, 1997)

03

Possible solution: Gender contingency

A possible solution is considering gender identity and expression as not something static to each individual, but contingent and emergent just as some argue sexual orientation is (Long, 2019)

04

Possible solution: Gender rights of all

This contingency could then form the basis for 'gender rights of all' rather than the basis being the rights of a specific transgender community.

05