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# DISRUPTING INVISIBILITY FIELDS – PROVINCIALIZING 'WESTERN CODE' TRANS* NARRATIVES

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## ABSTRACT

This paper illuminates the colonial project of medicalizing and diciplining trans* bodies in order to disrupt 'Western code' trans* narratives. We will first explore different systems of control concerning (trans*)gender that are employed by the 'Western code': biologization, temporality, classification, and pathologization. We will then move on to reflect on some realities of trans*-specific healthcare and its colonial heritage. In both of these sections, our attention lies with 'invisibility fields' (in Germany and South Africa) – the cloaked power structures that disguise the colonial project as somebody else's problem. Finally, in an attempt to interrupt and provincialize 'Western code' trans* narratives, we open up space for counternarratives and stories of resistance.

## KEYWORDS

biopolitics, decolonization, gender, medico-legal, transgender, resistance

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# Disrupting Invisibility Fields

## Provincializing 'Western Code' Trans* Narratives

## On Spaceships, Invisibility Fields, and the 'Western Code'

[1] Douglas Adams' novel "Life, the Universe and Everything" mentions a spaceship technology called S.E.P. (Somebody Else's Problem). The S.E.P. field is an invisibility field utilizing an extraordinary technique: Instead of making things truly invisible, the field merely renders them overlooked and quickly forgotten. It persuades people that the subject cloaked by it is someone else's problem, and therefore need not be worried about. Thus, anything can effectively be hidden from view while in plain sight.

[2] We want to relate this to another 'technique': the 'Western code' – a term coined by Walter Mignolo. The 'Western code' is the belief in only one sustainable system of knowledge (Mignolo 2011, xii), which is imagined to stem from a neutral point of view. This myth of objective and universally valid knowledge goes hand in hand with a rhetoric of salvation: the 'Western code' belief that it can "'save the world' by making of the world an extended Euro-America" (Mignolo 2011, xiv). Here, we are able to observe an S.E.P. field in action outside of Adams' fiction.

[3] Spatially and temporally bound processes of, for example, racialized and gendered power relations remain obscured by the self-serving imperialistic rhetoric of the 'Western Code' that asserts that the resulting problems are somebody else's. Deeply ingrained power structures remain hidden, because those who are privileged by 'Western code' knowledge are invited to consider these structures as matters not pertaining to them.

[4] This paper seeks to disrupt the invisibility fields that secure 'Western code' trans* narratives by illuminating the colonial project of medicalizing and disciplining trans* bodies. We will first explore different systems of control concerning (trans*)gender that are employed by the 'Western code': biologization, temporality, classification, and pathologization. We will then move on to reflect on some of the realities of trans*-specific healthcare and their colonial heritage. In both of these sections, our attention lies with invisibility fields – the cloaked power structures that disguise the colonial project as somebody else's problem. Finally, in an attempt to interrupt and provincialize 'Western

code' trans* narratives, we open up space for counternarratives and stories of resistance. "To name and unveil the hidden geo- and body-politics of the Western code is already a decolonial move that legitimizes, at the same time, geo-historical locations and bio-graphic stories that were delegitimized and pushed on the side or the outside of the house of knowledge" (Mignolo 2011, xxiif.). Most of the narratives in this paper are based on research we undertook in Germany and South Africa[1]. Aren Aizura writes that "[p]opular ideas about gender reassignment reflect the assumption that transness is the same for most people (we often assume that trans people desire hormones or surgery, for example)" (Aizura 2018, 3). These narratives are, in fact, also quite common in the diverse trans* communities we have been in touch with. However, thorough and careful listening can uncloak not merely different dimensions to these stories but new stories altogether. Therefore, this paper will draw awareness to the perspectival nature of knowledge, and, by doing so, provincialize 'Western code' knowledge. We are aware that the term trans*[2] is entangled in the colonial project as a part of the 'Western code', and will address this predicament without being able to solve it. "Decolonization never acts in the singular: it always already incorporates the language of the imperial gaze, or racial formation theorizing, or gendering practices" (Aizura et al. 2014, 311). Likewise, we cannot simply switch off the invisibility field surrounding trans* politics provided by the 'Western Code'. However, we can help render visible some aspects of what is cloaked within the field in a manner analogous to Adams' novel: "[I]f you look at it directly you won't see it unless you know precisely what it is. Your only hope is to catch it by surprise out of the corner of your eye." (Adams 1982, 29). This explanation also indicates that things might stay partial, as we are only able to see them out of the corner of our eyes or might miss them altogether – after all, we are also deeply ensnared by the 'Western code'.

## 'Western Code' Belief Systems about Trans* as Systems of Control

[5] In the following sections, we will address different systems of control concerning (trans*)gender that are employed by the 'Western code': biologization, temporality, classification, and pathologization. These systems of control differ with regard to their impact and content, but are at the same time different sides of the same control mechanism of 'Western code' knowledge. They disguise the performative (re)production of 'Western code' knowledge

concerning gender, which we want to expose and provincialize. Furthermore, they all use othering as a technique, and produce issues that are reduced to being 'somebody else's problem'. We want to emphasize the messy interconnectedness and concurrence of these control mechanisms, even while we try to unravel their different layers for analytical reasons.

## Biologization

[6] The 'Western code' depicts sex as binary and inherently biological. Yet, Judith Butler (1990) and others (Delphy 1993; Nicholson 1994) have long pointed out that both gender and biological sex are powerful social constructs. The 'Western code' logic that binary sex is something inherently natural can only be followed under the assumption that this biologized dimorphism is uniform and consistent for all humans. María Lugones has demonstrated, however, that "[c]olonialism did not impose precolonial, European arrangements on the colonized. It imposed a new gender system that created very different arrangements for colonized males and females than for white bourgeois colonizers" (Lugones 2007, 186). In order to legitimize the colonial system of oppression, 'race' was invented as another biologized category. "The invention of race is a pivotal turn as it replaces the relations of superiority and inferiority established through domination. It reconceives humanity and human relations fictionally, in biological terms" (Lugones 2007, 190). The pathologization and racialization of colonized people's genders were fundamental to the naturalization of oppression. Colonized people's sex and gender traits were depicted as excessive and, at the same time, insufficient when compared with the binary-gender concepts of the colonizers (naemeka 2005; Wiss 1994). While white women, for example, were portrayed as fragile and sexually passive, colonized women were regarded as animal-like, sexually aggressive and "strong enough to do any sort of labor" (Lugones 2007, 203).

[7] There are several things cloaked in this invisibility field of the 'Western code': First, sex and gender can only be measured against the norms of the colonizers. Second, the sex and gender of the colonized are always automatically pathologized, exoticized, or effaced. Third, racialization and binary genderization become naturalized and thus permanent and inalterable. We will elaborate on this with regard to trans* in the following sections.

## Temporality

[8] The 'Western code's' biologized dimorphic sexualization and racialization is embedded in a system of hierarchized temporalities (e.g., modern – premodern) (Lugones 2007, 202). Supposedly different temporalities exist simultaneously – in and through each other – embedded in what Lugones calls the "coloniality of power" (2007, 189). In colonial classification – established not least by social and cultural anthropology – the now two distinct gender systems are linked with different temporal values. While colonized people's genders, which are pictured as animalized, exuberant, and unrestrained, are classified as backward, the white colonizers' genders are supposedly progressive (strong rational males and moderate females). The precondition for this temporal classification is what Fabian calls a secularization of time achieved through universalization (Fabian 1983, 2). Secularizing time naturalizes and spatializes it. Time became an important pillar of the coloniality of power as salvation changed, no longer linked to faith but to progress (Fabian 1983, 18). This move linked modernity inseparably to the colonizing parts of the world, and modernity became the antipode to the colonized. Killing two birds with one stone, racist colonial gendered categorizations were consolidated, and genderings beyond the normative binary-gender orders (which were now associated with the colonized) were banished from white colonial gender identity. Another invisibility field was activated.

[9] In Germany, gendered identities are highly racialized through the supposed association of tolerance for gay and trans* people as well as non-sexism with white people. White people are thus positioned in opposition to black men and men of color[3] (PoC), who are cast as misogynist and hostile to gay and trans* people, and are, therefore, marked as 'traditional' (Heerdegen/Höhne 2018, 214)[4]. What Jasbir Puar calls 'homonationalism' (Puar 2007) – situations in which the demand for queer equality is connected to 'progress', and thus becomes part of 'Western code' narratives and whiteness, while simultaneously, queer discrimination is racialized – can be observed in Germany's culture of dominance. The white culture of dominance determines the discourse concerning the acceptable sexualized, gendered, classed, ableized, and racialized subject. Within this discourse, the (ascribed) migrant, non-white man becomes the perpetrating other, while the German white man becomes the savior of all women and of the normalized, white queer other. Acts of violence and hatred directed against trans* people are imagined to stem predominantly from communities of color (Haritaworn 2012). Recent debates in Germany on gender and sexuality are inseparably

connected to an imagined 'homophobic Islam' and label imagined 'Muslim communities' as backward, 'misogynist and brutal' (Çetin/Prasad 2015, 108). These racialized and gendered narratives generate the new alleged German core value of tolerance for women, gay and (lately also) trans* people. This is contrasted with the racialized, 'misogynist, and brutal other'. This frame prevents narratives and embodiments beyond the 'Western code' (Haritaworn 2012, 14). Thus, experiences of, for example, trans* PoC are silenced, and the imagination of the white queer or trans* body is affirmed. Other identifications outside the 'Western code' are not taken seriously or even considered to be real.

[10] When, in 2017, 49 people were killed and 58 wounded at Orlando's PULSE nightclub, the mass shooting directed at queer PoC, mostly Latinx people, was debated by many white people as an act of 'Islamic terrorism'. Those most directly affected by the murders were again exposed to violence, marked as potential terrorists, and at best met with suspicion at the vigils. In Germany, the act of violence was mourned with a big event close to the Brandenburg Gate – a German national symbol in the center of Berlin. We do not want to question the mourning itself but, rather, how it was staged. This was a large mourning event in one of the most public places in the city center, with a lot of emphasis placed on the personal injury caused by the incident. The US ambassador was invited to speak, mourning the death "of members of our collective community" (Höhne 2017). Before the event, there was a big discussion about whether it would be possible to illuminate the Brandenburg Gate in the colors of the rainbow flag, raising the question of whether the German government was LGBTIQ-inclusive enough to agree to do so. The gate had previously been illuminated with the respective flags of nations after other attacks classified as 'terror attacks on Western countries' (e.g., with the French flag following the attacks in Paris). In the end, the Brandenburg Gate was illuminated in the colors of the rainbow flag. So, illuminating this symbol linked the attack in Orlando first to other attacks classified as 'acts of terror', committed by ('Muslim') men of color against white people (disregarding the actual victims of the attack), and, second, linked openness and inclusiveness towards LGBTIQ people with an imperial national symbol of Germany. Here, too, it is the temporality of the 'Western code' that frames the event. Through references to its former illuminations, the gate becomes a national symbol that enables the narrative of modern Germany as a nation that engages in 'saving (white) queers from the terror of (Muslim) men of color'.

[11] Another aspect of the 'Western code' frame is that trans* narratives focus strongly on the narrative of the 'wrong' body that can be adjusted. Therefore, trans*-specific healthcare is not understood as comprehensive trans*-competent healthcare but only as the provision of hormonal treatment and body modification (discussed in more detail later). Against this background, 'Western code' trans* narratives follow a clear linear structure: first, becoming aware of one's gender identity; then, consulting an 'expert'; living full time in the 'opposite gender' for a specific period of time (*Alltagstest*); attending psychotherapy; taking hormones; and, finally, undergoing gender reassignment surgery. The time of transition is imagined as a liminal phase in the journey of becoming one's real gendered self. "This journey narrative frames gender reassignment as a move from one gender or another – and sometimes as a move from liminal space to returning 'home' in the desired sexed embodiment" (Aizura 2018, 2). This critique connects to the idea of chrononormativity established by Elizabeth Freeman, which grasps "the use of time to organize individual human bodies toward maximum productivity" (Freeman 2010, 3). "[…] Trish Salah outlines the stakes for accounting for trans chrononormativity: not only temporal frames that regulate the time of the individual subject, but also temporalities attached to gender systems imbricated in colonial modernity and capitalism, which can act to enable or terminate different forms of trans and gender non-conforming life" (Aizura 2018, 2).

[12] This regulates not just the individual time frame of the 'right' trans* narrative but the general timeline towards the future (Israeli-Nevo 2017, 37). "To say that Transsexual autobiography is chrononormative is not necessarily to say that it is bad but rather to illuminate the ways in which it produces an experience of healing and empowerment for certain trans subjectivities and one of fragmentation and invalidation for others" (Amin 2014, 220). We consider questioning trans* chrononormativity one possible step towards decolonizing (trans*)gender knowledge and provincializing 'Western Code' trans* narratives.

## Classifications and Pathologization

[13] As described above, the biologization of a social construct implies immutability. Gendered (and racialized)[5] categories are supposedly inalterable. From this, it follows that experiences and physicalities that run counter to this logic become pathologized and othered in profoundly violent ways. Lugones points out that colonialism imposed two different gender systems (Lugones

2007, 186). Let us illustrate this with an example of trans* people's lives during apartheid in South Africa. Amanda Lock Swarr, who analyzed 'gay male drag' in South Africa, explains that two distinct sex-gender-sexuality systems developed during apartheid. Township 'drag' was a gender expression of trans* PoC, while urban white drag was an artistic expression that did not necessarily reflect the gender of the person who was dragging (Swarr 2004, 86). As I have written elsewhere (Klein 2012b), however, gender non-conformity other than for artistic expression among those labeled as white was regarded as a threat to the nation. One weapon in this fight against white gender non-conformity was gender reassignment surgery. All conscripts of the South African Defence Force were screened for homosexuality and gender non-conformity. All those labeled in such a way were mass-incarcerated in psychiatric wards and subjected to 'aversion therapy'; those deemed 'incurable' were forced into surgery (van Zyl et al. 1999). About 900 conscripts were coerced into reassignment surgeries (Kaplan 2004) between the late 1960s and 1980s. These surgeries were an effort to uphold the heterosexual gender binary. White gay men were forced to 'become' white heterosexual women. Many of the trans* people who served in the military during this time decided to stay invisible, for reasons that become obvious in the following account of one of my (TK) interlocutors:

> [14] "'Cures' of many sorts were tried, and several 'Gay' folk were given 'sex change' surgery as a part of that cure. This whole sordid mess is cloaked in secrecy, but I do know there were special wards at both No 1 and 2 Military hospitals (Voortrekkerhoogte, Pretoria, and Cape Town) for these folk. One girl, [anonymized], was a part of an intake just after mine, and she arrived at [anonymized] dressed en femme, hung her clothes neatly in her cupboard, and wore uniform, and put on her dress at the end of the day. I never got to meet her other than in passing, but she very soon became part of 'Ward 11' (1 mil) and I never saw her again. […] From my own experience (my service was in [exact year removed, the 1970s]) the 'system' was very 'knowing' about this issue, and if there was *any* insubordination, or rumour of you being 'different' – the outcome was not going to be pleasant." (Lara[6], 1 Feb 2006)

[15] So, it does not come as a surprise that even when the opportunity to obtain surgery at a military hospital arose for Lara, she opted out.

> [16] "My beginnings in Sex Change Surgery began many years ago in a very unusual way: In a twenty year old frustrated fit of pique I tried to do for myself what my ignorance prevented me from finding, and being skilled in the use of certain tools, chose as my scalpel a .357 Magnum revolver, loaded with 158 grain semi jacketed hollow point Norma round. Designed specifically to destroy flesh. Let's be honest and say the results to a mere penis and scrotum were not pretty." (Lara, 28 Mar 2006)

[17] The following surgery "[…] was most skillfully handled by [anonymized], and while the surgeon jokingly said he could make me a female while he was

busy, because of past experience I chose not to accept his offer" (Lara, 1 Feb 2006).

[18] Here, similar to the many testimonies of inter* activists, the brutality of coerced conservation of the heterosexual gender binary construct becomes apparent. "Rather than seeking what was best for these folk, the emphasis was on 'curing them', and sadly it would seem the cure in fact killed. I do know there was a VERY high suicide rate of these folk, both during and after their service […]." (Lara, 1 Feb 2006)

[19] In accordance with the imposition of two different gender systems, the apartheid state regarded queer or trans* presentations in the other three racialized groups as just further proof of their inferiority.

[20] Although the brutality of classification and pathologization may not always be as visible as in the examples above, it is still present in many different ways. In many parts of the world, in order to be legally acknowledged as a trans* person, one has to, for example, subject oneself to pathologizing medical classification.[7] Moreover, it is often impossible to gain access to trans*-specific healthcare without being classified within 'Western code' logic (as recorded, for example, in the International Statistical Classification of Diseases and Related Health Problems (ICD); the Diagnostic and Statistical Manual of Mental Disorders (DSM); the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People; or health insurance contracts) as the 'right kind of transsexual'. The medically certified 'authenticity' of trans* people again preserves the binary. With the classification of 'transsexualism', the construction of 'normal' and 'disordered'/'diseased'/'unhealthy' gender identities was first introduced in the ICD-9 in 1975. In 1980, the term was taken up in the DSM-III. Currently, the ICD-10[8] uses the term "gender identity disorders" (World Health Organisation 2016) in its chapter on 'Mental, Behavioral, and Neurodevelopmental Disorders' and refers to 'cross-gender identification' in its definitions. Obviously, this works only under the premise that the binary-gender system is a given and that a person identifies with one of the two options available that is not the one that was ascribed to them by the medico-legal complex at birth. The ICD qualifies the deviations from normal and, in doing so, specifies the ideal of the normal. The normal in this sense is part of what Arendt calls the conformism of (modern) societies, the unified interest of society in imaginary voluntariness (Arendt 2007, 50). Society expects all members to conduct themselves according to those rules that socialize and normalize the individual (ibid.). The ICD and its translations into local healthcare systems serve, on the one hand, to

classify deviations from the normal, and provide, on the other hand, the policy with which to arrange the 'abnormal' so as to fit it into the regulations of the culture of dominance. Several states, for example – including Germany with its "Gesetz über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit in besonderen Fällen" – require an F64.0 diagnosis[9] for a person to register the gender that reflects their identity and preferred name (within a binary-gendered system).[10] Even though the Standards of Care start by acknowledging that "adaptations of the SOC to other parts of the world are necessary" (WPATH 2012, 1), the 'Western code' remains intact in that "translators should be cognizant of the underlying goals of treatment and articulate culturally applicable guidance for reaching those goals" (WPATH 2012, 4). It is not envisaged that goals as well as situations might differ. Societies in which gender plays a lesser role – e.g., in societies structured by seniority (Oyěwùmí 2001) – and/or in which gender systems provide more than two sexes (Herdt 2003) are hidden within 'Western code' invisibility fields. The same is true for societies in which the possibility of inhabiting more than one gender exists, as in cases of so-called gynaegamy ('woman'-to-'woman' relationships and marriages), in which one 'woman' is married simultaneously to a man and to a woman. These 'women' inhabit socially male positions with regard to their wife and socially female positions with regard to their husband (Morgan/Wieringa 2005). Equally ignored is the fact that gender is a social construct and as such needs to be affirmed by the respective community. Many societies offer gendered rites of passage into adulthood (e.g., 'sweet sixteen' parties). Transitioning relies on recognition, but addressing, for example, "a need to be (re)introduced to ancestors under a new name and new (affirmed) gender" (Husakouskaya 2013, 118) is not envisaged. "One of the hottest discussions […] was centered precisely on anxiety [sic] of being left without ancestors' protection and lost/invisible in intergenerational family history" (ibid.).

[21] The SOC enable only a very specific and medicalized form of being (trans*)gendered within the framing of the 'Western code'. They cater neither for the above-mentioned examples nor for body modification that runs counter to two distinct genders (e.g., breast augmentation in a person with a penis) nor for further examples, which, unfortunately, for reasons of space, cannot be presented here. Pathologization as a system of control – and biologistic legitimations for the exclusion and oppression of people – has a long history in 'Western code' knowledge and power systems, which is part of what Foucault describes as biopolitics. In addition to many others, one need only

think of the 'diagnoses' of drapetomania (a 'mental illness' that caused enslaved people to flee), hysteria, or homosexuality. Discriminatory normative systems are given authority by science and the medico-legal complex. The distinction between 'healthy' and 'mentally disordered' often was and still is used to maintain the racialized, gendered, classist, and ableist power matrix by assigning social problems to the individual. 'Western code' medicoscapes make ample use of S.E.P. fields. It is not the social conditions or power relations present but the individual that is declared 'unhealthy'. Poverty, racism, genderism, and ableism are out-sourced to the medical-industrial complex and become individualized health issues. Trans* and inter* are only two of many examples of the pathologization and medicalization of human distress caused by the power structures upheld by 'Western code' biopolitics.

## Trans*-Specific Healthcare and Colonial Heritage

[22] By decentering and provincializing 'Western code' trans* narratives, we do not mean to question the necessity of access to reassignment treatment, as we are well aware of the importance of such treatment for the lives of many trans* people, nor do we wish to argue against the individual timelines of trans* subjects that are entangled in 'Western code' ideas of progress. However, it is important to question the alleged connection between trans* narratives of becoming and the naturalized assumption of the need for medical and surgical intervention to adjust the supposedly 'wrong body'. Given that Western medical sciences are based on the naturalization of the binary, it is no wonder that being trans* is imagined within the context of a binary frame. The dominant medico-legal narrative of the 'opposite gender' and the 'wrong body' that can be 'liberated' by gender reassignment, hormonal treatment, and surgery forces all trans* bodies to fit into the binary in order to be recognized. This narrative constructs trans* identity as a deficient project – something that needs to be fixed. Therefore, the always present connection between trans* narratives and medical gender reassignment is no surprise. This repeated connection suggests that medical gender reassignment is the most important topic concerning healthcare for all trans* people. It thereby reaffirms the apparently indivisible correlation between trans* and gender-reassignment healthcare. On the one hand, this silences other narratives of trans* people, strengthens the imperial 'Western-code' trans* narrative, and harms many inter* people by sustaining the myth of binary gender. On the other hand, it risks invisibilizing and hiding further important and troubling aspects concerning the health of and realities for trans* people, cloaking

them in S.E.P. fields. In general, medical practitioners are not trained to consider trans*-specific invisibility fields in health care. Neither in Germany nor in South Africa are knowledge and skills about trans* or queer healthcare systematically taught in health sciences curricula (Müller 2013).

[23] There are several S.E.P. fields that one could point to in regard to health care systems. One of them relates to HIV-related healthcare that does not accommodate the specific needs of trans* and gender-variant people, even though this might be needed. Information on the possibilities of infection specifically aimed at trans* and other gender-variant people is almost nonexistent. There is very little information yet published on the situation of HIV-positive trans* people in Germany, and information on paths of infections can hardly be found. Additionally, the testing situation is ambivalent. There are two main ways of dealing with trans* people in the field of sexually transmitted diseases (STDs). First, if people are getting hormone treatment in Germany and are insured, they can be tested for all STDs on a regular basis for free from the moment they are categorized as trans* by their physicians. The rationale behind this is that trans* people are regarded as a group of people at a higher risk of contracting STDs – regardless of their sexual practices or whether they are sexually active at all. Second, with few exceptions, the German AIDS-support organisation AIDS-Hilfe offers counseling specifically only to women and men, which decreases the possibility that trans* people will seek testing there, as with other places that ask for registration as either female or male. Specific information for trans*, inter*, or other gender-variant people is rare. The AIDS Hilfe in Paderborn, for example, offers counseling for women, gay men, and trans* people. But instead of information on paths of infection and infection prevention specific to trans* people, one finds general information on gender variance, legal gender recognition, and a support group (AIDS-Hilfe Paderborn). We do not want to argue for more surveys in this field, as they are, in their way of classification, always already part of the biopolitics of the medical-industrial complex (Thompson/King 2014). Rather, we want to point out the variety of specific needs that trans* people have regarding healthcare. The imperial 'Western code' trans* narrative and the focus on medical gender reassignment render other healthcare needs of trans* and gender-variant people invisible. This invisibilization strengthens the 'wrong body' narrative. By contrast, an active appreciation of counternarratives enables a provincializing of the imperial narrative.

[24] Another S.E.P. field that one can point to regarding trans* healthcare concerns the issue of poverty. Even with medical classification as a 'genuine'

trans* person, legal acknowledgement will never be accessible to many because of poverty and a lack of health insurance.

[25] Many countries expect some form of physical transition before legal documents can be adjusted. South Africa is one of them. Sessions with psychiatrists, hormones, and surgery are all quite expensive – but without them, South Africa's Department of Home Affairs does not issue new documents. Legal acknowledgment hinges on wealth (see also Klein 2013).

> [26] "I went out of my mind the first time when I attended the Gender Dynamix socials. […] I went into such a depressed state that I actually wrote in the forum that I never ever want to see a trans* person again because I saw they've got what I want. And I can't have it, because I don't work." (Jessame, 24 Sep 2007)

[27] Jessame's experience is not only painful but places her and everybody else who cannot afford to adjust their legal documents in a very precarious place. Jessame lives full-time in her gender without matching documents. However, without legal documents that can be matched to the person presenting them, it is very difficult to obtain work or to visit a public health facility, let alone use a credit card, obtain a driver's license, or sign any form of contract. The cycle of 'no work: no documents; no documents: no work' is extremely hard to break. Through the economic divide, which is still highly correlated with the racialized divide, the 'Western code' again favors white, middle-class trans* people.[11]

[28] Poverty in particular presents a major difficulty in terms of healthcare, especially when people are not insured. A small survey conducted by the peer-to-peer project Transsexworks in Berlin found that many of the non-German trans* sex workers working on the street did not have access to health insurance in Germany, even though they had been living in Germany for a long time[12]. This was because of the limiting cycle connected to work, income, language, and their general situation. In order to obtain health insurance, one needs to be registered, have a place of residence, and understand the bureaucracy, and, additionally, one needs to earn enough money to afford health insurance as a self-employed person. Further, in the case of the sex workers, trans*-specific healthcare is only an issue for some of them, as there are a wide range of possible identifications under the trans* umbrella, and some women's appearance may differ between night and day. Still, neither their identifications, their needs (such as survival and better living conditions), nor their life circumstances (including, e.g., violence at their workplace or the new legislation in form of the "Prostituiertenschutzgesetz" that forces trans* sex workers to register) play a respected role in dominant trans* narratives. Therefore, these marginalized narratives remain

within an S.E.P. field in dominant trans*-related discourses on healthcare (Transsexworks 2018).

## Counternarratives and Stories of Resistance

[29] Anti-trans* movements in many non-Euro-American countries insist that trans* is a Western invention. In some ways, we are making this point, too. However, there are important distinctions. Anti-trans* movements deny trans* people's existence through the delegitimization of the term trans* as a Western invention. We, however, want to provincialize the universalistic term trans* and the implied 'wrong-body' narrative.

[30] It needs to be emphasized that wherever there is a binary concept of gender in place, there are also people who struggle with it and do not identify within the two available options. Trans*, in all its variability, is a very real experience/identity. Talking about the hidden power structures of 'Western code' biopolitics with regard to trans* does not diminish real-life experiences. A subheading under the video "African, Trans* and Proud" on the Facebook page for Transgender and Intersex Africa reads: "[F]or transgender people who are proud to be both African and Trans*. Transgenderism is not a Western concept! We are not copying the West! We know who we are!" (Transgender and Intersex Africa 2013). With this paper, we do not seek to deny people identification as trans* within the logic of the 'Western code' trans* concept. Rather, we aim to investigate power structures and add further voices and ideas.

[31] As we have stated already above, the term trans* is part of the 'Western code', and its usage in this paper carries certain risks for misunderstanding because it entails not only the 'Western code' concept but also many other things for which we have no language. We lack this language precisely because of colonial violence, which set out to replace all local concepts in the service of naturalizing oppression. Precisely this lack of other terminology and the obligation to render equivalent or translate very different concepts (in)to the term trans* has placed us in a vicious cycle, which we cannot break easily. We are too entangled in the 'Western code' to be able to escape it. But in order to provincialize 'Western code' narratives, we would like at this point to include, from our research, some counternarratives and other possibilities for thinking about gendered identity.

## South Africa

[32] As stated above, as a result of colonial violence, there is a lack of terminology relating to gender. The erasure of concepts deprives people of acknowledged identities. Encountering even just small parts of language for one's own reality can be an important experience:

> [33] "At this time, I first started noticing articles in the media […]. I realized that someone has now at least discovered that this is a phenomenon. I'm not the only person like this; there must be other people like me out there. I could now read this and people had put a name to this." (Susan, 22 Nov 2007)

[34] There are, however, people and families that manage without such terminology.

> [35] "Thamar: And your grandfather, did he have a word for it? […]
>
> [36] Msizi: Not really, not really. I was actually the first person in front of his eyes to be like that […]. [T]hey thought I was a lesbian, but I wasn't a lesbian, and then it was a time where me and my grandfather had to go and go buy clothes. He knew that I wanted boy clothes but he would always tell people, 'Okay, my child is gay but she loves […] boys' clothes, you know'. But I was not comfortable with that. So I talked to him about it and I said, 'You know what, you don't have to explain this to people. I don't want people to know that actually I am a chick'. […] I thought he was going to be angry. But, you know, he was, like, understanding, and then he stopped it and then, yeah, so that is how he understood me." (Msizi, 17 Mar 2008)

[37] Msizi grew up with an accepting and loving grandfather who smoothed the way as much as he could as a respected elder. Later in life, Msizi became, among other professions, a *sangoma*, a position which provides different opportunities for living gendered lives. *Sangomas* are medical specialists who heal through ancestral spirits. During treatment, these ancestral spirits manifest themselves in the *sangoma*. As such, *sangomas* share their bodies on a regular basis with their ancestral spirits and experience a shifting between the genders of their spirits and their own.

[38] *Sangomas* and their spirits are supported in their work by 'ancestral wives'. Nkunzi Nkabinde states that the sex of the people involved is not important (Nkabinde/Morgan 2005, 242) and that *sangomas* are instructed to marry a specific person as their ancestral wife by their ancestors. Thus, there are female *sangomas* who have male ancestral spirits and a female ancestral wife. The difficulties of translating these relationships and identities into 'Western code' become visible when one considers that some of these *sangomas* identify as lesbian, some as trans*, and others as *sangoma* with an ancestral wife with whom they may or may not have a sexual relationship. The social positions that these identities entail are quite different. *Sangomas*

are respected members of their communities. In this sense, they are in positions of power, whereas lesbian women and trans* men inhabit precarious spaces.

[39] Others, including some people I [TK] met through my research, may also experience shifting gender identities and some fluidity:

> [40] "[C]hoosing an identity is a difficult one because I change and shift and move around. (…) I am (…) South African. Hmm, I am, I identify myself as male mostly, uh, but that is not a strict definition. […] I'm not particularly attached to whether I'm identified as male or female […]. [A]s a result, I've shifted my own […] physicality to reflect that in certain ways. I've had breast implants, hmm, and sometimes play with hormones […]." (Steven, 7 Feb 2007)

[41] Rendering visible a different physicality as supposedly possible within the binary-gender concept can be considered an act of resistance, and there are many other forms in which trans* and queer PoC fight for visibility. Gender-diverse BPoC are continuously erased from archives and history (Ware 2017). Even though gender-variant activists of color have always been on the front lines during the fight for rights in South Africa, for example, this seems to have been quickly forgotten. Local Christopher Street Day Parades are mostly a celebration of white gay culture. Power and privilege influence what is remembered. Black activists of the One in Nine Campaign, who staged a die-in on the road in front of Johannesburg Pride in 2012, were met with severe hostility and removed by police for commemorating BPoC who had been raped and killed because of their sexual orientation or gender expression. The Johannesburg Pride Board, which is exclusively white, accused these activists of disrupting the parade and stated that "Our job is not to be political" (Davis 2012, paragraph 16).

## Germany

[42] In my research (MSH), it became evident that normative 'Western code' narratives on transitioning and the normality of medical gender reassignment make approaches to gender variety and self-imaginations beyond the binary very difficult. This affects not only trans* people in Germany who are othered by racialization but all trans* people, irrespective of their potential interdependent identifications. The struggle for applicable terminology that we briefly discussed above in the context of South Africa can also be observed in Germany. Some trans* BPoC in Germany who were raised with alternative possibilities of thinking and experiencing gender are similarly challenged when they are forced to translate their own concepts and approaches into 'Western code' concepts of 'trans*ness'. In order to become intelligible within

the German culture of dominance, they are forced to communicate in 'Western Code'. Some white trans* people who grew up only within 'Western code' knowledge (e.g., the authors of this text) struggle with the normative knowledge that they/we were raised with and with the S.E.P. field that effectively envelops their/our being inside this system of control. We argue that both perspectives are capable of contributing to and necessary for the ongoing process of provincializing 'Western code' knowledge and disrupting invisibility fields. Therefore, different counternarratives can be found in Germany that tend to resist be(com)ing enveloped in an invisibility field. However, the associated affects and effects are quite different, depending on different positionings in 'Western code' control systems. Some of my (MSH) interlocutors try to express their struggle within language provided by 'Western code' knowledge. They are struggling with the ambivalence of the apparent fact that 'Western Code' knowledge supposedly enables their survival by invisibilizing their embodied realities. One of my (MSH) dialogue partners, Tabea-Sophie, describes the search for and process of exploring her womanhood in spite of the 'Western code' trans* narratives of chronormativity and the 'wrong-body' trope in medico-legal knowledge, even though it was the term trans* that helped her understand her own existence. She does not want to reject but reconcile herself with herself and her body as it is. She misses spaces and conceiveabilities that help people to heal from the negative impacts of chrononormativity and criticizes the fact that she is always confronted with the need to change her body. Her way out of the 'Western code' trans* narrative is her religious belief. Her faith enables her to believe that she was created the right way and to accept herself.

> [43] "Well, I am how I am, and that is fine. […] If you think about it as 'Goddess made me this way', then maybe it's easier for me. Also, if you have the consciousness of – 'yeah, I [, the Goddess,] will make this person exactly this way' – to accept this. Well, like, that it is not a mistake of nature (…) not in the wrong body or what all these descriptions say. [T]hen, I can heal." (Tabea Sophie, translated by MSH)

> [44] "And then, […] there was this notion quite fast that I want to reconcile myself with myself […]. I don't want to reject myself and I also don't want to [change] any body parts, but I want to move more towards peace, acceptance and love." (Tabea-Sophie, translated by MSH)

[45] In addition to such individual counternarratives, there are other paths of collective resistance. There are growing numbers of spaces created by and (mostly) for BPoC trans*, two-spirit, other native-gender-identified, inter*, and queer people, which center their own narratives and lives and in which 'Western code' trans* knowledge is provincialized[13]. Further, there are also more public forms of organization and intervention. In order to highlight

struggles and realities other than those expressed in parliamentary debates and white-dominated trans* politics mostly concerned with legal and medical gender reassignment, in 2014, the first trans* march was organized primarily by BPoC trans* and two-spirit people. The group decided to highlight collective aims beyond those of white-dominated trans* politics and explicitly name various systems of control that affect certain vulnerable groups.

> [46] "Together for: more visibility, solidarity, self definition, respect, community accountability, free gender choice … Together against: trans*discrimination, racism, dis_ableism, ageism, criminalization of sex work, (psycho)pathologization, migratism, sexism, genderism, inter(*)discrimination, (homo)nationalism. […] Please, no party or national flags, no military or police uniforms in the demo." (trans*march 2014)

[47] The trans*march was probably the biggest manifestation in Germany so far that explicitly focused on S.E.P. fields and provincializing trans* gender 'Western code' knowledge.

## Summary

[48] In this paper, we set out to disrupt invisibility fields by provincializing 'Western code' narratives concerning gender and, more specifically, trans* bodies and identities. However, we were explicitly not concerned with giving instructions. On the contrary, we have been trying to interrogate how we are entangled in 'Western code' logics and what we ourselves have learned to think and understand about (trans*)gender. This undertaking has been about questioning knowledge. Mignolo suggests analyzing "the construction, transformation, and sustenance of racism and patriarchy that created the conditions to build and control a structure of knowledge" (Mignolo 2011, 21). We need to question how research perpetuates the dynamics of the colonial matrix of power. This includes questioning 'Western code' rationality and what constitutes knowledge. All kinds of knowledge must be firmly situated in terms of space, time, and relations. We need to ask, with Mignolo, "what kind of knowledge, by whom, what for?" (Mignolo 2011, xvi). Similar questions have also been posed in several research areas, such as feminisms, trans* studies, postcolonial studies, and queer studies, after-writing-culture debate, etc. (e.g., Abu-Lughod 1991; Appadurai 1995; Butler/ Spivak 2007; hooks 1989; Haraway 1988; Hill Collins 2009; Mbembe 2001; Muñoz 1999). We believe that these questions are as relevant as ever, and it is important to continue to pose them: What kind of knowledge is labeled scientific and what kinds of knowledge are labeled experience, practical knowledge, or belief? Who are the ones producing acknowledged knowledge, and who are those

who have to play the role of participants? Whose lives are mined for research data with the rhetoric of salvation but with the outcome of normalization, invisibilization, silencing, and policing?

[49] In order to follow that line of thought, we began by exploring different systems of control that the 'Western code' puts to use. Biologization, temporality, classification, and pathologization all disguise the performative (re)production of 'Western code' knowledge about gender. These techniques cloak the colonial structures that pass off social inequalities as 'somebody else's problem'. We have also attempted to disrupt the linear narratives of becoming/progress.

[50] Just as we are not concerned with giving instructions, we are not concerned with seeking a 'promise of salvation' in trans*-antinormativity, and neither are we attempting to judge individual life paths (as we have stressed at different points in this paper) or to use trans* as a 'creative' solution to the problems caused by the normative gender binary. Instead, we looked at how colonized knowledge expresses itself and takes shape in gender concepts. Specifically, we questioned trans* narratives in their imperialism and trans* as a biopolitical project itself (Aizura et al. 2014, 313). Our approach was to look at 'Western code' knowledge structures with regard to trans* and allow space for counternarratives and stories of resistance. Decolonization movements must center the actual struggles of BPoC and indigenous people, without reverting to damaging and damage-centered research (Aizura et al. 2014; Tuck 2009).

[51] Trans* as a category allows for alliances and solidarity. At the same time, the use of the category risks implying a nonexistent common identity that different stakeholders will seek to regulate. We need to open up "a space to think about forms of transgender self-authorization and transition outside the privileged biomedical process of 'medical transitions'" (Duran-Albrecht 2017, 196). In this context, we want to emphasize the necessity of changing practices of knowledge production, classification, exclusion, marginalization, and resource distribution.

[52] We have addressed in this paper how the 'Western code' idea of trans* is in many ways a colonial operation. The concept of trans* is firmly rooted in a binary gender system and the medico-legal complex. Identity without gender seems to be unimaginable in 'Western code' contexts; likewise, it seems inconceivable for there to be more than one gender or to think in terms of gender categories outside of the 'Western code' logic. To transition by means other than medical intervention is not provided for either. We have

also addressed how racialized and gendered power relations remain hidden in the 'Western code'. This invisibility field disguises the fact that the 'Western code' creates im_possible genders and thus affects everyone's gender(s) and our relations to each other. There are only limited ways in which gendered-ness becomes conceivable and inhabitable. BPoC who do not identify with 'Western code' genders are erased from 'Western code' history and silenced. Even within the limitations of 'Western code' possibilities for being trans*, there are further restrictions to access (e.g., on economic grounds). Thus, even those who do identify within the code are often not catered for. Trans* people are imagined to be white and middle-class, while acts of violence and hatred directed against trans* people are imagined to stem predominantly from black communities and communities of color.

[53] One possible approach to eroding these S.E.P. fields is to address that which is supposed to be overlooked: social conditions and power relations. Let these structural problems not remain our/somebody else's personal ones.

# Endnotes

1 I (MSH) have been doing research on trans* people in Germany since 2012, starting with work on trans*gendered passing for my master's thesis. I am currently working on my PhD, for which I am concerned with negotiations and processes of normalization of trans* in Germany. My research is mostly based on ethnographic methods, biographical interviews, and autoethnographic approaches. I have been dedicated for a number of years to the development of dialogical approaches and experimental ways of writing in order to find an adequate way of writing about fragmented knowledges.

I (TK) have done eleven months of fieldwork in South Africa as a member of the Law, Organisation, Science and Technology group at the Max Planck Institute for Social Anthropology in Halle/Saale (Germany). This research was mainly based on ethnographic methods such as participant observation, non-participant observation, and semi-structured expert interviews, carried out between 2007 and 2008 in Cape Town, Pretoria, Durban, and Johannesburg (including Soweto). Ties to different members of local trans* communities, however, already existed before 2007 and are still ongoing.

2 It may seem problematic to use the term trans*, which is deeply embedded in the 'Western code', without quotation marks. However, we decided to do so because trans*, as a term in quotation marks, has a very different connotation. In mainstream sciences, trans* positionalities are still disqualified. Using quotation marks reminds us too much of the devaluing practice of ridiculing gender-variant people through techniques such as using 'trans*'. We would have preferred to use a different font in order to question inherent imperialistic assumptions. However, according to the journal's formatting and style guidelines, this was not possible.

3 German BPoC activists often write 'Black' and 'People of Color' with a capital letter at the beginning. Even though we do this too when writing in German, we opted for lowercase letters for this paper in English, as capital letters were used in Apartheid South Africa for racialized classifications. We do use capital letters in abbreviated forms, however ('PoC', 'BPoC').

4 Often the othering process goes one step further by subsuming all BPoC under the categories of migrants, foreigners, or refugees irrespective of their nationality.

5 Please see chapter six, "The Case of Race Classification and Reclassification under Apartheid", in Bowker/Star 2000.

6 All names in this paper have been pseudonymized. Quotes are verbatim. Verbal pauses are transcribed as (…).

7 To our knowledge, there are only nine jurisdictions that have adopted non-pathologizing regulations for legal gender recognition for adults (Argentina in 2012, Denmark in 2014, Colombia in 2015, Malta in 2015, Ireland in 2015, Norway in 2016, Sweden in 2017, Belgium in 2017, and Portugal in 2018).

8 While working on this paper, it has been announced that all trans*-related categories will be deleted from the ICD Chapter on Mental and Behavioral Disorders in the future ICD 11 (pending approval by the World Health Assembly in 2019) as a result of the tremendous effort by trans* activists from around the world. Instead, the new categories 'Gender Incongruence of Adolescence and Adulthood' and 'Gender Incongruence of Childhood' have been placed in a new chapter, provisionally named 'Conditions Related to Sexual Health'. Thus, being trans* will no longer be regarded as an implication of a mental disorder. However, there is still a lot of work to be done, as othering and normative language has been preserved, and the dangerous GIC category aimed at

eradicating gender diversity in childhood needs to be removed (for a more detailed critique, see APTN 2017).

9 De jure, South Africa is not among them, as The Alteration of Sex Description and Sex Status Act, No. 49 of 2003 requires 'only' a report from a medical practitioner stating that sexual characteristics have been altered. Theoretically, any treatment by any medical practitioner (which is very broadly defined) that has led to changes in the ways in which a person expresses their gender identity (e.g., style of dress) must be recognized as sufficient. However, this is not acknowledged in the practice of administrative organs (see Klein 2012a).

10 Argentina, Bangladesh, Denmark, Germany, Malta, Nepal, New Zealand, India, and Pakistan recognize non-binary genders to some extent. In 2018, Germany passed a change in law that allows for 'people with variations of their sex/gender development', a deletion of the gender entry, or change of the gender entry into female, male, or diverse (*divers*). However, this will only be available via medical certification (or affidavit).

11 White South African trans* women who can afford to do so often travel to Thailand for their surgeries. Aizura, who did research on medical travel to Thai gender-reassignment clinics quotes a Thai trans* woman who underwent surgery in one of the top clinics that treat mainly non-Thai patients, stating that she was not treated with the same hospitality as the other, foreign, white patients (Aizura 2018, 176-177). Even the more affluent can only partially sidestep the colonial system of oppression.

12 In Germany, employees – regardless of their citizenship – are obliged to have public health insurance, which costs 14.6 % of their monthly income (half of it is covered by their employer). However, if a self-employed person earns nothing or only very little, the health insurance provider will set a fictitious minimum income for the contribution calculation, which is comparatively high.

13 Just to name a few: Transformations Film Festival Berlin; Care/Accountability/Conflict/Awareness project; CuTie.BIPoC Festival; Seeds Collective; QULTUR, BIPoC Hiking.

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