THE IMPACT OF QUEER CULTURE IN GENDER AFFIRMATION PATHWAYS: THE CASE OF "DESISTERS"

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Abstract

The gender transition path is often considered a process of self-determination that mainly involves the psychological and intrapsychic aspects of an individual, leaving social and contextual issues, often considered of lesser importance, in the background.

This paper aims to reflect on this 'controversial' issue through the analysis of a case of a transgender desister and, in particular, to highlight the reasons behind the decision to 'interrupt' the transition process once it has begun, with the aim of offering a perspective that does not refer only to psychological variables but, on the contrary, considers the social and cultural aspects involved.

Keywords

LGBTQIA+ community, Queer Theory, Transgender people, non-binary, desister.

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1. INTRODUCTION[1]

O f the diverse LGBTQ+ world, transgender and nonbinary people are the ones who express a greater need for social recognition, through which they obtain positive or negative feedback with respect to the successful process of gender transition and affirmation. Recent research (Coppola and Masullo, 2024) has pointed out how the "other than self" (both internal and external to the LGBTQ+ community) constitutes a fundamental "mirror" through which transgender people gather useful information regarding their degree of passing for normal, that is, their ability to be recognized with their chosen gender, rather than the one assigned at birth. Much of the stigmatization processes are in fact related to the ability of transgender people to "perform" their chosen gender, (Butler, 2004) although not infrequently deferring to an "essentialist" and "heteronormative" meaning of this (Coppola and Masullo, 2023).

The path of gender transition is often regarded as a process of self-determination that primarily invests the psychological and intrapsychic aspects of an individual, leaving social and contextual issues, often considered of lesser importance, as secondary. Recent studies, on the other hand, have pointed out, how this process of identity redefinition begins as a personal desire and aspiration that, as it is made explicit in the individual's micro-systems of life, evolves into a process in which the transgender person is necessarily called upon to redefine his or her social identity and repositioning within social and relational dynamics (Scandurra et al., 2018; Selkie et al., 2020; Vandenbussche et al. 2021). Ultimately, the gender transition path does not occur within a "social vacuum," but on the contrary, life contexts and social support play an important role in defining one's self, both in the stages of identity exploration and in the later stages of affirmation and social repositioning of the individual with the new identity set-up (Punziano, Coppola, Avellino, 2022)

In the current scientific debate, the phenomenon of desisters, i.e., people who, despite having obtained a diagnosis of gender incongruence and authorization to take health and medical actions (such as, for example, hormone replacement therapy), do not continue or end the gender transition path, has been of particular interest. It emerges, that about 15 percent of people who

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[1] While this paper results from a conjoined effort, in the final draft, Coppola Marianna wrote sections:
[2] The path of gender affirmation in Italy: legal, cultural and medical aspects; 4. Sexual normativity, trans-normativity, and the Checkpoint Charlie effect; 5.1. The reconstruction of Sara's story; 5.2. Analysis of the interview: inside the choice to interrupt the process of gender affirmation. Giuseppe Masullo wrote sections: 1. Introduction; 3. The phenomenon of desisting: disrupting the path of gender affirmation; 5. Methodological aspects; 6. Concluding reflections: the impact of queer culture in gender affirmation protocols.

begin psychological support or obtain authorization for hormone therapy, do not transition into the later stages of the path.

The phenomenon of desisters is experienced by professionals who deal with gender transition pathways as a bug in the evaluative, diagnostic system that prescribes as a consequence of the finding of gender incongruence a presumed need to affirm the chosen gender, most often conceived in a binary perspective. In particular, the phenomenon of desisters is now often called into question in the debate inherent in the age at which it is possible (as well as necessary) to begin a gender transition process, given that more and more of those requesting it are adolescent boys and girls.

The present work aims to reflect on this "controversial" issue through the analysis of a case of a transgender person desister and in particular wants to highlight the reasons behind the choice to "interrupt" the transition process once it has begun, with the aim of offering a perspective that refers not only to psychological variables, but on the contrary considering those social and cultural aspects that are implicated in it. As will be seen from the results of this pilot study, desisting, while it may be conceived by practitioners as an underlying "inconsistency" of transgender people (and thus regarded as an error in assessing a person's needs), on the other hand, offers the possibility of questioning an evaluative, diagnostic, clinical, and legal system that has regarded "completion" of the gender transition path as a "given for granted," and not as a process that can lead to different outcomes. On the contrary, the analysis from the history of desisting examined here leads to offer a much more complex view of the process of transition, which, as will be seen, is not infrequently characterized by doubts and uncertainties, attributable not only to psychological aspects, but also cultural, social and political dimensions and positioning. Experiencing one's chosen gender in different life contexts means relating to a set of social expectations concerning gender roles themselves, the difficulties of which are only rarely considered by those involved in assessing the transition process in psychological, clinical and legal terms.

The concerns that health professionals express today in taking care of desisted people, and even more so those who are nonbinary and/or queer, could therefore highlight the weaknesses of an assessment system that sees gender incongruence as a stable and definitive process, and not, on the contrary, a system that must adapt to the psychological and social and cultural needs of individuals. One does not fail to observe that recently the demands posed particularly by younger people, ill-fit with a "rigid" vision underlying the pathways provided by the current health care system, which not infrequently affirm gender binarism as the final outcome. In particular, the emergence of and adherence to queer culture, which is so prevalent among young people and those who are militant today, prompts consideration of how the demand for

transition in some cases is wedded to the need (political and identity-based) to experience oneself, including by challenging current gender cages, and those present in the current system of taking care of transgender people. The needs posed by non-binary people, also lead to a review of the terminological correctness of concepts such as that of transition, which, unless otherwise indicated, should be replaced by that of "gender affirmation," since not only does this allow for the plurality of identity arrangements that are included under the umbrella term "non-binary," but of a process that by implying among other things forms of experimentation cannot but include among the possible outcomes also a break or rethinking.

The first part of the contribution will present the legal and psychodiagnostic aspects of the gender affirmation path in Italy that have contributed to the consolidation of the single outcome evaluative conception of the gender affirmation path, which has favored the installation in the scientific community of the idea that the phenomenon of desisting is to be interpreted as an "error of the evaluative system." The latter will be distinguished from the condition of half-transitioners, that is, those who like desisters interrupt the transition process, but with the only difference being that what affects them here are purely social obstacles interposed between a strong desire to affirm the chosen gender and the need not to sever with some affectively significant ties that oppose this intent (ex-partner cis, children, etc.).

In the second part, through the exposition of a case study of desisting, an attempt will be made to propose a multi-exit interpretative model of the gender affirmation path, which attempts to go beyond a "normative" view of the process itself in order to include different bio-psycho-social trajectories, of which desisting might be only one possible expression.

2. THE PATH OF GENDER AFFIRMATION IN ITALY: LEGAL, CULTURAL AND MEDICAL ASPECTS

The legal device that regulates in Italy the path of gender affirmation is governed by Law No. 164 of April 14, 1982, titled "Norms for Surgical Sex Reassignment," which for more than 40 years has been the only passage in the Civil Code that prescribes according to legal terms "gender transition" in the country. Until April 1982, therefore, intervening on one's body or gender identity (such as changing one's name and rectifying the sex assigned at birth) was considered illegal in Italy.

The social, cultural and legal path that led in the spring of 1982 to the passage of a law was the outcome of a season of movements that insisted on the need to heal situations that had already been put in place but were not legally recognized and dealt with from a social and cultural and legal standpoint.

Among these events was the 1979 occupation of Milan's Idroscalo by a group of transgender women activists. Also, during this period, the first Italian activist movement for the rights of transgender people, known by the acronym MIT (Movimento Italiano Transessuali), was born in Bologna, Italy, which fought for the possibility of allowing a process for gender reassignment in Italy as well. The bill, promoted by MIT, met the interest of the Radical Party, particularly in the figure of Senator Nilde Jotti, who at the time of the events was President of the Chamber of Deputies. The debate among the different political forces of the time arrived at a proposal that established the possibility of being able to undertake a path of gender affirmation, that is, of an adjustment of the physical, and social as well as legal components to the chosen gender, but conceived in a binary meaning. The path, the one established as described above, by Law 164/1982 was and still is articulated (with the exception of phase 4) according to four stages:

The first phase-or "gender identity questioning phase"-represents the starting point of the gender reaffirmation process and has two specific objectives: to ascertain-through a psychodiagnostic assessment-the criteria for the diagnosis of gender incongruence; and to exclude the presence of psychiatric issues and make a possible differential diagnosis. Generally, a psychotherapeutic intervention project is established at this stage to support the individual and his or her proximity networks at all stages of the process.

Phase 2, or "triadic phase," is organized through an integrated path in which three aspects are acted upon contextually: the "social transition"-in which the individual assumes the desired gender and identity in all life contexts; the phenotypic gender modification through taking hormone replacement therapy (HRT); and the initiation of legal procedures for authorization of interventions.

Phase 3 represents the phase in which "irreversible" actions of the path are implemented, in that the primary sexual characters are surgically acted upon subject to the authorization of the court of jurisdiction; this represents the phase that from a psychological, social and symbolic point of view arouses the most concern, fear and need for greater attention from the evaluative system involved.

The last phase - or Phase 4 - again gives a central role to the court of jurisdiction in authorizing the registry change and all documents, having ascertained that the surgical change of sex assigned at birth has taken place; it represents the phase after which the transgender person considers the personal journey of gender affirmation to be concluded.

Over the past decade, Law 164/1982 has been re-discussed on a number of points considered fundamental, partly as a result of profound social and cultural changes that have affected the LGBTQ+ community, as well as a more inclusive society with respect to the issues posed by transgenderism, reasons

that all together have gradually resulted in a process of "depathologization" of the transgender condition. Both LGBTQ+ movements and associations of transgender individuals and families have fought for the recognition of two inalienable rights of individuals with gender incongruence: The possibility of adjusting documents and registry data concurrently with the modification of the individual's phenotypic gender characteristics; and the possibility of not resorting to demolitive and reconstructive surgery to affirm the new gender identity where the transgender person does not express the need to adjust the primary sexual characteristics of his or her body in the direction of the chosen gender, so as to promote greater democratization of subjective desires and In light of this process, a first decree is issued that intervenes on Law 164/82 and DL 150 2001 on the simplification of civil proceedings intentions.

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This decree attempted, for the first time, to implement time- and cost-improving changes to the final rectification procedure but, in reality, it focused primarily on proceedings where there were prior marriages and/or children of transgender individuals at the time of the start of the gender reaffirmation process.

However, major legal and social changes for transgender people in gender reassertion pathways occurred between 2015 and 2017.

Unlike in the past where the modification of personal data was subsequent to the surgical intervention phase, in 2015, the Court of Rome allows a transgender person to obtain the rectification of identity documents without necessarily providing for the surgical modification of primary sexual characteristics.

Subsequently, on January 12, 2017, the Court of Avezzano issued a remittal order on Article 1, Paragraph 1, of Law 164 of 1982 in which the judge sanctioned that in order to avoid "gender disorientation" that could in some way disrupt interpersonal relationships, resulting in acts of discrimination or stigmatization, it is necessary that the phenotypically expressed gender of the person requesting the rectification of documents be recognized.

As of 2017 to date, almost all courts in Italy have authorized the change of documents and registry data at the same time as phenotypic gender modification, putting off to the legislature the task of intervening and amending Law 164/82, which, in its 40th year of expression, is still laconic and anachronistic.

3. THE PHENOMENON OF DESISTING: DISRUPTING THE PATH OF GENDER AFFIRMATION

The possibility of modifying documents at the same time as the phenotypic modification, the progressive decrease in requests for surgical interventions on secondary sexual characteristics, the emergence of queer culture have called into question the dichotomous conception on which the Phase 1 evaluation process is based, which necessarily envisaged a favourable outcome of the gender affirmation process without second thoughts or the need for re-transition. In fact, the process, until the sentences of 2015 and 2017, was structured in such a way as not to contemplate the possibility of reaching the phases considered "irreversible" if not moved by a motivation of authentic suffering in living a gender identity that does not conform to one's feelings and desire for self-determination.

Desistings are not infrequently considered as evaluative errors for which the professionals involved in the gender affirmation process are responsible, who in taking in a person underestimate the possibility that the person with gender incongruence may decide to discontinue in path at any time, to the extent that the latter believes that the assignment of the neo-identity may not correspond to what he or she had previously imagined, thus requiring to be re-framed, with the gender and sexual identity assigned at birth.

More specifically, desister refers to the condition in which a transgender person, who, despite expressing a desire to undertake the gender transition path, having obtained permission for hormone replacement therapy, does not begin the pharmacological and social transition phase or, having undertaken HRT, discontinues it within a year of it, and returns to personally and socially assume sexual identity consistent with biological identity.

This condition should be distinguished from those who, on the other hand, are defined in the literature as half transitions, those individuals who despite having undertaken the process of gender affirmation do not carry it out for disparate reasons, which pertain not so much to a non-authenticity of gender incongruity, but to aspects relegated mainly to the social and relational spheres that prevent them in some way from completing it (e.g. disagreements with their family members, fear of losing a relationship with their children, anxiety related to the processes of stigmatization suffered or potentially perceived) (Masullo and Coppola, 2022)

Looking at some of the data provided by the Gender Transition Centers, it is possible to point out that about 15 percent of the people who start the gender affirmation path, receiving psychological support or getting permission for hormone therapy, do not transition to the later stages from the path.

According to a study by Vandenbussche and colleagues (2021) conducted

in the United States, the phenomenon of desisting would affect about 1 to 2 percent of those who seek services to undertake gender affirmation. Several reasons emerged behind this discontinuation on the part of those who had requested it. The process of identity credibility, i.e., identity stabilization of the new gender, which occurs at both psychological and social levels, play an important role. Indeed, in the process of identity credibility construction, self-esteem, self-confidence, as well as internalized transphobia play a central role. Also among the psychological variables to be considered are fear and anxiety related to medical treatment, and confrontation with the possible sexual practices associated with the newly elected gender

From the social point of view, identity credibility is played out in one's own life contexts, in the networks of support and proximity, which here play an important role in terms of recognition, constituting for the transgender person "the stage" above which the person experiences his or her ability to perform the chosen gender adequately (passing), and therefore receiving positive and encouraging signals, rather than on the contrary disconfirming and rejecting signals. This level would also become decisive because of its connection with the psychological level; the more genuine the intent to transition, and therefore the gender incongruence is felt to be strong, the more the second level also loses value in the case of episodes of delegitimization and lack of social recognition; conversely, the more the belief about one's incongruence is felt to be weak, the more the social level becomes decisive in affecting the success of the path, and the possibility of it being interrupted at any time.

In conclusion, the centrality of the social contexts and support networks in which the transgender person is embedded turns out to be crucial: on the one hand, they constitute the relational fields in which to trace processes of credibility of the new identity construction of male, female or non-binary (and of the acquisition of gender expectations determined by the new identity structure assumed as a result of the transition); on the other hand, they would become the real "certifiers" of the suitability of the path of gender reassertion being undertaken.

Determinant in this process are the gender reference models that people yearn for as an outcome of the gender affirmation process, which when oriented in a heteronormative sense, constitute what has been referred to elsewhere as transnormativity, (Johnson, 2016; Coppola and Masullo, 2023) a concept that will be attempted to explain further in the following section.

4. SEXUAL NORMATIVITY, TRANS-NORMATIVITY, AND THE CHECKPOINT CHARLIE EFFECT

While the attempt to generalize the term transgender by society, dominant groups and institutions has created opportunities for recognition and social citizenship, it has not had the ability to fully capture the dynamics of oppression that transgender people often face as people who are in a different position in terms of power, both compared to cis people and to other categories that are part of the diverse "rainbow world" (Datta, 2012).

In order to best understand the processes of social inclusion and exclusion of different sexual identities, the concept of sexual normativity or "sexual normality" understood as an identity construction considered normative and accepted by members of a specific society, in terms of sexual identity, turns out to be central (Butler, 2004; Coppola, 2023).

Identity constructions considered normative include the set of individual (physical and psychological) and social (related to status, culture, personal experience) aspects that constitute the parameters of normality of a specific sexual identity (Motschenbacher, 2018).

Sexual normativity is constructed and made explicit in all sexual identities and regulates the relationships between them.

Butler (2004) and Connell (2007) argued that the adherence to the cis-heteronormative model represents the dominant sexual normativity in society; this hegemony was supported by the assumptions of the veterosexual model, which determines the unambiguous correspondence between biological sex and gender identity, the existence of only two possible genders (gender binarism), and the existence of only one sexual orientation considered normative such as (assumption of generativity) the heterosexual orientation. In addition, the supremacy of cis-heteronormativity is explained by the fact that the model is supported by the essentialist conception shared and endorsed by different disciplinary fields and scientific communities considered exact such as, for example, medicine and biology.

Non-normative sexual identities, such as homosexuality, bisexuality and transgenderism, have also, over time, identified and consolidated their own identity construction that is considered standard and the bearer of authenticity and conformity, shared and recognized by members of the identity instance.

There is a fair amount of scholarly production in the relevant scientific literature on the evolution of identity emancipation of the homosexual community (Corbisiero, 2012; Chauvin, Lerch 2013); there is, however, an important scholarly gap on trans-normativity, i.e., identity construction considered normative for transgender people.

Austin H. Johnson in 2016, in an article published in the journal "Sociological

Inquiry" titled "Transnormativity: a new concept and its validation through documentary films about transgender man," proposed a study for the identification of transgender normativity in the United States. The author, through an analysis of the dominant patterns of gender and gender expressiveness within the transgender community, particularly among transgender men, showed that almost all of the people proposed in the media products analysed were "medicalized" transgender people, that is, they had, at different levels, undertaken a path of gender reaffirmation according to official medical and proposed legal medical protocols.

For Johnson (2016), trans-normativity represents a condition of the transgender person that fulfills the path of gender affirmation in medicalized terms and identity homogenization to the chosen gender. Johnson, moreover, points out how nonbinary and genderfluid identities are actually demonized, considered deviant from a normative model of the binary transgender person and aiming for "social camouflage" with other cisgender identities.

In line with Johnson (2016), Coppola and Masullo (2023) studied and analysed transgender normativity in the Italian landscape.

The author asserts that trans-normativity would permanently reside in gender binarism, which is supported and legitimized by both legal devices (such as Law 184/1982) and the medical-health protocols most widely used in major Western democracies.

Transgender normativity, set and reinforced by identity normativity criteria that provide protocols and pathways that homogenize, in the final outcome of the gender affirmation path, transgender people to cisgender people, would, therefore, provide for a series of steps that would represent real checkpoints put in place by society to legitimize (or not) the gender affirmation path in terms of "compliance with parameters considered normative."

In this path of gender affirmation of transgender people, therefore, the same mainstream cis-heteronormative society would exercise a controlling function, through the legal and social systems that regulate and govern the pathways; this controlling effect, here, is referred to as the Charlie Checkpoint Effect.

To best understand the rationale behind naming the phenomenon involving the verification of the parameters of normativity and identity legitimacy during the path of gender affirmation, Checkpoint Chiarlie, it is necessary to briefly explain the history of the "famous" East German checkpoint during the Cold War.

At the end of World War II, the victorious allies of the conflict, namely the United States, France, the United Kingdom and the Soviet Union, divided Germany into two different nations: West Germany under NATO control and East Germany under the influence of the USSR. To further weaken the defeated Germany from the conflict, the victors also divided the capital Berlin into two different sectors: West Berlin for the Western forces and East Berlin for the

Soviet Union.

This partition created a difficult and singular condition in the world landscape. West Berlin was a Western democratic enclave in a Soviet bloc country, so for the first 15 years after the end of World War II there was a gradual depopulation of communist Germany and East Berlin to West Berlin.

For this reason, the East German regime erected a wall on the night of August 12-13, 1961, separating the West Berlin enclave from the rest of the nation.

Checkpoint Charlie was one of three Berlin Wall checkpoints that separated the German capital between 1961 and 1989, when the wall was torn down and the city (and Germany) was subsequently reunified. The checkpoint was used by U.S. troops to check documents, motives, history, and access criteria from East to West Berlin and viceversa.

Checkpoint Charlie has represented in the collective imagination the metaphor of the entry point from an oppressive world to a democratic world, from malaise to prosperity, from a condition experienced as alien to one perceived as desirable, innovative, and life-enhancing.

Precisely by using the symbolic and imaginary value that Checkpoint Charlie has had in contemporary history, it is possible to elucidate, through this analogy and metaphor, the evaluative control effect of the path of identity affirmation, and specifically gender identity.

Along the path of gender affirmation there are several "checkpoints" whose function is to evaluate and view the parameters considered "normative" for the identity of the chosen gender; this evaluation process can be exogenous, i.e., put in place by the institutions that certify and legitimize the validity (or not) of the gender affirmation path - examples are the psychodiagnostic team, the medical team, the Court, the School, the family; or endogenous, i.e., an internal, intrapsychic assessment of the real motivation to undertake the path and finalize it in all its parts, the real long-term personal resilience or the possibility of finding forms of "identity mediation" between biological sex, gender expressivity and chosen gender.

The successful (or unsuccessful) validation of the normative parameters deemed appropriate for the transgender condition allows the person who has embarked on the gender affirmation path to pass the checkpoint and assume the chosen gender identity and experience a new condition in life, or at the same time actions may be put in place that may delay, disfavor, or desist the transition from the identity ascribed at birth to the chosen gender identity.

5. METHODOLOGICAL ASPECTS

As pointed out earlier, a different point of view is proposed here in the reading of the desister condition than the traditional view that sees the phenomenon of interruption of gender affirmation as an "evaluative error."

Desisting, on the contrary, is conceptualized as an outcome, among possible ones, of an evolutionary process of self-determination of a person embarking on a path of gender affirmation, a way of finding one's own identity form, an accommodation between biological sex and experienced gender identity.

With the spread of today's knowledge about transition, as well as the services and centers proposed to the recognition of gender incongruence, it is not unusual that it is through these very realities that The phenomenon of desisters may take on more and more consistency. In fact, this aspect is already evident with what is happening with queer and non-binary people who currently, with reference to their specific instances, interrogate the current psychological and medical/health protocols that guide the operators of Transition Centers (Coppola, Masullo, Gnazzo, 2024)

To argue this point of view will be presented, the case study of Sara, a girl who embarked on a path of gender affirmation, obtaining-after an evaluative period of about a year-a certification of Gender Incongruence as stipulated by ICD-10 and subsequently Hormone Replacement Therapy, as well as completing her social transition in all life contexts.

The research follows a qualitative approach and uses the life story approach. The latter are considered crucial for their ability to shed light on the micro sociological and identity processes examined here rather than for the generalizability of the knowledge they provide on a given phenomenon (Bichi, 2004).

For case selection, it follows Morse's directions when he writes that "to rely on 'excellent data' it is necessary to acquire 'excellent participants' that is, to have the 'best example' of the phenomenon studied" (2007, p 231). Sara's story is an "information-rich" desisting story, and it was identified on the basis of certain theoretical assumptions that show its relevance, in accordance with what Cardano (2020, pp 31-32) points out in this passage "the extent of the results acquired from the observation of a handful of cases (sometimes even just one) rests on the legitimacy of the theoretical assumptions that guided their selection".

With Sara's story, we wanted to better understand what psychological and social motivations guide people in choosing to embark on a path of gender affirmation and what at some point causes them to "give up" and return to an original identity construction.

This life story was collected through an in-depth interview, while its

analysis was compared between the two co-authors, who together identified those key passages, as well as the most significant dimensions to answer the following research questions:

- RQ1: What are Sara's main motivations for embarking on a path of gender affirmation?
- RQ2: What effects on one's life did taking on a transgender boy identity generate and what were the effects, specifically, on relational aspects in different life contexts?
- RQ3: What, on the other hand, were the main motivations that led Sara to discontinue the path, and what explanations does she provide in finding forms of mediation between her history of desister and that of affirming a gender identity that now conforms to her biological identity?
The interview with Sara, 18, took place via Skype in May 2023, 10 months after she decided to end her gender affirmation path.

5.1. THE RECONSTRUCTION OF SARA'S STORY

From Sara's account, it emerges that it was her mother who contacted the center's secretariat dealing with gender affirmation pathways, reporting that her daughter was very sick. All this happens in 2020 during a COVID-19 health emergency. The long social isolation precipitates her already precarious psychological situation. During this time, her doubts about her gender identity escalate, and with the support of both parents Sara decides to deal with this "boulder."

The girl begins her gender affirmation path in a center in the capital, declaring to the operators that she feels like a boy and choosing "Kevin[2]" as her elective name, expressing the desire to live as a man, change her documents and undergo breast surgery in the future.

At the time of the start of the path Sara is 17 years old so, as stipulated by law, the consent of both parents is required to proceed with the assessment path.

The parents are separated but in decent relationship. The girl is primarily in the care of her mother but sees her father regularly on weekends. The mother and sister are very supportive and cooperative, the father, on the other hand, manifests several misgivings.

As Sara tells it, her mood and relational life begin to improve markedly

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[2] To understand the interview, we need to distinguish two temporal moments. At the time of the interview, Sara has already interrupted the process of gender affirmation and therefore speaks of herself in the feminine. When Sara refers to her identity in transition (Kevin) she uses the masculine.

since she has been living as Kevin: she hangs out with other people from the "rainbow" world and participates as an activist in the relational and social life of a Transgender Association in the city[3].

Sara at the end of several interviews with the Center's psychologists and physicians finally obtains certification to undertake Hormone Replacement Therapy, which they issue to him in December 2021 at the same time as authorizing him to continue in "phase 2" of the gender affirmation path. On January 10, 2022, the first interview with the endocrinologist is scheduled for the administration of HRT of the masculinizing type, that is, the daily administration of male hormones that will significantly, functionally and phenotypically change Sara's body and appearance toward a male-like conformation.

Sara begins HRT on January 11, 2022, and recounts how with the new identity she is better able to relate to both girls and boys in every life context, which she was unable to do with the previous identity configuration.

The condition of bio-psycho-social well-being achieved by Sara also positively affects her school performance, an aspect that benefits the girl in her social and relational life.

However, as time passes, the first physical changes in the direction of masculinization begin to generate increasing anxiety in Sara, and without telling anyone, she halves the daily dose of testosterone prescribed at the time of her first visit with the endocrinologist.

At the first checkup, the medical provider notices a testosterone level that is too low compared to the expected values and, therefore, questions Sara about how she took the hormone, hypothesizing incorrect administration. The state of malaise in Sara returns, and therefore she decides to discuss it with the team of physicians and psychologists who follow her at the Center and who have issued her certification of gender incongruence.

The interviews reveal that in recent months she has had a number of doubts about her real motivation for the gender affirmation path and that irreversible changes particularly frighten her.

The family is also supportive in the eventual decision to discontinue the affirmation path and reassume gender identity consistent with biological identity.

In July 2022, Sara discontinued her gender affirmation journey, stopped taking TOS daily, reestablished the name Sara in all contexts in place of Kevin, and decided to live in a conforming way with her feminine life.

5.2. ANALYSIS OF THE INTERVIEW: INSIDE THE CHOICE TO INTERRUPT THE PROCESS OF GENDER AFFIRMATION

Regarding Sara's motivations for embarking on the path of gender affirmation, two aspects can be identified, which are considered fundamental in the scientific literature related to gender socialization: on the one hand, the relationship with one's own body and, specifically, with the sexed and performed body in relation to biological or perceived gender (Butler, 2004; Rinaldi, 2016); a second aspect is the relational and social one, i.e., acceptance and integration in life contexts as an individual who follows a social (as well as sexual) role in relation to "hetero-perceived" gender (Simon and Gagnon, 2003).

These aspects, according to Sara's account, were highly compromised at the time of the events narrated in the interview. The girl believed that she had an unfeminine and unattractive appearance, suffering since the age of 12 from obesity and hirsutism. On a relational level, Sara had been bullied in all the school classes she had attended, phenomena that had deeply undermined her self-esteem, her ability to relate positively to both boys and girls. Complicating Sara's already precarious psychological and social balance came the restrictive social norms for the containment of the health emergency from COVID-19.

During this period, in which the main social activity was taking place online, Sara joined Transgender online community, a group in which she was able to hear and read stories similar to her own, that is, of people telling of the difficulties of living according to the social expectations performed around the female gender, and who had therefore embarked on the path of gender affirmation. Sara, therefore, matures in herself the idea that probably living in masculinity, as it happened to other girls, may be her own form of authenticity.

> I have always had a very conflicted relationship with my body and my sexuality. Weight, for example, has always been an issue. When I was little, in elementary school, I was called a walrus. I had no friends or girlfriends. The girls would push me away like the plague, while the boys would beat me up, put me in a corner and throw crumbs from snacks at me, saying I was a vacuum cleaner anyway. (...) When I went to high school it got even worse. I had gotten to 130 KG. I was completely alone (...) When the pandemic broke out it was a drama, because I was forced to do DAD and the first time I turned on the cam to do the lesson a boy in the class yelled that I was even fatter on video, I refused to turn it on until the end of the year (...) joining social trans groups was my luck, I met so many people who had the same problems with people as me, I found human warmth, strange isn't it? Human warmth through the web (...) One FtoM guy told me about the XXX centre, I had my mother call, I wanted to do it myself, but I was too ashamed.

The beginning of the journey of gender affirmation, the possibility of assuming a masculine identity, and the purging of the "feminine" from her life and from every relational aspect benefit - initially - decisively on Sara's psycho-social well-being.

Living as with Kevin's chosen gender identity causes her to experience, for the first time, a sense of not necessarily having to be attentive to aspects that are instead central to the life of a girl her age: the obsessive focus on body aesthetics, the need to dress a certain way, to hang out with certain people and in certain circles. Sara, experiences through Kevin, a greater sense of freedom from the social expectations associated with her assigned gender at birth.

As Kevin begins to cultivate interests, to share with other people his doubts, the same needs for self-determination.

> When I started the journey, I made the social transition almost immediately, I erased Sara everywhere and replaced Kevin with every previous space I had experienced as a female. Like Kevin I lived just fine, I had a sense of lightness and light heartedness that I had never experienced (...) the big social achievement was becoming an activist of the XXX association, I felt for the first time part of something that believed in me, and having LGBTQ+ friends gave me the strength to understand that it was not only me who was living that unhealthy situation. Kevin lived better in 18 months than Sara did in 17 years.

The motivation to also undertake hormone replacement therapy appears, in this project, to be an obligatory step in confirming to the world, before herself, the choice to embark on a path of gender affirmation, a fundamental step in the "Checkpoint" of legitimation of the new identity construction: changing one's appearance phenotypically in the direction of the chosen gender represents that fundamental step in legitimating oneself to society with the new identity construction in a more authentic way and not as a "usurper" (Masullo and Coppola, 2023).

In a recent article, Coppola (2023) highlights how the "checkpoint" can be experienced as a necessary, expected act for binary transgender people who have an authentic desire to assume the chosen gender; this authenticity does not make people experience the transition to the next stages of gender questioning with anxiety and fear but, on the contrary, it is experienced as a crucial step, sustained by high motivation, often experienced by people almost impatiently.

At the point when the gender questioning is not authentic, but a masking of other motivations, instances, and discomforts, the transition to the next stages, on the contrary is experienced as something problematic, inauthentic almost forking. This process, however, can be triggered only when one moves to a stage perceived as more "agitated" of the path, when one has to intervene on the medical-surgical or legal aspects, that is, when one experiences the feeling

of irreversibility (ibid.).

Sara, now Kevin, again plunges back into crisis and, with the help of the family and the Center's team, manages to explicate the real motivations of the whole path. Together with the operators, she understands that the problem was situated more in the relational sphere than related to a gender incongruity. Having to adapt to the female models proposed by society, also in view of her physical problems, had led her to believe that the idea of living as a man was the most functional, since it provided her with the possibility of living without the sense of inadequacy she had experienced as a woman. Living as a man had allowed for the explication of certain characteristics of herself that were unlikely to emerge living as Sara. Sara, now Kevin, feels that she does not necessarily have to abandon the feminine in order to live well in society and therefore decides to discontinue the path, to restore the old identity in each of its contexts, aware that she has matured, that she feels she is a new Sara who integrates and retains the skills and virtues acquired from Kevin and from the experience she lived as a "gender migrant."

> I have to say that there is a big difference between living as a woman or as a man. As a woman you have a lot of problems, you can't really say what you think and you have to be careful about a lot of things, and first you have to be beautiful, and you have to be liked. (...) since I was Kevin my life had really improved but to really be a boy and not let the effect of the change I was living as a boy fade away I had a feeling that going all the way at that point was necessary, I couldn't let down the people in the association and the team that had certified Gender Incongruence, if they said so then it was true (...) when I realized that I was scared of HRT and interventions I had a lot of anxiety, how could I take a step back? How could I say I wasn't convinced? I was very sick and so I went on the path (...) I could tell everyone that I didn't feel like continuing HRT, that by losing weight and gaining confidence in myself in the end I didn't want to let Sara go. My mother was bewildered; my father breathed a sigh of relief.

Called upon to conduct a meta-evaluative analysis of her own gender affirmation journey, Sara reports with conviction that her journey is not an "error of the evaluative system," that she did not pass the checkpoint as an impostor. On the contrary, having experienced the path over a period of time allowed her to understand that the reasons for her malaise were not hedosyntonic, but that the causes of her own discomfort and relational difficulty came mainly from outside, from social expectations related to gender performativity.

During the interview, it is Sara herself who provides the meaning attributed to her "desiting" and urges not to condemn and stigmatize a person who retraces her steps as happened to her when confronted with newly acquired friendships

within the transgender world she was accused of being indecisive, inconsistent, and fickle.

> How do I consider my path? A success! I owe so much to the team that followed me and I also owe so much to Kevin. I think of him as a part of me, the more outgoing part and the part that I was able to experience by spending a period of time in the "masculine" (laughs) yes, come on, we can say that I was a guest of the masculine world for a period of time (...) being a boy, however, is another thing. I don't think I would have understood it if I hadn't had the opportunity to experience the condition and be one step away from never being able to go back. You are wrong to say that those who stop the path are just confused or that the protocols didn't work, I think the problem maybe lies in society, in the bullies, in the giggles, and in the burden of what the world asks of you. I have had to face a new racism, that of the T community branding me as a fraud, I think even among cis-etero people I will have the patch of someone who started the path and then discontinued, we should have oblivion like for cancer patients

6. CONCLUDING REFLECTIONS: THE IMPACT OF QUEER CULTURE IN GENDER AFFIRMATION PROTOCOLS

The analysis of Sara's story, brought to light how the condition of those who decide to discontinue a path of gender affirmation should not be considered as an error of the evaluative system of the psychological and medical operators of the Centers assigned to certify a gender incongruence, as much as on the contrary to the rigidity of these protocols that are designed for a path that leads in a rather linear way, with conviction and consistency of those who undergo it, to the "elective" gender without the possibility of any "hiccups" or second thoughts. Moving from one gender condition to the other, as Sara's story brings out, means, on the other hand, confronting relational fields within which different patterns, expressions, ways of "being" and "doing" gender prevail normatively, with which the individual is forced to deal. Ultimately, Sara's journey brought out how fundamental social recognition is to a stabilization of gender identity, and that in the absence of real gender incongruence or dysphoria, this constitutes an aspect to be attended to in the same way as others.

At the end of what can be considered metaphorically as a "gender migration," Sara is able to identify more precisely the nature of her problem, which would lie not so much in her, and in her supposed gender incongruity, but in the world around her and the rigidity with which this forces her to comply with patterns, expressiveness ways of saying and doing gender that conform to the gender order (Risman, 2024). Sara, comparing herself with other people who have embarked on a path of transition, thinks that she finds a solution to her problems with femininity, in another "relational field" the masculine one, which she also accesses thanks to the "check point" that the center deputed to

assess her history provides her with, when she begins the process envisaged by transition. However, even within this realm Sara suffers the pressures of the sex/gender system (Rubin), which based on an affirmative single-issue model (and a binary view of gender), generates in her new reasons for apprehension especially when she has to undergo the prescribed hormone therapy.

In the light of this experience, it is almost inevitable to conclude that only a system based on challenging any attempt to stabilize and categorize gender identities in binary and/or hetero-normative terms would allow the system to accommodate with less difficulty the demands of those who do not necessarily intend to transition to one gender, rather than another (as with gender fluid or non-binary people) and those who like Sara decide to "reconsider" and go back, maturing a clearer reflection on herself and her propositions. This system can only be inspired by a queer epistemology, which as it is known sets out to challenge, to counter any attempt to categorize gender and sexual identities in stable, fixed or simply normative terms (De Laurentis, 1991), leaving it up to subjects to "deconstruct" (Derrida, 1994) and give rise to an original identity configuration, as unique as it is, and above all more corresponding to their own authenticity. If queer is based on the permanence of a "skeptical" attitude toward any attempt at definition (Lamble, 2021), assuming queer as the foundation of the protocols that guide the deputed services and centers means learning to evaluate a person's history without the need to attribute to it a truth value, or a stable certainty, but something that can and should be constantly questioned throughout the planned transition process.

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