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The limits of Gender Autonomy

**A Qualitative Analysis of Icelandic self-determination of legal gender
and the Experiences of Trans, Queer, and Non-Binary Individuals**

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Abstract

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Since 2019, Icelanders can self-determine their legal gender. A third “neutral” option was also added. However, formulations in the Act allow only one self-determined change (Act on Gender Autonomy, 2019). Research on self-determination of legal gender has shown how acts can have limited effects since legal change is insufficient in addressing injustice. The separation of medical and legal concerns in many new Acts has been criticized by scholars since embodied concerns of trans folks remain unaddressed (Dietz, 2018; Rose Hartline, 2018; Sørli, 2020). Therefore, this thesis aimed to explore how societal change and changes in trans-specific health care was experienced among trans, queer, and non-binary Icelanders since the introduction of the Act, where seven qualitative, semi-structured interviews were conducted. The theoretical framework was based on Spade’s (2015) critique of neoliberal rights legislation, used to illustrate the limits of Gender Autonomy on a micro level. This study found that the Gender Autonomy Act was welcomed among trans/queer/nonbinary Icelanders, but nonetheless had various limitations. The restriction of one self-determined change generally led to postponing the change and demonstrated cis-normative notions. Implementation strategies were lacking, where the X marker was experienced as a risk. Trans-specific health care had been depathologized but remained similar in structure, with long waits and outdated views. The Gender Autonomy Act had led to increased visibility of trans/queer/non-binary issues but had simultaneously provided a platform for transphobes. This study found that there are limits to Gender Autonomy, where continuous efforts for trans, queer, and non-binary equality are vital.

Keywords: Transgender, non-binary, queer, self-determination of legal gender, third legal gender option.

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1. Introduction

1.1 Problem formulation

Since 2019, Icelandic people can self-determine their legal gender without approval from the State through the introduction of the Gender Autonomy Act (Act on Gender Autonomy, 2019). The Act also introduced “neutral” as a third legal gender option. European developments toward self-determination of legal gender started in 2014 when Denmark was the first country to implement this kind of legislation (Dietz, 2018). Self-determination of legal gender has since then been carried out in nine other European countries, namely Belgium, Iceland, Ireland, Luxembourg, Malta, Norway, Portugal, Switzerland, and Finland, where the Finish law was voted through as recently as the 1st of February 2023 (Fredriksson, 2023; Köhler, 2022). However, Iceland is the only country in the world that allows its citizens to self-determine their gender as a third, neutral option (Köhler, 2022).

While Icelandic trans activists have welcomed the Gender Autonomy Act, it has also faced criticism. For instance, the Act only allows people to self-determine their legal gender once, which contradicts its purpose according to the trans activist Uglá Stefanía Kristjónudóttir Jónsdóttir. This requirement was added at the end of the legislative process for “political reasons” (Fontaine, 2019). If a person wishes to change their legal gender again, they can only do so under “special circumstances”, once again placing the decision in the hands of the State (Government of Iceland, no date). Additionally, the gendered naming tradition in Iceland, where last names traditionally have ended in either “son” or “dóttir”, leaves its traces in modern times with the relatively conservative name committee Mannanafnanefnd ruling over which first- and last names are allowed (Kyzer, 2019; Lög um mannanöfn, 1996; Trodler, 2021). Aboim’s (2022) study points to the centrality of names in trans communities, where names can be vital in identity-making. Legally transitioning in Iceland may therefore carry more

complex notions, as self-determination of legal gender has become a reality, while name changes are still restricted.

In legal gender self-determination acts, the separation between legal and medical issues is common, as the previous pathologizing requirements of needing the diagnosis of gender dysphoria have been removed (Dietz, 2018; Rose Hartline, 2018; Szydłowski, 2016). However, Dietz (2018) argues that unwanted effects followed the depathologization of the Danish Act, as the complete separation between legal and medical concerns led to a failure to recognize the embodied concerns of trans folks. While depathologization is a step in the right direction, Dietz (2018) argues that the new Act fails to guarantee the right to access trans-specific health care. Only Malta and Argentina have implemented acts based on self-determination, where the right to trans-specific health care is included in the law (Szydłowski, 2016).

In the Icelandic public health care system, gender-affirming care is included in public insurance (Josephson, Einarsdóttir & Sigurðardóttir, 2017). Although, there are issues in Icelandic trans-specific health care, with an underfunded medical trans team and a long wait for gender-affirming care (Ćirić, 2022; Ryan, 2022; Trans Ísland, 2022). Between 2020-2022, only four gender-affirming surgeries were carried out, while the waiting time for care is often longer than 16 months (Ryan, 2022).

Studying injustices is vital for social work, as the core of the practice is to aim for social and economic equality according to the Global Agenda for Social Work (IASSW, ICSW, IFSW, 2018, p. 5). The specific conditions of the “neutral” third gender option and the seemingly strict name committee Mannanafnanefnd makes Iceland an interesting case study in the research field on legal gender self-determination. Given how previous research points to how legal gender self-determination Acts may have limited effects when the right to trans-specific health care is not specified (Dietz, 2018; Rose Hartline, 2018), investigating Icelandic trans, queer, and non-binary people’s experiences from trans-specific health care could provide meaningful insights. Self-determination of legal gender

is meant to improve the life quality of trans, queer, and non-binary people, and studying our experiences of these Acts is crucial. For these reasons, this study will focus on the Icelandic Gender Autonomy Act and experiences among trans, queer, and non-binary individuals.

1.2 Aim

This thesis aims to explore how trans, queer, and non-binary Icelanders that have changed or considered changing their legal gender experience changes in society and trans-specific health care since the introduction of the Gender Autonomy Act in 2019.

1.3 Research questions

- How do Icelandic trans, queer, and non-binary people who have changed, or considered changing their legal gender experience societal change since the introduction of the Gender Autonomy Act?
- And how do they experience the current state of Icelandic trans-specific health care?

1.4 Terms and definitions

1.4.1 *Self-determination of legal gender*

This thesis will use the definition of self-determination of legal gender as it is cited in the report “Self-determination Models in Europe” (Köhler, 2022):

“Self-determination means it is not necessary to involve a third party, such as a judge, psychologist, psychiatrist, medical provider, or parent, nor is it necessary to provide any medical or other proof. The change of name, legal sex or gender is entirely based on the self-declaration of the concerned person. Per definition, self-determination is an administrative procedure – in contrast to a judicial procedure – and thus better suited to enable a fast, accessible and transparent procedure.” (Köhler, 2022). The terms self-declaration of legal gender, and gender autonomy, will sometimes be used interchangeably in this thesis.

1.4.2 *Icelandic glossary*

Hán	The Icelandic gender neutral pronoun
Hagstofa	The Icelandic Statistics Bureau
Kvár	Icelandic word for non-binary adult
Kynsegin	Icelandic word for genderqueer/non-binary
Landspítalin	The Icelandic National Hospital
Mannanafnanefnd	The Icelandic name committee
Samtökin ‘78	The Icelandic National Queer Association
Sjúkratryggingar Íslands	The National Health Insurance Institution
Trans Ísland	The Icelandic National Trans Association

1.4.3 Trans, queer, and non-binary glossary

Gender-affirming care	Gender-affirming care is a type of healthcare that aims to support people in aligning their gender identity and expression with their physical body and social environment. This type of care can include a range of medical, psychological, and social interventions.
Deadname	Refers to the old name that is no longer used.
Depathologization	Depathologizing trans identities means that no preconditions of medical or psychological diagnoses are needed when changing legal gender.
Misgendering	When someone is referred to with the wrong gender or pronoun.

2. Background

This section will introduce the historical and global background of the developments of self-determined and state-determined legal gender change. This section fills the purpose of situating the Icelandic Gender Autonomy globally, as the self-determination of legal gender has been legislated in many countries within the last ten years (Köhler, 2022). I will also present the various ways in which self-determination of legal gender has been legislated and present criticism against the acts. In addition, I will provide a brief background of the Icelandic context.

2.1 Legal gender self-determination – Global developments

In conclusion, there are global trends in legislating the self-determination of legal gender. The primary trend in the formulations of the laws is the complete separation between civil and medical issues, where the laws abstain from formulating regulations concerning the medical field. Formulations in self-determination laws of having the right to access health care have only become a reality in Argentina and Malta. The separation between medical and legal concerns has, although, had some unwanted effects, and therefore, this is one of the aspects that have faced criticism from scholars (Dietz, 2018; Köhler, 2022).

In Europe, 39 countries allow citizens to change their legal gender. Despite recommendations from human rights organizations and professionals, many countries still require discriminating legal and medical adjustments to change legal gender (Dunne, 2014; Köhler, 2022; Szydłowski, 2016). Of the 39 countries, 27 require a mental health diagnosis, 19 demand divorce, and 8 require sterilization. However, the number of European states requiring forced divorces and sterilizations was significantly higher only five or ten years ago (Dunne, 2014; Szydłowski, 2016).

Ten European countries have adopted self-determination of legal gender, namely Belgium, Denmark, Finland, Iceland, Ireland, Luxembourg, Malta, Norway, Portugal, and Switzerland. Out of these states, Iceland is the only country that allows people to self-declare as a third, neutral gender option. Malta and Denmark provide non-binary citizens with the right to mark their gender as X on their passports but not in the centrally held registers. Although, research shows that 78% of trans individuals in Europe have chosen not to change their legal gender through gender recognition acts, indicating problems with these laws. The lack of legal usage rests on the inaccessible processes, having abusive requirements, and many only allowing binary genders (Fredriksson, 2023; Köhler, 2022; TGEU Trans Rights Map, 2022a).

To be able to self-declare legal gender in Iceland, individuals must be over 15 years of age. A child younger than 15 can change their legal gender with the support of their guardians or by submitting their request to an expert committee. Although, the Icelandic Act only allows individuals to self-determine their legal gender once. If a person wishes to change their legal gender again, it can only be done under “special circumstances”. The Gender Autonomy Act also includes certain restrictions on surgeries on intersex children, but as these formulations are outside the scope of this thesis, I will not go into detail about these (Act on Gender Autonomy, 2019; Government of Iceland, no date).

The Argentinian Gender Identity Law from 2012 was the first legislation that allowed its citizens to self-determine their legal gender. With the Argentinian change, people instead need to file a declaration confirming they are within the protection of the law and their desire to change their legal gender. The Argentinian law also includes descriptions of the right to access trans-specific health care. Through this right, individuals that want gender-affirming care are guaranteed access to trans-specific health care (Szydłowski, 2016).

Malta has also added trans-specific health care services as a legal right, similar to the Argentinian Act. The Maltese Act added gender identity to the list of grounds for nondiscrimination in the country’s constitution. By doing so, the scope of the

law was expanded to protect from discrimination and provide trans folks with the right to health services. The legal right to health care services makes Malta the only European country to have fully depathologized gender according to TGEU definitions (Szydłowski, 2016; TGEU Trans Rights Map, 2022b).

2.2 Criticism of legal gender self-determination

As mentioned in the problem formulation, there are aspects of legal gender self-determination acts that have faced criticism (Dietz, 2018; Cannoot, 2020; Rose Hartline, 2018; Szydłowski, 2016; Sørliie, 2020). One criticism revolves around not specifying the right to health care in the new acts. Dietz (2018) argues that the ignorance towards health care in the Act results in few actual changes for trans people in their everyday lives, as trans-specific health care will remain underdeveloped. Changes in the law that only concern civil matters are insufficient to meet the needs of trans and intersex people, Dietz (2018) argues. Instead, the author accentuates the need for continuous development of trans-specific health care. Dietz's (2018) study and the effects of the Danish Act will be further discussed in the Previous Research section.

Some states, like Denmark and Belgium, have waiting periods legislated in their laws, where those who wish to change their legal gender need to wait six months until their change is affirmed (Cannoot, 2020; Dietz, 2018). These waiting periods have received criticism from trans communities (Cannoot, 2020). The six-month reflection period was introduced to reduce the amount of "hasty decisions".

However, TGEU (2014) argues that not being able to change legal gender directly can cause trouble when enrolling in education, applying for a job, or traveling.

Also, there is a concern that the waiting period will preserve the misconception of trans people being confused about their gender rather than allowing people to live as full versions of themselves (TGEU, 2014).

Activists in Iceland have also criticized the requirement of only being allowed to self-determine your legal gender once. For instance, the chairperson of Trans

Ísland, Uglya Stefanía Kristjónudóttir Jónsdóttir, argues that the requirement goes against the purpose of the law itself. The purpose of the law was that people would be able to decide their name and legal gender. Although, with this requirement, people who have changed their gender once still need to gain support from public authorities, which Kristjónudóttir Jónsdóttir finds contradictory (Fontaine, 2019).

2.3 The Icelandic Context

2.3.1 Trans-specific health care

In this section, I will briefly overview how people access trans-specific health care in Iceland. As mentioned, gender-affirming care is included in public insurance (Josephson, Einarsdóttir & Sigurðardóttir, 2017). Suppose someone wishes to access gender-affirming care. In that case, they need to contact Iceland's only trans team in the national hospital, Landspítalin, which consists of five professionals that work part-time in the trans team (Trans Ísland, 2022). Accessing care in Iceland can be challenging as the waiting times are often long (Ryan, 2022).

While the Gender Autonomy Act simplifies legal gender change, accessing trans-specific health care can be more complicated, Ćirić (2022) argues. To access gender-affirming health care, people need to attend doctor's appointments for six months to confirm that they are socially, mentally, and physically prepared to start the treatment. These appointments are followed by another six-month-long waiting period. Only after this first year can people be placed on waiting lists for treatments (Ćirić, 2022).

During the Covid-19 pandemic, gender-affirming surgeries were not considered urgent care by the national hospital Landspítalin and were de-prioritized (Fontaine, 2022). Simultaneously, there are systemic issues in the Icelandic

healthcare system, with staff shortages and health care professions being generally low paid (Ryan, 2022; Zubenko, 2022).

2.3.2 The naming tradition and Mannanafnanefnd

The naming committee Mannanafnanefnd regulates Icelandic names and decides which first and last names are approved. Icelandic first names must either be chosen from the national registry of approved names or fall into Icelandic grammar. Previously, immigrants needed to change their old names and take on Icelandic ones when getting citizenship, but this is no longer the reality.

While gendered first names have been removed since the introduction of the Gender Autonomy Act - a historic decision for the otherwise traditional Mannanafnanefnd, last names are still gendered. Gender-neutral endings to last names have been added to the mix, where non-binary people can now end their last name with “bur” or “ar”, meaning “child of”, instead of “son” or “dóttir”. The ending of the last name does, however, need to match the legal gender marker (Kyzer, 2019; Lög um mannanöfn, 1996; Trodler, 2021). As half of my non-binary interviewees had chosen *not* to use the X marker, these regulations make things more complex for them, which will be further explored in the results and analysis.

3. Previous research

In this section, I will discuss research findings about the self-determination of legal gender and how the legal change has affected trans, queer, and non-binary populations. As most changes have occurred in Europe and South America, the published studies mainly stem from these regions (Brems, Cannoot & Moonen, 2020). I will detail some case studies conducted in Denmark and Norway since they share many similarities with Iceland in public insurance systems. I will initiate this section by detailing the Belgian Act, as there are similarities in the Belgian and Icelandic Acts of only being allowed one self-determined change.

3.1 The “only once” requirement in the Belgian Act

The Belgian gender self-determination Act came into force in 2018. Cannoot (2020) investigates whether the new Act is a ground pillar in protecting trans rights in Belgium or whether it is only the beginning of a long process of trans-non-discrimination.

Cannoot (2020) portrays how the Belgian Gender Recognition Act aimed to depathologize trans identities, although the author argues that the Act still had formulations that failed. Specifically, the Act did not depathologize trans minors, and Cannoot (2020) means that the pathologization of trans people was replaced by paternalization. The Belgian Government chose to, in large part, mimic the Danish self-determination of legal gender, introducing a waiting period of 3-6 months which the applicant needs to confirm that the change is still wanted. Also, the Belgian Act, like the Icelandic one, restricts how many times people can change their legal gender, where a legal gender change is definitive, except for “exceptional circumstances” (Cannoot, 2020). The Belgian Government argues that this requirement exists for fraud reasons and to avoid “light-hearted” applications, wishing to reduce the persons that often apply for a change. This reasoning has faced criticism, as there is no evidence of such usage from other

states and no evidence that this kind of legal gender fluidity would cause societal harm (Cannoot, 2020).

Cannoot (2020) also argues that the law is based on cis-normative and binary notions. Firstly, newborn children are still assigned legal gender based on their bodily sex characteristics, and the Belgian system only allows people to self-determine their gender in the binary options male and female. Lastly, the author means that while the new framework is more respectful of trans rights than the previous one, the new Gender Recognition Act did not fundamentally change the State's power over trans bodies. While trans folks have more freedom to define their gender in the new version, their legal gender change is definitive, and they can only choose between two options. Cannoot (2020) means that while the new law is welcomed, it contains several contradictions.

3.2 The (in)effectivity of self-determination of legal gender in Denmark

Dietz's (2018) arguments can and will be used later in this thesis, as depathologization is a prominent trend in all gender self-recognition acts, where medical requirements are removed from the law. Dietz (2018) lift essential thoughts in the critique of the new trend in gender self-recognition acts.

The Danish self-declaration of legal gender status was introduced in 2014. In the Danish version, people can self-declare their legal gender under the preconditions of affirming the change after a 6-month reflection period. The Danish self-determination of legal gender Act has been celebrated worldwide for its progressiveness, being one of the first countries to introduce this kind of legislation (Bach, 2020; Dunne, 2014). Although Dietz (2018) highlights some issues with the new Act. Dietz's (2018) study focuses on the effectiveness of the self-declaration legislation in Denmark and draws its analysis on legislative documents and interviews with stakeholders, activists, trans and intersex people.

Dietz (2018) uses a legal embodiment perspective and is critical of the consequences of the mind/body dualism in law, namely how mind and body are separated from one another when a legal Act only concerns itself with legal issues, ignoring medical concerns. Drawing on a feminist legal perspective, the author criticizes how the law fails to address the embodied concerns of the people it is aimed at, such as access to health care. While the depathologization of various requirements in the law is a step in the right direction, the author is critical of the complete separation between legal and medical matters in the new Act.

Dietz (2018) argues that while the policy has been welcomed, it has had restricted effects due to its failure to recognize the embodied concerns of trans and intersex subjects. Considering that many trans and intersex people want medical treatment, Dietz (2018) criticizes the dismissal of medical aspects, as Danish trans-specific health care still needs many improvements. In addition, the author portrays how changing your legal gender without passing as that gender leads to higher risks of violence and discrimination. While the author does not argue for the pathologizing diagnostics and medical requirements, Dietz (2018) means that the complete disconnectedness of medical issues risks undermining the embodied concerns of trans and intersex subjects, as the issues they face would require further improvements in the trans-specific health care system.

3.3 The Norwegian Act and experiences among trans children

In 2016, Norway implemented one of the more progressive gender self-determination acts, with regulations that allow children from the age of 6 to change their legal gender with the approval of their legal guardians. Like other Nordic countries, Norway has been celebrated in the West for its progressive approach toward gender equality. The Norwegian welfare state emphasizes gender egalitarian values, which has resulted in increased economic and political participation and comparable levels of education and health between men and women (Rose Hartline, 2018).

However, these egalitarian values are misleading and do not fully reach the trans population. Only until the legal change in 2016 did trans people that wanted to change their legal gender need to be sterilized and undergo full bodily sex reassignment surgeries. Therefore, the change in 2016 was warmly welcomed by trans communities in comparison to the prior discriminating Act (Rose Hartline, 2018).

Sørliie (2020) writes about the new gender self-determination Act in Norway and its impact on schoolchildren. The author argues that a legal gender change for children means protecting trans rights and investigates whether the new Norwegian legislation has made trans rights in Norway a “done deal”. The study focuses on schoolchildren and uses the school day to discuss whether a self-declared legal gender change is sufficient in recognizing and protecting trans rights. Specifically, the author pays attention to the issues of accessing facilities such as changing rooms, sanitary facilities, and showers (Sørliie, 2020). Sørliie (2020) describes how trans rights in Norway cannot be seen as a “done deal”, and warns of misuse of gender recognition acts, where acts could be misused as arguments of having already ensured trans rights. The study instead argues that while self-declaration of legal gender is a step in the right direction, ensuring trans rights is still a work in progress (Sørliie, 2020).

Similarly to Sørliie’s (2020) argument of trans rights not being a “done deal”, Rose Hartline (2018) assesses the transformative limitations of the new law critically. Firstly, Rose Hartline (2018) criticizes how the law only contains the binary options male and female, thus excluding non-binary identities from legal recognition. This exclusion results in non-binary folks needing to choose a false legal gender identity, which can have severe consequences as they will be continuously invisibilized and misgendered. Secondly, the law contains no details about the right to access trans-specific health care, resulting in a continued care monopoly since the medical field solely regulates how trans-specific health care should be guaranteed. Trans-specific health care is monopolized as the state hospital’s National Treatment Centre for Transsexualism continues to use a system for treatment and assessment that the trans community has severely

criticized for having outdated definitions of gender identity (Rose Hartline, 2018).

Finally, both Sørli (2020) and Rose Hartline (2018) portray that while the legal change has been welcomed, it still contains dimensions that trans communities have criticized. There is a risk of the portrayal of gender self-determination acts as the final step that made trans rights a “done deal”, which is not the case. The transformative potential of gender self-determination acts is limited as the acts exclude non-binary folks and contain no formulations of a developed trans-specific health care system (Rose Hartline, 2018; Sørli, 2020).

4. Theoretical framework

In this chapter, the theoretical framework of this study will be presented. The theory that informs this thesis is based on Spade's (2015) critical trans politics and criticism of neoliberal rights legislations.

4.1 Critical trans politics and the limits of law

Considering how gender self-determination laws have faced criticism for their insufficiency and lacking implementation strategies, Spade's (2015) criticism of how the neoliberal welfare state affects trans communities is relevant to this thesis (Brems, Cannoot & Moonen, 2020; Cannoot, 2020; Dietz, 2018; Rose Hartline, 2018; Sørli, 2020). However, Spade's (2015) arguments are based on rights-based legislation in the American context. I will therefore develop Spade's (2015) arguments throughout this chapter to grasp legal gender self-determination in the Icelandic context.

By placing a critical perspective on law in the neoliberal welfare state, Spade (2015) argues that rights-based developments in law are insufficient in dealing with trans discrimination, calling for critical trans politics. As capitalist, neoliberal systems are built on unequal terms, the final goal of trans politics cannot be inclusion since developments in law and policy lead to legitimizing white supremacist, patriarchal, capitalist, and ableist political agendas (Spade, 2015, p. 160). Spade's (2015) criticism of neoliberal legal developments is utilized in this thesis as a critical lens on the Gender Autonomy Act through the perspective of trans, queer, and non-binary Icelanders. Through Spade's (2015) criticism of how neoliberal legal developments will benefit the privileged, I wish to illustrate how some aspects of the Act may contradict its original purposes. Examples of such contradictions are the "only once" requirement and strict naming laws, and lacking implementation strategies of the X marker, where the limits of gender autonomy will be further explored.

Spade (2015, p. 43) mainly criticizes hate crime and anti-discrimination laws in the US and argues that they create a false impression that previously marginalized groups are now equal and treated fairly, which is not the case. This kind of criticism is central in Spade's (2015, p. 22) critique of neoliberal rights legislation, where inequalities are concealed under the guise of speaking for "freedom" and "choice".

Through the Gender Autonomy Act, individuals are supposedly "free" to choose their legal gender, which could risk concealing inequality under the guise of "neutral" legislation. Notions of "freedom" and "choice" through the Gender Autonomy Act may therefore risk the misconception of justice already being served, since trans, queer, and non-binary folks are legally recognized, which is not the reality as previous research demonstrates (Brems, Cannoot & Moonen, 2020; Cannoot, 2020; Dietz, 2018; Rose Hartline, 2018; Sørli, 2020). For instance, I will illustrate an example in the results and analysis section where being "free to choose" your gender has been used to argue *against* the right for paid medical leave following complications of top surgery.

In the following theory chapter, I will present more specific concepts from Spade's (2015) book *Normal Life* and discuss and expand them to fit the case of legal gender self-determination. I wish to remain clear in my stance that I am *not* arguing that there is no purpose for legal gender self-determination, as individuals are stuck in systems that need changes today, not tomorrow.

4.1.1 Administrative violence

Spade (2015, p. 71) illustrates more practical examples of where administrative systems and governmental agencies are responsible for various activities that distribute and impact life chances. Spade (2015, p. 71) argues that critical trans politics need an understanding of how the administration of gender norms affects trans lives and therefore discusses the more practical examples of administrative violence. Examples of administrative violence in the Icelandic system will

therefore be explored in this section. Specifically, administrative violence will be explored by looking at gender classification systems, as these often create problems for those that are difficult to classify. In line with Spade's (2015, p. 77) thoughts, gender classification systems will be explored through a three-folded approach: identity documents, sex-segregated facilities, and access to health care.

Identity documents can cause trouble for various reasons. Spade (2015, p. 78ff.) mainly portrays how identity documents carry administrative violence since outdated information often causes extensive trouble when applying for a job or traveling. In the Icelandic case, where legal gender self-determination has become a reality, issues of incorrect identifications may be less of a concern. However, as a third legal gender has recently been added as an option, outdated information may still cause trouble as not all institutions have followed through on adding the X marker yet. Also, the X marker hinders travel, as very few countries allow visitors to mark their gender as X in VISA applications, resulting in the removal of rights. The removal of rights through lacking updates of passport procedures is an act of administrative violence, since it impacts life chances among people using the X marker. This theme will be further developed in the results and analysis section.

The second example Spade (2015, p. 77) lifts relates to sex-segregated facilities. People who are difficult to classify may be at higher risk in facilities and institutions based on sex segregation. While Spade (2015) mainly discusses the risks of violence in involuntary sex-segregated institutions, such as prisons and psychiatric hospitals, his thoughts on administrative violence will be expanded to touch upon the realm of swimming pool culture in Iceland. As the analysis will further explore, the swimming pool is a vital arena for social and cultural life in Iceland. Still, my interviewees described how swimming pools lack in adapting their spaces to trans, queer, and non-binary individuals, resulting in the structural exclusion of trans, queer, and non-binary people from one significant sphere of Icelandic culture. Despite legal recognition of trans, queer, and non-binary folks, many pools still do not have gender-neutral changing rooms to this day.

The third example of administrative violence is to access to health care. Since Spade (2015, p. 82) bases his arguments on the American context, theoretical implications must be adapted to grasp the Icelandic case. Overall, the author lifts how trans people in the US are gatekept from health care since many health insurance companies do not include gender-affirming care in insurance. Although, Icelandic health care includes gender-affirming care in public insurance (Josephson, Einarsdóttir & Sigurðardóttir, 2017). Nonetheless, my interviewees still described examples of insurance trouble, delaying their access to health care, or being denied paid medical leave. Spade (2015, p. 83) highlights how anxiety, depression, and suicidality are common consequences of denied access to gender-affirming care. While my interviewees express how it is rare for people to be denied care since the introduction of the new Act, consequences from the long wait in Icelandic trans-specific health care may have similar consequences during the time people are kept waiting. The long wait and the lack of improvements in trans-specific health care are acts of administrative violence, through their direct impact on the lessened quality of life among trans, queer, and non-binary individuals.

5. Research methods

5.1 Research design

To introduce this chapter, I will discuss the choice of research design and methods of this thesis. I will discuss why I focused specifically on the Icelandic case and reflect on the challenges I encountered. Methodology is the bridge between epistemology and method, meaning the bridge between the view on science and the practical instruments of research (Hesse-Biber & Piatelli, 2012). This discussion will, therefore, specify the *how* of this thesis, not only how the research was conducted, but also how I approach research.

The methodological framework of this thesis rests on social constructivism and queer methodology. It views knowledge as socially constructed and dependent on social conditions. Queer methodology accentuates the instability of taken-for-granted definitions and inherent power relations (Browne & Nash, 2016, p. 4ff.; DeVault & Gross, 2012). My use of queer methodology challenges the taken-for-granted impact of gender self-declaration acts, looking beneath the surface by investigating how the Act is experienced by those it is aimed at.

Focusing on experiences makes the choice of a qualitative, inductive method a suitable research design (Clark et. al., 2021, p. 350). Empirical data has guided the research process and my choice of theoretical concepts for analysis. As I was already familiar with Spade's (2015) arguments, I had a preunderstanding of possible theoretical implications in the data-gathering process. I also had previous knowledge of the field of trans issues since I had previously written many papers about the topic.

5.2 Trustworthiness and authenticity

This thesis will discuss alternative definitions to evaluating qualitative research, namely trustworthiness, and authenticity, as they are more adapted to qualitative research. Trustworthiness and authenticity align with my social constructivist and queer methodology, as the concepts allow room for perceiving the world as containing multiple social realities (Clark et. al., 2021, p. 363f.).

Trustworthiness is based on four requirements: credibility, transferability, dependability, and confirmability (Clark et. al., 2021, p. 363f.). Credible qualitative research means that research was carried out with good practice and that the interviewees agree with the results. I allowed my interviewees to read through their transcripts and corrected them according to their comments. The second requirement is the transferability of the study. However, in qualitative methods, the aim should rather be to provide a thick description of a particular phenomenon, meaning a richer description of a detailed topic. In the case of my study, I have tried to add thick descriptions by asking open-ended and follow-up questions (Clark et. al., 2021, p. 363f.).

The third requirement is dependability, which can be linked to the more known concept of reliability (Clark et. al., p. 366.). However, reliability means that research using the same tools under the same circumstances will produce the same results, which is incompatible with my methodological approach (Mason, 2018, p. 235f.). In my research, I have addressed dependability by having an interview guide, where I tried to find a similar flow in the interviews. The fourth requirement is confirmability, which means I should refrain from allowing my values or knowledge of various research to impact my data gathering (Clark et. al., 2021, p. 363f.). Although, through the social constructivist and queer methodological framework, my standpoint remains that the researcher will affect the results, as I am part of constructing this knowledge (Browne & Nash, 2016, p. 4ff.; DeVault & Gross, 2012). I have addressed confirmability by staying open to various theoretical perspectives and letting my data guide this study's theoretical implications.

Authenticity means that the gathered material is authentic, meaning that it is presented correctly according to the members of the social setting (Clark et. al., p. 366). To ensure this study's authenticity, I allowed my interviewees to read through their transcripts after they were completed. I also intend to send the thesis to all of them, as they all wished to read it and therefore had them at the back of my mind throughout the writing process.

5.3 Data collection

As I wanted to dig deep into the issues and with a focus on people's lived experiences, Qualitative semi-structured interviews seemed a suitable method (Mason, 2018, p. 114; Clark et. al., 2021, p. 428). Qualitative interviewing allowed my interviewees to ask me questions, making the interview less hierarchal compared to a quantitative interview, where the researcher is to refrain from such interactions (DeVault & Gross, 2012).

I created an interview guide with questions and topics I wanted to investigate (See Appendix). It included both general themes as well as more specific questions. I specified my themes and questions based on previous research and therefore wanted to investigate experiences of societal change and trans-specific health care since the introduction of the Act. With the semi-structured approach, I was not forced to stick with my questions and could better follow the interviewees in their storytelling. As a result of an essential topic in the stories told during the initial interviews, I added additional questions about the experiences of the naming committee Mannanafnanefnd and of going to the public swimming pool. At the start of my interviewing process, I had yet another theme, "future changes", but decided to remove it as I realized it fell outside the scope of this thesis.

I conducted seven interviews ranging from 45 to 75 minutes. When conducting the interviews, I aimed to be an active listener to what the interviewees said. I allowed myself to become involved in their stories and to feel uncomfortable, upset, or confused (Devault & Gross, 2012). Active listening meant that I

sometimes deviated from the interview guide, for instance, comparing the stories my interviewees told me with the situation of trans people in Sweden.

5.4 Sampling strategies

My sample of respondents consists of trans, queer, and non-binary people in Iceland who have changed or considered changing their legal gender. I made this precise formulation to remain open to various identities. Since I thought that they could have meaningful insights into how the new Act had impacted their and other people's lives, I also remained open to persons who had changed their legal gender prior to the introduction of the Gender Autonomy Act.

So-called "snowball sampling" seemed to be a suitable sampling strategy since I believed it would be challenging to find interviewees through other measures. The sampling started with a contact in Iceland. When I reached out to her, I included a short description of my project and information about participation. Through her network, I found three interviewees who later connected me with people they knew. Snowball sampling may, however, have some limitations. Firstly, qualitative snowball sampling cannot provide general insights into the population of trans, queer, and non-binary people. Instead, this strategy can provide detailed descriptions of a narrow sample (Clark et. al., 2021, p. 370), where the qualitative approach of this thesis aims to provide theoretical insights rather than generalizing results from the studied population. Also, since all interviewees were somehow connected, they were relatively similar in age, with an age span from 20-29 years old. The age span could be considered both a strength and a limitation, as it provides a narrow sample.

5.5 The interviewees

Pseudonym	Pronouns	Gender labels	Legal gender marker
Nikolay	They/them	Kynsegin (non-binary/genderqueer)	Changed, but to M instead of X
Sif	She/her	Trans woman	Changed to F
Dropi	They/them	Non-binary	Changed to X
Oskár	He/him	Non-binary, queer	Changed to X
Bo	They/them/he/it	Non-binary + vaguely agender and transmasculine	Has not changed their marker
Gró	They/them	Trans, non-binary, transfeminine	Changed to X
Baldur	He/they	Transmasculine, queer, non-binary	Changed to M prior to the new act

This table briefly introduces the interviewees and which legal gender markers they have. Six of seven interviewees identified as non-binary, but only half had chosen to change their gender marker to the “neutral” option.

5.6 Data analysis

5.6.1 Transcription

When transcribing my recorded interviews, I used a voice recognition transcription service called Trint. I used this tool since I needed the maximum time possible for my analysis and writing process. Trint did, however, still require many hours correcting the transcripts since voice recognition services are often far from perfect (Clark et. al., 2021, p. 441). Also, my interviewees sometimes said a word in Icelandic, which Trint transcribed wrongly. I wanted to transcribe as many Icelandic words as possible and took help from a friend who knows Icelandic. If my pronunciation was insufficient in communicating the word, I would play the recording at a slowed down or up to make the voices less recognizable. I also allowed my interviewees to read the transcriptions and asked them to clarify the Icelandic words.

Since I needed to correct the Trint transcripts, I got the benefit of working intensely with the transcripts, and that is where some themes started forming in my mind.

5.6.2 Thematic analysis

I chose to conduct a thematic analysis of the transcripts. In line with the six steps presented in Braun and Clarke (2012). Firstly, I familiarized myself with my material by listening through the recordings once before correcting the transcriptions in Trint. Secondly, I generated initial codes that were initially broad and unorganized. Thirdly, I identified themes in my codes and tried to find theoretical implications and connections. Some of the themes I identified correlated directly to my interview guide, such as “experiences of the act”, “trans-specific health care”, “societal effects” and “going to the swimming pool”. However, I identified two additional themes, “non-binary” and “personal stories”. I found “personal stories” to be outside the scope of this thesis.

Fourthly, I reviewed the themes. I used the text search tool in NVivo to review my codes, such as searching for “non-binary” to review whether I had missed any other instances that could fit in that code. I did a similar word search for other codes that had specific words or phrases that related to the code, such as “feeling uncomfortable” under the theme “going to the swimming pool” and “gatekeeping” under the theme “trans-specific health care”. Fifthly, I further defined the themes by creating sub-categories in “experiences of the act” into positive, neutral, and negative categories.

Finally, I wrote the results and analysis section and linked my themes to previous research and theory (Braun & Clarke, 2012; Clark et. al., 2021, p. 22f.).

5.7 Reflexivity and positionality

Reflexivity means reflecting on your experiences during a research process and how they might affect the research design and is commonly used in feminist research. Specifically, we examine our embodied subjectivities through reflexivity, as they will impact the results (Clark et. al., 2021, p. 367f.).

My role as a queer, white, middle-class Master’s student from the neighboring country, Sweden, influenced the final result of my research in various ways. As a part of the queer community, I have experiences belonging to this group and identifying outside the gender binary. My positionality was both an asset and a challenge when I conducted my research. Firstly, I identify as queer and am interested in trans and queer issues. I am, therefore, familiar with queer topics, language, and various queer/trans/non-binary abbreviations, which was an asset during the data collection. It contributed to tacit communication and understanding between myself and my interviewees, creating a friendly atmosphere. Nevertheless, being an insider also creates challenges. For instance, at times, I felt it was challenging to find a balance in the interviews when my interviewees were going off-topic.

Being Swedish, I was, in that regard, different from my interviewees. Although Sweden and Iceland are both Nordic countries and share many similarities in welfare systems, I somehow assumed Sweden and Iceland to be similar. Therefore, I had to be aware of presumptions about how things work. When conducting the interviews, I noticed that my interview participants often gave me a quick run-through of how things work in Iceland, for instance, regarding trans-specific health care and legal gender change. The run-through was an asset, as finding up-to-date information about these things can be challenging.

5.8 Ethical considerations

Trans and queer communities have been part of numerous studies where our identities have been pathologized, which prompts me to be extra aware of this academic history. In addition, trans and queer communities are often in marginalized and vulnerable positions, which necessitates extra caution when interviewing members of these communities (Vincent, 2018).

To position myself against previous pathologizing research, I explained my positionality and study's aim to my interviewees. At the beginning of each interview, I briefly described my queerness and explained my interest in trans and queer justice. Vincent (2018) writes about the importance of knowing the problematic history of research on trans communities when going into the field. Therefore, I read up on the Icelandic context and its history of legal gender change before conducting my interviews. I found this step important since I wanted to avoid reproducing the trend of trans and queer folks needing to take on the educator role in contact with researchers.

5.8.1 The transparency requirement

Research ethics can also be discussed through the four requirements developed by Vetenskapsrådet (2002).

Through the transparency requirement, I provided information about my intentions with the project and my positionality, as discussed above. I provided this information in my first reach-out message over Facebook DM. I also repeated the information at the start of each interview, where I introduced myself with pronouns and went over the practical information, such as voluntary participation, anonymization, and the assumed length of the interview (Vetenskapsrådet, 2002).

5.8.2 The self-determination requirement

The second requirement is the self-determination requirement which means that interviewees can determine under which circumstances they wish to participate in the study, meaning where, how, and when they want to meet. I managed this requirement by allowing my interviewees to choose a time and place that worked best for them (Vetenskapsrådet, 2002).

I had some time restrictions, such as interviewing during my stay in Reykjavík between the 26th of March and the 11th of April, 2023. Ultimately, it did not restrict my interviewees' choice of time.

When conducting the interviews, I was aware of the power dynamics in the process. These dynamics can be complicated phenomena where identities and power relationships are complex. As I identify as queer, this most likely impacted my research as the interviewees felt more comfortable sharing certain aspects of their lives with someone like them (DeVault & Gross, 2012). Simultaneously, an interview situation can be sensitive if we share experiences of discrimination and exclusion. I addressed this challenge by informing the interviewees that they were free to choose not to answer my questions and that their participation was voluntary and could be terminated at any time.

5.8.3 *The confidentiality requirement*

The third requirement is confidentiality, which means that all personal data is confidential. I kept true to the confidentiality requirement by carefully anonymizing personal details, such as their name, age, and other information that might reveal who they were. As part of anonymizing their names, I gave my interviewees the option of choosing a pseudonym. I encouraged them to choose one for themselves, as I am unfamiliar with Icelandic names. In the end, all interviewees chose their pseudonyms (Vetenskapsrådet, 2002).

Because of my research topic, anonymizing personal data was significant as it sometimes contained sensitive information. However, due to several complicating aspects, the anonymization process was not a taken-for-granted part of my research. Vincent (2018) describes how anonymization removes the agency from research participants of choosing whether they want to be anonymized, which made the choice of anonymization a more complicated task. Also, many were involved in queer, trans, and non-binary activism, and therefore, several people had already had their real names displayed in the media. I felt that several of my interviewees were ambiguous about choosing a pseudonym. Names in trans and non-binary communities can be of significant meaning to identity and self-perception, which makes pseudonyms a more complicated task (Aboim, 2022).

Nonetheless, I carried out the anonymization process. While I agree with the need to conceal names and other aspects of identification to protect the research participants from harm, I simultaneously wish to portray that anonymization processes with Icelandic trans, queer, and non-binary communities is a complex issue. In addition, the anonymization of *Icelandic* research participants can never be 100% assured due to the small size of the population and the even further small size of trans, queer, and non-binary Icelanders.

5.8.4 The autonomy requirement

The final requirement is called the autonomy requirement and means that the gathered information cannot be used outside the academic context it was purposed for. In other words, my gathered data cannot be used for other purposes. I clarified this requirement to the interviewees in a text I sent them before the interview and at the beginning of each interview (See Appendix). I also clarified that once my thesis had been handed in and graded, I would delete all transcripts and recordings.

6. Results and analysis

In this chapter, I will present and analyze my data in light of previous research and the theoretical perspective discussed in Chapter 4. Chapter 6 is divided into the themes that I found in my thematic analysis:

- Experiences from the Gender Autonomy Act
- Slow Changes in Icelandic Trans-specific health care
- Societal effects

6.1 Experiences from the Gender Autonomy Act

My first theme concerns experiences, feelings, and views on the Gender Autonomy Act. All interviewees shared ambiguous thoughts and feelings surrounding the Act, where the change was viewed as positive while still being criticized.

6.1.1 Feeling more autonomous and backed by law

When my interviewees expressed their positive views on the Act, one theme in how the process is described is the simplicity of the new changing procedure, something lifted as nice and easy.

I just went to the website. I clicked name and gender change. I put the X in the box of, kynsegin/annað, non-binary slash other, and I wrote the name, the old name and the new name and the new name again, I think, and then like clicked submit. And then a few days later I got an email that said nice-, and that was that. (Dropi)

But yeah, and just like the fact that you could just like, go into, like the national registry and just the website and just change it yourself, with like literally no effort. I thought was very freeing. (Bo)

Bo, who did not change their legal gender, still shared Dropi's feelings about the simplicity of the procedure. The process made both feel liberated. Bo described the sense of freedom in just having the legal option to change. Nevertheless, Bo has not used the Act, indicating a limited impact in practice, as has been noted by other researchers. Still, the Act is perceived as an essential step in the right direction (Dietz, 2018; Cannoot, 2020; Sørli, 2020; TGEU, 2014). The simplicity of the process of self-determination of legal gender made the interviewees feel supported by the Act, as their identities were legally recognized. Oskár described how the Act has made him feel more recognized, but he also experienced ambiguous and apprehensive feelings, fearing that those rights could be done away with in the future.

And then also just the sense of, maybe security. That you are-, you exist within the law. Which is a big step, you know. Of course, rights can always be taken away. Like we know. But it gives you more security. And you can, like, breathe more easily. (Oskár)

Despite his fears, Oskár felt more secure than before when non-binary persons were excluded. Another aspect that the interviewees lifted was the comparison to old, pathologizing requirements where they needed to prove themselves to medical practitioners.

So yeah, it's just the-, the big difference is just that it's on the person's own terms. It doesn't require them to go through any sort of medical gatekeeping, doesn't require them to fit any sort of standards about what it is to be a certain gender (Gró)

Gró's and the others' feelings toward the Act parallel those of the Norwegian trans community. Legal gender self-determination was warmly welcomed, as previous versions included discriminating and pathologizing requirements (Rose Hartline, 2018). In this sense, feelings toward the Act were not simply positive but rather *more* positive.

And I'm not sure, maybe just if I think for myself, it like, gives you more authority over your identity. Like how-, how other people see you. Not having to go through this strange process at the hospital (Oskár).

So I definitely remember the before and the after and the relief and still thinking, "Oh, well, it isn't perfect, but it's still-", there's a big difference in that guarantee that-, that you yourself are in control legally of your own rights rather than it being a doctor who's in control of your identification, how you identify. (Baldur)

Baldur and Oskár described how the new Act gives individuals *more* authority and control over their life, paralleling the effects of the Belgian Act, that Cannoot (2020) argues to be *more* respectful toward trans communities than the prior Act. However, in the upcoming parts of this chapter, the limits of gender autonomy will be explored. My interviewees described how various aspects following the Act failed to assure authority, also showing similar results as Cannoot's (2020) study, where the author argues that the Gender Recognition Act did not fundamentally change the State's power over trans bodies. Despite conflicting feelings about the changes from the Gender Autonomy Act, seeing your correct legal gender and name on official websites brings joy and relief.

Like when showing my identity cards, you know, it always has nice feeling like "This is me". And I-, like up until now, I've always just dropped the last name, but now I-, yeah, I'm not ashamed of it anymore. Which is a really good feeling. So yeah, it's like sense of authority and just more pride in, you know, who you are within the society. (Oskár)

And being legally recognized both when you're going places and just when you're logging into like official websites or logging into my online bank, logging into health care, it's just an indescribable like feeling of a weight being lifted off of you. To not have to have this legal name that you don't go by hanging over you the entire time. Which also is something that really contributes to what I think about the naming laws, because it's just-, I don't-, I wouldn't wish it upon anyone to have to endure this for long. (Gró)

6.1.2 Strict rules and requirements – The tales of Mannanafnanefnd

The interviewees criticized various things in the Act. Some related to the requirement of only being allowed to self-determine your legal gender once and the traditional name committee Mannanafnanefnd. Nikolay and Baldur had some thoughts about what this requirement was trying to achieve.

Like I see the reason why, it has this-, because it's like, it says so so people won't do it every month or something. But I don't think that's like a big-, I don't think that it would happen. (Nikolay)

I honestly don't understand who this is supposed to be helping or what problem this is trying to get ahead of or prevent. The only thing I can think of quickly is like, Oh, are they trying to like spare processing fees, like at whatever ministry deals with this? Because, like, I'll pay the processing fee for changing my gender back and forth, but I would like to be allowed to make that decision myself. (Baldur)

The requirement is similar to the requirement in the Belgian Act, where the argument for only allowing self-determined legal gender once seems to rest on more assumptions than evidence (Cannoot, 2020). In the Belgian case, the lawmakers wanted to avoid light-hearted applications and misuses of the change for fraud reasons. Oskár shared his thoughts about the requirement:

I think it's quite strange. Like I don't see the reason for it. Like, my feeling is that the reason for this article in the law is this-, this idea many people have that cis men will start changing their legal gender to female to go into, you know, the women's dressing room. So-, and I don't think that has ever happened. So like I don't see the reason for this other than this notion that so many people have. And yeah, I feel like it kind of, you know, take this-, takes this authority back. Like "You can do it just once and you have to have a really good reason to do it again". And it's like they don't realize that no one-, no one does this without a reason. And, you know, most of the people that would use this are non-binary people who changed their

gender before the-, it was possible to have a third option. So it kind of takes the right from them. (Oskár)

The requirement takes away part of the authority from the individual.

Undoubtedly, the “only once” requirement has contradictive notions, providing individuals with gender autonomy but limiting the usage of this autonomy.

Another effect of the requirement mentioned by my interviewees involves postponing the name change, negatively affecting their well-being. Gró also postponed their change due to the complicated process they had to endure with Mannanafnanefnd to change their name. When Gró initially wanted a name change, the spelling of the middle name they wanted was not approved. Gró described the initial part of their troublesome name-changing process:

And I had another problem, which was that at the time one of my names wasn't on the naming list, it wasn't approved or not with the spelling that I use. So I had to first apply for that and it was rejected. So I continued not changing my gender for about half a year. Because the law states that really only one change is allowed without a special reason. So you have to give an explanation of why you're changing it again. So I waited and I was holding out. [...] it made me delay changing my gender for half a year because I was scared that I wouldn't be able to register my name correctly. (Gró)

Gró eventually decided to change their name to the incorrect spelling after postponing the change for six months. Later, Mannanafnanefnd changed some of their regulations, and Gró could apply for their name with the correct spelling. However, they needed to provide a special reason for why the change was necessary, as they had already changed their legal gender and name once, but with incorrect spelling. Given the situation, Gró was forced to change their name twice.

And now I've already had two name changes. So like, who knows what would happen if I wanted to-, if I one day decided that I didn't like it anymore? I would probably get rejected. So yeah, it definitely did affect it

negatively, which meant I was addressed even more wrongly for a longer time. (Gró)

Not only did the “only once” requirement result in decreased well-being and prolonged deadnaming for Gró, it also resulted in a worry about future changes not being allowed. It is a case where the goals of inclusion of non-binary folks are limited as the naming Act is based on unequal terms and cis-normative notions, in line with Spade’s (2015) criticism of neoliberal rights legislation. Gró’s case points to how Mannanafnanefnd does not take the complex notions of names in queer, trans, and non-binary communities into account, as names are treated as definitive phenomena (Aboim, 2022). Dropi also postponed their legal gender and name change.

But I did-, I waited a long time to do it and, also with the name. I was just, you know, also just I don't want to go through the hassle of-, even though it's-, I'm able to change my name again, I don't want to go through the hassle of contacting Mannanafnanefnd and stuff. Yeah. No, I don't feel like it. It sounds scary. (Dropi)

However, Nikolay told me that they had heard that many people had been allowed to change their legal gender several times and was not too concerned about the requirement. What Nikolay believes has caused more trouble for them is the conservative nature of the naming acts and Mannanafnanefnd.

I think the thing that hinders people more is the fact that we still have a committee that says like “You can have this name and not this name”. Because they are like hinders to a lot of people. Having, like, some people somewhere that are like “Your name is not allowed and it doesn’t fall into the right categories to accept it as a name” which I think is just bullshit. You should get to call yourself whatever you want. But it’s like, “It’s a tradition that has been held for many years”. (Nikolay)

In addition, Nikolay explained how the legal last name and the gendered endings of either “dóttir”, “son”, “bur” or “ar” need to follow your legal gender marker, as

explained in my background section. This requirement caused Nikolay not to use the X marker, despite identifying as non-binary.

Yeah, it's like the last name has to follow your gender marker. So if you have a female gender marker, it would be dóttir, daughter, and then it's like your mom or your dad's first name, and then dóttir. And if you have a male gender marker you would be son, so your mom's or your dad's name and then son. [...] But it has to follow the marker, so I could not like be-, have my male marker as I have now and be [Name]arbur. Which of course, is not self-recognizable. [...] you don't have a choice, not really, you can like-, you can choose which box but you cannot like mix and match. Which I don't really think is autonomy. But I mean, it yeah-, it's a really good law but it's not perfect. (Nikolay)

Nikolay, Bo, and Baldur all identify as non-binary but have chosen not to use the X marker for different reasons. In Nikolay's story, the state still holds power over trans identities, as names are strictly regulated. Nikolay's story shows similar results as Cannoot's (2020) study, where the author argues that while the Act depathologized trans identities, pathologization has been replaced by paternalization, where the state still holds power over trans bodies (Cannoot 2020). Baldur, who changed his marker to M through the old system, has considered changing it to X:

I think that there was a problem both with those name endings and gender changes and about the combination of masculine and feminine traditionally names together in one name. Where it was like, "Oh, well, you can be non-binary and have a non-binary name or a masculine name or a feminine name, but you can't have a masculine first name and a feminine middle name and then a masculine last name with the masculine patronymic ending". It's like, why are you trying to make a non-binary box? Like this is so against the point. (Baldur)

Baldur, Bo, and Nikolay must use a gendered last name since they are not comfortable legally identifying as non-binary. Not being able to "mix and match" last name endings with gender markers prevents Baldur, Bo, and Nikolay from

having last names that align with their identities. Again, this speaks for how the Act is based on cisnormativity since the gender-neutral added endings of “ar” and “bur” are automatically linked to the X marker. The connection of neutral name endings with the X marker results in the legal creation of a third, non-binary box since non-binary, queer, and fluid identities must take on last names in accordance with their marker. Gró is critical of the traditional Mannanafnanefnd and expressed how they felt about the importance of a name.

A person’s name is probably one of the most personal things that exist.
And it’s impossible to try to control it with the-, with legislation.
Especially when it is adults choosing their own names. There’s no-, I
cannot see any justification for that. (Gró)

Mannanafnanefnd and their seemingly conservative requirements are analyzed as contradicting the initial purpose of the Gender Autonomy Act, as individuals are still restricted by needing to conform to Icelandic naming traditions and grammar. The “only once” requirement risks individuals feeling as if they need to freeze their identity in a time and space, often resulting in a postponement of the change. Sif described the problematic aspects of regulating queer identities in this way:

I think it’s just that queer identities are-, like when you reach that level of introspection, as a queer person, where you might want to change your name, and you do at the same time, also, like, have to decide to freeze that moment in time of this is who I want to be. Which can of course work for a lot of people. I don’t foresee changing my name again anytime soon, but that doesn’t necessarily mean the same thing to other people. Like I am-, I would say I’m very confident in saying that I am a binary transgender woman. Like I neatly fit into that label. But like non-binary people or genderqueer people or genderfluid people, that might be more of a hot issue for them. (Sif)

While the “only once” requirement may not be an issue for all trans, queer, and non-binary individuals, it may still cause issues for many people. In line with Fontaine’s (2019) arguments of the “only once” requirement contradicting the original purpose of the Act, the interviewees share experiences of troublesome

processes related to the “only once” requirement and the strict naming rules. Connecting to Spade (2015), the notions of being “free to choose”, but only being allowed one change speaks for how inequalities are concealed under the guise of “free choice”. The “only once” requirement suggests not only that individuals are to be entirely sure about their gender but also that their gender identity will remain the same through the rest of their lives. This solid and definitive view on gender places a cis-normative notion in the Act as choosing a legal gender identity, in Sif’s words, could be a hot issue for genderqueer, non-binary and genderfluid folks (Spade, 2015).

6.1.3 The risks of using the X

Six out of seven of my interviewees identified as non-binary, and therefore, this section will present their specific reasonings for using versus not using the X marker. As mentioned above, the interviewees perceive the Gender Autonomy Act as a long-needed and positive change in Icelandic society. However, all of them expressed criticism against various aspects of the Act. While being positive towards the change, Baldur, Bo, and Nikolay have not changed their gender marker to the X option.

So, like, the thing is, I haven’t actually changed my gender marker yet because I am terrified of the world. I am just terrified of my freedom to travel. And I’m terrified of backlashes. And I know it’s not great to live in fear, but like I have socially transitioned and I’m also like getting hormones pretty soon. So I-, it doesn’t really-, like for me change-, of course like I want to but like I, I don’t think like I can have a guaranteed safety in the future because the world is going to absolute shit. (Bo)

Bo worries a lot about the future developments in the world, which is the main reason for not changing their legal gender. Not being able to travel freely is another aspect that concerns Bo. Most countries do not recognize non-binary

people, thus making them invisible in visa applications and border controls. This goes for Nikolay as well:

But like, I would like to have the correct thing, but I don't feel it is like worth it now, because it would mean that I would not get to travel internationally as safely, I could not even fill out forms a lot of the time, like international forms. Not correctly at least. (Nikolay)

Oskár, who changed his legal gender to the X option, is also concerned about losing traveling privileges.

There's really no solution to what-, like what happens when you go to a country that is-, where it's illegal to be queer. So I feel like the state should think about that and provide some safety for people with this X mark. (Oskár)

Losing traveling privileges when using the X marker is an act of administrative violence, where a seemingly “free” and neutral choice of changing your legal gender removes rights (Spade, 2015, p. 78). A solution that has been discussed publicly is allowing citizens with the X marker to issue a second gendered passport of their choice.

I think I would like my freedom of travel to be secured. I would like to have like an option of having a binary gendered passport like along with my gender neutral one, because not even all airlines-, least of all like-, I think only maybe like 5% of all airlines give you the option of putting in like X. So like your passport is never going to actually match the gender on your passport and you can get in trouble for that. A lot of the time you just have to kind of depend on people to be nice about it, which is what has happened for people I know with a gender-neutral marker who have traveled, they have had to-, most of the time, put in like a binary gender when buying a ticket. (Bo)

If the Government secured traveling safety, Bo might be more prone to use the X marker. Nikolay had similar thoughts about changes they would need to want to change their marker.

So if you have like a gender-neutral marker, you would have your passport that says that, and then you would get like a second one that you could choose if you would want a male or female and how you-, to be safe and that you could choose like which one you use while traveling. And I would really like that, I think that would probably get me to do that [To change legal gender¹]. [...] But that's like, yeah in some committee somewhere and I have no idea if it's gonna pass in the next year or ten. (Nikolay)

Nikolay mistrusts the slow bureaucratic processes that are likely to follow if the second passport proposal is approved. Baldur, Bo, and Nikolay feel as if they would not gain enough advantages from using the X. Baldur, who changed his marker to M prior to the Act, says that he would not have used the X even if it existed when he changed his legal gender, as he would not like to be the first generation using the X.

I mean, like so many non-binary people I know, even if it did exist, I probably wouldn't have trusted being the fi-, I would feel like a guinea pig, you know? A little bit like a lab rat. Because while I'm an optimist, I know how slowly-, how slowly the systems around the legal system are going to take to change. So if we were sitting here, you know, ten years after the passing of the law, it might-, and if I had been changing my legal gender marker then I might have gone to neutral. But right now I-, because I even considered after the legal-, after the laws changed. "Okay. Do I now change it again?" I might, but not yet. (Baldur)

Nikolay has similar worries.

And I think it's not just the government I think it's also just like, the like spirit in the nation and like if I would feel that I would not be discriminated against if I were openly non-binary, things that I do like-, no matter if it's like in the health sector or when I'm being a person that has

¹ My interpretation

like a house, or in any matter, if I would feel that there were no discrimination then I would definitely do it. But I know there is, so I can manipulate the system to work for me instead of the other way around. [...] I feel it's more important to like think from my-, my personal gain . Yeah. Because I just feel I have a lot to lose, and I don't want that. It's hard enough being openly queer and taking all these-, all these battles. (Nikolay)

Nikolay has mixed emotions about not using the X, as it becomes hard to balance being proud while simultaneously wanting to keep their rights. Bo has similar feelings.

I think it's super important that travel safety of all people is secured, and it really cannot be secured when not all nations in the world accept the gender-neutral marker. And this is something that has been weighing really heavy on me because I really do want to change my marker, but I don't feel like I can in the-, in just like the current social environment of the world right now. (Bo)

Bo does not want to put themselves at risk by legally identifying as non-binary, fearing changes, and does not trust the government to fully implement and uphold non-binary rights. Nikolay was explicit about not trusting the government.

I think that the thing now is that I don't feel I trust like the government to uphold these laws. Like I trust them to pass it because they are quite like, woke and like quite ready to stand with human rights, but when it comes to do the work they don't really do that. So I don't know if it's like-, at this point, if it's like something that I need them to do, or more that it's something that I need to-, like they need to prove themselves in my mind. (Nikolay)

Nikolay calls for some guarantee that the government will not revert on the Act. Baldur imagines what it would be like to use a third marker.

I think that it would be a combination of very validating and very frustrating because I think that it would be very validating to have a

gender-neutral marker. But I think that in my day-to-day life, I think it would bring me more frustration than validation. And thankfully, I can give myself that validation for now at least, and find that in different communities. But for instance, when I'm filling out surveys or registering for job opportunities or signing contracts, you know, like these things do still often only have two gender options. And I don't know, right now, I still feel like I'm hanging on a little bit to the transmasc side of me that I kind of leaned on sort of as a security blanket earlier on in my transition. I'm still sort of clinging on to that more than like, I don't know, it feels like more out of necessity than out of just my own desire and expression, in part because I don't want to get repeatedly hurt like that. (Baldur)

Administrative violence becomes apparent at the end of Baldur's quote, where they explained that they avoid the X marker to not be repeatedly hurt (Spade, 2015, p. 78). Dropi, Oskár, and Gró changed their legal gender markers to the X option. While they have feelings of gender euphoria when seeing their correct name on ID cards and official websites, they look at their choice to change their legal gender to the X option as a decision with certain risks.

Well it-, I kind of took it into account when I was thinking, you know, if I was ready to-, to put this X marker on my passport, because you never know what-, what will happen, you know, when the next government comes into power, you know, if-, if there will be even more backlash. And then, you know, you have this barrier, you can't change it back. Without, yeah, some problems. So it's something I definitely took into account, but decided not to let it influence my-, what I really wanted. But of course, it's a risk. (Oskár)

Oskár saw the change as a risk but decided to go through with it, nonetheless. He also described how the "only once" requirement makes the X marker even riskier, as individuals cannot return to binary gendered legal identities in case of future backlash. Gró thinks changing their marker to the X was the only choice since no other options felt right.

To me, it was really the only option. Since like-, both because I just want to be registered correctly because I don't feel like being registered male or female would be appropriate for me, but also because it's the only way for me to register my name correctly. I can't do that with a male or female gender marker. And I guess that the risks that people talk about mostly have to do with passports. [...] And I-, I sort of-, I don't worry about it too much because I, first of all, don't travel a lot. And second of all, I think that if I were going to a country where having a passport with an X instead of an F or M would be an issue, I probably would not be safe in that country anyway. (Gró)

Although, Gró believes that non-binary people should be allowed a second, gendered passport, as many suffer more from losing traveling privileges. Dropi changed their marker after thinking about it for a long time.

And in the end, I didn't even decide to do it the day I did it. I was just kind of filling out a form and I got annoyed. And so I went to the website and I changed it and it was done and it was great. Did I lose the ability to travel to a few countries? I sure did. But I'm less annoyed in my everyday life. (Dropi)

Dropi explained why many non-binary people do not change their markers.

like I know, non-binary people who have changed their gender to the opposite binary gender due to the wanting to keep their human rights thing. But they might want to change it later to the non-binary one. In case things get better. (Dropi)

The passport is vital in deciding not to change the gender marker to the X option. The administration of gender norms affects trans lives as gender-neutral passports are issued without considering the consequences (Spade, 2015, p. 78). Icelanders that use the X marker are at higher risks of violence and discrimination when traveling, resulting in seemingly few usages. Also, more things seem to cause trouble, such as being excluded from gendered areas and getting into trouble with

insurance companies and other places where folks need to fill in their legal gender.

around insurance things, because that's not something that the government has a hand in, it's just like a private corporation thing, and like they don't, they cover men and women in different ways, but where do non-binary people fall? Like, do they get the same coverage in men and women, and that follows like, your marker on your passport, so if you change your marker to non-binary and you are getting some insurance stuff done, then you kind of like, you don't have anything to point to because there are no things that have been done. And there's no clear line around like, if you have breasts and you get something done because you have cancer or something, does that fall into the thing because you're not a woman anymore. (Nikolay)

The insurance companies have lacking guidelines, resulting in an exclusion of trans, queer, and non-binary people. This points to yet another example of administrative violence, where the X marker leads to unwanted risks and consequences (Spade, 2015, p. 78). Oskár gives an example:

I have heard of problems you know in-, [...] when applying for insurance. Insurance is the word I was looking for. Like both that it's just appears like you-, you don't exist in the system. Then well, also, I've heard of trans people, like binary trans people who have been rejected because they are trans. And, you know, it is something that the insurance company just decides is more riskier than other people. That is like the-, yeah, the examples I've heard of recently, which I can remember. (Oskár)

6.2 Slow changes in Icelandic Trans-specific health care

All my interviewees had been in touch with Icelandic trans-specific health care. Two interviewees had finished their treatments, while the remaining five were waiting for care. While the interviewees expressed the need for many improvements in trans-specific health care, they also expressed some positive experiences. Bo described that a new member of the medical trans team has trans experience, and because of that, they believe there will automatically be another level of understanding. Nikolay felt free to choose which procedures they wanted after the 6-month process of four meetings with medical professionals in the trans team. However, as troublesome processes and long waiting times dominated their stories, this section will mainly address the issues of Icelandic Trans-specific health care. Sif's quote can illustrate the good and the bad of the current state of trans-specific health care in Iceland.

I think where the good is, how easy it is to get through. But the bad is mostly like how long everything takes. (Sif)

6.2.1 *The 6-month process – the remains of pathologization?*

In Icelandic trans-specific health care, the contact starts with a 6-month process that, before the Gender Autonomy Act, was the diagnosis period. My interviewees had gone through this 6-month process, although Baldur went through it prior to the introduction of the Gender Autonomy Act and had experience with the previous pathologizing diagnosis requirement.

I mean, it just-, the biggest difference, honestly, it just felt like there was always this-, there was always this doubt about gatekeeping and the fact that even though doctors weren't inclined to say no to treatment, they could legally. And that was very unsettling. (Baldur)

Baldur explained how the old system would gatekeep trans folks from treatment. This is something that has improved with the introduction of the Act. A difference

compared to the prior Act is the relief that the trans team can no longer keep people from care in the same way. Baldur, who was part of a feedback group at the national queer association Samtökin '78 when the Act was being formulated, hopes that the Act is changing things in trans-specific health care.

You had to come off a certain way and end up forgetting that this is a service to us, not a test for us. And I think that this law sort of solidifies the fact that this is a service and that it's available to us and that it's not something that we have to try to fit into, but it's something that should be tailored around our needs. I really hope that that's coming through and I really hope that some people have described those experiences because, I mean, when we're going through the law review process, that's very much what the goal was. (Baldur)

One purpose of the law was for people to feel more like trans-specific health care is tailored to their needs. Still, Sif felt worried about being kept away from care despite seeing the trans team after the introduction of the Act.

I was very-, very worried about the process of going through the trans team, which is why I waited so long before starting to see them. Because I was very worried that I would just be gatekept and they'd just say "No, you aren't trans enough [...] But that was definitely not my experience. [...] But when I walked out of that first session, I just stood next to a wall outside the hospital and cried because things were finally going to happen. I was so relieved, like relief I didn't even know it could feel at the time because like, like I said, I'd been so worried that I would just immediately be turned away from the trans team (Sif)

The anxiety about seeing the trans team is also related to the rumor that the trans team includes a psychologist with outdated views and a fondness for intrusive questions. Nikolay explained how they needed to act more trans when meeting the psychologist.

I had like three interviews in a short period of time. And like the interviews were a bit, it was a bit like play acting. You were kind of just

sitting there with some stranger, talking about your gender in a very shallow way, like what kind of underwear do you like to use. All these strange questions, where you're like "Is this relevant?" (Nikolay)

Most of the interviewees shared stories of this psychologist:

And like with the psychologist, he would be asking you questions about yourself. And like I will say, some of the questions were not entirely professional. Like, "What kind of underwear are you wearing?" And things like that, which is very outdated. (Sif)

No, but he's the one who kind of asks like "What kind of toys did you play with as a kid? And what kind of friends did you have as a kid? Have you ever been in a relationship?" I know that he asked one of my friends, like, what role they take during sex, and I think a lot of us lied during the interview with him just to make us seem more trans, I guess. (Dropi)

The Act aimed at providing people with gender autonomy. Nevertheless, there are still various aspects of Icelandic trans-specific health care where people feel they must present themselves as more trans. My interviewees were skeptical about the 6-month process and how it remains similar to how things worked before introducing the Gender Autonomy Act.

and then you have these four interviews, which for me were like, they seemed quite pointless. Like just first, well, getting to know me. And then it was just "Are you okay? Yes, you are okay". And-, and there was just nothing more. So it was-, it kind of felt like just, yeah, gatekeeping is word. (Oskár)

Oskár did not fully understand the purpose of going through four meetings during the 6-month process and felt as if they were keeping him away from care. While the Gender Autonomy Act has removed legal gatekeeping, the 6-month process felt long and sometimes unnecessary.

But I had to go through these four-, these four interviews and the latter two interviews with both psychiatrist and psychologist were very pointless.

Like the first two interviews took maybe about an hour. The second two interviews took about 5 to 10 minutes each, where you essentially just waited for a month and a half to get in. Then you-, then you went to the hospital and you met with them and they asked you if you-, they just told you that, you know, everything looks good, asked you if you had any questions and then they let you go. So no matter whether you actually needed the extra appointments or support or anything, everyone has to-, had to do that. So what took six months could have taken two months (Gró).

Gró expressed how they felt the 6-month process was unnecessarily long. Nikolay had similar thoughts and explained how the old system worked where the diagnosis of gender dysphoria was required for a legal transition.

And then you have to do like interviews with them for half a year, and then you do like three or four interviews over that time. Which like, before this Act, like these laws, it was to like, to-, to get the stamp of like gender dysphoria, so they would like-, say like "This person has gender dysphoria, and they want to change the gender" and then you can get health care because of that. But now, because you can self-recognize your gender, they can't really like put a stamp on you, so it's mostly just philosophic, and be like "So you feel this, yes nice". And many people don't really find this helpful in any way. Like, yeah, if you've been out for some time this is not gonna help you like further yourself. (Nikolay)

According to Oskár, the 6-month process is the remains of the old system.

it's very strange now, like its remains of what it was once when it was more like an interview to make sure you were really trans. But now, like, you go into the first interview and you get this really long questionnaire, which is basically there to check if you are-, have some [...] personality disorder. [...] And got this giant questionnaire asking about all you could possibly imagine about your past and, you know, state of mind and personal things. Which it was quite, yeah, strange. I did not expect that. Maybe, you know, a more welcoming meeting. But okay. So, yeah, I just

remember that feeling like it was very stressful and this questionnaire made it even more stressful. (Oskár)

While the trans team can no longer keep people away from the health care they want and need, systems in trans-specific health care appear to remain relatively similar. The 6-month period of meetings model is intact for unclear reasons, as the previous diagnosis requirement is no longer a reality. While the legal transition is instant in Iceland, accessing trans-specific health care still requires waiting, followed by more waiting after the 6-month process. The intactness of the 6-month period despite the removal of the diagnostics requirement speaks for how the Gender Autonomy Act has yet had a limited impact on trans-specific health care, as its structure remains similar. These results are in line with previous research, where effects from the Acts are deemed to be limited when trans-specific health care is not specified as a right (Dietz, 2018; Rose Hartline, 2018). Although some aspects have improved, it appears as if some people still experience contact with the trans team like a test, not a service.

6.2.2 Lacking implementation strategies in trans-specific health care

Gró said they felt that no one could guide the journey through trans-specific health care, as health care practitioners seemed confused about what rules to apply to non-binary people. As Gró is part of the first generation of people using the X marker, their contact with trans-specific health care has sometimes been troublesome and confusing.

And it was just-, it was just back and forth for the longest time. And with no one really to guide you anywhere because no one has done this. And no one-, no one told you how to do anything. Just because the regulation is based on just I think Western cis-normative standards of what people should look like. So, like the-, the services from-, that the trans team provides have been pretty easy to access, in my opinion. But these private clinics that are doing things like laser hair removal, that's a lot more difficult. There isn't really a lot of information anywhere. I've heard

conflicting things about whether-, whether or not they subsidize hair removal in other areas than the face, and no one really seems to know anything. So it's very much just a jungle that you have to wade through. Especially because it doesn't take into account non-binary people. (Gró)

Gró explained how there were no guidelines on what treatments insurance was supposed to cover for non-binary people, leaving them in limbo while waiting for the insurance companies to figure it out.

It was very frustrating, especially because, how it started was I essentially just sent an email to the health insurance institution, Sjúkratryggingar Íslands, I just asked them, just asking them, is it possible for me to get this subsidized without having a female gender marker? While I am being serviced by the trans team at the hospital. And I didn't get an actual response to that, but they just started a case for me to apply for all that. And-, and every time I got an answer from them, it was just disappointment. It was just I-, "We need more data". They always wanted me to provide more documents. [...] You always had to follow up with everything. You had to call them. You had to send them emails just in order for anything to happen. (Gró)

From my interviewees' experiences, it becomes apparent that trans-specific health care still works from Western cis-normative standards. Despite the availability of a third legal gender marker, insurance companies and private clinics seem to be unaware of how the new Act should function in their practice. This unawareness leaves the first generation using the X marker in limbo as new procedures are not created for them, but rather by their cases. Even for things so obvious as adding a third box in forms, things appear far from equal, illustrating how administrative systems are violent toward the first generation of people using the X marker (Spade, 2015, p. 82). For instance, gendered forms are still used in Baldur's local clinic, where they get hormone replacement therapy.

That's something that, for instance, with my local clinic where I go for hormone replacement therapy, one day I was there for an-, like for an updated anxiety test, which means that you have to fill out paperwork. And

it was all very gendered language. And in Icelandic, you usually have very gendered language, but you have the male slash female versions of adjectives or verbs, and it was always male slash female, but never male slash female slash gender-neutral. And it was so frustrating and anxiety-inducing and felt so counterproductive to be like, "So how are you feeling?" It's like, well, very upset because of this right now. And so that's one of the instances. (Baldur)

The procedures are not up to date or in accordance with the new Act. Sif said that general practitioners are supposed to do hormone checkups but do not always communicate within the recommended time frame.

Like I sent a message to the endocrinology department in December saying like "Yeah, I'm coming up to a year on hormones", which means legally you're supposed to give me a checkup. And they just say "Oh yeah, just wait your-, your GP will contact you", which has never happened. Because also the GP's don't know, either didn't know or don't know. But so like even just laws that we do have about like care just need to be followed more. [...] Or like when there is follow through, it is kind of just random if it happens or not. (Sif)

For my interviewees, it appears that trans-specific health care struggles to keep up with the number of trans, queer, and non-binary patients, resulting in unpredictable and randomized quality of care. Nikolay explained how he thinks that the Act and further public visibility of trans, queer, and non-binary people may have resulted in more people coming out. Still, the number of employees in the trans team at Landspítalin remains low despite being the only place in Iceland where people can go through the process. These aspects can be linked to Dietz's (2018) study, where acts aimed at trans, queer, and non-binary folks are deemed to have a limited impact when access to health care is not guaranteed.

6.2.3 The current, neglected state of Icelandic trans-specific health care

A significant, troublesome aspect of the trans team that the interviewees highlight is the lack of staffing, resulting in a long wait.

But it's like no one is in like a 100% position there and it's very like underfunded and under scheduled. So-, and then like there hasn't been a working endocrinologist in Landspítalin for like nine months. So that's why there was such a wait on the-, getting on hormones and stuff. So that hasn't been great. It hasn't been optimal. (Bo)

Seemingly, Icelandic trans-specific health care is not prioritized despite legal recognition.

But I definitely think the health care is very much a second thought still. Like the endocrinology department has just been very difficult to work with for a lot of people. Like, people have called in asking about appointments and gotten the response from a receptionist, like, "Oh, we don't treat trans people." [...] It's-, it's just very strange and like I said, just completely an afterthought. (Sif)

Because of the low prioritization of trans-specific health care, one issue described by the interviewees is the long waiting lines for receiving care. Bo described what it has been like to wait for an endocrinologist appointment. When we met, Bo had finally gotten an appointment with the endocrinologist later that same week.

Just being like promised three months, and then it being over a year was really starting to take its toll on me a lot. And like when I got the like phone call just the other day about getting actually an appointment, I literally like cried for three hours. Because both of the shock of actually getting there and also just like relief of finally, like getting somewhere with it because I was-, I was just like getting into this kind of doomsday mindset of it never happening and just like everything going to shit. And I also know people on like waiting lists for surgeries who are just like suicidal about it. (Bo)

Waiting for a long time without hearing anything from the trans team is a source of worry and suicidality. My interviewees described the uncertainty of *when* care will be carried out, as the wait is both long and unpredictable.

People have been waiting three years or more like, who like know that they are basically next in line, but have no idea when they'll be called, like it-, it's definitely affecting people a lot. (Sif)

And also it's like really uncertain that-, you might get like, we're probably going to do it this month, and like not hear from them for three months or something. So people kind of like get stuck, like in the country. "Are they going to call me?" Yeah. And it's much worse for the other surgeries. Like if you're getting bottom surgery, no matter in which direction, I think they haven't done any bottom surgeries this year, and there are tens of people on the list, and they wait for years and years. But there's no money, and no people and all that stuff, but of course it's kind of just like, neglect also. (Nikolay)

People often feel stuck while waiting, and their lives become very unpredictable.

And then she, like, put me on the waitlist and said, oh, it'll be like 6 to 12 months. It has now been 13 months. [...] I feel like I'm kind of stuck. I can't-, there are certain things that I can't do or can't feel comfortable with until I've had top surgery. And I have these days where the dysphoria is just terrible. And I-, there's the going swimming, which is like a really big part of the Icelandic culture, which I do really rarely because it's uncomfortable as fuck. And I just I know that I'll feel so much better once I've had the surgery. (Dropi)

Waiting does not only mean prolonging severe gender dysphoria; it also makes people feel stuck and makes them avoid many activities they would otherwise engage in. Gró said that many people put their lives on hold while waiting and explained how they felt after they had gone through with the treatments they wanted.

I think it very much induces a feeling for a lot of people of just having to put your life on hold while you're waiting to get in, because gender-affirming care is just indescribably important for people [...] And, I mean, yeah, it's just been-, I finally feel like I can like live life honestly. [...] I mean, the wait for surgeries, a lot of people have been waiting for four years, which is just-, I don't even know what to say, like, it just destroys people mentally because they feel like they can't be authentically themselves and it prevents them from enjoying everyday activities. And yeah, trans-specific health care is-, is lifesaving health care, even if-, even if health authorities don't want to describe it that way. (Gró)

In the politics of trans-specific health care, it is not viewed as urgent, lifesaving care.

it's not recognized as necessary. Because there are just two types of surgeries, like in the hospital. There are those that are, Bráðaaðgerðir, like urgent and non-urgent. And the ones that are non-urgent, you choose to do. Like you, you-, it's not life threatening. But of course, this is life threatening, especially when it's this huge amounts of time. (Nikolay)

Trans-specific health care being non-urgent is a major concern for people waiting for care. The stories about lived consequences do, however, speak of another reality where people suffer from a lack of funding and support and put their lives on hold for years. These results suggest that waiting for care has similar, albeit temporary, consequences as being denied care, where individuals often experience anxiety, depression, and suicidality (Spade, 2015, p. 83).

I was miserable, I was miserable. It was-, it would have been very nice to just go through-, I mean, like I say, weeping in a doctor's office, that's the only time in my life I've done that. It's the only time. It's just several moments of only time in my life that have been so low or been so upset or been so frustrated. Lots of worsts during that time. Very glad for the support system around me, but it was the most anxious I've been in my life, it was the most depressed I've been in my life. (Baldur)

Despite being allowed to self-determine your legal gender, the current state of trans-specific health care appears lacking. It shows similar results to what Dietz (2018) argues to be the problem of self-determination acts, as they do not address the need for trans-specific health care. The down-prioritized trans-specific health care illustrates how legal acts created in neoliberal systems are insufficient since the Acts are built on unequal terms (Spade, 2015). The issues of staffing and funding, despite the new Gender Autonomy Act, serve as an example of how the Act has a limited impact since the larger system is built on capitalist, cis-normative, ableist, white supremacist, and patriarchal agendas.

6.3 Societal changes since the Gender Autonomy Act

6.3.1 Slow bureaucracy and lack of follow up

A major issue is the slow implementation of the third legal gender. While binary trans folks were able to change their legal gender instantly after the Gender Autonomy Act had been put into practice, non-binary people or other people that wished to use the X marker were only able to legally transition in January 2021. It took 18 months for the national registry to implement the third option, and it is still not available in all parts of society.

I thought, okay, I know that this isn't going to happen overnight, so it's probably going to happen like the very last minute within that framework. It's definitely past that time and it's still so far from being everywhere. So that's disappointing and that's something that I thought that I was setting a low standard for because I thought, "Oh, they're going to do it last minute", but it's gone beyond last minute and it hasn't been done yet. [...] Like, come on, this is priorities. This is now the law. And if they're going to be up to the standard of the current laws-, and I think that that's sort of-, that's it, I thought that-, I thought that municipalities, associations, companies, institutions, I thought that they would follow faster. And like keep in mind that my definition of faster was [...] 18 months. Not like overnight. (Baldur)

Despite it having been over two years after the end of the 18-month implementation period, the third option was still not available everywhere. There were few strategies to follow up on the implementation, and most of the work fell on the office of the queer association Samtökin '78.

in the law there was no stating that if this would not be followed, there would be consequences. And there have not been really consequences, so-, so things that are under the government, no matter if it's like a department under the government or just like a school that's supported by the government, it's-, legally, it should all have equality for all three parties, women, men and non-binary slash people that do not want to mark their gender. But like, so the law states equality but then a bunch of other stuff doesn't really do that. (Nikolay)

Nikolay explained how there had not been any sanctions on public institutions that did not include a third, neutral option.

Yeah, like I said before, in my opinion, it's taken too long because it's like everyone is catching on at the last moment. Rather than catching on early on and being in on the celebration and saying, "Yes, this is exciting and we're going to just meet this demand right now" it's going, "Oh, right. That's a thing we have to do". People's priorities just seem to be elsewhere. Which is a bit sad. (Baldur)

Baldur was disappointed in how society had handled the third option and wished that institutions would have treated it more like an exciting, enticing step toward equality. According to the interviewees, another example is how the national statistics institution Hagstofa divides non-binary people into male and female categories, for instance, when presenting statistics about the election.

There are very few people right now that have changed their gender marker to the non-binary one. So I remember in the last election, I think it was there was this like poll or something about who you were going to vote for and because the non-binary-, and it was divided by gender because the non-binary group was so small, they just cut it in half and

divided between the male and female. And everyone was like. [...] The point was there. It was there. It was right in front of you and yet you missed it. (Dropi)

There were most likely issues for Hagstofa in how to deal with the third gender marker due to the small size of the group. However, forcing people back into binary genders contradicts the purpose of allowing a third option. These dealings of the X marker contribute to the lack of usage, as they illustrate how the X marker does not prevent non-binary discrimination. Therefore, forcing people back into binary genders is an act of administrative violence, as it not only discriminates against non-binary people but also contributes to the lack of usage, hindering people from living as their full selves (Spade, 2015, p. 78). Bo, who has not changed their marker, expressed how the X marker is useless since Hagstofa does not bother to include them.

they don't even care that non-binary people are a third category. They kind of just equally divide them between male and female in all of their statistics. So like, it doesn't even matter. Like, I don't feel like there's any point other than like the joy of having a gender-neutral marker. And it's because, like, it's not like the statistical thing is going to change or anything. (Bo)

6.3.2 Excluding, gendered architecture in public swimming pools

In this section, I will discuss a vital sphere in Icelandic society where one might think a third neutral option should have been more thoroughly added: the swimming pool culture. This theme had not yet been created at the start of my interviewing process. However, Sif was one of my first interviewees, and she talked about limitations in how public swimming pools have changed their architecture. Sif and Dropi described the centrality of the swimming pool in Icelandic culture.

It's just a really big part of Icelandic culture. Like, you go to meet your friends, and one of the-, you could go to a coffeehouse, you can go take a walk, you can go to the pool. And it's-, it's a really social thing. I mean, for some people, it's an exercise thing as well, but it's a really social thing. (Sif)

it is just such a big thing of Icelandic culture. Like, I think most kids go very often to the pool, especially in summer. And like you'll always find old people in the hot tubs and things like that. So like of all ages, people still pool. So kind of just losing access to that is very strange. (Dropi)

Dropi talked about losing access to an essential institution in Icelandic culture. Baldur said he avoided the swimming pool for a long time due to not feeling comfortable in gendered changing rooms.

Oh, I just didn't go for like a year and a half. Yeah, no, I just removed myself from that situation, which was sad because I really like swimming. (Baldur)

Although the swimming pools in Reykjavík have installed gender-neutral changing rooms, there are still issues in using them:

But it's still the-, the hassle of having to use the individual changing rooms does make it more of a hassle. It-, like it makes it not as enticing, I think. Because oftentimes you have to go to-, go to staff and ask for a key or in other cases you might have to walk somewhere else in the building. And maybe there's only one changing room and it might be taken. And if it's taken, then you just have to wait. In my local swimming pool, there are four changing rooms, which is, I think, the largest number in the country. Last time I went there, two of them had broken air conditioning, so it was not a very enjoyable place to be in after showering. And there's just a lot of issues. Like the rooms are small, so the floor gets wet everywhere, whereas in the bigger changing rooms there's a dry area where you can just walk around, and it just makes things less convenient. But at the same time, I-, I don't know if I would have gone swimming at all in these past

years if they weren't an option. Because I am terrified of using the gendered changing rooms because it's-, they're-, they're very open. (Gró)

It is more than just a problem of the availability of changing rooms. People who wish to use them also need to out themselves to the swimming pool staff to gain access. In addition, the rooms may be in a different part of the building. There are also issues of using the individual changing room, as they are usually built for people with disabilities.

But I specifically, like, went there and asked for, like, the key to this room. And I knew this like-, I had sort of planned everything out in my head like "Do this, go talk to this person", and it was all going just fine. But then I realized that I couldn't get back in because of just the way that the doors locked and didn't consider it-, because what they were doing was using the disabled changing rooms as the gender-neutral ones. And there the-, there the logistics would always be that "Oh, well, anyone who's using this space has an assistant with them and that person is going to stay behind or going to be able to go in and walk through". And so I ended up having to like run a circle in-, like around the building in my bathing suit to get back in the front door. [...] It was so stupid. But, I mean, I thought it was funny, but I didn't want to do it again. It was funny once. That's it. (Baldur)

In a situation where trans, queer, and non-binary folks already feel uncomfortable due to being dysphoric or feeling excluded in gendered spaces, having to walk to the reception in bathing suits risks future access to those areas. On the surface, swimming pools in Reykjavík have individual, gender-neutral changing rooms and have, by that, made active measures for trans and non-binary inclusion. However, when looking deeper under the surface, those areas are often placed in left-over spaces or the same rooms as those intended for people with disabilities. These issues speak for how the Gender Autonomy Act lacks implementation strategies in one vital arena of Icelandic culture, in line with Spade's (2015) arguments of how neoliberal legal rights reform is insufficient in dealing with trans discrimination.

But yeah, it's-, it's definitely not an easy issue to fix, but I just think that it requires more attention than it has gotten. And just to me, the-, the thought that even if you go to the swimming pool that has the highest number of these changing rooms, the maximum number of non-binary people who can go swimming at the same time is four. You can't even-, like a friend group of five non-binary people who cannot go swimming together. (Gró)

Meanwhile, several interviewees told me they did not feel comfortable in the swimming pool because they were not yet feeling comfortable in their bodies. Still, having a third, gender-neutral changing room available to anyone who wishes to use it would make using a gender-neutral option much less troublesome.

But that's also like in my case, also a personal thing. Like in-, in swimming you also have to like be almost naked around people, like it's not just in the changing rooms. So that also has to do with just my issues with my body. But I've thought about like later on I would be able to go swimming again and then it would be-, like it would mean or make h-, sorry, it would mean a lot, you know, to have a gender-neutral changing room so I just-, wouldn't have to fear like some aggression or, you know, some looks in the, well, I guess in the male changing room. Which is always a risk. And it would be like. I think it's more-, there's more risk in those areas than in the swimming pool itself. When you're around a lot of people. So-, so yeah, yeah, it would mean a lot. (Oskár)

Oskár describes the complicated aspects of being trans and non-binary and going to the swimming pool. He feels uncomfortable in those areas in general, not just in the changing room. Nonetheless, he said it would still mean a lot to him if a third option was available. Most swimming pools in Reykjavík would probably argue they have gender-neutral changing rooms. However, the process of using them may be too troublesome for trans, queer, and non-binary individuals that already struggle to feel comfortable in these areas. Even in newly built or renovated swimming pools, a bigger third, gender-neutral changing room has not been prioritized.

And you know, the second that you have more than one trans person going to a swimming pool at a time, that also doesn't make a lot of sense because usually these spaces are intended for one, you know, max three or four people. So I'm disappointed to see this in new swimming pools and in swimming pool renovations that this isn't a consideration being made. (Baldur)

There is also often a lack of information about what measures have been taken to meet the needs of trans, queer, and non-binary communities. Therefore, Sif and a friend of hers started to document and rate swimming pools according to how adapted they are to trans, queer, and non-binary people.

So after having gone to a lot of pools together, we decided to start a document of like "What is it like to go through this pool as a trans woman?" Like, what is the changing room like? What is the like, showers, what are the showers like? And then just a general grade of how nice we think the pool itself is. And I've gotten some people saying that they appreciate the document [...] So like I describe how easy it is to get privacy in the changing room and if there is like a stall in the showers or not. Just because like, I'm going into it blind when I'm going to a new pool or like, I've only been there like ten years ago. Um, so I just want to give a written description of what a trans woman going into the changing room for the first time in a long time can expect. (Sif)

As the swimming pool culture in Iceland plays a considerable role in social and cultural life, I was baffled by Sif's need to compile this information. While architectural issues concerning the swimming pools may be more difficult to address, the spreading of information about measures taken to accommodate trans, queer, and non-binary people should be an uncomplicated task, one that has seemingly not been carried out. The most common solution of placing gender-neutral changing areas in the same areas intended for people with disabilities can be analyzed as creating a space for the *other*, legitimizing cis-normative and ableist political agendas (Spade, 2015). The *other* changing room can serve as an example of how the Gender Autonomy Act is insufficient in dealing with the

embodied concerns of trans, queer, and non-binary folks. The *other* changing room is analyzed as an Act of administrative violence, where the disabled/gender-neutral changing rooms are presented as neutral and equal solutions, while they are structured around unequal conditions for participation in swimming pool culture (Spade, 2015, p. 77).

6.3.3 The double-edged sword of visibility and backlash

Several of my interviewees lifted increased visibility of trans, queer, and non-binary issues in media as one consequence following the Act. While many describe the positive aspects of increased general knowledge, increased visibility in media has simultaneously provided a platform for transphobes.

Like more people are aware of trans people. I feel that very strongly. So that's a big difference that people, you know, know what it is. And they maybe don't have all the information. So but that's-, that's still a very big step. Which is definitely linked to this law, it has been, you know, in the social discussion a lot. So that is both very positive that people, you know, know trans people exist and have understanding of it, but also it, you know, gives these anti trans voices more room. (Oskár)

Bo sees it as a double-edged sword.

I do think the-, just like general knowledge of non-binary people is so much more widespread than it was five years ago. Like everyone knows what hán is or kvár is or like a non-binary person is. But also I feel like visibility is a double-edged sword of both acceptance and hate. (Bo)

Bo mentioned how increased visibility has also allowed more space for hate. Relating to hate, many interviewees lift recent backlashes occurring both nationally and internationally.

I think, um, in recent years there has definitely been a backlash going on internationally. It hasn't really been-, I wouldn't say it has been as drastic

here as in many other places. We are still very firmly in like the think piece section of where, you know, every now and then it'll crop up in the news, some opinion piece written by someone of like "Should-, should trans people deserve rights? I don't know." Which is, of course, very sad to see that there is this backlash. (Sif)

Another instance of backlash is the discrimination Baldur faced when he was getting top surgery and needed to use his paid medical leave. His employers initially told him they would not pay for medical leave and argued that his time off work for complications following his surgery should be considered a vacation, not a medical leave. Baldur took his case to court and initially won the case. However, his previous employers took his case to a higher court.

But instead of accepting that, they end up sort of deferring to the next highest court. And the thing is that for-, for that to be-, for that to be justified, the settlement amount needs to be over a certain amount, and this was below that. So typically, this wouldn't be applicable for that sort of deferral. But they [...] specifically requested an exception to the minimum amount required for deferral so that they could defer it to the next highest court. And then it was taken there and then they won. And the justification very much was, "Well, being trans isn't a disease, so". And there we see this huge flaw in the insurance system where legal changes that are meant to benefit trans people sort of leave a gap (Baldur)

Baldur's case implies that there has not only been a backlash in society in general but also at the legal level. The depathologization of the Gender Autonomy Act enabled Baldur's employer to argue that gender-affirming care should not be viewed as a lifesaving, necessary treatment as being trans is no longer diagnosed as a disease. The backlash is the possibility to argue that since Baldur had practiced his gender autonomy, complications from his top surgery should not be covered by health insurance. Baldur's case can function as an example of how neoliberal rights legislations conceal inequalities under the guise of speaking for "freedom" and "choice" (Spade, 2015, p. 22). For five years, Baldur had either

been waiting to receive gender-affirming care or been in an agonizing legal process.

The whole thing is kind of a mess because the opposition to what I was saying ended up being, “Well, we are for trans people and we respect trans people and we don’t think that-, you know.” And I felt very morally conflicted because they’re making their arguments sound so pro trans rights. (Baldur)

Baldur’s case is an example of what the consequences can be when the right to gender-affirming care is not specified in the Act, allowing opponents to use formulations in legal texts to their advantage, contradicting the original purpose of why formulations were changed (Dietz, 2018; Cannot, 2020).

7. Conclusion and discussion

In this final section, I will briefly conclude my findings and reflect on my research process. I will also discuss the implications of my findings on a broader note. This research aimed to explore the experiences of changes in society and trans-specific health care since the Gender Autonomy Act, among trans, queer, and non-binary Icelanders. These experiences have been explored in the results and analysis section and will now be concluded.

Initially, trans, queer, and non-binary Icelanders viewed the Gender Autonomy Act as a welcomed and positive change. However, the positive views were rather *more* positive in comparison to the prior Act. All interviewees shared criticism of various aspects of the Act, mainly concerning strict requirements articulated through the “only once” requirement and strict naming rules through the Icelandic Mannanafnanefnd. Criticism also revolved around lacking implementation of the Act, where non-binary inclusion in societal systems is often lacking. Generally, the X marker is experienced as a risk. For this reason, three of six of my non-binary interviewees have chosen not to use the X marker, as they prioritize feeling safe and keeping their rights over being registered correctly.

Scholars suggest that there will be limits to self-determination of legal gender when trans-specific health care is not guaranteed (Dietz, 2018; Rose Hartline, 2018). The results from this study replicate this. My interviewees described how trans-specific health care remained similar in structure, with issues of a long wait and lacking implementation strategies for assuring care for people using the X marker.

Relating to societal changes, most interviewees expressed how public knowledge about trans, queer, and non-binary issues has increased since these issues have become more visible in recent years. However, visibility is a double-edged sword since it simultaneously opened a platform for transphobes. All interviewees expressed concern about backlashes occurring internationally and locally. The fear of future backlash is central to not using the X marker, where people fear the

cultural influences from the American context. This fear suggests that global developments of trans, queer, and non-binary issues directly affect whether someone feels comfortable legally identifying as the third, “neutral” option. The results also showed legal backlash, where Baldur’s opposition argued that he should not receive paid medical leave since he had practiced his Gender Autonomy, which is his choice, and that he should not receive money since being trans is no longer a disease. Baldur’s example is an interesting case for the field of legal gender self-determination acts, as it portrays how these Acts can be used *against* trans, queer, and non-binary people rather than being a service to us.

When looking at the results and combining their implications, it appears that the issues of the long wait in trans-specific health care impact the lives of my interviewees on a broader note. Participation in one vital sphere of Icelandic culture, the swimming pool, becomes further hindered as people feel uncomfortable in those areas from not being comfortable in their bodies yet. People feel stuck when waiting for care, longing for the days when they can live as their authentic selves. This means that long wait also hinders trans, queer, and non-binary people from participating as their full selves in vital arenas of society.

All in all, there are limits to legal gender self-determination. Through the lens of Spade’s (2015) theoretical implications, gender autonomy has limits since it is trying to include trans, queer, and non-binary people into systems that are based on unequal terms. The strict requirements in the Act of limiting the number of times one can use this autonomy is an example of how Acts conceal inequalities under the guise of speaking for “freedom” (Spade, 2015, p. 22). This study points to several examples that describe the limits of gender autonomy, such as remaining issues in trans-specific health care, lacking implementation strategies, and backlashes in how the Act is used on a legal level. Despite legal protection, there are still notions of administrative violence affecting trans, queer, and non-binary Icelanders, where passports hinder travel, and the X marker is followed by insurance trouble and uncertainty.

Writing and conducting this research has been exciting and inspiring. Throughout my research process, I have encountered various challenges. This topic is close to my heart, so I wanted to feel pleased with the results. This desire induced pressure since my interest in the topic is both professional and personal. The main challenge revolved around the self-discipline required to coordinate this project. While I can proudly say I am pleased with how it turned out, the process was also, at times draining, challenging, and stressful. I was, however, surprised at how easily I got in touch with my interviewees and was overwhelmed by how well they received me.

So, while self-determination of legal gender is a step in the right direction, further efforts toward addressing trans, queer, and non-binary inequality are vital. While there are limits to gender autonomy, legal recognition is a step in the right direction, as it helps individuals that need changes now, not in the future. Previous research has argued for specifying the right to access trans-specific health care in law (Dietz, 2018; Rose Hartline, 2018). This study has found that the lack of such formulations in the Gender Autonomy Act may have resulted in limited effects of the law, with continuously underdeveloped Icelandic trans-specific health care. Adding such formulations in law, or improving trans-specific health care, may be the next step in dealing with Icelandic trans, queer, and non-binary inequality.

Nonetheless, this study illustrates how legal change is insufficient in dealing with trans, queer, and non-binary discrimination on a broader note. My interviewees have described many instances of injustice despite being legally recognized. The Act and depathologization have even been used *against* them, and they are still excluded from vital arenas of cultural life. Therefore, the results from this study show that the law cannot make trans rights a “done deal”, in line with Sørlié’s (2020) arguments. The Act may be *more* positive, but efforts toward assuring its implementation and improving the lives of trans, queer, and non-binary people are still needed.

Implementation of the X marker has been insufficient, where only half of my non-binary participants use it. Lacking usage could imply that a third, neutral option is

unnecessary, which is not the case. On the contrary, the introduction of the Gender Autonomy Act and the third marker brought feelings of joy and relief. Therefore, future research on the X marker is a field in need of careful explorations, as lacking usage could be used to argue *against* the need for self-determination of legal gender. Research on the X marker ought to further explore the experiences among trans, queer, and non-binary folks who use it *and* among those who do not. There is also a need for further research on how trans, queer, and non-binary people experience the effects of self-determination of legal gender, as the centrality of our experience should guide legal change, not the other way around.

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9. Appendix

9.1 Interview guide

Introduction

- Thanks for participating!
- Around 60 min long. You will be anonymized, all material will only be used for my master thesis, and I will delete everything after my thesis has been graded.
- It is always OK not to answer my questions, participation is fully voluntary. Does this sound OK?
- After the interview, I will transcribe the recordings. Do you want me to send you the transcriptions for you to review?
- Introduce myself (with pronouns), queer and non-cis.

Background

- Tell me about yourself!
- Pronouns
- How do you identify yourself?
- How old are you?
- Where in Iceland are you from?

Before the introduction of the Gender Autonomy Act

- Do you remember the time when the act was voted through? Can you describe how you felt?
- What were your expectations of the new Gender Autonomy Act?
 - Have they been met?
- What do you think the main differences are for people that wish to change their legal gender today in comparison to before the introduction of the act?

After the introduction of the Gender Autonomy Act

- Can you describe your own general experiences of the Gender Autonomy Act?
- How has the introduction of the act affected you?
- How do you think the act has affected trans, queer, and non-binary communities?
- Have you changed your legal gender since the introduction of the act?
 - If yes, how has that change affected you?
 - If not, why? What would be necessary for you to want to change it?

The “only once” requirement

- What do you think about only being allowed to change your legal gender once?
- How did the requirement of only being allowed to self-determine your legal gender once affect your decision of changing/not changing your legal gender?
 - How do you think it affects other people in their decision-making?

Accessing trans-specific healthcare

- Have you ever wanted to access trans-specific health care such as hormone replacement treatment or similar?
- Have you been in touch with trans-specific health care?
- What are your experiences with Icelandic trans health care?
 - How long did you have to wait?
- What experiences do you think other trans, queer, or non-binary folks have of trans health care in Iceland?

The future

- What other changes in Iceland do you think are necessary to achieve trans/queer/non-binary non-discrimination?
- What efforts are necessary to reach those changes?

Wrapping up

- Do you have anything else to add?
- Would you like me to send the thesis to you when it is finished?
- Since you will be anonymized, I will use a different name. I would appreciate it if you could choose a pseudonym (since I don't know Icelandic)!