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Divide and Conquer: Mind–Body Dualisms in Language and Body Image among Transmasculine Young Adults in Urban Finland

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Contemporary discussion in urban Finland surrounding transgender activism, healthcare, and politics is characterised by a series of tensions which, I argue, exist not only between institutions and people but also within the imaginaries of individuals. My argument is based on an ethnographic examination of the way in which Finnish linguistic particularities in relation to the concept of sex/gender result in a set of dualistic understandings of the relationship between mind and body, with specific reference to transmasculine identity, transition, and detransition. Essential to these dualisms in the context of Finnish transmasculinity is the desire to hormonally or surgically modify one's physique, which I present as contingent upon language and life histories. Despite drawing from and building upon anthropological works on "embodiment", which offer a constructionist approach to sensations often interpreted in medical contexts as innate, I contest the view of biological sex as a naturalised social construct alongside highlighting the limitations of analyses that assume bodies and minds to be separable from one another.

INTRODUCTION

While attending Helsinki Pride 2019 to meet people I will likely not see again before leaving the country for my first term at Cambridge, I find myself near a stage rigged up in one of the largest parks in the city. As I wait for my friends to reconvene for dinner, this stage is briefly occupied not by an artist or a band, but by representatives of the Association for Transgender and Intersex Rights (Trasek). After receiving an award for their contribution to Finnish LGBT[1] rights, one of the representatives launches into a speech on the evils inflicted by Finnish legislation on transgender youth. A hush falls over the audience as the speaker's call to chemically obstruct the puberty of trans-identified minors ("Won't somebody think of the children!") culminates in a chant of "Rewrite the Trans Act now." The crowd joins in with sermonic fervour. Despite barely comprehending the concept of social anthropology, let alone considering a dissertation, a desire to investigate makes itself at home in the back of my mind.

The majority of Finns currently requesting cross-sex hormones and transgender surgeries are young natal females (Kaltiala-Heino et al., 2015). At the dawn of the 2000s, the number of people seeking such treatment was no more than a few dozen, with the vast majority being natal male adults. This number is now in the hundreds and 2020 saw a further 10% increase despite the onset of the COVID-19 pandemic (Nykänen, 2020).

According to Teemu Kärnä, one of the most experienced psychiatrists at *transpoli* (the colloquial name for Finland's two Gender Identity Clinics), this new 'wave' also departs from earlier patient accounts of distress over one's sexed body beginning in early childhood. For reasons he concernedly presents as unclear, Kärnä's female patients often report their cross-gender identification as something that begins only in puberty. Kärnä interprets this as a phenomenon that originates from an 'amorphous anxiety'[2] that is labelled a symptom of 'gender dysphoria' by the patients themselves after exposure to stories of trans-identified people (Nykänen, 2020).

This perceived volatility extends beyond the clinical realm. Reform of Finnish transgender legislation was intended to be completed in 2020 but was postponed due to both the COVID-19 pandemic and internal policy contestations. Currently, one can be legally recognised only as male or female. Reassignments from male to female or vice versa require being of age, permanently living in that 'role' and fulfilling the condition that 'he or she has been sterilised or is for some other reason infertile' (Act on Legal Recognition of the Gender of Transsexuals, 2002). In 2020, experts commissioned by the Finnish Ministry of Social Affairs and Health (2021) presented two alternatives to updating the legislation. Of these, the 'narrower' approach would continue to require a medical designation of oneself as the opposite sex for the corresponding marker on one's legal documents to be changed. By contrast, the 'broader' model would enable legally designating oneself as neither male nor female and also remove the requirement of medical transition for legal document changes. Despite both models abolishing the heavily criticised requirement of infertility for changing one's legal gender, the Ministry's report presents only the 'broader' option as cohering with the demands of both national transgender rights activists and international human rights organisations including Amnesty International (Aaltonen, 2021). A working group subsequently appointed by the Ministry has formulated a draft government proposal for a new *Act on the Recognition of Gender* which, if passed, would remove the infertility requirement and permit a legal gender change but only through an application procedure, only following a reflection period and only for citizens and legal residents over the age of 18 (Ministry of Social Affairs and Health, 2022). This application procedure, it should be noted, requires a substantiated account of permanently identifying with the gender one seeks to have legally recognised. At the time of writing, the draft is undergoing a round of consultations, with comments requested from more than 120

organisations including all of the government ministries and other public authorities (Ministry of Justice, 2022). Public comments criticising the proposed provisions (apart from the removal of the infertility requirement) have poured in from several civil society organisations (e.g., Seta, 2022; Trans Ry, 2022).

In this article, I connect these tensions to societal, interpersonal, and internal clashes between three Finnish perceptions of the mind–body relationship. The motor powering these clashes is an absence of easily comprehensible linguistic distinctions between what is framed as the physical anatomy generally referred to as 'sex' and what is framed as the psychological experience often referred to in contemporary English as 'gender identity'. Accordingly, my thesis will suggest, Finns identifying as female-to-male transgender (or as non-binary) report fluctuations between symmetrically dualistic understandings of mind and body on the one hand, and perceptions of identity being capable of overriding physicality on the other.

My argument requires a tentative contestation of the view famously postulated by Judith Butler (1990, 2011) that no meaningful distinction can be made between (biological) sex and (societal) gender roles, expression, and identity. Therefore, I must clarify why I shall not treat sex as a naturalised social construct despite viewing the idea of minds as separate from bodies as being contingent at best. Firstly, as Laura Rival (1998) argues in her work on the Huaorani couvade in Ecuador, the postmodern feminist motto of sex as the 'effect' of gender and gender as that of discourse misleads when applied to contexts where the sexually dimorphic body lies at the core of important social institutions. When the reproductive systems that ensure the continuation of our species are central to these phenomena, extolling gender performativity alone ironically fails to reflect the lived experience it claims to subvert and problematise (Rival, 1998, pp. 628–633). Secondly, it is an emphasis on the fixity of procreative dimorphism that allows me to adequately explore the intensity with which language can shape how bodies and minds alike are viewed in a manner that generates friction between and within individuals.

My work builds on anthropology centred on 'embodiment' in order to bolster the notion of minds as inseparable from bodies and to emphasise the utility of constructionist approaches to embodied sensation. Marcel Mauss' 1973 essay *Techniques of the body* pioneered the notion of a bodily *habitus* that varies between individuals and 'especially between societies, educations, proprieties and fashions' (1973, pp. 70–73). Similarly to Mauss' presentation of the body as 'man's first and most natural technical object' (1973, p. 75) that carries itself differently from society to society, Maurice Merleau-Ponty argued in his *Phenomenology of perception* that the body is a human's 'general medium for having a world' (2013, p. 146). For Merleau-Ponty, the conscious awareness of oneself as the subject of one's being in the world requires an ability to ask oneself questions about the impact of one's past on one's present qualities and actions.

Post-1960s anthropology was permeated by an interest in the body spearheaded by feminist critiques, explorations of consumer culture, and Michel Foucault's work on the bodily ramifications of 'biopower' (McDonald, 2018, p. 185). As a result, T. J. Csordas' 1994 edited volume drew on Mauss and Merleau-Ponty by presenting 'embodiment' as a 'methodological perspective rather than a route to any one distinct theory' (1994, pp. 5–6). For Csordas, ethnographic attention must abandon loose talk of 'the body' as a given object and, instead, question the notion of biology as monolithically objective (1990, p. 1993; see also Latour, 2004). Further elaborations on the same theme include Christina Toren's work on mind, materiality, and history in Fiji, which highlights the impact of personal histories on embodied sensation and problematises dichotomous approaches to the mind and body (1999, pp. 3–13). Similarly, Rebecca Lester's (1997) deconstruction of both feminist and medical models of anorexia nervosa uses Foucauldian paradigms to present eating disordered behaviours as triggered by the pain of the realisation of *being* one's body and executed as a 'technology of the self' (Lester, 1997, p. 485). We shall return to these ideas in due course.

Embodiment paradigms have informed an array of 21st century anthropological works, including ethnographies on anorexia and phantom limb syndrome. Cassandra Crawford (2014) combines Foucault's discussion of 'anatomopolitics' (whereby the human body is categorised and regimented so as to optimise its capacities yet render it docile) with a notion of 'the body' as something one both possesses and is possessed by (2014, pp. 4–8). This frames her discussion of a shift within late 1960s US clinical management from phantoms mimetic of fleshy limbs to phantoms that possess *more* awareness than a real limb via a contingent expression as excruciating pain (ibid., pp. 73–76). In a similar vein, Helen Gremillion's (2003) focus on patient resistance to eating disorder treatment in the US employs a critically applied medical anthropology that locates anorexia at the intersection of 'contradictory discourses of feminine identity' (2003, pp. 5–29).

The 2000s have also seen an emergence of critical approaches to embodiment, such as Aparecida Vilaça's (2009) argument that Csordas in particular assumes an individualist conception of the body inapplicable to Amazonians, who see people as capable of transforming into animals and vice versa, and where bodies are, therefore, much more fluid entities (2009, pp. 131–133). Ultimately, the impact of these theories on social anthropology has been an understanding of bodies as constituted and re-constituted through their environing world. Thanks to their entwinement with minds, bodies are a natural *and* cultural acquisition. Therefore, habitual body dispositions must be viewed as far from fixed (McDonald, 2018, p. 192).

I conducted my fieldwork in Helsinki, the capital city of Finland, from July to August 2021. With the help of interviews in various formats—from in-person conversations to video calls, voice messages, and written passages—I acquainted myself with thirteen young adults who presently or previously identified as trans men or non-binary. Half of these people I had encountered earlier in my life through education or mutual friends, but I engaged no close acquaintances in an ethnographic relationship in order to prevent my prior knowledge of their lives from shaping my ethnographic conclusions. While most of my informants were White, non-religious students born in urban Finland and aged 18 to 22, they represented a variety of socio-economic backgrounds, careers, sexual orientations, and stages of socio-medical transition. I discovered that a mixture of interview methods allowed my informants to discover which format they were most comfortable with (particularly in cases where we had more than one interview) as well as allowing the same person to recount experiences through both 'streams of consciousness' and thought-out responses to my questions.

I refer to my informants' identity with the umbrella term 'transmasculinity'. This is because the term's Finnish loanword equivalent *transmaskuliinisuus* (or, more colloquially, *transmasc*) was brought up as an accurate descriptor by the majority of my interviewees, and because it encompasses Finnish conceptions of both transgender men and female-to-non-binary identities. The term also reflects the fact that most of my informants were, in their own words, more interested in being seen as "non-female" than they were in being seen as male. In addition to my rapport with transmasculine Finns, I interviewed one mother of a transmasculine-identified adolescent and a specialist in the linguistic development of written Finnish from the Institute for the Languages of Finland. Finally, I conducted an extensive review on the Finnish literature on transition stories, transgender health, and LGBT activism.

In terms of my own positionality as a researcher, I acknowledge that my informants' overall enthusiasm to participate was likely linked to the fact that I am in their age range and am therefore familiar with the terminology and conversational attitudes with which to prevent anyone from feeling uncomfortable or misunderstood. It is also probable that some participants read my personal predilection for androgyny as an *a priori* indicator of shared experiences. The most notable example of this was the fact that many interviewees (particularly those who were my age or younger) assumed me to share their definitions of 'transphobia' and views on Finnish trans legislation, despite me both refraining from disclosing my experiences in relation to either subject and confirming in advance that I could not guarantee that they would agree with the arguments I would end up putting forward in this thesis.

This article consists of three sections. In the first section, I outline the linguistic particularities of how Finns refer to sex, gender, identity, and self-expression, and illustrate that the social norms associated with these particularities inform my interlocutors' bodily perception. This allows me to introduce three central tenets of the Finnish language in relation to these topics, the clashes between which generate societal, and internal dissonance. In the second section, I build on embodiment anthropology to highlight the cultural contingencies of transmasculine distress, as well as the fraught coexistence of activist and clinical perceptions of the mind–body relationship. In the third section, I focus on experiences of transmasculine medical transition and detransition, and re-enforce anthropological critiques of Cartesian dualism while also exploring their potential missteps. To conclude, I call for an approach that embraces a constructionist outlook on embodied sensation yet remains sceptical toward refusals to maintain sexual dimorphism as an analytically useful referent, as foreshadowed in Csordas and concretised in Butler. Sensual experiences, I suggest, are malleable in ways that sexed ones are not.

1. TENETS

> *'Doublethink means the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them.'*
> – George Orwell (1981, p. 171)

To begin, it is vital to clarify that the Finnish language has never featured separate terms for what are generally referred to in English as 'sex' and 'gender' and in Swedish as *kön* and *genus*,[3] respectively. The Finnish compound *sukupuoli* was formed from the words *suku* ('kin') and *puoli* ('half') during the 1860s (an estimate based on the word having likely first been printed in Ferdinand Ahlman's 1865 Swedish-Finnish dictionary), both of which were already linguistic staples at the time. Earlier, the words *suku* and *puoli* were used interchangeably for the same purpose, as were the terms *miehenpuoli* and *vaimonpuoli*, which translate as 'man's half' and 'woman's half' (P. Lauerma, personal communication, July, 2021). Today, when someone speaks of *sukupuoli*, it is impossible to tell without elaboration whether they are referring to bodily anatomy, mental 'identity', performative self-expression, social norms, or an amalgamation of these.

Before I move on to explore the relevance of the word *sukupuoli* to the mind–body relationship and Finnish transmasculinity, I must address three potential objections. Firstly, one might argue that the linguistic ambiguities sparked by the word *sukupuoli* are also expressed in the tendency of English-language communication to refer to 'sex' and 'gender' relatively interchangeably. This overlap is indeed common. Anthropologists focused on problematising the nature/culture dichotomy would likely call it empirically accurate (Carsten, 1995, 2000; Franklin, 2003). However, the existence of separate referents, rough around the edges or not, for human procreative physiology on one hand and the social attributes associated with such physiology on the other, allows for a general clarity when discussing related topics that is absent in Finnish. Secondly, one might note that Finns can distinguish between 'biological' *sukupuoli* and 'social' *sukupuoli* by using the modifiers *biologinen* and *sosiaalinen* respectively. While this distinction did occasionally crop up during my interviews and explorations of trans-related clinical and activist materials, its use was sparing at best, particularly in non-clinical contexts. In fact, the vast majority of my informants refrained from resorting to it even when I asked them to define '*sukupuoli*'.

Finally, I must explain why I focus on the word *sukupuoli* and not on how the Finnish personal pronouns *hän* ('he/she') and *he* ('they'), as well as their colloquial equivalents *se* and *ne* respectively, never denote sex/gender. Finnish pronoun use has been complicated by 21st century permeations of the Anglosphere into linguistic expression. Despite me conducting my interviews in Finnish and my interviewees primarily speaking Finnish in their everyday lives, many listed "my [English] pronouns" as a form of introduction. Furthermore, a significant proportion of their Finnish-speaking friends (most of whom do *not* identify as trans themselves) advertise their preferred personal English (i.e. gendered) pronouns on social media, even on platforms on which they communicate mainly in Finnish. The most common context for this on platforms like Instagram and Twitter is the 'bio', a public summary about the owner of the account, where one's name and English pronouns are usually listed together (e.g., 'Leo, he/him'). Changing one's pronouns is also viewed as an important component of 'social transition' (*sosiaalinen transitio*) even by trans individuals whose social circles are Finnish-speaking. Therefore, to view Finnish gender-neutral pronouns as encompassing the ways my informants linguistically present themselves and each other would be misleading at best.

Having outlined the ambiguities inherent to *sukupuoli*, I propose three distinct contemporary iterations of the term. Because these tenets are by definition in conflict with one another, discussions of *sukupuoli* struggle to escape turbulence.

Firstly, *sukupuoli* can be interpreted as signifying an 'identity' (*identiteetti*) observable only in the human species and based entirely on self-declaration (which in turn is reported as being based on the discovery of an innate truth about one's mind). Due to the connection of this notion to activist calls for a legal link between self-identification and legally recognised *sukupuoli*, I call it the 'activist tenet'. Secondly, *sukupuoli* can be seen as referring partly to the anatomical sex (and secondary sex characteristics) of one's body and partly to the social role in which one's 'mind' is at ease. Accordingly, a portion of the population is regarded as born with a conflict between these two forms of *sukupuoli*, warranting first a diagnosis of 'sex/gender dysphoria' (*sukupuolidysforia*), then a course of hormonal and surgical treatments that transform one's bodily *sukupuoli* to resemble that of one's mind, and finally a legal affirmation of one's *sukupuoli* as opposite to the one observed at birth. I call this way of thinking the 'medical tenet'. Additionally, my stance on Butler's conception of sex/gender notwithstanding, there also exists in Finnish society a 'performativity tenet' that defines *sukupuoli* in reference to visual signifiers and gestures somewhat decoupled from both 'the mind' and 'the body'.

The activist tenet exists in constant conflict with both people's ability to identify (or at least assume) one another's birth sex and with the very notion of transition as a process of changing one's body to 'fit' one's mind. Similarly, the medical tenet contradicts both progressivist desires to detach the concept of *sukupuoli* from masculine and feminine stereotypes *and* activist efforts to synonymise *sukupuoli* with self-identification. Finally, the performativity tenet clashes with the other tenets due to implying that no facet of *sukupuoli* is innate.

When beginning my fieldwork, I was confident that some of my informants would view *sukupuoli* as innately, unambiguously identity-based and others as, for transgender people, truly realised only through some form of physical transition. However, within a week, it dawned on me that most of my informants—not to mention the people, trans or not, with whom I conversed in other contexts during this time—alternated between different definitions of *sukupuoli* in the course of a single conversation or even sentence. Not only do the activist, medical, and performative tenets clash when actors debate the rise of transmasculine identification and the best way to legally define *sukupuoli*; they also coexist, contradictions and all, within the imaginaries of individual people. Therefore, the experience of my informants cannot be reduced to any single tenet. A key consequence of this is a perceived mind–body relationship whose internal dissonances generate a unique flavour of distress and a desire for corporeal and societal modification.

I first met Oskari,[4] a 20-year-old bartender, at a social gathering organised by a mutual friend in autumn 2018. As we talked, he made a brief mention of his intention to undergo masculinising medical transition. Remembering this conversation in 2021, I contacted Oskari via social media. He remembered me and, after hearing about the details of my project, agreed to be interviewed. Oskari's account of realising he was a trans man illustrated a particularly striking experience of the turbulent conjunction of the three tenets of *sukupuoli*.

When Oskari began his upper secondary education at the age of 16, several of his peers reacted to their new classmate's short haircut and

refusal to wear makeup by directly asking whether he (she, at the time) was transgender. Initially, Oskari was unable to provide a definitive answer "because I hadn't given it any deeper thought". A year later, this uncertainty was dispelled.

> The biggest development was probably through dating, that's where *sukupuoli* was such an important factor and I realised… this doesn't sit right with me. My second relationship was with a trans man and it was very eye-opening. I was around 17 at the time, and we talked a lot about identity in relation to *sukupuoli*. It made me realise that our experiences in terms of *sukupuoli* were very much the same. That seed of thought was sown… but I hadn't yet defined myself as trans, so when I explained these experiences to him, he was just like, "Isn't there a pretty obvious answer on the table here?" I would have come to the same conclusion [without the relationship] at some point, but I do think the relationship really pushed it forward. (Oskari, personal communication)

Oskari's *sukupuoli* 'not sitting right' refers to sociality but also to his existing anatomy feeling inadequate for what he was mentally drawn to in sex and romance. This aligns with the medical tenet, where a male mind is seen to clash with the "wrong *sukupuoli*", that is, a female body. However, Oskari also describes his transness as a truth that one unveils through the "deeper thought" he recalls initially lacking. Oskari's demeanour was remarkably jovial as he recounted what Foucault would likely term an 'obligatory and exhaustive expression of an individual secret' (1998, p. 61) that uncovers a fundamental 'truth' about the self. In this case, the 'truth' is an "identity in relation to *sukupuoli*" that, crucially, became a far more significant way for Oskari to relate to his partner than the fact that they both had vulvas and endocrine systems that produce more oestrogen than testosterone. He described the resulting self-discovery as akin to breaking through a "mental block" that unearthed a maleness of the mind capable of informing the confessable truth of his *sukupuoli*. A mind–body dualism emerges here that contradicts the notion of *sukupuoli* as equally biological and psychological. If *sukupuoli* is discovered through labels (most notably 'trans') rather than through pure bodily distress, the mind gains primacy over the body despite the two remaining conceptually apart.

Finally, I must return to Oskari's mention of his peers suspecting him of labelling himself as transgender on the basis of demeanour and aesthetic choices. This assumption speaks both to Oskari's desire to detach *sukupuoli* from the body despite his intention to transition medically (since July 2021, he has undergone chest masculinisation surgery) and to young Finns occasionally adhering to a performative definition of *sukupuoli* that ties the concept primarily to behaviour instead of to body, mind, or any other aspect of someone's life history. However, these assumptions also validated Oskari's activist-adjacent dualism regarding the importance of mind-based identity as well as his medically oriented notion of his mind as male and his female body as, to use his own words, "not fulfilling all my [social, emotional, and sexual] needs".

In the introduction to her edited volume on affect, biopower, and body modification, Frances Mascia-Lees (2011) presents the impossibility of divorcing bodies from lived experiences as a central insight of embodiment-focused anthropological research. Because the construct we call 'the body' reproduces assumptions about universality, it is 'embodiment' that unearths sources of personhood, self-subjectivity and intersubjectivity (Mascia-Lees, 2011, p. 2). This assertion relates to the ethnographic material covered in this section in two ways. Firstly, Oskari's presentation of *sukupuoli* as an identity to be discovered, a mind–body mismatch to be mended, and a presentation to be visually inferred bolsters the theory endorsed by Mascia-Lees, Toren, and Mauss that socialisation (including language) shapes the ways we use and experience our physical anatomy.

Secondly, however, this conclusion could not have been reached without a recognition that what the linguistic tenets of *sukupuoli* enforce is, in many cases, not a mind–body unity but a splintered set of dualisms re-enforced at the level of institutional debates on what changes should be made to the legal recognition of transgender people, and on why the so-called 'co-morbidities' between transmasculine identification and self-destructive behaviour are as high as they are (Kaltiala et al., 2019). Because *sukupuoli* can refer to the body, medical aid is needed for its separate equal, the mind, to impose its masculinity on the self and mitigate the dis-identification with one's sexual characteristics that Oskari bluntly summed up as the reason why he "felt like shit". Because *sukupuoli* can refer exclusively to identity—the discovery of which unearths a fundamental truth about one's mind—the social significance of sexed anatomy collapses into the mind, in a curious reverse of Scheper-Hughes and Lock's argument that the Cartesian mind–body divide often collapses the mind into the body as a 'vulgar' solution to the human condition 'built up of guts, sex, energy' (1987, pp. 9–11). For Scheper-Hughes and Lock, the politically and economically 'correct' body is often a body needing intervention, from Chinese foot-binding to the 16-inch waists of antebellum Southern socialites (ibid., p. 26). However, in the case of Finnish transmasculinity, bodily intervention continues to positively worship the non-corporeal. Lastly, because *sukupuoli* can refer to visual signifiers like clothing and gestures, mind–body dualisms can be occasionally (albeit momentarily) sidelined.

These distinct views do not enjoy mutual harmony. When I asked Oskari to define the word *sukupuoli*, he initially called it a "social construct" (*sosiaalinen konstruktio*), then asserted that it is based on biological differences, then said that it is primarily an identity, and finally concluded that its meaning is "unstable" (*epävakaa*). This turbulence is also mirrored in my informants' general reluctance to state that their transness is based on bodily distress despite their desire for bodily modification. Most notably of all, it surges forth in the continuing inability of Finnish psychiatrists, activists, and lawmakers to reach a consensus on who can be legally recognised as the opposite *sukupuoli*. As Sobchack (2010, p. 56) wrote in her account of phantom limb syndrome, language and acculturated practice are crucial to internally and socially localising and fixing the meaning of bodies and their parts. The word *sukupuoli* indicates that the opposite is also true—that language can *dis*-locate the meaning of bodies and their parts, and disable the social cohesion reliant on a consensus, however tenuous, over what it means to be male or female.

2. TERRORS

> *'It is better to think of her female body as a prison, holding back her otherwise brilliant and shining 'male' self.'*
> – Rebecca Lester (1997, p. 485)

Having outlined three tenets of *sukupuoli* in the first section, I will now explore their impact on my interlocutors' embodied sensation and place the experience of transmasculine dysphoria within the wider anthropological literature. This will serve to illuminate the strengths and limitations of Csordas' and Butler's frameworks. To do this, I mainly draw on conversations with a 21-year-old non-binary student named Jack, who traces their dysphoria to a puberty delayed by intense competitive sport. After switching to a more relaxed training regimen, Jack became hyper-aware of the resulting breast growth, which invoked unwanted attention from adult men, an incumbered range of physical movement, and a terror that has yet to lift.

I must begin with two terminological clarifications. Firstly, by 'embodied sensation', I mean the diverse somatic states created through lived experience. Secondly, while the arguments put forward in this section are irreducible to the concept of 'body image', I consider the term useful as a catch-all for my informants' body-related sense of self.

While the tenets of *sukupuoli* coexist among my informants, to clarify the implications of these conflicting perspectives on the mind–body relationship for the anthropology of embodiment requires first exploring them at their most isolated.[5] The medical tenet is crystallised (albeit not without internal contestations) in the general consensus among the Finnish psychiatric community that a section of humans, regardless of background, are born with an innate condition known as 'gender dysphoria' (GD, *sukupuoliahdistus*, *sukupuolidysforia*, or simply '*dysforia*'). The integration of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) into medical practice in 2013 defined GD as a 'marked discrepancy between the expressed or experienced gender

and the assigned gender at birth, causing clinically significant distress or impairment in important areas of functioning' (American Psychiatric Association, 2013), with Finnish references using *sukupuoli* for 'gender' (Kaltiala et al., 2019, p. 213; Council for Choices in Health Care in Finland, 2020, p. 3). The DSM-V has become a standard reference for Western clinical researchers, practitioners, and students through the publication of successive editions for over 60 years. These editions are based specifically on categorisations of 'separate disorders' perceived to be ubiquitously applicable in Euro–American psychiatry (American Psychiatric Association, 2013, p. xli). In the fifth edition, published in 2013 and renamed DSM-5, the diagnosis of 'gender identity disorder' (GID) was changed to that of 'gender dysphoria' (GD) with the goal of destigmatising trans identities. However, the extent to which this category reflects experiences of gender diversity remains contested even in the US (Davy & Toze, 2018, p. 159–164).

The resulting implications are threefold. Firstly, a distress with one's sexed characteristics is seen as caused by a condition so deep-rooted that it might as well be physically discernible (a "kind of intersex condition of the brain", as my informant Miro put it). Secondly, this distress is seen as synonymous with lifelong trans identification. Thirdly, this identification is fully realised through the achievement of mind–body (or experience–biology) harmony via medical intervention, constituting what Crawford might call a 'regime of tolerable deviance' (2014, p. 196). These notions arguably amount to an ultimate manifestation of the opposition between mind and body, spirit and matter as what Scheper-Hughes and Lock (1987, pp. 9–10) term a 'singular premise guiding Western science and clinical medicine' traceable to the Hippocratic corpus, and to Aristotle's (1980) conception of the human soul as a distinct entity where action is morally controlled by perception, reason, and desire in a manner that separates humans from 'lower animals' (1980, pp. 1139a–1139b).

However, it bears noting that the contemporary increase in transmasculine identification appears to be complicating psychiatric confidence in such views. A 2019 study on young (mostly female) Finnish people seeking cross-sex hormones in 2011–2017 presented psychiatric co-morbidities (including depression, anxiety, self-harm, and eating disorders) as overrepresented among these adolescents and argued that such symptoms cannot be assumed to be rooted in dysphoria or to remit via hormonal intervention (Kaltiala et al. 2019, p. 213). This contestation of the assumption that dysphoria boils down to innate anatomical discomfort reveals the unsettled state of even one of the clearest establishments of mind–body dualism in the country. However, the assumption that at least some patients are born with a dysphoria that makes them 'trans' remains robust.

This turbulence is less applicable to the activist tenet at its purest, exemplary of which are the websites and teaching materials produced by LGBTI Rights in Finland (Seta) and by the Finnish Association for Transgender and Intersex Rights (Trasek). Both organisations describe themselves as advocates for trans human rights and medical care, and present *sukupuolidysforia* as an incongruence between the *sukupuoli* one was 'assigned' at birth and one's 'true' experience of *sukupuoli* (Seta, 2021). Both pedestal mind-based *sukupuoli*-identity (*sukupuoli-identiteetti*). A 2021 guidebook published by LGBTI Rights in Finland on the 'diversity of *sukupuoli*' states that diverse *sukupuoli*-identities are 'known to all cultures', a 'part of nature' and indicative of the fact that no aspect of *sukupuoli* is binary (Huuska, 2021, p. 3). This treatment of the body as an afterthought to the mind is exemplified in the guide's discussion of Christina, the 17th century Queen of Sweden.[6] Only after a lengthy description of Christina's 'masculine character' does a single sentence mention that she may have also had an intersex condition, as her birth was initially announced as that of a royal son (ibid., p. 7).

The activist tenet is at its least ambiguous in relation to sex education. A Trasek-affiliated 2017 pamphlet for trans people and those who have sex with trans people emphasises the importance of language to the enjoyment of sexual acts. Because good sex entails validating one's *sukupuoli*-identity, 'a "clitoris" can be a cock […] the outward appearance of one's genitals tells nothing when it comes to *sukupuoli*' (Eriksson & Koiranen, 2017, pp. 4–14), the implication being that because *sukupuoli* equals the mind, mind champions matter to an extent profound enough to be conducive to physical pleasure.[7] Therefore, where Finnish psychiatry separates mind from body and biological *sukupuoli* from *sukupuoli*-identity, contemporary transgender activism refrains from direct engagement with the body in favour of such a keen focus on language that the body is perceived as malleable in accordance with what the mind desires. The result is a 'present situation of the modern *man* [emphasis added]' (Scheper-Hughes & Lock, 1987, p. 23) wherein one's true self is made 'real' through self-declaration.

Butler's *Gender Trouble* (1990) bridges the way many transgender people imagine parts that they do not actually possess in order to enjoy sexual encounters into a fleeting acknowledgement that the body sets limits to imagined meanings (1990, pp. 89–97). I hold this thought as an aid for understanding the unique forms of distress that push my informants toward medical intervention. As established earlier, the tenets of *sukupuoli* are rarely as distinct in the lives of my informants as they are in the convictions of medical professionals and transactivists. The result, I suggest, cultivates a bodily self-image that neither conviction has fully acknowledged. This brings us back to Jack's self-narration of their body image as overshadowed by persistent discontent since the onset of puberty.

> First of all, I was just *terrified* about my breasts growing, I didn't want them there, and it was scary. I tried to sleep on my stomach to stop them from growing, but of course that didn't help. That was probably the biggest thing… and my hips got wider, you know, and suddenly I was up two cup sizes, it was awful. I started wearing really big clothes because I was so distressed. But yeah, after upper secondary is when I started identifying outside the [*sukupuoli*] binary, I felt that the binary was so narrow on both sides.

> I have an official diagnosis of generalised anxiety disorder, because [psychiatrists] basically have no idea what's wrong with me. Or, well, they have some sort of an idea… their suspicions are that I have a personality disorder or… bipolar disorder and ADHD. I feel that my anxiety over how others perceive my body… it's been there since I was really small. (Jack, personal communication)

In contrast with Oskari's depiction of his transness as a form of innate selfhood to be discovered, confessed and expressed, Jack acknowledges links between their dysphoria and how "others *perceive* my body". However, Jack also presents these external perceptions as distressing not due to any broad objection to strict gender norms but due to a personal aporia toward the aesthetic and interactional roles ascribed to both women and men: "I will not choose… given how narrow both *sukupuoli*s are… I'm neither". This oscillation between the medical perception of discomfort with one's sexed body as proof of the existence of a divergent *sukupuoli* of the mind, and the activist equation of dis-identification with masculine and feminine social roles with literally being neither a man nor a woman adds further elements to my understanding of contemporary transmasculine embodied sensation. Firstly, Jack, who usually wears clothing designed for men, highlighted repeatedly that "because I don't *identify* as a woman, when I *do* dress feminine, I feel like I'm doing drag".[8] This is an illuminating example of the fact that the activist tenet regularly outlaws a performativity-centric understanding of *sukupuoli* and the mind–body relationship. *Sukupuoli* for Finnish transmasculine youth cannot be reduced to a 'repeated stylisation of the body' (Butler, 1990, p. 45) because stylisations are seen as irrelevant to both the medical mind–body dualism and the activist pedestaling of mental identity.

Secondly, Jack describes their discomfort with bodily curves and need to be perceived as distinct from the category of 'woman' as having culminated around two years ago in a fear that these sensations merit the label "crazy" (*hullu*). This fear was alleviated by being told by non-binary friends that "my feelings are *valid*".[9] However, Jack's physical experience of their breasts as cumbersome and even repulsive—"I can't bloody stand these, gotta make them smaller"—was a sensation that did not budge. This returns us to Butler's admission that corporeality limits self-perception. Where the activist tenet told Jack that one's *sukupuoli* can be innately neutral, the physical impact of breasts on Jack's dancing and acrobatics indicates otherwise, an experience exemplified by Jack

contrasting an androgynous, "athletic" tweenhood with the "womanly" weakness of adolescence. The resulting embodied sensation of 'dysphoria' appears curable via the medical tenet despite being inseparable from the transactivist beliefs that call for a decoupling of legal gender change from dysphoric medical transition. Desires for a masculine chest, deep voice and, in the case of another interviewee, a lifelong jealousy of men's ability to urinate standing up, become symptoms of a mind–body dichotomy resolvable only through hormones and surgeries. At the same time, they are seen as independent from the difference between one's own mind and people with a female *sukupuoli*. These sentiments are arguably reminiscent of Lester's depiction of anorexia as a means to tailor the self by 'destroying their own "weak and detestable" femininity' (1997, p. 484). The fact of the male body being, on average, physically stronger and hardier than the female body foregrounds both anorexia and transmasculine dysphoria to the extent that assertive, independent action becomes irreconcilable with femaleness. The female body becomes a corporeality that demands denial, an inferior version of the male that must be cloaked in clothing and permanently altered in the face of one's violent sensorial protest against the sheer inferiority of its incompetence.

Csordas' (1993) *Somatic Modes of Attention* paves the way for embodiment-centric ethnography by critiquing the anthropological tendency to prioritise notions of bodily 'inscription' of social reality. For Csordas, this ultimately reinforces a 'Cartesian pre-eminence of mind over a static and passive body' (1993, p. 136; see also Lester, 1997). Because the activist tenet is a positively textbook example of an attitude to social life retentive of this pre-eminence, interrogating the clash between that and the more overtly dualistic perception of mind and matter put forward in Finnish medical literature illuminates the unique nature of transmasculine dysphoria as embodied sensation.

However, blindly following Csordas in this context would disregard the way my informants often *do* see the body as profoundly passive. One can certainly problematise this (see section 3), but its impact on dysphoria as a corporeal terror and on aesthetic masculinisation as a contingent method of taking up arms against this terror is worthy of ethnographic examination, not of being equated to an unfashionable mistake. Mauss' *Techniques of the Body* presents the methods with which we are taught to use our bodies as variable between societies and among individuals (1973, pp. 71–73). The result can be a desire for testosterone injections and breast removal that is at once deeply personal and fundamentally collective; a desire to escape one's own body that is at once dualistic and obsessed mainly with the mind; perceived as innate and acknowledged as inseparable from social life. The result is, for young transmasculine Finns, an embodiment experience inseparable from a female physiology that is too terrifying a prison not to be treated like a house on fire.

3. TRIUMPHS

> *'Neither spirit nor physical body, however, can exist independently for long without the other.'*
>
> – Terence Turner (2011, p. 104)

Having discussed transmasculine dysphoria as an experience of two simultaneous mind–body dualisms, I will now re-enforce anthropological critiques of Cartesian approaches to mind and body via an ethnographic focus on medical transition and detransition. This will concretise my caveats in relation to the application of these critiques to Finnish transmasculinity. The resulting implication is that, despite their tendency to clash as described in the previous sections, the activist and medical tenets are more alike than they might initially seem.

To begin, I must emphasise that (unsurprisingly, given the accounts discussed above) the majority of my informants both contested the mind–body dualism expressed in the popular notion that to be trans is to be "born in the wrong body" and, paradoxically, referred to masculinising surgeries and synthetic testosterone as "fixing" (*korjata*)[10] their *sukupuoli*. Sami, a 20-year-old student who had been regularly injecting testosterone for over a year at the time of interview, presented his transmasculinity as an inborn state he "finally learned that I too was" after beginning to spend time at a Seta "rainbow café" for LGBT youth in 2015. He was also my only informant who explicitly stated that he viewed himself as "born in the wrong body". Unsurprisingly, he described hormones as improving his mental state via changes to his body in a manner typical of the medical tenet, mentioning that the masculinising effects of testosterone on his voice and body hair made his "mind calm and stable".

When I asked Sami about his views on the current state of trans rights, he responded flatly that "Finnish trans legislation violates human rights." Interestingly, he made no mention of the current requirement of transitioning to the point of infertility before being permitted to change one's legal *sukupuoli*. Instead, he focused on asserting that clinicians are likely to withhold hormonal and surgical interventions due to their suspicion of anyone who did not conform to the expected medical profile of traditionally masculine self-presentation and to a view of oneself as "born in the wrong body".

Two things deserve underlining here. Firstly, accounts like Sami's validate the embodiment-centric anthropological emphasis on personal histories entwined with environments featuring specific cultural conventions. Much like Oskari and Jack, Sami spoke of a mind–body disconnect that emerges during puberty and of a self-discovery of one's transness through, as Sami put it, peers who served as a "concrete example [of a trans man] that I could relate to and felt more real than some sentence in a textbook". The implications of these statements seem highly aligned with Toren's assertion that 'it is not the world of objects "out there" that informs us but historically structured states of our own nervous systems' (1999, p. 109). Therefore, my argument is not reducible to the claim that Sami and others like him are jumping onto a trend of cultural mimicry. Instead, it seems to me that Toren's notion of a human cognition that renders intentionality as inevitably historical (ibid., pp. 101–102), is at least as accurate to my informants' experiences of self-discovery, distress, and relief as the Foucauldian parallel between the regimes of given societies and the regimes (of, in this case, the range of socio-medical procedures my informants employ to appear non-female) that people in these societies apply to their bodies (Eckermann, 1997, pp. 283–288).

Secondly, however, complications emerge when one considers the flipside of Toren's thesis; namely, the idea that, if the above is true, 'the feasibility of this assertion demands a theoretical perspective on mind that challenges the notion of a dialectical relationship between body and mind and embraces a recognition of the mind as an embodied phenomenon' (Toren, 1999, p. 102). This is not to claim that Toren would be surprised by the fact that the majority of my informants do not view their minds as embodied, let alone the body as an entity that 'manifests mind' (ibid., p. 7). However, we must also consider the *minority* of the stories I heard, stories that not only implicitly illustrate the utility of viewing minds as embodied but also involve explicit agreement with this utility from their narrators. Accordingly, my use of anti-Cartesianism to explore Finnish understandings of transmasculinity comes down to more than a reliance on frameworks that, by implication, contradict the way in which the people whose experiences I document speak about themselves. Like Toren, I challenge the dialectical perspective on the mind–body relationship. So does the account that I shall move on to next.

Similarly to Oskari, Jack, and Sami, Asta, a 29-year-old student, reported having had no issues with her female anatomy as a child. However, the physical and verbal abuse she experienced at the hands of her foster mother was regularly based on her being a self-described "tomboy". Asta's earliest memories include her foster mother telling her that "I was failing as a girl; I wasn't what a girl should be." Consequently, puberty felt horrifying: "I had no knowledge that getting your period means you're going to be bleeding… For me, bleeding meant that I must be in danger, that I'm dying, that I need to go to the hospital or something." Having first "solved" her puberty through self-starvation and later attempted to "distract" herself from it through alcohol abuse, Asta adopted a non-binary identity in 2014 after developing online friendships with transmasculine-identified people. At a 2015 trans support group meeting, she discovered the possibility of paying for "top surgery" (chest masculinisation) out of one's own pocket at a private hospital. Asta seized the opportunity as she suspected that, due to her history of psychiatric hospitalisations, she would not be admitted through the diagnostic process for dysphoria required for medical intervention financially

covered by the public healthcare system.[11]

After surgery at the private clinic, Asta eventually completed the diagnostic process and began identifying as a trans man. She reportedly did this because her discussions with other trans people seemed to suggest to her that her childhood struggles were a sign that she would be, in her words, "normal as a man". Asta remains surprised to this day that, despite having been open about her past trauma, she was prescribed testosterone without additional questioning. Despite the resulting acne and clitoral growth initially causing her a lot of pain, she was excited: "I was always solving emotional issues by drinking or overexercising or starving myself, so I was happy that T [English abbreviation of testosterone; *testosterone*] made me less emotional." However, after having her ovaries removed at the age of 26, her suicidality intensified to a degree that demanded psychiatric assistance. Thanks to medication that "felt like someone took the death, packed it into boxes, and put it away into storage", Asta realised that "being trans is no longer a part of my identity… I didn't want to fit into the social norms of a dude". After contacting several Finnish detransitioned women online, she swapped testosterone injections for oestrogen in 2020. She remains indifferent to gendered language and views herself as "female" instead of seeking to re-conform to the social role of "woman".

> When I was on testosterone, I had this nightmare view of my face and my body because I was hoping that transition would make me present in my body, but transition didn't fix my dissociation… I got more and more disconnected from myself and my body.
>
> I end up being like, I'm gonna transition from a woman to a man, because when I'm thinking about it hard enough and not being in touch with my body and my reality, then I can come up with the "solutions", like, my life's gonna be easier if I'm a man. And then… my body's not gonna be in agreement with my mind, which creates all these issues. (Asta, personal communication)

We established earlier that the activist tenet promotes an image of the body as subservient to the mind and the medical tenet a more even split between the two. Asta's rejection of both of these in her search for "not hating myself" adds a final piece to the puzzle. Despite their conflict on the levels of both individual identity and societal debate, the activist and medical tenets share not only their mind–body rift but also a belief in mind over matter that is immediate in the self-identification that is key to the activist tenet and more delayed in the "fixing" of the body entwined with the medical tenet. From acknowledging this, a new conception emerges: that of an embodied mind and of a body whose sensations are informed by a neuropathological historicity, and, one might dare to hope, by a triumph of the supremacy of neither the mind nor the body but of both at once.

I have yet to re-touch upon the performativity tenet, which brings me to the crux of my insistence that the embodiment approach be applied in tandem with a retainment of the sex binary as a real, materially inescapable ethnographic referent. Butler's claim that biological sex is a 'production of a given regime of sexuality that seeks to regulate sexual experience' (1990, p. 32) jars with the basis of my informants' dysphoria being breast tissue, menstruation, and other components of the female side of the mammalian sex binary. While the distress caused by these components is contingent, their existence and core function is not. More importantly, Butler's claim risks detaching sensations rooted in sex from the emotional lives that are at their most turbulent when personal histories constitute femaleness as a corrosive poison instead of as a matter of chromosomal chance. Understanding my informants' efforts to take the pain away requires rooting that pain in sensory histories, but a failure to account for the entwinement of these histories with inborn, binary sex characteristics drains them of their meaning.

In his ethnography on the ontological contingencies of the category of 'transgender' in the US, David Valentine (2007) steers clear of romanticising (male) individuals who root their gender divergence in crossdressing and homosexual attraction—instead of in the category of psychological 'transgender' identity constructed in recent decades—and who accordingly make statements such as "I know I'm gay and I know I'm a man" (2007, pp. 114–134). However, Valentine also asserts that because 'culture is produced in the shifting emergence of meaning as people engage with one another as social actors in particular contexts' (ibid., p. 135), those who actively resist dominant pathways of self-perception within a given context ought never be disregarded as 'false' (ibid.). Similarly, I aim not to romanticise detransition as a pathway to peace, but to highlight the potential for a non-splintered body image contained within resistance to the dominant pathways of self-perception that are the Finnish tenets of *sukupuoli*. I also concede that one or two of my informants were both content with their medical transition and confident in viewing their peace with themselves as the result of a co-constitutive transformation of body and mind, a hint of which was evident in Sami's account of testosterone having a positive impact on his physique *and* psychology. Ultimately, my suggestion is that diverse socio-medical pathways notwithstanding, separating transmasculinity from terror might require no longer separating mind from body. It might just require an inversion of sorts in relation to Lester's (1997) argument: to recognise the synonymity of existence and existence as a body can be not only painful but also healing, and even triumphant. It might just require Asta's admission that "I am my body; my body is me."

CONCLUSION

My hope is that this article can contribute to the anthropological literature by demonstrating the inapplicability of performativity-centric approaches to gender/sex to Finland, illuminating the uses of a view of the mind–body relationship rooted in the anthropological concept of embodiment, and caveating these uses with a demonstration of the contingencies of mind–body dualisms and of the resulting societal, interpersonal, and psychological disunity. By remaining sceptical of both the structural-functionalist notion that even social strife ultimately fosters comprehensive cohesion (for example, see Evans-Pritchard, 1969; Fortes & Evans-Pritchard, 2015) *and* of the postmodern feminist credo of sex as a repressive phantasm, I have argued that exploring transmasculinity in contemporary urban Finland reveals both tensions and similarities between culturally dominant, dialectical dismemberments of mind and body. This brings me to a final example of the hostile heterogeneity of Finnish angles on *sukupuoli* and the mind–body association.

In March 2021, the Finnish LGBTQ magazine *Kehrääjä* published an article detailing insulting and sexually invasive behaviour from clinicians toward trans-identified children, adolescents and their families (Peltonen, 2021). According to the anonymised anecdotes provided, underage patients were routinely asked to describe their experiences with masturbation, encouraged to seek out sexual encounters, and subjected to remarks deemed "scaremongering" regarding potential surgeries and "invalidating" regarding their trans identity. The article also tackled the recent increase in young females seeking masculinising medical modification, acknowledging that the size of this demographic has overtaken that of both underage and adult males seeking feminisation, and presenting increased awareness about transmasculinity as a potential cause behind this shift. One mother, quoted in the article, compared transgender healthcare in Finland to "torture" and called it a "bureaucratic system, the purpose of which is not to care for trans people but, instead, to drive away as many of them as possible" (ibid.).

I conclude with this article because it encapsulates the reasons why the relationship between Finnish society and trans(masculine) identification must be understood to be at the stormiest of crossroads. Characteristically of the activist tenet, female children a long way from physical masculinisation are referred to as 'boys' on the basis of self-identity alone (ibid.). Characteristically of the medical tenet, the view of trans identity as the result of an inborn condition in need of medical affirmation is presented as an unquestionable moral standard.

However, the most important way in which this article encapsulates the Finnish socio-medical predicament over transgender issues harkens back to the potential removal of the infertility requirement for transgender legal documentation changes. For Oskari, Jack, and Sami, this removal ought, by definition, to coincide with an easing or even outright discontinuation of the diagnostic process as a requirement for access to hormones. In a similarly overarching definition of injustice

against trans people, the article labels demands that minors under the Finnish legal age of consent (16) detail their sexual experiences to unknown adults as comparable to reminders that calling oneself male does not anatomically make one so. Accordingly, using the word 'girl' in reference to a teenager sporting a name and clothing associated with Finnish men becomes an offence equal to suggesting, as Finnish clinicians have done according to the article, that the sexual development of a 15-year-old is "delayed" if the adolescent in question has never engaged in penetrative sex. Furthermore, while this equation of masculinity with maleness hints at a performativity-based understanding of *sukupuoli*, emphases on the injustice of clinicians questioning the coexistence of feminine signifiers and transmasculine identity ultimately come out on top. The affirmation of a youth as transmasculine becomes synonymous with the affirmation of a Cartesian understanding of mind and body.

In her work on male transvestism and cultural change in late 20th century Samoa, J. M. Mageo (1992) suggests that the 1980s–1990s growth of the country's third-gender (*fa'afafine*) population represents a 'cultural stratagem' where Christianity has diluted the acceptability of women and girls behaving in comedic and sexually provocative manners. Accordingly, contemporary *fa'afafine* constitute a kind of cultural loophole in their ability to fill the niche of a 'sexually expressive species of girl' (1992, pp. 443–455). As my focus has been on manifestations rather than origins, I do not claim to offer a comparable causal explanation for the current size and growth of my own research demographic. A study of the potential links between Finnish gender norms, sexual repression, transnational activisms, transmasculinity, and global transformations in the formation of identity groups is a study for another time. However, I cannot resist ending on two tentative parallels.

Sigal Gooldin's (2008) work on female eating disorder patients in Israel argues that anorexia is best understood by combining Lester's (1997) and Gremillion's (2003) focus on gendered expectations and therapeutic dialogue with the 'ongoing and semiotic process through which moral subjectivity actually develops' (Gooldin, 2008, p. 276). This leads her to depict willpower and the overcoming of obstacles that are inherent in resisting hunger as a 'vital part of being an embodied anorexic', the appeal of which comes from constituting a '"masculine" heroic morality' (ibid., p. 288). An undeniable parallel emerges between anorexic and transmasculine cultivations of the autonomous selfhood idealised by late liberalism. To be a transmasculine youth in urban Finland is to embody the status of the 'victim-hero' (ibid., p. 290) trampled by legislation yet gifted a promise of the ability to conquer embodied pain, inject liquid strength (i.e., hormones), and embrace communal validation. However, it should also be noted that this importance of overcoming pain (instead of revelling in it) marks an interesting difference between the embodied anorexic and the moral selfhood of the transmasculine Finn. For the latter, while juridical victimhood persists regardless of transition status, the perception of socio-medical modification as a cure for the distress invoked by one's own female flesh is one of escape, not of suspension in a web of virtuous agony. A tantalising prospect indeed.

My second parallel, while admittedly more fanciful in nature, relates to the reasoning behind my use of the religiously connotated term 'tenets'. Joel Robbins' (2004) examination of the wildfire spread and intensity of Christian millenarianism in New Guinea, through the lens of the value-conflict between 'lawfulness' and 'wilfulness' in 1970s Urapmin society (2004, pp. 290–310), illuminates the capacity of transnational movements to latch onto local norms and create unique manifestations of less unique drives to bring about a better tomorrow. Similarly, in all their turbulent zeal, transnational ideas about what Finns call *sukupuoli*, from the sacrality of the transgender child to chanting "Rewrite the Trans Act now" at Helsinki Pride, have arguably latched onto culturally specific understandings of language and the body. However, where Urapmin millenarianism resolved its internal tensions through sin-focused ritual (Robbins, 2017, pp. 468–71), Finnish collisions between drives to hallow the mind on one hand and sever it from an equally important body on the other remain unmediated. The fervour of the activist remains irreconcilable with the clinical reverence for carefully curated diagnoses. Whether anglicisation merges, congeals or shatters these drives remains to be seen. For now, on they march.

NOTES

The Sue Benson Prize is awarded to the most outstanding dissertation presented in an undergraduate's final year of study by the Department of Social Anthropology, University of Cambridge.

1. Lesbian, Gay, Bisexual, Transgender.
2. The words quoted here are my own translations of Kärnä's Finnish.
3. Comparisons with Swedish are particularly interesting in this context due to Finland's history as a part of the Kingdom of Sweden, one legacy of which is that Swedish remains an official language in Finland, and the study of Swedish is a compulsory part of secondary education.
4. The names of informants in this article are pseudonyms.
5. As explained in the first section, the tenets clash and intersect in the lives of my informants in complex ways. However, because they are useful to 'think with' in an isolated fashion, I shall first explore them in a way that is only rarely applicable to ethnographic realities.
6. At the time, Sweden encompassed the territory that later became independent Finland.
7. While synthetic testosterone does enlarge the clitoris to the extent that it can start to resemble male genitals (Council for Choices in Health Care in Finland, 2021, p. 18), the guide is also targeted at pre-transitioned individuals (Eriksson & Koiranen, 2017, p. 1).
8. It is worth noting here that Jack is of a mixed ethnic background and has facial features viewed by many Finns as distinct from archetypes of White femininity. The resulting racialised implication of non-White femininity as "drag" should not be ignored despite my focus being on body image characteristics that I also observed in my White informants.
9. Jack using the English word 'valid' while speaking Finnish is another fascinating example of the anglicisation of Finnish in relation to *sukupuoli*-related terminology. Potential Finnish equivalents for 'valid' include *kelpaava* and *aito*, but the most accurate translation, *validi*, is itself a loanword. The use of 'valid' instead of '*validi*' has likely been popularised in Finland through Anglospheric activist slogans claiming specific identities to be 'valid'.
10. Interestingly, I heard the word 'fix' (*korjata*) in relation to the impact of medical transition on sukupuoli far more than I did the word 'reassign' (*korvata*).
11. The reluctance of the Finnish public sector to cover treatment for dysphoria for anyone diagnosed with severe mental health issues was a complaint brought up by the majority of my informants, according to whom clinicians tend to be overeager to jump to the conclusion that such issues make transition inadvisable.

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