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# WE ARE A FREEDOM STRUGGLE

By Dr. Boriana Alexandrova

*Otherland* is a story about love and connection between women: present and historical, romantic and sisterly, in time, beyond time, and across worlds. It unfurls from the loving connection between two women, Harry and Jo, who get married in the opening scene, to gradually reveal a diverse community network of friends, lovers, parents, colleagues, and more-than-human beings. Together, they feel their way through a complex web of inter-relationships and histories, both shared and singular, while trying to navigate the medical, legal, and cultural systems that variously divide and violate them.

Some of these women are queer, some are trans, some are cis, some are mothers, others are bosses; they all occupy and move between multiple categories at once. In this world, definitions of identity and senses of self and other are as fluid and weather-tossed as the ocean. We find these women trying their best to lean into love for each other and themselves, whilst striving to understand and do justice to who each of them is in a world where definitions of self and other are perpetually changing, systematically wrested out of our control. The terms of womanhood prove changeable and contested, and living authentically remains a perpetual, open question: one of reconciling who we (and

our ancestors) once were, who society demands us to be, and who or what we can yet become.

“One is not born, but rather becomes, a woman,” as Simone de Beauvoir iconically put it in 1949. Woman, like “human”, in Beauvoir’s worldview was not merely an animal or a flesh machine but “a historical reality.” “It is not nature”—neither biology nor hormones, nor maternal instincts, nor the ability to get pregnant—that defines woman,” she argued, but “it is she who defines herself by dealing with nature on her own account in her emotional life.”<sup>i</sup> Beauvoir didn’t deny the very real, material and vital importance of biological functions. She rather refused to pre-define what a woman must look like, how she must behave, or what she chooses for her body. Biology is part of the human story, but “what you do with that, how you live that is a question of history. It’s a question of freedom,” as Judith Butler recently remarked.<sup>ii</sup>

Definitions denoting our senses of self spatially move us from one place, one community of belonging, one safe or unsafe space to another. These words name not only our intimate selves but also the legal, social, and political spaces where we belong and where our bodies matter. To receive a



New York, USA, June 26, 2022. A person holds a sign, “My Body My Choice” at NYC Pride a few days after the overturning of *Roe v. Wade*. (Robert K. Chin / Alamy Stock Photo).

label—a name, a pronoun, a racial or ethnic category, a nationality, a diagnosis—is to be allocated a place in a shared social structure. In this sense, definitions are ideological constructs, yet they are neither abstract nor immaterial. They are palpably material: they determine how long we need to wait for vital medical care; whether our illness symptoms

or pain will be taken seriously; whether we will be treated or dismissed as mad, perverted, or attention-seeking; whether we might die in hospital because the law prohibits our access to life-saving medical procedures like abortions; whether we can cross the border to the next hospital or be shot in transit because we are the captive



Simone de Beauvoir. (Science History Images / Alamy Stock Photo).

citizens of an apartheid state<sup>iii</sup>; whether we'll have access to safety and support from domestic or sexual violence services, or even a safe community to call. "Definitions are not private acts. They are messages, often issued as instructions, with social lives; telling us who we are or who we can be, where we can go or not go."<sup>iv</sup>

Recent U.S. studies of gendered health disparities found that "Women experience a higher incidence of chronic conditions, functional limitations, depression, and disability compared to men," suffering more barriers to healthcare access and an increase in maternal morbidity and mortality rates over the past few decades. These higher incidences of chronic illness, disability, and reproductive care needs mean that women are simultaneously more dependent on healthcare services and yet more severely discriminated by them.<sup>v</sup> Women also wait for diagnosis and treatment longer: "Nationwide, men wait an average of 49 minutes before receiving an analgesic for acute abdominal pain. Women wait an average of 65 minutes for the same thing."<sup>vi</sup> For gender minorities of colour, the widely documented phenomenon of "medical racism" will make these health disparities even starker and more lethal.<sup>vii</sup> For example,

Black mothers in the UK are five times more likely to die in childbirth than their white counterparts.<sup>viii</sup>

And then there is waiting. Medical waiting lists get longer and more detrimental the more intersections of oppression a person experiences. Gender clinics, intended to provide gender-affirming healthcare and services to trans patients, are particularly notorious for this. In 2018, the average waiting time for a first consultation in England and Scotland was over two years.<sup>ix</sup> By 2024, this ranged between 15 months and 8+ years.<sup>x</sup> This is the tip of the iceberg.

In 2021, Shon Faye documented reams of evidence of medical violence against trans people that far exceeds the gender clinic waiting list. She cited former LibDem parliamentary candidate, Helen Belcher's, presentation of 98 cases of medical misconduct towards trans patients to the General Medical Council in 2013, which revealed allegations ranging from sexual, physical, and verbal abuse, withholding of treatment (or threats thereof), inappropriate treatment, poor administration, and more. Only three of the complaints were fully investigated and none were ultimately upheld.<sup>xi</sup>

Though the public discourse and damning research on gender healthcare has grown since then, the waiting lists have only become longer and "progress" has regressed. In April 2024, NHS England concluded the Cass Review, which had been commissioned to develop evidence-based improvements to gender identity services. Although framed by its proponents as progressive, some experts have criticised the Review for prejudicially skewing data, basing claims on "substandard and inconsistent" evidence, and intentionally excluding trans clinicians and researchers from its governance body.<sup>xii</sup> The recommendations, criticised as poorly evidenced, led to a ban on puberty blocker prescriptions for patients under 18 as of May 2024.<sup>xiii</sup>

The Cass Review's damaging knock-on effects on trans patients' health outcomes<sup>xiv</sup> arrived on a global wave of retractions of hard-won healthcare reform. 2022 saw the repeal of *Roe v. Wade* (1973), overturning the legal right to abortion in the U.S. and triggering a slew of state-based abortion bans and life-threatening restrictions. Despite copious and globally generated evidence of the lethality of abortion bans (in Brazil, for example, abortion illegality causes an estimated 250,000 hospitalisations

and 200 deaths from backstreet abortion complications per year<sup>xv</sup>), such policies are built purely on ideological grounds. The bodies of mothers and women, trans and cis, are treated across cultures as public property: strangers feel entitled to touch pregnant bellies without asking; hormone therapy, whether to treat menopause or relieve gender dysphoria, is publicly adjudicated and stigmatised; believing a rape survivor's story hinges on what she was wearing, how politely she spoke to her rapist, yet also how forcefully she resisted. This is what Beauvoir meant by, "one is not born, but rather becomes, a woman." There is no womanhood, no gender, and no racial identity that isn't embroiled in historical frictions of power and violence. The bodies of women, children, gender minorities, and racialised, colonised communities are the soil on which political power struggles, both local and global, are fought.

Race (and racist categorisation) was invented by a doctor.<sup>xvi</sup> So was "female hysteria", the pathologisation of gender and sexual fluidity, and the reproductive subjugation and exploitation of women.

This is why our fates, and hopes of a just future, are tied. Our respective freedoms hinge on collective solidarity and care. Womanhood is a shared sanctuary and a multiverse, where diversity and difference become, in Audre Lorde's words, "that raw and powerful connection from which our personal power is forged."<sup>xvii</sup> This is why anti-racist, ecofeminist, queer and transfeminist activists have built movements on principles of collective and borderless, rather than segregated individual, liberation.<sup>xviii</sup>

As Harry and Jo peer through each other's parallel worlds and metaphorical closet mirrors in Act 2, Scene 7, they ask: what if all this division, this mutual monsterring and misrecognition of each other as threats was "someone else's idea"? What if they—we—could travel across the interdimensional gauze to meet each other's worlds; to truly love each other, even through difference and misunderstanding? "Love reveals plurality," writes Maria Lugones.<sup>xix</sup> It also requires the courage to show up and hope, even if nothing feels safe or certain in the ocean.

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## References

