Institute for Clinical Social Work

Trans Gestational Parents' Meaning Making in the Childbearing Year

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By

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Abstract

This project explores how five, trans, gestational parents make meaning of their gender and gendered experiences during the childbearing year through a hermeneutic case study methodology using an interpretive psychoanalytic theoretical framework. The need to expand, deepen, and refine theoretical understandings of gender to improve their utility in providing clinical services to trans gestational parents and trans people generally, as well as the lack of previous research, inspired this study.

This researcher interviewed each participant for an hour five separate times, totaling five hours of semi-structured interviews per participant and 25 hours altogether. These interviews were used to create narratives of each participant's gender and childbearing experiences. Additionally, the interviews were analyzed using relational psychoanalytic theory to identify categories of meaning within each individual case, as well as categories of meaning that occurred across cases.

The findings suggest that the meanings made of gendered activities and experiences are highly subjective; furthermore, it is possible to create these subjective meanings in stark conflict with historical, cultural, social, and temporal norms. Though gender is often something imposed on individuals by society, the findings posit that it is possible to consider it as something created by the individual subject as a means of translating their inner world to the other. The findings suggest that in the experiences of trans individuals, gender identity is powerfully related to authenticity and agency.

For our kids, who move us to work for a more just and equitable world.

For Keagan, Cleo, Lou, Colin, Henry, Evan, and Avery.

For Willa Stormborn.

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Chapter One

Introduction

General Statement of Purpose

The purpose of this psychoanalytic case study project will be to explore how gender identity and embodied experience intersect in the conception, pregnancy, birth, and postpartum experience of non-female gestational parents. It is becoming increasingly mainstream to conceptualize gender as a social construction, something that is not determined by an individual's body; rather it is a category of meaning created and experienced both psychically and socially. However, the body is made up of parts and performs functions that are assigned gendered meanings. Even if the body, or sex assigned to a body based on genitalia, is not the starting point of someone's gender, it is still a reality that every individual faces. This study seeks to deepen and expand our understanding of how a person negotiates the intersection of body, gender, and culture when the person's embodied activity is assigned gendered meanings that are inconsistent

with their gender identity. At this stage in the research, "gender" will be generally defined as a person's deeply felt self-identification on a spectrum of masculine to feminine. This identification may be as male, female, or some other gender considered between or outside of the widely known (in Western conception) binary male-female categories. I explored this intersection of body, gender, and culture by conducting five in-depth interviews lasting one hour each with five non-female individuals who have been pregnant and given birth. These interviews were then used to create in-depth case studies of each participant. I will conduct within-case and cross-case analyses of these case studies to produce interpretations of how the participants experienced and made meaning of this body-gender-culture intersection during the childbearing year.

Gender is constructed internally, complexly, and polyvalently. In any person, there are points of contradiction and discontinuity between a person's internally constructed gender experience and their embodied experience. There are various points of experience where psyche, soma, and culture meet: pregnancy is one of those points. There is an expectation that pregnant people are female, that if a person has the body parts required to become pregnant and give birth, that person must be female. However, we do not hold the inverse true: that a person must prove femaleness by becoming pregnant and giving birth. We have expanded our definition of embodied womanhood to include women who choose not to become pregnant, are unable to become pregnant, and have hysterectomies and tubal ligations, yet how do we expand our understanding of the pregnant body to include people who have the capacity to become pregnant and give birth but are not women? How do we accomplish this without sensationalizing the experience, turning it into a sideshow? Further, how does the non-female gestational parent experience

gendered practices related to the childbearing year, like the use of labels like “mom?”

Significance of the Study for Clinical Social Work

This study aims to influence clinical social work theory and practice by expanding our understanding of gender as a highly individualized phenomenon that is both constructed and embodied. Specifically, this study will accomplish that by offering rich, detailed reports directly from non-female gestational parents about their subjective experience of gender during the childbearing year. Building a more complex, inclusive theory of gender that highlights subjective experiences will contribute to social workers’ ability to practice more effectively with transgender and gender diverse individuals. The code of ethics of the National Association of Social Workers states, “Social workers should obtain information about and seek to understand the nature of social diversity and oppression with respect to [. . .] gender identity or expression.” Current estimates suggest that 2% to 6% of the US population are transgender. Trans individuals face numerous obstacles to accessing equitable health care, including mental health care and reproductive health care (Ellis et al., 2014). While limited research has shown that trans individuals can and do undertake pregnancy, virtually no research has been done to explore the subjective experiences of these individuals (2014).

Social workers are working with a wider variety of gender identities but are not necessarily receiving additional education regarding genders that vary from the traditional male-female gender binary (Fitz, 2014). According to a 2011 study, commissioned by the National Gay and Lesbian Task Force and the National Center for

Transgender Equality, 28% of trans individuals surveyed reported delaying medical care, fearing discrimination by health care professionals. This fear is not unfounded: 19% of respondents to that study reported being refused medical care due to their gender, 28% reported gender-related harassment in a medical setting, and 2% reported being subject to physical violence in a medical setting due to their gender (Grant et al., 2011). 50% of respondents reported having to educate their medical providers about transgender gender identities (2011). Though less extreme than the violence, this creates an undue burden on trans individuals seeking medical care. These statistics indicate a need for social workers to familiarize and have a better understanding of trans individuals to provide higher quality services when working with this population.

Statement of the Problem and Specific Objectives to Be Achieved

The goals of this research project are two-fold. First, this project seeks to contribute to the sparse but growing cross-disciplinary literature on non-female pregnancies. Second, this project seeks to contribute to an emerging conversation, in contemporary psychoanalytic literature, about gender as a highly complex and idiosyncratic melding of psychic, social, and embodied experience.

Non-female pregnancies.

Pregnancies in trans individuals have received so little attention in either academic or mainstream literature that many people think it is a highly rare occurrence that warrants little study. For many people, the only familiarity they have with non-female pregnancies is Thomas Beatie, self-described as "The Pregnant Man," who gained national notoriety in the early 2000s, sharing the stories of his pregnancies on Oprah and in his own book on the subject (Beatie, 2008; Trebay, 2008). Beatie, a transgender man, carried three pregnancies to term due to his wife's inability to bear children following a hysterectomy. More recently, people may have encountered the story of Trystan Reese, another transgender man, who shared his pregnancy widely via his popular blog (https://trystanReece.com/blog) and various media outlets. On his website, Reece refers to himself as "The pregnant man of 2017" (https://trystanReece.com/blog, 2018). The use of the definite article by each of these men seems to indicate that these are rare occurrences. Further, "The Pregnant Man" moniker evokes associations to "The Bearded Lady," reminding us how individuals who transgress gender norms are frequently sensationalized and marginalized simultaneously. However, though we still lack firm statistics on the frequency of non-female pregnancies, Obedin-Maliver and Makadon's 2016 survey of existing media on the topic—including news stories, documentaries, social media, professional development programs, and list-serves—indicates that "numbers of transgender individuals who are seeking family planning, fertility, and pregnancy services could be quite large" (p.4). Through this project, I will contribute to the literature regarding the subjective experiences of non-female gestational parents. A small but growing body of literature in the allied fields of obstetrics, midwifery, and reproductive medicine has taken up addressing medical issues that may be present in

trans pregnancies (e.g., Light et al., 2014; Obedin-Maliver & Makadon, 2016). However, these studies acknowledge that little research has been done on the psychosocial experiences of pregnancies in gender-variant populations. Ellis et al.'s (2014) grounded theory study is one of the only examples of a study that takes up that psychosocial experience as its primary focus. This current study, of the experiences of gender-variant gestational parents in the childbearing year, privileges the voices of the participants via extended quotations and thick description, with an emphasis on their subjective meaning-making of their experiences. Furthermore, listening within a psychoanalytic interpretive frame means that I will be listening for deeper meanings and dynamics shared manifestly in the conversation, lending a richness and depth that reporting alone could not provide. This adds much-needed information to this emerging topic in allied reproductive health care professions, including social work.

Contemporary psychoanalytic gender theory.

Gender has been a topic of much theorizing in psychoanalysis from the beginning of the discipline (e.g., Freud, 1925, 1933; Horney, 1926). A full survey of the psychoanalytic literature on gender would most likely require several volumes worth of writing, a vast research project in and of itself. For the purposes of this project, I will focus on three ways of conceptualizing gender within our society and within the psychoanalytic literature. They are the essentialist model of gender (e.g., Kubie, 1974), the multiplicity model of gender (e.g., Galatzer-Levy, 2014; Harris, 2009), and the

transmodern model of gender (e.g., Dimen, 2014; Hansbury, 2011, 2018).

The essentialist model of gender considers gender as being more or less stable and arising entirely from one's body. According to this model, there are two genders—male and female—and a person is assigned one at birth depending on whether they have a penis or a vagina. The medical profession has dealt with ambiguous genitalia—whether by birth or by accident—by assigning a gender at random, and sometimes providing surgical intervention to make the body match the assigned gender (see Colapinto, 2000, for a tragic example of this kind of gendering). For many years, if a person could not or would not fit into the gender binary, they were assumed to be dealing with some kind of perversion or pathology (e.g., Kubie, 1974). Even psychoanalysis, for all its radical potential, spent decades devising theory and clinical technique that aimed to "help" gender non-conforming individuals fit into the gender binary (e.g., Greenson, 1968; Stoller, 1976) by renouncing their "incorrect" gender identifications and aspirations so that they could resume "normal" gender development, according to the gender assigned at birth, based on their genitals. Within this binary system, the body took on too much significance; it became the primary, if not the sole, determinant of a person's gender, to the exclusion of all other psychic and social factors.

The multiplicity model of gender, advanced by Adrienne Harris, in her book *Gender as Soft Assembly* (2009), utilizes a variation on chaos theory called non-linear dynamic systems theory to postulate gender as something complex, conflictual, and polyvalent for each individual. Non-linear dynamic systems theory offers that there can be no universal theory of "normal" gender development, for even in cases of gender development that appear the same from a macro perspective, gender is still accruing idiosyncratically from

a host of intersubjective and intrapsychic experiences (e.g., Harris, 2009; Galatzer-Levy, 2014). In this model of gender, gender is not a one-time, final, conclusive achievement because of multiplicity, meaning a range of gendered experiences living within and lived out by one individual. Gender, in this model, is always more or less lived in a state of unconscious or conscious conflict. Gender stability is not achieved via aligning gender with the body—indeed the body is almost inconsequential in the multiplicity model of gender—but rather by maintaining a tension between cohesion and multiplicity. This model has been welcomed and celebrated as a non-pathologizing way of conceptualizing gender, as well as a conceptualization of gender that that demotes the significance of the body from primary/sole determinant of gender, to a virtual non-determinant.

This multiplicity model has provided a gateway for an emerging third model of gender. Termed *transmodernism* by Hansbury (2011, 2018), this model seeks to rectify the limitations of both the essentialist model and the multiplicity model of gender by attempting to hold them in dialectal tension. The essentialist model over-privileges the body, but the multiplicity model seems not to account for it at all. Hansbury, and others writing in the same vein without the same term, such as Saketopoulou (2014a, 2014b) and Dimen (2014), posits that by preserving this tension between these two models of gender, we make space for the significance of both the embodied experience and the psychic experience of gender to emerge. How does embodied experience condition one's psychic and social experience of gender? How does one's psychic and social construction of gender condition embodied experience? The transmodern model of gender argues that the answers to these questions are complex, shifting, and variable for each individual. However, this model is not limited to theorizing; Hansbury (2018) and Saketopoulou

(2014) both illustrate that this model can offer a profoundly useful way of working clinically, whether with people distressed by a seeming mismatch of psyche and soma (e.g., Saketoupoulou, 2014), or with people longing to put words to psychic experiences that don't seem to fit their anatomical bodies (e.g., Hansbury, 2018). Both Hansbury and Saketoupoulou see the clinical goal around gender not as a task of mourning impossible gendered fantasies followed by renunciation and acceptance of gender and sex as fixed and based on anatomy (e.g., Greenson, 1968). Rather, the clinician facilitates the task of mourning gendered perfection followed by mentalizing and metabolizing split off and disavowed gendered parts, including gender-dysphoric aspects of embodiment, leading to greater integration and stability. There is much work to be done in fleshing out this emerging transmodern model of gender. This project's aim of exploring gender at the intersection of psyche, soma, and culture by studying the experiences of non-female gestational parents in the childbearing year will create additional analysis of gender that holds dialectical tension between embodied experience and the multiplicity of gender identification.

Hypothesis or Research Questions to Be Explored

1. How do non-female gestational parents make meaning of their gender and gendered experiences during the childbearing year? In this study, the childbearing year is defined as the period of time encompassing conception, pregnancy, birth, and the first three months postpartum.

2. Using information gained from these case studies, how can we refine and expand contemporary clinical relational psychoanalytic gender theories to increase their theoretical and clinical utility?

Theoretical and Operational Definitions of Major Concepts

- **Childbearing year:** Refers to the time period encompassing conception, pregnancy, childbirth, and the first three months postpartum.
- **Cisgender:** A term for people whose gender identity and/or gender expression is similar to what is typically associated with the sex they were assigned at birth.
- **Gender:** A person's deeply-felt self-identification on a spectrum of masculine to feminine. Gender arises from our gender expression (our presentation, usually conveyed through dress and behavior), gender identity (our internal sense of gender), and sometimes our bodies (i.e., through sex assigned at birth; www.standwithtrans.org).
- **Gender diverse:** An umbrella term to describe an ever-evolving array of labels people may apply when their gender identity, expression, or even perception does not conform to the norms and stereotypes others expect (www.healthychildren.org).
- **Sex:** The classification of a person as male or female. At birth, infants are assigned a sex, usually on the basis of the appearance of their external genitalia. A person's sex, however, is actually a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs,

and secondary sex characteristics (www.glaad.org/reference/transgender).

- **Transgender/Trans:** An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender may describe themselves using one or more of a wide variety of terms (www.glaad.org/reference/transgender).
- **Transmodernism:** "A post-postmodern stance in which 'both/neither' takes center stage, where bodies and their parts may be omnipotentially sexed and gendered, geared to shift, anything but static" (Hansbury, 2018, p. 1015).

Statement of Assumptions

1. Gender is socially constituted and not fixed in the body. Therefore, gender is not determined by anatomy, though anatomy may play a role in how people constitute their gender or in how their gender is constituted by others.
2. People who are gender diverse are not pathological subjects. Given the multitude of social, familial, historical, temporal, cultural, physical, and psychical factors that come together to generate any individual's gendered sense of self, there are a myriad of valid ways of constructing a gender identity.
3. Pregnancy is both a highly gendered and intensely embodied phenomenon closely associated with women and femaleness. Therefore, exploring the conception, pregnancy, birthing, and postpartum experiences of non-female

individuals offers a unique opportunity for studying the intersections of societal, psychic, and embodied gender experience.

Epistemological Foundation of Project

This project is grounded in the hermeneutic research tradition with social constructionist social assumptions and a psychoanalytic interpretive frame. I am not seeking to uncover the single, objective truth of gender, or even to approach that. Rather, I am seeking to study how a person makes meaning of their gender throughout embodied, social, and psychic experiences. This will serve to expand conceptualizations about how richly and complexly gender is lived out, which can have a wide variety of academic, clinical, and political applications. Irwin Hoffman, in his 2009 paper defending the in-depth case study as a valid research method for studying human experience, argues that a hermeneutic epistemology is best suited for inquiry into human subjectivity. Hermeneutics seeks not to determine a single, ultimate, objective truth of a matter. In fact, a hermeneutical approach to research assumes the stance that where human experience is concerned, there is not a single, ultimate, objective truth, given the ambiguous, complex, and context-dependent nature of human experience. A hermeneutical research project seeks instead to understand how an individual makes meaning of their subjective experience, in an attempt to expand understanding of human experience while preserving that inherent ambiguity and complexity (2009).

Social constructionism proposes that “What we take to be the truth about the world

importantly depends on the social relationships of which we are a part" (Gergen, 2015, p. 3). This means that there are multiple ways of organizing elements of human experience—including experiences revolving around gender, race, health, bodies—and that those are organized, or constructed, based on the usually implicit values and social goals of the social relationships and groups in which we are involved. A social constructionist view of gender understands gender as not necessarily fixed or constant, except insofar as the groups we belong to construct gender as being fixed or constant around certain values and social goals important to that group. This research project assumes that gender is a social construction that can be organized in different ways—as fluid, as fixed; as inherent, as made; as entailing rigid social roles or not—based on the needs and values of the social group constructing gender together.

In analyzing my data, I utilize psychoanalytic theory and post-modern theories of the mind, gender, and interpersonal experience to engage with my participants in a collaborative process of mutual, co-constructed interpretation regarding their experiences of gender during the childbearing year. Though certainly my thinking is informed by what I have learned of psychoanalytic theory and metapsychology in total, I primarily utilize postmodern relational psychoanalytic theory to interpret my data. Postmodern relational psychoanalytic theories challenge absolutes and prescriptive tendencies in conceptualizing subjective experience. Additionally, they promote the possibilities created by attempting to hold seemingly disparate ideas in dialectical tension with each other (e.g., Dimen 2014; Hansbury, 2018; Hoffman, 1998, 2009).

Foregrounding

Prior to entering graduate school, I was trained and worked as a doula. A doula is a professional who provides emotional and physical support to people during pregnancy, birth, and postpartum. In the United States, doulas have been associated primarily with white, affluent women in heterosexual partnerships. This may be due to the financial cost of a doula, social stigma associated with having a pregnancy that occurs outside of the idealized married, affluent, heterosexual circumstance, or both. I am particularly affiliated with radical doula movements, a subculture within the doula community that emphasizes the importance of providing doula support to people who often lack access to a doula due to these financial or social barriers. These folks generally include people of low socioeconomic status, people of color, and trans and gender diverse individuals (Perez, 2012). These are populations who are especially vulnerable during the perinatal period, more likely to receive inadequate care during pregnancy, birth, and postpartum, more likely to face discrimination from healthcare providers, and facing significantly higher maternal and infant morbidity and mortality rates.

On a more personal note, conducting this research project facilitated my being able to embrace myself as being trans, and to share my trans identity with others. When I began this project, I had been living as an out queer person for over a decade, in the sense that I was willing to disclose my bisexual sexual orientation to other people. However, I still felt constrained by the excessively rigid social norms I had internalized from my early, deeply religious, conservative life. As a late adolescent, I had begun to tentatively explore my queerness at a public university where I met a much wider array of people than I had ever before encountered. This early exploration was disrupted by severely

traumatic events in my personal life; surviving the effects of those experiences derailed the further development of my sense of self for a few years. Becoming pregnant as a 23-year-old further complicated my development. Eventually, as my life became increasingly stable due to my efforts to give my kiddo a stable and facilitative upbringing, I could turn my attention to the matter of my queerness once again. I had a gnawing awareness that in addition to being bisexual, I am also trans. This felt impossible to me. For one thing, I believed it was too late: I was still quite young, only in my mid-twenties, but I felt very old. I was married, a mother, and a newly minted clinical social worker building a psychotherapy practice. Everyone I cared about in any way knew me as a woman; I imagined that their love, respect, and esteem for me was contingent on me trying to be the woman they thought I was. For another, I had so many questions! About gender, about being trans, about what could be possible for me if I ventured to seek out some answers. I used to think that having questions and not knowing was a bad thing, a weakness, something used to discredit and dismiss. I worried that having these questions and asking them would somehow reveal that I did not actually belong, that I was not actually trans. In retrospect, I think that to a certain extent I unconsciously created this research project in order to ask all the questions I had about being trans while "cleverly disguised" as a researcher, someone who was allowed to not know without being disgraced by it. The conversations I had with my participants focused entirely on their experiences; they also changed my life, profoundly and irrevocably. These conversations not only answered my questions, they also opened up new ones, and continue to do so. Asking questions and not knowing everything no longer scares me; I know now that it is a state of being in which I feel most alive.

Chapter Two

Literature Review

Introduction

This study explores the complexity of gender through learning more about the subjective experiences of non-female gestational parents. This literature review will provide an overview of themes and concepts that emerge in the reporting, analysis, and discussion of the interview material provided by the participants. First, I will situate the issue of gender and non-female pregnancies in the world, highlighting that this is not an abstract theoretical issue, but a lived experience. Due to a widespread lack of awareness and acceptance for transgender people in Western society, the topic of non-female pregnancies is only recently—in the past ten years—being discussed in medical literature as an area of reproductive health care where providers need to develop specialized knowledge and competence. Even more recently, non-female pregnancy is beginning to enter mainstream awareness in a non-sensationalized way, thanks largely to social media.

Following this section, I will return to the idea of gender as a social construction that was touched on in the first chapter. I will elaborate how this idea is necessary for understanding the current study. Additionally, I will highlight relevant pieces from

psychoanalytic literature that has used the idea of gender as a social construct to expand, discuss, and refine ideas about gender as a lived experience. One of the key ideas that emerges from this area of the literature is the importance of not replacing one kind of gender binary (the male-female binary) with another (such as a mind-body binary), leading to the necessity of further study and exploration that seeks to explore the dialectic between the constructs of gender and the body. From there, I will discuss the burgeoning literature that has attempted to bridge these ideas.

In the next section, I will make the case for using relational psychoanalysis for exploring gender as a lived, subjective experience. Though Freudian and Lacanian psychoanalysis has been used as the basis for discussing gender in a theoretical way (e.g., Anzieu, 1989; Butler, 1990; Salamon, 2010; etc.), relational psychoanalytic thinking offers a tradition of bridging theory and lived experience in multiple regards. This allows us to move away from discussing gender as an abstract or philosophical issue and into discussing gender as a complicated, nuanced, highly individualized and subjective lived experience. Any discussion about the merits of psychoanalysis for studying gender must address the elephant in the room: the long and unfortunate tradition in psychoanalysis of pathologizing gender "non-conformity." I will address this issue, as well as provide an overview of the work that has been done within the field to challenge it. Furthermore, I will show that there is a lively movement within psychoanalysis to draw on the radical potential of psychoanalytic ideas to liberate and expand our ideas of what is possible regarding gender.

I will conclude this literature review with a discussion of the need to make room for complexity in our understanding of gender. By reviewing the literature that highlights the

issues at stake for transgender people, I will illustrate the urgency for projects that work to complexify and elaborate our shared understanding of gender as constructed, embodied, and subjective lived experience.

Non-Female Pregnancy

Do non-female people even get pregnant? The answer to that is a resounding yes. Though statistics on non-female pregnancy have not yet been published, researchers have identified sufficient evidence to support that trans individuals are seeking reproductive health services related to fertility and pregnancy (Obedin-Maliver & Makadon, 2016). A few recent studies have focused on the importance of educating reproductive health care providers about the medical and social factors involved in helping a transgender person through conception, pregnancy, and birth (Light, et. al., 2014; Obedin-Maliver & Makadon, 2016). Ellis et al. (2014) published a grounded theory study that surveyed gestational parents who were transgender, nonbinary, or otherwise non-female about their interpersonal experiences being pregnant. They identified mind-body disjuncture as a key issue, both within the individual, and in key relationships.

Non-female pregnancies are increasingly in the public eye. Thomas Beattie and blogger, "Biff and I," Trystan Reece have both been featured on national news programs to discuss their experiences being trans men who have conceived, gestated pregnancies, and given birth. A Washington Post article profiled Braiden Schirtzinger's experiences navigating pregnancy, perinatal care, and early parenting as a nonbinary person (Schmidt,

2019). Poignantly, their partner declined to give his full name for the article, as he has fears about other people knowing that he is involved with someone who has a non-female gender identity. On social media, various Instagram accounts document trans, nonbinary, and gender diverse people's experience with conception, birth, pregnancy, early parenting, and chestfeeding.

Where does the fascination with non-female pregnancies come from? Over the past 15 years, since Thomas Beatie first appeared on Oprah as "The Pregnant Man," coverage and discussion of the phenomenon of non-female pregnancies has become somewhat less sensationalized. Perhaps the fascination has risen out of our ongoing grappling with the idea that gender is not biologically determined. Hormones, chromosomes, and body morphology—specifically, genital morphology—have been used to determine biological sex, which was used as the arbiter of gender. Until very recently, it was common medical practice to surgically alter "ambiguous" genitalia to "determine" someone's gender as male or female, often with horrifying consequences (Colapinto, 2000). As we learn more about biology, we learn that there is, in fact, a great deal of variation in the biological markers formerly championed as the arbiters of male and female. Genitals, chromosomes, hormone levels all normally and regularly occur in varying ways (Langer, 2018). Simultaneously, cultural shifts such as increasing visibility and acceptance of transgender and gender binary-non-conforming individuals has increased our awareness that gender is not only not biologically determined—it is also not necessarily *only* culturally determined either (2018). People consciously and unconsciously construct their gender identities, expressions, and presentations. Gender does not determine the body and the body does not determine gender.

In the much-needed focus on disentangling gender from the body, the body and mind have almost been split from each other, with the body somewhat cast aside in the focus on social, cultural, and psychic factors that contribute to gender identity. Several theorists writing in the relational psychoanalytic tradition have cautioned against replacing one binary with another—they warn that the male-female binary has been replaced by the sex-gender binary, in turn replaced by the mind-body binary or biology-culture binary (Corbett, 2011; Goldner, 2003; Harris, 2005; Langer, 2018). Wherever binaries exist, nuance and complexity and subjective experience have been lost. Focusing on polarities and trying to assign experience to one side or the other distracts from the reality that most experience resides in the complex, dialectical tension between poles. Often, one side of a binary gets overly privileged. When contemplating gender, have we moved toward privileging mind over body? If gender is entirely what is in one's mind, then why do people experience body dysphoria? Why would people seek hormone therapy and gender affirmation surgery if the body does not matter? Embodied experience is not the sole determining factor in a person's gender identity, but it is a factor in gendered experience, to greater or lesser extent, depending on the individual and their particular circumstances.

Pregnancy may be an ideal "site" to study this complex relationship between gender and embodiment, as pregnancy is both an intensely gendered and intensely embodied experience. Pregnancy has been used in the development of theories of female embodiment and gender identity (e.g., Balsam, 2012; Kulish & Holtzman, 2008). However, as non-female pregnancies become more common, we have the opportunity to learn more about the complex, subjective experience of gender and embodiment by talking with non-female gestational parents about their pregnancy experiences. In the

process, we will expand not only our understanding of gender and embodiment, but also continue to contribute to the visibility, normalization, and acceptance of trans bodies and experience.

Gender as a Social Construction

Social constructionism.

As discussed in the previous chapter, social constructionism is the idea that for any given aspect of human experience, there are multiple meanings, understandings, and categories of experience that are continually developed (Lincoln, 1990; Schwandt, 2000). From a social constructionist perspective, there is not a single, inherent, objectively true, or correct way to define gender, but rather, a multitude of ways that gender is constructed. Gergen (2015) emphasizes the embeddedness of these constructions in the social context. He argues that the meanings and categories—the constructions—adopted by a group are adopted because they support the often-implicit values and goals of that particular social group. Social constructionism—and the idea of gender as a social construction—has been used to great effect to begin to challenge and deconstruct predominant assumptions about gender and sex. If we understand gender to be socially constructed, then the roles, stereotypes, and assumptions that have been assigned to different genders are not indisputably true. Furthermore, in a social constructionist paradigm, the assumption that there are only two genders is also a social construct and

not indisputably true—expanding our ideas for normatively inhabiting and living gender identities beyond the Western male-female gender binary.

Social constructionism and psychoanalysis.

Within the field of psychoanalysis, an emerging body of literature on gender has developed out of this idea that gender is a social construction. Psychoanalysis has been concerned with gender from its inception. However, much of psychoanalytic gender theory was initially created in alignment with positivist assumptions: that there are two genders, that those genders are determined by the body, and that there are specific, objective differences between the two genders (e.g., Freud, 1905). However, a faction of contemporary relational psychoanalytic literature, guided by social constructionist ideas, has split off from this tradition to expand ideas about gender beyond biology and beyond binaries. In 2003, Virginia Goldner described this body of work as "clinically grounded, postmodern psychoanalytic gender theory (still a collective work-in-progress)" (p. 126). In this chapter, I will refer to this literature as relational psychoanalysis or relational psychoanalytic theory.

Relational psychoanalytic theory approaches gender from a social constructionist paradigm for the purpose of "reassembling gender in ways that do not reessentialize it" (Goldner, 2003, p. 126). Feminist theory has deconstructed gender—that is, has extensively argued that gender is not a "timeless principle of polarity," (p. 128), but something that is socially and temporally constituted. Reference points—such as anatomy

and sexuality—that had been used as bases for understanding how gender was constituted and stabilized have been demonstrated as being reciprocally and mutually constituted and stabilized by gender itself. If anatomy and sexuality and gender cannot be constituted without each other, then how can any one of these be the fundamental, basic element that determines the others? Goldner's statement about reassembling gender refers to the work now being done to create new ways of understanding gender. She emphasizes how this movement offers a consideration of gender as arising out of a series of complex dialogues between seeming polarities: "[gender is] culturally mandated, but individually crafted, permeable, yet embodied, simultaneously inventive and defensive, and crucially relational in its design" (p. 126), and "a fixed social identity and a fluid psychic state, constituted in the tension between objectification and agency" (p. 131). Agency is parenthetically defined as "the individual subject's continuous project of self-creation" (p. 131). This merger of psychoanalytic theory with social constructionism creates ways of conceptualizing gender that allows for discussions of gender as comprised of many elements, varyingly interacting with each other. Moreover, it allows for discussions of gender that can account for common gender-related phenomena without also creating or reifying essentialized, universalized narratives of what constitutes gender and gender identity.

Gender is co-constructed.

Within the relational psychoanalytic framework, gender is constructed as best

understood as arising out of a multitude of dialectical tensions within the individual and between the individual and their social, cultural, and historical surround. Theorists such as Goldner, Adrienne Harris, Muriel Dimen, Ken Corbett, and others have argued that this is an ideal way of understanding gender because it has—so far—created the most opportunity for developing non-pathologizing understanding of the unique, subjective interpretations of gender as lived out by each individual. Corbett, particularly, emphasizes that understanding gender as intersubjectively co-constructed reveals the tensions of trying to be both coherent—feeling understandable to oneself and to others—and free to be as illegible as necessary to be to feel like oneself (1996, 2001, 2008). As much as we want to be fully ourselves—in gender as well as in other areas—we also want to be understandable to ourselves and to others. Gender identities and expressions that seem illegible, incoherent, or nonsensical have long been pathologized—but need not be. Recognizing gender as something that is co-constructed places the failure of legibility not on one individual, but rather on a gap in understanding between two or more people.

Relational psychoanalytic gender theorists emphasize that gender is constructed in relationships—not only interpersonal relationships, but also the relationships the person has with their cultural and historical context. Harris uses the phrase "multiply configured," to describe how gender is a social-somatic-psychic experience constituted by multiple personal, social, and institutional dialogues (1996, p. 364). These theorists argue that gender is an intersubjective co-construction: bodies, behaviors, roles, clothing, traits, etc. have gendered meanings that are unconsciously created between the individual subject and the people with whom they interact (Corbett, 1996, 2001; Harris, 2005, 2009). Bodies, behaviors, clothing, traits do not inherently have gendered meanings—

those meanings are unconsciously co-created between individuals. Harris (1996, 2005, 2009) and Dimen (1991) particularly emphasize the importance of the historical and cultural context in which these meanings are constructed and embedded. Seeing the body as "made" in the context of history and relationships, rather than as bedrock, as a given, creates the relationship between the body and the mind as a "transitional space related to and embedded in the larger cultural and familial spaces in which bodies and minds have highly specific and contingent meanings" (Harris, 2005, pp. 1087-1088).

This perspective builds on the core tenet of social constructionism (Gergen, 2015), that meanings are not inherent, but rather constructed according to the values and needs of a group. The postmodern psychoanalytic concept of co-constructionism makes explicit how this act of constructing meaning almost always occurs unconsciously, which can contribute to the belief that meanings are inherent. After all, if the act of constructing or assigning meaning is occurring outside of conscious awareness, it is much easier to believe that the meaning is just there, existing in the world independently of anyone's bias or worldview. This concept of co-constructionism also highlights how individuals are rarely just part of a single group with unified values and needs informing their meaning making. Situating co-constructionism in multiple relational contexts—familial, cultural, temporal—illustrates how there are often many overlapping "groups" constructing meaning about the same phenomena or experience. When these groups have competing or contradictory values and needs, various, competing meanings can arise around the same phenomenon, further complicating the work of co-constructing meaning.

Reconstructing gender.

Echoing Goldner's call to "reassemble gender without reessentializing," (2003, p. 126), relational psychoanalytic gender theorists increasingly reference the need to reconstruct gender as it is deconstructed. This refers to the need to create new formulations of how gender is constituted, developed, and expressed using the theories generated by blending social constructionism and relational psychoanalytic gender theory. Ideally, these formulations would retain the openness, complexity, and reflexivity of deconstruction. As mentioned earlier in the paper, theorists in this tradition frequently alert readers to ways that gender can be reconstructed along new binaries, rather than altogether discarding the binary conceptualizations of gender (Corbett, 2001; Dimen, 1996, 2000; Goldner, 2003; Langer, 2018). Traditionally, *the* gender binary has referred to the Western male-female gender binary. However, there are multiple ways of binarizing gender. One is the sex-gender split—the common expression that, "sex is what's between your legs and gender is what's between your ears" comes to mind, a phrase that reifies the idea that sex refers to something embodied and biological and gender refers to something entirely mental or affective. This is closely related to the body-mind binary, the idea that the body and mind are totally distinct from each other. S. J. Langer, who writes about gender separately from but adjacent to the relational psychoanalytic tradition, asserts that gender cannot be separated from the experience of embodiment, arguing that gender is best understand as a "psychophysical phenomenon" (2018, p. 19).

Within the relational psychoanalytic gender literature, there is recent movement

toward attempting to reconstruct gender in a way that honors the constructionist, relational, and psychic elements of gender as well as the embodied elements of gender. In much of the postmodern literature deconstructing gender, the body has often been treated as something abstract and theoretical—wryly described by Dimen as "hardly corporeal or sensate at all" (1996, p. 385). Dimen (2014), Langer (2018), and Saketopoulou (2014) are examples of contemporary work toward situating the complex, subjective, role of the body within the theory of gender as socially and psychically constructed. Saketopoulou (2014) presents an extended clinical vignette to illustrate how the body can cause distress if it is incongruent with a person's gender, bringing into focus how inner constructions (e.g., one's gender) interact with external tangibles (e.g., one's body). She offers that working with this distress, clinically, does not require that the clinician pathologize the patient's internal construction or their embodied distress (as in the diagnosis of body dysphoria). Rather, she suggests that the clinician can help the patient acknowledge, work through, and mourn the discrepancy between body and gender, in order for the patient to mentalize and integrate formerly split off and disavowed aspects of experience. Dimen (2014) elaborates this idea, offering selections from psychoanalytic and cultural theory literature to promote the relationship between embodied experience (which she calls "corporeal subjectivity") and gender identity as a worthy and necessary area of attention, study, and clinical focus. Dimen asks, *how do bodies and gender intersect in an individual's mind?* while also considering the social and cultural contexts in which these psychic intersections occur (2014). Langer (2018) integrates neuroscience, philosophy of perception, and psychoanalysis to argue against the body-mind binary by illustrating how our perception of our bodies is closely intertwined with our psychic and social

experiences. Langer writes, “I am dislocating trans away from a biomedical model, in which symptoms are proven to an objective observer, and reorienting it to a psychophysical perspective that is tangibly situated in the individual’s subjective experience in which the individual is the expert” (2018, p. 19). The psychophysical nature of gender “includes how we sense and perceive our bodies internally and in time and space,” (2018, p. 19). These works contribute toward a reconstruction of gender that accounts for the complex, interactive, subjective nature of gender identity while grappling generatively with the shortcomings of older ways of constructing gender theory, like creating new binaries or overemphasizing a particular aspect (embodiment, internal identity, sociocultural factors).

Psychoanalysis and Gender

Relational psychoanalysis.

Relational psychoanalytic gender theory offers a unique theoretical framework for understanding how the constructed and embodied aspects of gender intersect in complex, idiosyncratic ways for each subject. First, the psychoanalytic orientation of this theory endows it with a deep understanding of the role of the unconscious in how people understand themselves and others. This idea of the unconscious frames each person as containing complex multitudes, constituted by fantasy, identifications, disidentifications, and elements of relationships with important others. The psychoanalytic unconscious

adds richness and depth to ideas of how a human subject develops, including their gender. This leaves behind a simplistic debate of "nature versus nurture," and delves into rich theorizing of how "natural" elements (e.g., constitutive factors, temperament, body morphology) consciously and unconsciously interact with "nurturing" elements (e.g., family, culture, religion) to give rise to each individual's unique, complex identity.

Meaning making.

Relational psychoanalysis focuses not only on *what* meanings are made of various experiences, but also considers *how* meaning is made. Postmodernism asserts that there is not an objective, singular truth "out there" in the world, but rather multiple ways any individual subject may make meaning of their experiences. Social constructionism adds that this meaning making occurs socially—within and among groups of people (Gergen, 2015). Relational psychoanalysis adds that many meanings are generally not readily in the person's awareness, that meaning making occurs unconsciously. The work of clinical psychoanalysis involves bringing this meaning making into awareness and exploring the impact it has on the way a person situates themself in the world. It also particularly emphasizes the intersubjective nature of meaning making (also called co-constructing; Harris, 1996). Intersubjectivity refers to the unconscious transmission of emotion and fantasy between people (Benjamin, 1988). Take, for example, the common anecdote of people sharing, often in anguish, that they "just know" their parent is disgusted by their gender expression or sexuality. Though their parent may not have explicitly voiced

disapproval or disgust, there is an unconscious transmission of that disgust, conveyed affectively, linguistically, physically, and relationally (Harris, 1996). This focus on the intersubjective dynamic of meaning making illuminates how unconscious processes are at work in making meaning of embodied and gendered experiences between individuals as well as within one individual.

Clinically grounded.

Lastly, the clinical component of relational psychoanalytic theory offers access to how these theories exist in relationship to the reality of people's lives. When therapists present case vignettes to highlight, elaborate, or illustrate the ideas they are formulating about gender, they show that these are not just abstract ideas that are totally distinct from lived experience. Rather, these vignettes reveal what these theories look like in practice between two human subjects. The therapist sharing reports of session material makes clear the intersubjective nature of meaning making and provides a window into the psychoanalytic process in action. Aspects of psychoanalytic gender theory that might sound far-fetched, such as shared unconscious process, or highly intellectual, such as the activity of examining meaning and how it is made, are shown to be detectable, practicable, and affect-laden when therapists describe how they are lived out in clinical practice.

By studying gender in this way—and using relational psychoanalytic theory as the context by which we seek to interpret and understand the stories—we come closer to

understanding gender as a lived experience. Psychoanalytic theory has been used to theorize about gender in other disciplines to great effect. In gender studies, Judith Butler's work on performative gender (1990) and melancholic gender (1995) utilizes Freudian ideas about the unconscious, the body ego, and melancholic identification to posit theories of gender development. Writing from the rhetoric field, Gayle Salamon deconstructs Freud's use of language in *Three Essays on the Theory of Sexuality* to make the case that from the beginning, psychoanalysis has offered possibilities for reconciling the materiality of bodies with the mental representations—fantasies, constructions—that make up one's gender identity (2010). Lacanian psychoanalysis has been utilized by many in the fields of trans studies (e.g., Cavanaugh, 2017; Coffman, 2017; Foord, 2017), gender studies (e.g., Fausto-Sterling, 2000; Grosz, 1994), and philosophy (e.g., Anzieu, 1985) to elaborate ideas about how gender develops in the mind of the individual based on complex unconscious mechanisms. While these certainly have value and have trickled down to impact how non-academics and non-clinicians think about gender and gender development, they are also rather intellectualized and experience-distant. Furthermore, as Dimen (1996) notes, these ways of theorizing about gender tend to relegate the body to biology, amputating the body from the discussion, altogether leaving out the powerful emotional, relational, personal, and social experience of inhabiting a body. These works tend to transform the body from a material entity into something symbolic or linguistic. While this has value, Dimen argues, it also elides exactly what is so important about the body: that embodiment, like enactment, cannot be entirely captured in language. That does not mean we do not make attempts to formulate and articulate ideas about our experiences of embodiment. It does suggest that clinical psychoanalysis—a theory that is

grounded in working with the struggle to articulate that which cannot be easily and fully capture in language—contributes something to discussions of gender and embodiment that theories grounded in the abstract and philosophical cannot.

The problem of pathologizing.

Psychoanalysis has a history of pathologizing gender identities, expressions, and presentations that exist outside of the narrow confines of what is considered normal. Despite the radical potential of psychoanalysis—the idea of the unconscious ushers in a multitude of new ways to understand human experience—psychoanalysis has more often been used to reinforce the norms of the dominant culture (Corbett, 1996, 2009; Harris, 2005). This has been especially true regarding sexuality and gender. This approach led to incredible suffering for countless people. Rather than using psychoanalytic ideas to expand society's understanding of "normal" and valid ways of living, for most of the history of the discipline, psychoanalysis has instead functioned as a regulator (Corbett, 2011), creating, reinforcing, and upholding narrow views of normative sexuality and gender. I believe it would be disingenuous to make an argument for using psychoanalytic theory to study gender and sexuality without addressing this elephant in the room. Despite the usefulness of relational psychoanalysis for studying gender, many psychoanalytic theories on gender and sexuality have historically pathologized anyone who is not heterosexual and cisgender, contributing to the marginalization and oppression of people whose gender and sexual orientation fall outside of the narrow definitions of

what is considered normal—and psychoanalysis has often functioned as a key arbiter of what is "normal." In this section, I will offer an extremely brief overview of the early psychoanalytic writing on gender in order to identify specific elements of psychoanalytic theory that have contributed to the pathologizing of certain genders and sexualities. I will then address what has changed within psychoanalytic theory and practice to position relational psychoanalysis as a usable theory for exploring and expanding our understanding of gender.

In the course of surveying the historical psychoanalytic literature on gender identity, it quickly becomes apparent that gender identity as a discrete subject has been written about only very recently. Until the late 1980s and early 1990s virtually all psychoanalytic writing about gender identity occurred either in one of two contexts: either in the course of writing about non-heterosexual sexual orientations or while writing about gender roles. Although we now make distinctions between gender identity, gender roles, biological sex, and sexual orientation, these four phenomena were previously understood as all muddled together. In this framework, gender is based on biological sex (which is reduced to genital morphology). Gender is generally referred to as "sex" rather than gender because gender and sex were considered synonymous. Gender identity is closely bound up with rigid, traditional gender roles. Sexual orientation is conflated with gender identity and heterosexuality is identified as the only normative (that is, healthy and mature) sexual orientation.

The conflation of sexual orientation with gender identity arises from Freud's model of psychosexual development. Within this model, a person achieves a mature sexual identity by resolving the Oedipal complex. This is done by identifying with the same-sex

parent and taking the opposite sex as his or her love object. In this model, gender identity is predicated on the sex of the object of sexual desire: men are men because they sexually desire women and women are women because they sexually desire men. (Freud, 1905). This is also where the practice of identifying and labeling non-heterosexual orientations as immature and immoral generated. If the only healthy resolution of the Oedipal complex is to be heterosexual, then to be not-heterosexual means to be stuck in an earlier, less mature phase of psychosexual development. Indeed, numerous articles indicate that people with non-heterosexual orientations are stuck in the oral phase of development, narcissistically fixated, and either over-identified with the mother or trapped by overly hostile aggression toward the mother (e.g., Bergler, 1944; Deutsch, 1932; Freud, 1925; Nunberg, 1938). In these works, people who are deemed homosexual are positioned as immature and psychologically unsophisticated. They are also often described as either "bisexual" or "inverts." In this context, bisexual refers to gender identity rather than sexual orientation. Freud (1905) posits that all of us begin life as "bisexual," that is, as psychically both male and female. A "healthy" progression through the psychosexual phases of development necessarily involves the renunciation of desires, qualities, and ambitions associated with the "opposite-sex" and the identification with the desires, qualities, and ambitions associated with the sex we are supposed to be according to our anatomy. An "invert," per Freud (1905), is an individual who has "inverted" the normative developmental line by identifying with the opposite-sex parent and desiring same-sex partners.

From this foundation, writings on homosexuality—and, by default, about gender identity—from the early days of psychoanalysis through the 1960s and 70s emphasize the

underlying psychosexual immaturity and lack of sophisticated character structure of people who are not heterosexual, pathologizing people with non-normative sexual identities. Variously referred to as homosexuals, inverts, and perverts, people with non-normative sexual identities are portrayed as immature, immoral, self-centered, incapable of forming loving attachments, and unable to engage in psychoanalytic treatment due to a lack of psychological sophistication and genuine motivation to change (e.g., Bergler, 1944; Nunberg, 1938; Rado, 1933). These writings tend to be exceedingly literal, viewing the various phases and concepts of the psychosexual developmental model not as metaphors, but as actual psychic events that should occur specifically as Freud described them (e.g., Rado, 1933). There is an assumed universality of experiences—no consideration is given to variance, diversity, or subjectivity within the realm of normative experience (e.g., Bergler, 1944; Freud, 1920; Greenson, 1964; Wiedeman, 1962). Alternative ways of viewing non-heterosexual sexual orientations are dismissed as defensiveness, resistance, or some other symptom of pathology (Wiedeman, 1962).

Later writers, such as Greenson (1964, 1968), attempt to address the contributions of ego psychology to earlier models of psychosexual development but still maintain the status quo of conflating gender identity with sexual orientation and pathologizing non-normative sexualities. In a 1964 paper, Greenson briefly describes an early case of gender affirmation surgery and hormonal intervention and, stunningly, given the time and context, uses the correct nouns and pronouns for the transwoman he is describing. Yet he still refers to her and others like her as “perverts” and “homosexuals,” and posits that her gender is not so much an identity, but rather a pathological way of dealing with same-sex attraction. He argues that the patient, while living as a man, was so disturbed and

repulsed by his attraction to other men that he decided to live as a woman in order to avoid being homosexual.

Though written about less frequently than homosexuality, there is a small body of literature on what would now be called gender roles. Through the 1960s, this topic was almost always explored in the context of theorizing about the differences between men and women created by their different pathways through the Oedipus complex. Early writing on this topic (e.g., Deutsch, 1932; Horney, 1926; Jones, 1933) are grounded in the psychosexual model of development. These works focus on delineating the psychic impact of anatomical differences between men and women, as viewed through the lenses of castration anxiety, penis envy, and other derivatives of the Oedipus complex. Often, these writings would be geared toward challenging elements of this theory of development that posit women as automatically and always morally and psychologically inferior to men (e.g., Horney, 1926). This developed into works theorizing about gender identity development (e.g., Benjamin, 1988; Fast, 1990; Greenson, 1968; Stoller, 1965, 1968). Woven throughout these works are explicit and implicit explanations of the social expectations for how men and women are "supposed" to be. Women are expected to be somewhat passive, submissive, and contentedly resigned to the domestic sphere—those who are not are considered to be overly masculine and unable to resolve their penis envy (e.g., Deutsch, 1932; Freud, 1920). Though written about less often, boys and men are expected to be active, agentic, and emotionally independent—and those who are not are considered to be effeminate and overly identified with mother (e.g., Bergler, 1944; Greenson, 1968; Nunberg, 1938).

Lawrence Kubie's 1974 paper, *On the Drive to Become Both Sexes*, is a fascinating

portal into the conflation of gender roles and gender identity. Kubie is purportedly writing about people he believes would fit into the category we would now call "transgender." Indeed, in not one, but two separate footnotes he makes references to endocrinological and surgical gender affirmation treatments as being travesties. In the first footnote, he dismisses these interventions as doctors caving to neurotic and psychotic demands (Kubie, 1974, p. 374). In the second footnote, he vehemently decries these interventions, saying "The passing fad for what is miscalled 'transsexualism' has led to the most tragic betrayal of human expectation in which medicine [. . .] have ever engaged," (p. 399), accusing this "fad" of fostering neurotic and psychotic fantasies not only in individuals but in our collective culture.

Despite the alarm Kubie expresses in these footnotes, "transsexuality," as Kubie calls it, is never actually mentioned in the body of his extensive, sixty-nine-page paper. Instead, Kubie writes, at length, about people who have ambitions, clothing preferences, and sexual preferences that vary from what he believes are customary for their gender. Throughout the course of the paper, he makes multiple references to hippies and Women's Lib in order to point out how the hippies and feminists are promoting androgynous hair and clothing styles in both men and women. Throughout the paper, Kubie offers over a dozen case examples with varying level of detail that he believes illustrate this drive to become both sexes. His interpretations of the dynamics in these case examples rely heavily on concrete applications of Freud's psychosexual model of development. Many also involve Kubie confusing gender roles with gender identity. Case examples of men yearning for closeness and caretaking are interpreted as men trying to be women. A couple of the case examples provided are women, who have professional

careers, lofty ambitions, and generally unsatisfying marriages to lower-achieving men. Kubie argues that these women are attempting to be both sexes by being successful professionally (as men) and successful sexually (as women) and that their marital dissatisfaction is due to their unconscious knowledge that they can never be both men and women. This seems less an issue of these women actually wanting to "be both sexes," or even being transgender. Rather, the issue seems to lie in Kubie's extremely rigid conceptualizations of gender roles—that there are rigidly fixed, highly specific ways of correctly being a man or woman. Obviously, Kubie is far from the only person, psychoanalyst or not, to hold extremely rigid ideas about gender roles. As noted earlier in this section, rigid ideas about gender roles can be detected in many other papers, psychoanalytic or not. However, this paper is important in that it illustrates commonly held attitudes about gender "confusion." It particularly makes clear how just wanting to break beyond the narrow scope afforded by typical gender roles can get a person labeled as gender variant, and subsequently pathologized, and marginalized. It also indicates how much more risk there is of being labeled, pathologized, and marginalized when a person does actually identify as a gender different from their sex assigned at birth.

In the 1970s, 80s, and 90s, the hegemony of the psychosexual model of development declined, due in part to the rise of new psychoanalytic models of development that de-emphasized sexuality (e.g., the Middle Tradition in British object relations and Kohutian self psychology) and drive theory (Greenberg & Mitchell, 1983). Simultaneously, feminist theory and critical theory began to cross-pollenate with psychoanalytic theories (e.g., Chasseguet-Smirgel, 1976; Chodorow, 1989, 1992; Dimen, 1991; Flax, 1990), opening the door to challenge theories of pathological sexuality and gender identity based

on the psychosexual model of development. Beyond challenging the prevailing theories of the day, the introduction of postmodernist ideas into psychoanalytic theory and practice offered new possibilities for creating theories and models that expand and deepen what it means to be human—including what it means to live as a gendered subject (e.g., Dimen, 1991; Goldner, 1991).

In June 2019, on the fiftieth anniversary of the Stonewall uprising, the American Psychoanalytic Association issued an apology to the LGBTQ community. In an announcement shared at the beginning of the organization's 109th annual meeting, then-president Lee Jaffe acknowledged that early psychoanalytic ideas contributed to the conflation of sexual orientation and gender, of homosexuality and mental illness. On behalf of the organization, he apologized for how those ideas contributed immensely to the widespread discrimination against LGBTQ people. Though the history of psychoanalysis pathologizing gender expressions, identities, and presentations that were considered "non-normative" cannot be undone and must not be forgotten, the theoretical and political shifts of the last forty years offer a new way forward for psychoanalytic gender theory and related practice. Via postmodernism, feminist theory, and social constructionism, contemporary psychoanalytic gender theory has reclaimed the radical potential of psychoanalysis to expand our understanding of human life and relieve suffering.

Concepts for embracing gender complexity.

It is necessary to make room for greater complexity in our understanding of gender. The familiar LGBT (Lesbian-Gay-Bisexual-Transgender) acronym not only fails to encompass the vast diversity in sexual orientations; using a simple "T" for transgender means it also fails to encompass the vast diversity of gender identities, expressions, and presentations. Additionally, the tradition of tacking the T onto the end of the acronym contributes to the conflation of sexual orientation with gender identity. The more we can deepen our understanding of gender identity as complex, unique, and diverse, the more we can widen the scope of who is "normal," bringing people in from the margins. Relational psychoanalytic gender theory offers several ideas that are useful in doing this work. These ideas are the focus on subjectivity; the use of non-linear dynamic systems theory to create a dynamic theory of gender development; and privileging the dialectical tension created by seeming opposites.

Subjectivity.

Relational psychoanalysis focuses a great deal on subjectivity. When we think of a person as having feelings, beliefs, desires, and thoughts, we are thinking of the person as a subject. Subjects—unlike objects—have their own view of the world, and of themselves in it. Being a subject is closely related to having agency; that is, actively shaping one's own experience in the world, whether consciously or unconsciously (Mitchell, 1993). This focus on subjectivity is particularly salient when it comes to theorizing about gender. By positioning each individual as a subject, an agent, each individual is

positioned as creating—however unconsciously—their own gender. According to this perspective, gender is not dictated by society any more than it is dictated by body parts; rather, individuals take in cultural, familial, and social ideas about gender and make use of them to construct their own gendered self. As Goldner puts it, this focus on subjectivity positions individuals as "agents of gender, not merely gendered objects," (2011, p. 161). This focus on subjectivity also serves to de-pathologize gender identities that had previously been theorized as deviant or perverse. Corbett writes extensively about how the postmodern focus on subjectivity opens up new ways of deconstructing not only what is considered central or normative, but also deconstructing the concept of the margins/marginalization and the center/centrality, and the ways in which they constitute and inform each other (1996, 2001). In doing so, those positions that were once considered non-normative and therefore marginalized and objectified—such as the invert/homosexual of Freud's *Three Essays*—are transformed into subjects that interrogate and deconstruct what is held to be the central and normative. Corbett highlights how the shift toward granting subjectivity to a wider array of social positions potentially expands everyone's sense of what is possible; he memorably calls this "more life" (2001).

Nonlinear dynamic systems theory.

Within relational psychoanalytic gender theory, certain theorists (e.g., Harris, 2005, 2009) have made use of nonlinear dynamic systems theory to craft a broad theory of how

gender develops that accounts for the complex, idiosyncratic nature of gender development. Though a full explanation of nonlinear dynamic systems theory is beyond the scope of this project, the key components relevant to its application to gender theory can be easily summarized. Starting with Freud, psychoanalytic models of development are linear models that assume an orderly, predetermined unfolding of psychological functions. Within a linear model, deviations from the predetermined sequence, or failure to move though the sequence to the endpoint are considered sources of pathology. Galatzer-Levy suggests that nonlinear dynamic systems theory offers a more useful way of conceptualizing development as a highly individualized phenomenon. Closely related to chaos theory, this essentially posits that the more complex a system, the harder it is to make predictions about that system (Galatzer-Levy, 2004). Rather than assuming there are functions waiting to be unfolded by a linear developmental process, nonlinear dynamic systems theory assumes developmental processes to be highly idiosyncratic and rife with discontinuities, with each phase of the process contingent upon what came before and how it came to be. Psychological functions and dysfunctions emerge out of a complex array of experiences and interactions (Galatzer-Levy, 2004). Nonlinear dynamic systems theory identifies psychopathology as arising from an excess of rigidity that forecloses on the spontaneous emergence of complex developmental processes, rather than getting "stuck" at a particular developmental phase. This theory of development shifts the focus from trying to identify whether and how people fit into predetermined developmental models to trying to explore and understand the various, complex, and specific elements contributing to any single individual's psychic development, including the development of their gendered self.

This idea has been taken up by relational psychoanalytic gender theorists to challenge past models of gender development that focused on pathologizing genders considered non-normative (Corbett, 1996, 2001; Saketopoulou, 2014). Saketopoulou (2014) focuses on the need to push beyond linear, universal models of gender development in order to better understand and serve patients experiencing distress related to gender. Referring to the complex, unique mass of identifications, disidentifications, unconscious fantasy and cultural messages that make up any person's gender, she writes, "Gender aggregates polyvalently, not lending itself to being theorized generically" (2014, p. 775). Though it is not necessarily useful to theorize generically or universally about gender, it is helpful to have ideas about how gender identity might develop. Harris uses the nonlinear dynamic systems concept of strange attractors to address how gender develops (2009). Different elements related or unrelated to gender, such as clothing, contribute to conventional social roles in one's community, while body parts and emotional states serve as unconscious "attractors," sites around which a person's gendered sense of themselves may coalesce or fall apart. These attractors are "strange" because they themselves are subject to discontinuities and idiosyncrasies and are therefore unpredictable. There may be many shared attractors within a group or society, as well as attractors which are unique to certain individuals. Certain attractors may be more powerful for some people and not others, or the power of an attractor may change over time for an individual.

Ideas from nonlinear dynamic systems theory offers an alternative way of understanding emotional suffering related to gender and sexuality. It discards the older framework that emotional suffering results from a deviation from heteronormative values

that occurs due to an arrest or pathological compromise in the course of linear development. Rather, it posits that emotional suffering arises from a rigid preoccupation with a particular attractor, such as femininity, or heterosexuality. The rigidity that is the source of suffering may be located within the individual—a person may feel very distressed that they cannot be "the right kind of woman," for example, indicating a very rigid conscious and unconscious conceptualization of what it means to be a woman. It may also be located within others—a person may be very distressed that they cannot live up to a parent's very rigid conceptualization of what it means to be a woman. These are rather simplistic examples. Nevertheless, hopefully they convey how differently a nonlinear dynamic systems model of development conceptualizes the origin of emotional suffering compared to linear models of development.

Dialectical tensions.

The major writers in the relational psychoanalytic gender theory tradition all emphasize, repeatedly, the value and necessity of exploring and deepening dialectical tensions between opposites. Within this exists a possibility for understanding the contradictions and paradoxes of gender and gendered experience. Corbett focuses on the tensions between centrality and marginality (2001, 2011) and between coherence and freedom (1996, 2001, 2011) in theorizing about gender and sexuality, emphasizing the human need to be understood by oneself and by others, to feel part of the group and outside of the group. Harris (1996, 2005, 2009) explores the interactions between inner

and outer, how historical, familial, and social context are taken in by each individual in multiple ways and filtered through their subjectivity and unconscious fantasy to produce complicated gender identities characterized by multiplicity. Dimen (1991, 1996, 2014) and Goldner (1991, 2003) encourage us to examine the tension between nature and nurture, between given and made: that some facets of our gendered experiences may arise from constitutional, embodied, and unconscious factors, while others may arise from social and cultural experiences within the family and larger social surround. Like Harris, Dimen encourages us to consider how these interact and inform each other within the lives and experiences of each person. Hansbury (2018) advocates for an exploration of the tension between two seeming opposite models for understanding gender. One he calls the multiplicity model, which emphasizes gender as a constructed experience. The other he calls the binary model, though it might be better termed the essentialist model, as this model focuses on the anatomical, hormonal, and chromosomal markers of gender as determining factors. Hansbury posits that by exploring the tension between these two models, we can create a theory of gender that better encompasses the complexities and paradoxes of having a gender and having a body. This focus on dialectical tensions allows us to theorize about gender without having to decide what is the most essential element in constituting gender for all individuals or even for any particular individual. Rather, gender can be understood as an ongoing process (Goldner, 2003) or a way of elaborating internal fantasy or performing relational functions (Harris, 2009). Gender can be allowed to be complex and paradoxical, even as we try to understand it. Hansbury seems to position himself as a foil to Harris' theory of gender as soft assembly, which he criticizes as not accounting for the physicality of the body. I see their work as interacting

synergistically to create a more comprehensive way of thinking about gender that includes the body, without the body constraining the complex, polyvalent meanings gender contains for any given human subject, as it does in more essentialist frameworks.

A note on using theoretical terms from other psychoanalytic schools of thought.

I have located my work particularly within the relational psychoanalytic tradition, referring to a particular set of theories and writings. However, I also feel free to draw on concepts from other psychoanalytic schools of thought when I feel they offer the most accessible metaphor for the phenomenon I am trying to articulate. I remain within what I consider "small r" relational theories; that is, theories that consider relational needs to be primary and irreducible in psychic development and functioning (Greenberg & Mitchell, 1983) As an example of this, in a few of the case studies in chapter four, there are references to mirroring, twinship, and grandiosity. Additionally, an entire category of meaning in the cross-case analysis in Chapter V considers twinship experiences and lack thereof among the participants. My theoretical promiscuity is no doubt troubling to some, but I do not see the value in a rigid adherence to one specific psychoanalytic theory at the expense of losing out on rich and usable concepts from others.

Gaps in the Literature Filled by this Study

Though the ideas and case vignettes offered in the works constituting relational psychoanalytic gender theory are incredibly useful, none of them highlight the lived

experiences of non-female pregnant people. There is not yet a work in the psychoanalytic literature that covers this phenomenon in-depth. As pregnancy is both highly embodied and highly gendered, it is a profoundly useful site to explore gender that has, as yet, been overlooked. This may be due to the fact that many articles published in this field are based on clinical work. Non-female gestational parents may not be presenting for therapy, not presenting for therapy with clinicians who publish their case work, or not consenting to have their treatment written about by their therapist. This study is explicitly a research study and not a therapy, giving the researcher access to people who may not otherwise be accessible to many other authors contributing to the psychoanalytic literature.

Outside of the psychoanalytic literature, there is one study (Ellis et al., 2014) that studies the emotional and social experiences of non-female gestational parents, but it does not use a psychoanalytic lens to examine these experiences. Furthermore, being a grounded theory study, it does not go in-depth into the participants' experiences. Each participant provided one interview and the quotes shared in the write-up are evocative, but brief. The immersion provided by the multiple interviews of the psychoanalytic case study approach will result in a deeper engagement with participants' experiences and ways of making meaning of those experiences.

Gender being understood as socially constructed does not mean that it's all made up and therefore does not matter—how we understand ourselves, how others understand us, and how those understandings interact matters a great deal. Gender not being determined by the body does not mean that the body is irrelevant—how we live in our bodies and how those bodies play a role in the ways we and others understand us also matters a great

deal. Trans people face discrimination in housing, employment, health care, and education—and in many states, this discrimination is still legal (Grant et al., 2016). Discrimination and prejudice surely impact trans people's experiences of their bodies and their selves. Even beyond that, there is a deep psychic toll created by constant misrecognition of one's subjectivity and dissonance between body and gender—what Saketopoulou calls *massive gender trauma* (2014). Trans people have higher suicide rates than the general population—41% compared to 1.6% of the general population (Grant, et al., 2016). Of this, Langer (2018) writes,

> I do not think minority stress alone accounts for such a high disparity in suicidality in comparison with other minority groups. If the reader could imagine that they were to live each day with their bodies and environment disconfirming their humanity, they may be able to empathize. The constant implicit and explicit wearing down of one's sense of self and humanness through bodily dissonance, social misgendering, and misrecognition could deteriorate one's capacity to live. (p. 84)

It is crucial that as we deconstruct and reconstruct gender, we create space to learn how real people live with the constant "implicit and explicit wearing down" Langer so powerfully describes. It is crucial to ground our theories in the richness and variety of lived experience. This makes these theories accessible and usable not just to theorists, but also to people who are not gender scholars and have no interest in becoming one. The more people who recognize the variety and complexity of gender identity without recoiling in fear or lashing out with hate at people whose gender is pegged as Other, the wider the mantle of humanity becomes. When people are recognized as human subjects

instead of Othered, we make space for understanding, reconciliation, and dialogue, the stuff of relatedness. This study aims to contribute to that effort.

Conclusion

In this literature review, I have located the study's focus on gender as constructed and embodied through the lens of non-female pregnancies in the world. I first provided an overview of the sparse data available on non-female pregnancies, including studies in reproductive health care as well as media reports on the topic. I then reviewed the concept of gender as a social construction, to provide a foundation for how gender is being conceptualized in this study. I then moved into reviewing the relevant psychoanalytic literature on gender. As there are not currently any psychoanalytic books, papers, or journals on non-female pregnancies, I focused on reviewing the ideas and contributions of the particular psychoanalytic tradition that I am working in, relational psychoanalysis. I demonstrated how relational psychoanalytic gender theory brings together social constructionism, psychoanalytic theory, and clinical practice to create a rich, complex theory of gender that avoids pathologizing genders once considered non-normative. I addressed the psychoanalytic establishment's historical contributions to the marginalization of trans people, and briefly described the organizational and theoretical efforts of the past thirty years that have aimed at rectifying this. I then highlighted specific concepts from the relational psychoanalytic literature that have bearing on this project, including subjectivity, nonlinear dynamic systems theory, and dialecticism. Lastly, I identified gaps in the literature that this study seeks to fill.

Chapter Three

Methodology

Introduction

This qualitative study utilizes a psychoanalytic case study methodology (Tolleson, 1996) grounded in the hermeneutic research tradition with social constructionist assumptions. In this chapter, I will restate the study objectives and research questions. I will then provide a rationale for using a qualitative research design, a hermeneutic epistemological stance, and a psychoanalytic case study methodology.

The objectives of this study are as follows:

1. To contribute to the sparse but growing cross-disciplinary literature on the subject of non-female pregnancies by offering case studies of non-female gestational parents that focuses on their understanding of their subjective experience of their gender during the childbearing year.
2. To contribute to an emerging conversation in the contemporary psychoanalytic literature about gender as a highly complex and idiosyncratic melding of psychic, social, and embodied experience.

The main research questions of this study are as follows:

1. How do non-female gestational parents make meaning of their gender and gendered experiences during the childbearing year?
2. Using information gained from these case studies, how can we refine and expand relational psychoanalytic gender theories to increase their theoretical and clinical utility?

Given this study's focus on the subjective experience of the participants, a qualitative research design is most appropriate for this study. Qualitative research espouses the view that there is no single objective reality, but rather, that there are multiple ways of understanding phenomena (Creswell, 2013). Furthermore, qualitative research emphasizes both subjective experience and the sociocultural context of the experience as worthy of close, careful study. Creswell writes "[Individuals] develop subjective meanings of their experiences—meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas" (2013, p. 23). A qualitative design allows for research that captures the complexity of the subjective experience, rather than needing to collapse or reduce it.

Qualitative research is geared toward simultaneously amplifying the voices of individuals and minimizing the imbalance of power between researcher and the researched (Creswell, 2013). This is particularly important in a study about the experiences of people belonging to populations that are typically kept on the margins, such as the trans population. A study focused on studying trans experience should privilege the voices of trans individuals, rather than the voice of the researcher.

Qualitative research approaches best lend themselves to being designed with a more egalitarian way of conducting research in mind (2013).

This is a hermeneutic project with social constructionist social assumptions. Unlike empirical research, research conducted in the hermeneutic tradition does not assume that there is a single, objective truth to be found (Gadamer, 1975, 2013). Rather, hermeneutically grounded research focuses on interpretation of experience and meaning making. A hermeneutic epistemology is relevant to this study because of this focus on meaning making—both the meaning made and the process by which the person makes meaning (Hoffman, 2009). In these interviews there will be both the participant and the researcher in conversation. A hermeneutic stance highlights the power of each person's participation in the conversation. My questions, comments, observations to the participant—in response to their reflections, observations, and questions—will shape what is shared and how we make meaning of what is shared. In discussing gender and gendered experiences, we will not be seeking to come to a single, objective truth about gender. Rather, we will be coming to understand how the individuals participating in the study ascribe meaning to their gender and gendered experience and how we together make sense of that meaning. This brings us closer to the study's goal of emphasizing the non-female gestational parent's subjective experience.

A psychoanalytic case study methodology is best suited for the study's goals of emphasizing the subjective experience of the participants and contributing to psychoanalytic gender theory to improve its theoretical and clinical utility. Case studies are appropriate when the goal of a study is to deeply and richly understand a complex experience, such as intrapsychic phenomena (Hoffman, 2009; Runyon, 1982; Yin, 2009).

This study seeks to do that by using both within-case and cross-case analyses of the narrative data provided by participants (Tolleson, 1996; Yin, 2009). The importance of the psychoanalytic case study, specifically, is the focus on not only the manifest content—what is verbally reported—but also on latent content, developed interpretatively in the data collection and analysis phases (Tolleson, 1996). The psychoanalytic case study guides a way of interviewing that is geared toward facilitating reflection, meaning making, and finding connections that deepen and enrich the understanding of the narrative data and ultimately the phenomenon itself.

Research Sample

This study seeks to understand how non-female gestational parents make meaning of their embodied and constructed gender experiences during the childbearing year, defined as conception, pregnancy, birth, and postpartum. Participants in the study are adults, aged 21 and older, who self-identify with a non-female gender identity, both at the time of the study and at the time of conceiving, being pregnant, and giving birth. Using the identity category of non-female made it possible to include participants with a wide range of trans identities. Participants could not be pregnant at the time of the interviews. Additionally, all participants agreed to be interviewed for five one-hour interviews, and to be audio recorded each time.

I used a purposive sampling method to recruit my research participants (Creswell, 2013). To recruit participants, I networked with friends, colleagues, and acquaintances

who are either birth workers, working within the LGBT community, or both. These individuals shared my study with their networks via word of mouth and posting in private Facebook groups for LGBT families and trans parents. Additionally, I specifically contacted birth professionals, including doulas, childbirth educators, midwives, and obstetrical practices that I know work with non-female gestational parents. I recruited participants living within the United States. Potential participants were given my phone number and e-mail to contact me about setting up a screening interview. When recruiting, I wanted to ensure that potential referral sources and potential participants will feel confident that the current research project does not intend to pathologize trans experience. Therefore, as part of the screening interview phone calls, I spent time discussing the study with each participant. During these calls, I provided clear information about the goals of this study. I clearly communicated my belief that non-female pregnancies are less common but still ordinary events that require special attention primarily to develop better awareness and practices in serving trans individuals. I answered questions they had about my interest in the topic and my personal and professional background,

In addition to discussing the potential participants' questions about the project, I also used a brief interview to assess whether they met the inclusion criteria. Additionally, since I wanted to talk with people who are interested in reflecting on and making meaning of their experiences, I used the conversation to assess their interest in the topic. After I determined that the potential participant met the criteria and they agreed to be a part of the study, I provided them with an informed consent document over email. This detailed the risks and benefits of the study, measures taken to protect their confidentiality,

and that they had the right to leave the study at any time. Before beginning the first interview with each participant, I reviewed the informed consent with them, confirmed that they understood what they agreed to, and gave them the opportunity to raise any questions or concerns they may have had about the document.

Research Plan

This study is an exploratory study using a case study design. Once a participant agreed to be in the study, I set up five one-hour interviews with them, all of which were conducted within 4-5 weeks of the first interview. I interviewed all of the participants in the same seven-week time span, from August 29, 2020 through October 14, 2020. I chose this condensed time frame to sustain continued immersion in the field, in order to facilitate the development of an ongoing, reflective process between me and each participant that would yield rich data. Due to the COVID-19 pandemic, all interviews took place using a secure, HIPPA-compliant videoconferencing platform called Doxy.me. I advised each participant to find a quiet, private place where they would not be overheard or interrupted during our calls, in order to protect their confidentiality. I recorded each interview using the voice memo app on my phone, iPad, and Macbook to ensure I had backup recordings in case one device failed. I had the audio recordings of the interviews transcribed using the Rev transcription service. I then analyzed each interview several times in order to identify salient themes related to the research questions. I then used these themes to create a case study of each participant, consisting

of a narrative portion describing the participant and their childbearing experience, followed by 4-6 interpretive categories of meaning. After I completed the case studies, I conducted a sixth follow up interview with each participant to get their perspective on the analysis, ensure narrative accuracy, and discuss interpretive resonances (Creswell, 2013; Morrow, 2005).

Data Collection

I conducted the interviews using a semi-structured, in-depth interview approach. Creswell (2013) advocates the use of a semi-structured approach, writing ". . . the questions become broad and general so that the participants can construct the meaning of a situation, a meaning typically forged in discussions or interactions with other persons" (p. 65). I began the interviews with broad prompts designed to help the participant begin sharing about their gender or their childbearing experiences, such as asking them to tell me their birth story. From there, I followed the participant's associations, actively participating in keeping the interview on track by offering follow up questions, observations, and reflective prompts.

In addition to the digital audio recordings and transcriptions, I took field notes during the interviews, to capture my thoughts, feelings, and observations in the moment. After the interview, I recorded immediate reactions to the interview in my field journal, including feelings, questions, and ideas generated by the interview. I also used in my field journal to record various associations, reactions, and curiosities that occurred to me

in between interviews. This is a strategy used to promote clarity in both the data collection and analysis process, as well as a method to enhance reliability (Ortlipp, 2008).

Data Analysis

I analyzed the data according to guidelines of qualitative research and case study methodology (Creswell, 2007; Tolleson, 1996; Yin, 2009). Per Creswell (2007), "Qualitative researchers build their patterns, categories, and themes from the 'bottom-up' by organizing data into increasingly more abstract units of information" (p. 28). This means that rather than attempting to fit the data into previously created categories, I carefully analyzed and coded the data to identify the emergent themes from each case and create categories of meaning accordingly. First, I analyzed each case individually. For each participant, I printed out the interview transcripts and put them in a three-ring binder, creating a "book" of that participant's material. I re-read each book three times, eventually noting material that was either relevant to the narrative or that pointed toward an emerging category of meaning. I used the narrative material to create a detailed description of the case, with a focus on gender identity and childbearing experiences. Following the description, I created categories of meaning to organize the themes that emerged in analyzing that case.

I followed up the single-case analyses with a cross-case analysis, in which I identify similarities and divergences among the cases. This led to an analysis of the themes that emerge in multiple cases, as well as themes that emerge from analyzing all five cases as a

group in order to create categories of meaning from the entire body of data (Creswell, 2007; Tolleson, 1996). The analysis involves creating understanding, interpretations, and meanings within each case and across all five cases.

Ethical Considerations

The primary ethical concern in this study is to represent the authentic voices and experiences of the participants in the reporting and analysis of the data. To address this during the interviews, I used clinical techniques like summarizing, clarifying, and reflecting (Brandell, 2004), to ensure that I understood my participants and to offer them an opportunity to correct me as needed. Prior to the sixth follow up interview, I provided the participant each participant with their case study. I used this to open up a dialogue about the participant's response to the analysis, during which they also provided further clarifications and corrections, when necessary.

This study addressed sensitive topics related to gender, conception, pregnancy, birth, and postpartum, and intimate relationships. Though minimal, the potential risks for the study included psychological discomfort, such as feeling vulnerable or anxious during or after the interview, connected to sharing personal information in the interview. As part of the informed consent process, I provided contact information up front for emotional support resources in their area, including trans-competent psychotherapists, in order to address this risk. Potential benefits to participants include having an opportunity to discuss their experiences with gender and the childbearing year. No additional incentives

will be offered.

Issues of Trustworthiness

Following validation strategies for qualitative research outlined in Creswell (2013) and Morrow (2005), I used a variety of strategies to address issues of trustworthiness and rigor in this study. First, I conducted five hours of interviews with each participant within a seven-week period, ensuring prolonged engagement and persistent immersion in the research. To enhance credibility, I conducted the sixth follow up interview with participants to provide opportunities for clarification and further collaborative analysis. Following each interview, I utilized a field journal to capture initial reactions to the interview. This promotes reflexivity in the research process. Finally, in writing up the research, I utilizde thick, rich description, privileging the voices of the participants and allowing readers more raw information to decide how the information offered by the study may be transferable.

Limitations and Delimitations

Generalizability is often flagged as limitation in qualitative studies, despite the fact that generalizability is not the aim of qualitative methods. The aim of this study, as with other qualitative studies, is to build theory. To that end, Yin (2009) identifies two types of

generalizability: population generalizability and theoretical generalizability. More commonly known, population generalizability refers to whether research can be assumed to apply to a large swath of the population and not just the research sample. Theoretical generalizability refers to whether research can be used to expand or refine theory. By virtue of the small sample sizes and purposive sampling, case study research does not fulfill the criteria for population generalizability. However, this study can be used to expand and refine theory, making it theoretically generalizable.

Role and Background of the Researcher

I designed the study, and facilitated the recruitment, interview, and data analysis processes. In each of these areas, my experiences as a clinician, queer person, and doula offered important background. As a clinician, I am highly trained at conducting open-ended, semi-structured conversations to facilitate the sharing of sensitive data. Although I was careful not to engage therapeutically with my participants, my experience and comfort with conducting interviews helped me engage skillfully and naturally in the data collection. At various points in our conversations, each participant spontaneously shared that I am easy to talk with, which I attribute to my clinical background. As a queer person, I have affiliated myself with the LGBT community for more than a decade. I have personal relationships with transgender and nonbinary people, and I am myself a nonbinary trans person. This background offered me a comfort and familiarity with the topic of research and the social context of the participants that helped me establish a

rapport with the participants. Similarly, my background as a doula provided me with a wealth of information and experience related to fertility, pregnancy, and birth processes and phenomena. This allowed me to engage deeply in participants' sharing of their experiences related to these events. Because I understand basics, such as different medical procedures related to conception or birth, for example, I could speak with my participants about their psychic and emotional reactions to these experiences instead of needing to get a technical explanation.

Chapter IV

Findings

Introduction

I conducted five one-hour-long interviews with each participant for this psychoanalytic case study research project. I then closely examined the transcripts of my conversation with each participant in order to identify different themes that emerged in my readings. These themes are discussed both in within-case analyses and cross-case analyses. This chapter consists of the five within-case analyses. In the next chapter, I will discuss some of the cross-case themes that I selected from the material.

Each case is presented here following a similar format, with two major sections: narrative, and categories of meaning. Each case begins with a narrative section that introduces the participant and provides background information about them. The narrative sections vary slightly, but they all provide information about the participant's gender identity, current life situation, and whatever history they shared that has bearing on their childbearing experiences. These narrative sections all contain an extensive account of the participant's childbearing experiences, though the subsections vary slightly. All of the cases have sub-sections on conception and birth. Cases 2, 3, and 5,

Steven, Neil, and Quinn, all contain subsections entitled “pre-conception,” because there is such significance to how and when they each decided to become pregnant that their process of “the childbearing year” begins then. Case Three, Neil, does not have a sub-section on pregnancy, for reasons that are elaborated in the case analysis itself. It is also the only case with a sub-section on parenting, as Neil is the only participant with children older than two years old at the time of the interviews. Case 4, Brandon, does not have a subsection on the postpartum period, because he did not have anything to share regarding his experiences of gender and embodiment during that time.

The second major section of each case is the categories of meaning section. These categories consist of my interpretation of themes I identified in the interviews and examined through a relational psychoanalytic lens. I strive to stay grounded in the participant’s experiences, while also attempting to identify dynamics that may operate outside of their awareness that are related to their experiences of gender and embodiment in the childbearing year. I include thick, rich quotes to keep my interpretations grounded in each participants’ subjective experience. Ultimately, these categories are derived from my subjective interpretations, informed by my understanding of psychoanalytic theory, of each participant’s accounts of his or their own experience. Each participant reviewed his or their case and affirmed that my interpretations felt accurate and resonant with their experiences.

Case Study One: Harley

Identifying information.

Harley is a white, 28-year-old nonbinary, genderfluid person living in the largest city of a mostly rural Midwestern state. They use they/them pronouns. Harley lives with their spouse, Nathan, who is also nonbinary and uses they/them pronouns. Harley gave birth to their child, Keagen, who was 16 months old at the time of our interviews. Harley and Nathan are raising Keagen as a gender-creative child. This means that they are not assigning a gender to Keagen based on the sex Keagen was assigned at birth. Harley and Nathan will raise Keagen as gender-creative until/unless Keagen identifies themself as aligned with a particular gender identity at some point in their growing up. Therefore, they also use they/them pronouns in reference to Keagen.

Harley describes their childhood awareness of their gender identity:

> Before I ever had words to know that I was not cis, I knew I was one of those children assigned female at birth, who was considered tomboyish. I didn't start thinking about what that could possibly mean until I was 14 or 15. I attended a summer camp that was very open about talking about different sexualities and gender identities, and things like that. I grew up in a very small town, very religious, so I had never been introduced to any of the language to even understand myself until my teens.

Harley began to explore their gender identity, mainly through experimenting with their gender presentation.

> I spent a lot of college experimenting with how I present. There was a point where, when I was feeling more masculine, I would bind, and I would present masculine,

and I asked people to call me by a separate name than my birth name, that's not Harley. So, I went by two different names, and I would use different pronouns depending on the day, and how I was feeling.

Although this experimentation felt expansive, Harley also felt constricted by an internal pressure to frequently assess the extent to which they felt identified with either side of a masculine-feminine binary in order to figure out their presentation, pronouns, and name on any given day.

This way of experimenting with gender began to feel more draining than freeing to Harley. "Finally, I was like, 'This is exhausting. There has to be an easier way to do this.'" Around the time that Harley graduated college, they realized that a nonbinary gender identity captured their sense of themself as not fitting within the typical male-female gender binary. A genderfluid identity offered the freedom to play with gender presentation and expression without having to reconfigure their name and pronouns on a near-daily basis. "Genderfluid" reflects Harley's experience of their gendered sense of self as fluctuating between masculine and feminine. They are not entirely sure how these fluctuations occur, or what gives rise to them. At this point, Harley began using they/them pronouns and asking people to call them Harley, which they made their legal name shortly before Keagen was born.

Conception.

Harley's pregnancy was a surprise to them and their spouse. "It wasn't really a

decision. It just happened." The two of them felt open to having a child at the time but were not actively trying to conceive. Harley discovered their pregnancy early on,

> At the very beginning, I just felt different. I don't even know how to describe how I felt different. I felt something was off. I was only two days late on my period. I wasn't super concerned, but I was just like, "Something is different."

Harley and their spouse decided to keep the pregnancy, with a sense of excitement and adventure: "We were like, 'Let's be parents and see what happens!'"

From the beginning, it has been important to Harley and Nathan to forge parental identities that feel truly authentic, rather than trying to locate themselves within cultural norms and expectations. They eschewed the tropes of customary pregnancy announcements. Instead, Harley designed a playful card to introduce their new family.

> I drew art based off of Jurassic Park, the eyeball peeking through the egg. Across the top it said, "Life finds a way" and the month and year that I was due. We didn't want to do anything like traditional. We're not a traditional family.

This off-beat card conveyed Harley and Nathan's excitement about the pregnancy, as well as the message that they approach parenthood from their commitment to self-definition over adhering to normative expectations. This is also conveyed through the parental titles that each of them uses.

> I go by "Ren," like the middle of "parent." My spouse goes by "Moddy," which is a combination of mommy and daddy. We found an article that's from 2017 or 2018 that has a lot of gender-neutral terms for family relationships. We just scrolled through that, and paid attention to the titles that were for parents, and just picked the ones that we felt the most comfortable with. Ren really resonated with me, and

Moddy really resonated with my spouse.

Pregnancy.

Pregnancy stirred up intense feelings for Harley regarding their experience of embodiment. First, there was the ordinary discomforts and demands of pregnancy. They experienced significant nausea in their first trimester. As the pregnancy progressed, Harley advocated for themself at work and in recreational activities to make sure they were able to have food, water, and time off their feet on a more consistent basis than they had while not pregnant, in order to ensure they were meeting their body's needs. In addition, Harley experienced a great deal of discomfort around the ways others viewed their pregnant body's appearance as feminine. They elaborate:

> The first few months there was really no change in my appearance at all. As I started developing more [of a visibly pregnant body], I struggled for a little while, just because once I got past the point where I could have just been chubbier, then more people were like, "Okay, that person is noticeably pregnant." Then I started getting coded a lot more as feminine. I struggled with that for a little awhile.

With support and encouragement from their spouse, Harley ultimately coped with others' misperceptions of their gender by differentiating between how other people see them and their own deeply felt sense of themself as nonbinary. "Through being pregnant and now (postpartum), it's something I've really had to work at, and be like, 'You know what? I'm not responsible for how other people perceive me.' I am responsible for my

own self." This was grounding for Harley throughout their pregnancy. "I basically came back to [the idea] that my body is a nonbinary body, regardless of how other people perceive it. I just kept reminding myself of that and I got to a place where I felt at peace." This will be expanded later in the case study as a category of meaning.

Ensuring that they would be seen and held as their authentic self during pregnancy and birth was a high priority for Harley. For prenatal care and the birth itself, Harley and Nathan chose to have a home birth attended by midwives from a local birthing center

> I'm really fortunate that it was an option for me. Insurance did not cover it. It was considered out-of-network so it was an out-of-pocket expense, but it was much more personalized care than I felt I would have gotten through a hospital. It made it so I could have my labor and delivery on my terms.

One of Harley's terms was ensuring that their and their spouse's gender identities would be respected. "I think hospitals are still a lot more rigid as far as the [gender] binary goes. I was concerned that if I went through a hospital that my identity wouldn't be respected." Harley was satisfied with the care and respect the home birth staff showed them and Nathan.

> I flat out was like, "This is my identity. I am a genderfluid individual. I use they/them pronouns." And they were like, "Okay." It was a lot less explaining than I was prepared to do, because I was prepared to have to go into things. But they were very open-minded and very willing to respect it, even if it was something that they personally hadn't had a whole lot of understanding about.

That open-mindedness and respect manifested not only in using the correct pronouns and parental titles for Harley and Nathan, but also in the way the midwives did not

require Harley and Nathan to educate them on gender identity. Their birth workers appeared to monitor and educate themselves on the topic. Harley elaborates:

> We didn't get into a whole lot of conversations about it. If it came up where they were explaining something and it came out a little more gendered, I would see them pause, adjust and correct, and then keep going. That was really cool. It's just speculation, I don't know if they took the time to do a lot of looking into it, but at least when they were around me, there was a lot more [reflection]. I could see the wheels turning more versus just them going through with using gendered language and me having to correct.

Birth.

Harley's labor experience was swift and intense, but their pre-labor preparation with the home birth midwifery team helped them engage in the labor in a way that felt instinctive and authentic.

> My labor and delivery went a lot faster than we anticipated. They say the average for a first-time parent who is giving birth is 12 to 14 hours from when labor starts to when the baby is delivered. I went into labor at 4p.m. in the afternoon and our kiddo was born four minutes after midnight. My water broke half an hour before they were born. I remember feeling my water break, which was an odd sensation. And immediately after that, I had this sensation to push. This is going to sound weird, but the sensation of pushing is like you suddenly get the feeling of having to take the

biggest dump you've ever had to take in your entire life because it's pressure in the same area. For me, I was very much like, "That is the feeling I am having. Does this mean I need to push? What is going on?" That was the point where we called my midwife and told her what just happened. She was like, "I'm 20 minutes way and I wasn't planning on you being in this stage of labor this fast. So, I'm driving 80 miles an hour. I'll be there as soon as I can." Thankfully, the birthing assistant only lived five minutes from us, so she was able to get there really, really fast.

Harley felt highly attuned to their body's needs during the birth process.

During [labor], I knew I needed space to be able to shift and move. At one point I was on my hands and knees. At one point I was standing with my feet on the floor and leaned over the mattress. I was very loud. It wasn't like screaming but it was just a very loud sound that was coming from me. I have no way to describe what it was. When Keagen was born, I was on my side with one leg up towards my chest because that's just what felt right and what felt comfortable. It helped because normally with labor and birth, one contraction will push a baby's head out and then the contraction subsides briefly so their head is just hanging out, but the rest of their body is still in the vaginal canal. And then the second contraction starts to push the rest of the baby out. Well, Keagen came out in one push, head to toe, just out. My midwife hadn't even been able to get gloves on because she wasn't expecting Keagen to come out entirely. It was the position that felt best at that point.

By honoring their body's needs for movement, noise making, and releasing their need to try to control the process, the birth was swift and safe for both of Harley and Keagen.

Postpartum.

Roughly 12 hours after the birth, Harley's doula detected a mild issue with Keagen's breathing so their midwife transferred them to the hospital for medical care. Harley and Nathan spent 5 days at the hospital with Keagen so Keagen could be treated for low blood sugar, a relatively common issue in newborns. Although they had wanted to avoid the hospital, Harley was pleasantly surprised by the open-mindedness and respect shown to their family by the nurses and doctors there.

> We didn't have a whole lot of issues with pronouns there. My doula was with us when we first got there, to make sure that everyone's pronouns and parental titles were all listed on the whiteboard in the room. For the most part, people were generally respectful of it. We had a few nurses who slipped and used the [pronouns associated with Keagen's anatomical sex]. But the doctors, the lactation consultants, all of the nurses beyond that, they were all very conscious of it, and if they slipped and used gendered pronouns, they would correct and keep going. I figured that with us [Harley and Nathan], they would be a little bit more respectful of our pronouns because we're adults. But I was really pleasantly surprised by how most of the people that we saw during our stay were very respectful of our decision to raise Keagen as gender creative. A lot of people actually wanted to know more about why. And so, I got to have those conversations a few times, about why we're choosing to do this, and they were like, "That makes a lot of sense."

Although the hospital stay was not what Harley had planned for their postpartum experience, they found it an overall positive experience, largely due to the respect they

were shown by the hospital staff. Harley is satisfied by the effort made by most of the staff to use the correct pronouns and titles, as well as their matter-of-fact way of self-correcting their mistakes. They were also pleased by the open-minded curiosity hospital staff shared at appropriate times in an effort to learn more about raising a child as a "they-by," a playful term that rhymes with "baby" to describe a baby who is not gendered according to their anatomical sex.

Harley's family has had a range of reactions regarding Keagen being a they-by. Harley's parents divorced when they were a very young child. Harley was raised by their father in a small rural town and had periodic contact with their mother, who lived in another state. Throughout our conversations, Harley often returned to their early experiences of feeling stifled and constricted in their ability to explore and develop their sense of self.

> I grew up in a very conservative, religious area. There were a lot of things I wanted to do to explore and express who I was and I didn't really get to do a lot of that. Whether it was the way I dress, or the music I listened to, or exploring my sexuality.

Harley's father is a regulatory figure, insistent that Harley adhere to the norms and values of the very white, religious, insular community they were raised in. "According to my dad, I should have been the good Christian daughter where I follow the religion he wanted me to follow and I would respect myself enough to 'save myself' for the right man." Harley recalls many painful instances of their father responding to their self-exploration with harsh attempts at regulating Harley's behavior to conform with the norms and expectations of their small community, particularly with regard to Harley's gender identity and sexual orientation. He took issue with Harley and Nathan's decision

to raise Keagen as gender creative and ultimately cut off contact with Harley a few months after Keagen was born.

> Harley's mother has been a supportive, affirming parent and grandparent. Basically, she's like, "I love you. You are my child. I love and accept you." She's very open to conversations about my gender identity. She's always asking questions to make sure she knows how to address things. She works with my brothers and stepfather to make sure they're using the proper pronouns and name for me, and now, the proper pronouns for Keagen.

The unconditional love and acceptance that Harley's mother professed verbally has also been demonstrated by her consistently using the correct pronouns, names, and titles for Harley. Additionally, her willingness to listen to Harley about their experiences and explorations with gender and sexual identity helped Harley feel validated and seen. Her support has been as big a factor in Harley's life as the lack of support Harley has experienced from their father.

> It's really nice to have my mom as a presence. It seems like everybody's just so focused on those who aren't supportive that we forget to focus on who is. That's actually something I talked about with my therapist recently, how I need to remember that there are people who are present through [my father cutting off contact]. They're still around in my life.

Categories of meaning.

I will now describe the categories of meaning that arose from my conversations with Harley. I created these categories of meaning after a thorough examination of the transcripts of our conversations. I identified five themes related to Harley's experiences of gender and embodiment during the childbearing year. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they relate to the research question. I included thick, descriptive quotes from Harley to support my interpretations. I used a single quote from Harley to title each category of meaning, in order to keep the category grounded in Harley's experience, even as I tie in theoretical concepts and terms to elaborate my interpretations of their material.

"I don't have to push myself into a box. I can exist as myself."

For Harley, the developmental process of becoming a parent resurfaced a recurrent conflict regarding their relationship with their father, the parent who raised them. A central organizing dilemma of Harley's early life: Do they fully explore and express their burgeoning sense of self and risk alienating their father? Or do they stifle their self-exploration and expression in order to maintain that essential relationship? For most of their life, Harley chose to maintain that relationship, despite the pain of restricting their self. "I didn't really get to be myself growing up. I always felt like I had to hide that part of my identity." This conflict surfaces each time Harley begins a new phase of development, such as adolescence, marriage, as well as becoming a parent. This time, Harley chose to assert their right to self-determination, choosing to parent Keagen in the

ways that feel authentic for them. This decision moved Harley's internal conflict into the interpersonal field, as Harley's father reacted strongly.

Harley and Nathan arrived at the decision to raise Keagen as gender creative through each of them contemplating their own childhoods.

> Nathan and I, well into adulthood, still struggle with our identities, and we don't want the same experience for our child. We want them to be able to be fully and authentically themself from day one. We feel that raising them in a more open mindset will allow them to fully explore gender as they grow.

Making the decision to grant Keagen the autonomy of self-definition created a crisis with Harley's father. Harley, in choosing for their baby also chose their authentic self-expression and exploration over adhering to their father's expectations.

> My father, and a lot of his side of the family, didn't really agree with that, and chose not to respect it, and were pushing a lot of boundaries. They took a lot of things personally, that we were doing this directly to attack them. They were like, "We're not comfortable using they/them pronouns." And "How are we supposed to refer to the grandchild?" I'm like, literally just like that. You say grandchild. You use language that already exists that isn't gendered. It does not have to be grandson or granddaughter.

The enactment of this conflict led to the exact situation Harley has attempted to avoid their entire life: Shortly after Harley gave birth, their father cut off the relationship, due to his refusal to respect Harley's decision to raise Keagen as gender creative. This loss looms in the background of Harley's early parenting experience. It is, of course, a loss, a source of sadness and anger. "Even though I'm an almost 30-year-old adult, it was

hard to have the person that was there for my entire childhood suddenly be like, 'I don't want to be a part of your life unless you do the things that I want you to do.'" However, Harley making a new choice with regard to their internal conflict also creates potential space in which Harley can explore and articulate their sense of self with a greater sense of freedom.

> I think I'm actually doing better. Things are healthier. I'm not feeling like I have to be misgendered anymore because he and others in the family wouldn't even use the neutral pronouns for me, and they weren't calling me by my name, they were calling me by my birth name. It's nice to feel like I don't have to push myself into a box. I don't have to exist as this person that other people see me as. I can exist as myself. It's nice to feel like I don't have these tethers keeping me from being who I want to be.

The dialectical tension arising out of the latest resolution of this recurrent conflict with their parent weaves through multiple aspects of Harley's experience of navigating their new identity as a nonbinary parent. It's possible to understand Harley's anger toward people who ask intrusive questions about Keagen's gender as arising, in part, from the anger and disappointment toward their father, who refused to tolerate not knowing Keagen's sex assigned at birth, even though it meant alienating his child. Harley has also made tangible moves toward asserting and exploring their sense of self throughout this process of negotiating this conflict. They legally changed their name to Harley and have been exploring new ways of presenting. These are activities that likely would have been constrained had they continued to prioritize maintaining their relationship with their father.

> If you're allowing yourself to grow and be authentic, there are going to be some people who don't understand and are unwilling to respect it. For me, it was better to cut ties with those people than salvage a relationship that would have been based off of me trying to force myself into a box that other people wanted.

Harley's growth as a parent also creates the space to deepen and recontextualize their relationship with their father. "Through therapy, I've gotten to a place of [seeing that] they're the ones missing out. There is a grandchild that they're not getting to know, because they're actively choosing not to respect not knowing what a kid's genitals are." That this is revelatory indicates that unconsciously, Harley may have never realized that their father, in insisting that Harley adhere to his expectations, has been losing out on the opportunity to fully know and love Harley. Whereas Harley always felt the impetus was on them to conform to preserve the relationship, they can now see that their father could have assumed the responsibility to maintain the relationship by striving to be more flexible, understanding, and responsive to his child.

"I'm not going to let anyone dictate to me who I am."

Pregnancy and early parenthood intensified a conflict of priorities Harley had already been working through. They highly prize self-determination and authenticity, defined as making choices based on what feels right for them regardless of others' opinions. They also strive to divest cultural artifacts like clothing, make-up, and various activities of their gendered meanings. "I'm trying to challenge myself on [gendering

certain styles of dress]. Aesthetic is aesthetic and it's a matter of what your style is, because aesthetic is not something that requires a specific gender to wear or inhabit." Finally, they want to ensure that they are seen as a queer nonbinary person by other people.

> [Choosing clothing] involves deciding how I want to be perceived on any given day. That's the biggest thing: Does it promote how I feel? And will the outside world perceive something differently [than how I feel]? If I'm going somewhere and I don't want to be perceived as feminine, there are certain steps that I feel I have to take to prevent that, as much as I like to say that anybody gendering me is their problem and not mine.

On the one hand, Harley firmly believes that a person can present in any way they want; that presentation is not necessarily indicative of the person's gender identity. They want to work for a world where this is a universally recognized as true. On the other hand, they are aware that if they present in a feminine way, people are going to assume they are a cis woman. This became especially apparent during Harley's pregnancy.

> Once I got past the point where I could have just been chubbier, then more people were like, "Okay, that person is noticeably pregnant." Then I started getting coded a lot more as feminine. I struggled with that for a little while.

After giving birth, chestfeeding has caused Harley to continue to have the curvy body type typically coded as feminine, leading most people to assume they are a cis woman. "I went up three cup sizes, from pregnancy to after, and so, in society, I'm read very, very like, 'You are a woman.'" This creates a dilemma for Harley: how do they want to deal with people assigning gendered meanings to their embodied activity that do

not fit with Harley's gendered sense of themself? How can they do that in a way that does not feel like it's compromising their values?

> My spouse is an AMAB person and presents more masculinely most of the time. To people who don't know us, we look like a cishet couple, and we're definitely not. On the one hand, if I'm perceived as a cishet woman and I'm in a cishet relationship with a cishet man, then it's safer. But at the same time, it's difficult because I spent so much time in the closet, so much time repressing who I am, that I don't want to do that anymore.

Making a distinction regarding their motivation for making changes to their self is one of the ways Harley has addressed this conflict. Suppressing aspects of the self in order to meet normative expectations is allowing others to dictate to Harley who they are. However, making changes to their appearance to have a better chance at being seen as they are is an act of self-determination for Harley.

> I want to be seen, and I want my spouse to be seen as they are comfortable being seen. And I think, honestly, that's part of why [my short haircut] happened, back in May. I was tired of having long hair that contributes [to being misgendered]. I was just like, "I need something that makes me look less straight."

Authenticity, then, does not necessarily involve a complete disregard for the opinions and perceptions of others. Rather, authenticity for Harley involves existing in the generative tension between not feeling defined by others' perceptions, while also recognizing that they crave, and value, being perceived accurately by other people.

For Harley, authenticity also involves existing in the generative tension between how they believe things should be and how they are. Harley looks forward to a world in which

gendered meanings assigned to various activities and states of being are given much less significance. Raising Keagen provides Harley with opportunities to take action toward that goal, in a way that feels authentic, as well as non-threatening to the way their gender is perceived.

> Ultimately, with Keagen, we want them to be able to see that gender doesn't have a specific look. So, if someone calls them by the wrong pronouns, we want to be like, "Well, this is how they perceived you. This is just showing that gender can be perceived in a lot of ways." Now, if it's someone that we're going to be interacting with a lot, we will correct that person, so they use the correct pronouns. But as Keagen gets older, we want to teach them that gender does not look specific ways. It's okay to look however you want, and still identify the way you do.

"I like making people's brains stutter."

Harley insists on being seen as a queer nonbinary person, even if they are not recognized as a queer nonbinary person. By intentionally subverting gender norms in their presentation and parenting, they insist that people register them as Other, even if they cannot name Harley's Otherness. This could be understood as constituting an acceptance on Harley's part that others may not have the capacity to fully recognize them, while also refusing to compromise their desire to present authentically. "I spent so much time in the closet, so much time repressing who I am, that I don't want to do that anymore. I want to be seen."

There is an aggressive tinge to this for Harley. They relish confusing people with their gender presentation.

> There are times when I feel like making people's brains just stutter. Because there have been a couple times where I've had—it's a beautiful moment—moments where people are not sure what to call me, so you hear them stuttering over their words. They're like, "Sir? Ma'am?" They really don't know which one I am. I like to make people stutter like that. Like, "See? You're getting caught up in your own binary perceptions."

Harley prepares pointed replies in anticipation of nosy inquiries from others about Keagen's gender. Harley enjoys explaining their and Keagen's identities and pronouns with people who are respectful and asking in good faith, as they did with their midwifery team and the NICU providers. However, when facing pushy questions from people demanding to know Keagen's "real" gender, they are adamant about expressing how disturbing they find this line of questioning, hoping to evoke discomfort and shame in the questioner.

> Whenever people are like, "Oh, is it a boy or a girl?" I'm like, "They're a baby." They stutter over the question that you know is coming next. And I'm like, "Are you asking about a child's genitals? Because that's a little worrying." Or I'll be like, "Why are you so obsessed with my kid's genitals?" I point out that that's creepy, don't do it. I've come up with a lot of different creative rebuttals, for people who want to try and ask what their genitals are without specifically saying, "Well do they have a penis or vagina?" If they're like, "What's in their pants?" I'm like, "A diaper." Or if their pants have pockets, I'm like, "Probably dirt. Maybe rocks. I don't

know. This kid picks up everything!" Just finding ways to be like, "I'm going to make you ask the really awkward question you're trying to avoid asking just so you can see how awkward it is and maybe not ask it ever again."

Rather than try to placate people who are uncomfortable with the implications of a gender creative baby, Harley's responses stoke that discomfort, both by being intentionally vague at times and startlingly direct at others. This is an act that is transgressive, challenging normative expectations and belief systems about gender. It is also aggressive, forcing the question-asker to confront her own discomfort, biases, and stereotypes rather than relieving her of that burden. Moving through a world that overlooks, erases, and denigrates people because of their gender identity understandably creates a desire in Harley to strike back at that world.

The aggressive element indicates the ways in which this may be a psychically transformative practice for Harley. Harley grew up in a family and town where difference was strongly regulated. Harley's Otherness was regarded as deviant, a source of shame and potential rejection, something to hide lest they be subject to harsh regulating activity or ostracism.

"I just kept my head down. By the time I started realizing what was going on, I only had two or three years left [before graduating high school]. So, I was like, 'Make it through this, move away, live your life.'" As an adult, they consciously refuse to resort to their childhood coping strategies of blending in and keeping their head down. However, in order to do this, they must find a way of metabolizing other people's reactions in a way that does not elicit the familiar threats of shame and exclusion. The solution is this uncompromising stance which protects the self by transforming the other person's

confusion from an experience of scorn and rejection to one of pleasure and agency. It transforms Harley's role in these encounters with others from a passive, beseeching one ("See me, understand me, accept me") into an active one ("I confuse, disorient, and challenge you"). In this transformed context, the lack of understanding and recognition is not attributed to Harley's self being bad and deserving of rejection, but to the other person being limited in their capacity to understand and recognize Harley as they are.

> Through being pregnant and now, it's something that I've had to really work at, to decide I'm not responsible for how other people perceive me. I am responsible for my own self. And if I feel that I am a nonbinary person, and I think that's how I look and that's how I am, then other people mis-perceiving my identity is their responsibility, not mine.

"My body is a nonbinary body."

The physical changes of pregnancy—and others' reactions to those changes—demanded that Harley conceptualize the relationship between their body and their gender identity. "I've been trying to be able to see myself and my body as still being a nonbinary body, despite the fact that I am fem-presenting 99% of the time right now." Harley's conceptualization of a nonbinary body upends and reverses the convention that the body dictates gender identity; instead, it is the body that is defined by gender identity. Harley conceptualizes nonbinary gender as a gender identity that is simultaneously both/neither; both male and female and neither male nor female, at the same time. "Nonbinary is a

gender that isn't necessarily strictly entirely female and then also not entirely male."

Much of Harley's relationship with their body has been mediated through their gender presentation. Though they have been trying to decouple presentation from gender, Harley recognizes that they are still drawn to dressing in particular ways depending on how they are experiencing their gender.

> It's just about finding myself in [style] and not really applying it to my identity so much as, this is what I'm comfortable with. Which, I guess, in itself, plays into my identity, because it's like, "Okay I'm feeling more feminine today. I feel more masculine today. I'm kind of just feeling ugh." More often than not it's like, "How am I feeling?" and it's a big question mark. Sometimes I feel extreme about it. Like, extremely masculine. But my identity is kind of floating in between them.

This evokes what Hansbury (2011) calls "the seemingly contradictory position that the trans subject embraces: both binary and multiple, both essentialist and constructivist" (p. 210). Harley embraces themself as nonbinary, containing multitudes of genders, and also still experiences themself as feeling drawn toward the binary poles of the gender spectrum. Harley is adamant that they don't believe there is a particular nonbinary "look" or an easy way to tell if someone is nonbinary by their appearance.

> You can't tell if someone's nonbinary. There is no one way that nonbinary people appear. You can't tell if someone is trans or not. You can't tell if someone is a binary trans person or a nonbinary trans person. You literally cannot, I'm telling you.

This creates a conundrum for Harley, as a nonbinary subject who wants to be seen and recognized as nonbinary. Throughout pregnancy, they particularly suffered due to the ways people assumed their gender based on their physical appearance: pregnant, curvy,

long hair. Despite the fact that there is no specific way for a nonbinary body to look, Harley is acutely aware that physical appearances support and create the assumptions people make about their gender. As Harley transitioned from pregnancy to postpartum parenting, they addressed this conundrum by embracing a gender presentation that disrupts and destabilizes those assumptions. They buzzed their hair and started dying it vibrant colors. “The short hair definitely helps. So does the color. That’s honestly why I color my hair a lot, because I don’t know many straight people that color their hair various shades of the rainbow just because they can.”

What, if anything, are the essential elements that makes a gender identity or body nonbinary? Potentially, it is the element of destabilization, the way nonbinary identities simultaneously reject, embrace, and subvert the dualities of the gender binary, destabilizing implicit and explicit notions of how gender is constituted in the process. In our conversations, Harley expresses the most pleasure in their nonbinary embodiment and presentation when they are presenting in ways that destabilize gender assumptions by blending various elements of masculine and feminine presentations into their appearance.

> There are days when I feel like trying to subvert as many gender norms as I possibly can, so I’ll wear something a tad more masculine or I’ll bind and wear something super masculine, but then I’ll do a full face of makeup. Or now that I can spike my hair, I want to be able to spike my hair, but also wear a little makeup or wear something more flowy and frilly, because opposites feel great.

When presenting this way, Harley embodies their nonbinary identity in all of its both/neither glory. By presenting in ways that indicate both male and female, they are also indicating that they are neither male nor female. They are existing in that nonbinary

state of duality, both rejecting and embracing gender norms simultaneously. For Harley, this dual presentation undoes another binary, the binary of stable self-representation and multiplicity (Corbett, 1996): recognizing, embracing, and expressing their multiplicity *is* the stable self-representation for Harley. This indicates another pleasurable aspect to the reactions Harley elicits with this nonbinary appearance. Others' reactions of surprise, confusion, or uncertainty is, in some sense, the reaction of recognition—their confusion communicates that the other has registered the destabilization inherent in Harley's gender presentation and identity

"I decided my body knows what it needs to do."

Pregnancy, childbirth, and chestfeeding have deepened Harley's sense of their own autonomy and agency. Harley is actively working through their tendency to compromise themself to accommodate and appease the expectations of others. The decision to stay pregnant created challenges to this work, since choosing to be pregnant inherently involves a commitment to compromising certain elements of one's autonomy to accommodate someone else's needs.

> I struggled [with pregnancy] at first, until I realized that I wasn't really resenting being pregnant. It was a struggle of realizing that my bodily autonomy is different. I actively made the decision to keep the pregnancy, but at the same time, it was just these moments of, "But I don't feel like sharing my body right now."

Harley was drawn to home birth because it is grounded in a philosophy of labor and

birth that emphasize the birthing person's autonomy. "[Home birth midwives] don't believe in making labor and delivery go as fast as they can. It's about understanding that it's a process and every process is going to be different because every body is different." Choosing a home birth meant that Harley could know exactly which providers would be attending the birth, ensuring that they would be supported by people who recognized and respected their identity as a genderfluid nonbinary person. "They were very respectful of both my pronouns and my spouse's pronouns. They didn't do a lot of gendered language. They were all very conscious of my identity and supportive of that even in the middle of birth." It also meant that Harley had more choices about to engage in the process. "We attended birthing classes pre-labor and a lot of it was being mindful of your body and knowing to recognize how you were feeling and to be able to just exist in that moment, instead of just freaking out and panicking."

Choosing an active home birth likely helped Harley in two ways. First, making intentional choices about how, where, and with whom they would give birth may have helped mitigate feelings of passivity and powerlessness that can arise in relation to how much of birth is out of the control of the birthing person, such as when the baby is born. Second, these philosophies of birth position the birthing person as amply and innately able to actively navigate the challenges of childbirth. Harley could identify with the construction of the agentic, capable birthing person as a model for how to actively participate in the process.

Harley remembers feeling overwhelmed by the intensity of an unexpectedly fast labor.

I remember feeling like it wasn't going to happen and it was going to take so much

> longer and I was in so much pain. At the point Keagen started crowning, I remember saying, “Is there any way to push them back in?” and crying because it was so painful.

Seeing birth as something that they are actively doing rather than something that is happening to them helped created an empowering way to navigate the emotional and mental resistance they experienced during birth.

> I had been thinking about it too much instead of just letting things happen. [While crowning], the birth assistant was like, “Your body is doing what it needs to do,” and it just kind of clicked. I gave over conscious control because at that point I decided my body knows what it needs to do. Then suddenly, I had Keagen up on my chest and I was like, “Oh! Baby’s here!”

Harley understands that giving up mental control of the process is not giving up and passively submitting to the situation. Rather, it is a conscious, intentional act of connecting to their embodied self. In recognizing that their body is a part of themself, Harley could surrender to what their body was wanting and needing as a way of actively participating in the birthing process.

The childbirth process highlighted the different ways people can interact with Harley’s autonomous self. Harley is most aware of the ways other people impinge on their autonomy. This awareness was a major factor in choosing to have a home birth. Consciously, they did not want to be in an environment that would impose rules and restrictions on the birthing process. Potentially, they were also unconsciously trying to avoid an interpersonal environment in which they would be encouraged to construct their birthing self as a bystander of the birthing process.

At a hospital, their pain and fear may have been met with recommendations for interventions like an epidural. While many people have empowering birth experiences that include epidurals and other pain medications, Harley might have experienced it as affirming feelings of overwhelming helplessness and passivity. Their home birth support team responded to Harley's pain and fear very differently, with a deep trust in Harley's ability to give birth.

> That was definitely the catalyst, having someone there who knew well enough to say that that is okay. It was nice to be in an environment where knowledgeable people were like, "We trust your body. Your body knows what to do. Trust your body."

Through this experience, Harley learned that other people's beliefs can not only be not impinging, they can even facilitate a greater sense of autonomy and agency in themself.

Case Study Two: Steven

Identifying information.

Steven is a white, 40-year-old nonbinary trans person living in the Pacific Northwest. They use both he/him pronouns and they/them pronouns; they prefer they/them pronouns as being most accurate and affirming. Steven lives with their long-time partner, Zan, who is also trans. Steven gave birth to their child, Cleo, who was ten months old at the time of our interviews. Steven works as a labor and delivery nurse in a

large health care system, where they provide patient care and do trainings for medical providers on working with trans and nonbinary patients. They also conduct research oriented toward improving the experiences of trans and nonbinary people in reproductive health care settings.

Steven identifies as genderqueer, nonbinary, and trans. They explain how these different words reflect different aspects of their gender identity experiences.

> I feel like I'm getting old, so my experience is spanning different phases of language development and different generations. First, I thought of myself as genderqueer, which is still totally true for me. It's still what I think I am, but language has shifted around me. And then I was nonbinary. To me, in the way it applies to me, it's a more academic way of saying what I'm saying when I say genderqueer. It's a term that people are using. So, I'm like, "Yeah, that's accurate"' I don't identify as male or as female, I just don't.

They also identify with the word "trans" to capture their experiences of having had gender affirming medical interventions, although they are quick to assert that medical interventions are not necessary to be trans. They also assert that some nonbinary people have medical interventions like hormone replacement therapy but do not identify with the trans experience.

> I started saying I was genderqueer and then when I started taking hormones, I still felt genderqueer. I also felt like my experience and my life is now fundamentally different. I don't apply this to other people, but in my own head, I was like, "Okay, there's this part of me that's trans in that I did a shift." Thinking of it chemically. Of course, you do not have to have any interventions to be trans, but for me, that is the

word for what I'm doing. And I know plenty of trans people who have never taken hormones and don't have any interest, don't want them. But just in terms of my own self, I felt like I needed something that describes the difference I was experiencing in my life. If I just say nonbinary, I feel like I'm missing the experience that I had going through that transition. Obviously, some nonbinary people have interventions, and some do not. I don't impose these feelings and these definitions I have for myself on other people.

Pre-Conception.

Steven's pregnancy and the birth of their child is the fulfillment of a deep, lifelong desire:

I always knew I would be a parent. When I was a kid and I drew pictures of my family, it was always me and my best friend, and a baby. There was like, no idea where the baby came from. Just a baby and the two of us. It was like, me as a girl and then my best friend, who is a girl, and then we have a baby, and that happened.

Helping their best friend raise her child, Lou, was a profound experience that, in many ways, fulfilled this early childhood version of that wish:

I feel like I got to live that life. I got to be with my best friend, helping her. She's a single mom and I helped her raise her baby. That was really beautiful, and I'm so happy I got to do that, and now I'm so happy I get to do this too.

That wish persisted and evolved as Steven grew up. In their childhood fantasy, the

baby's origins were mysterious, unclear, and somewhat unimportant. As Steven grew into adulthood, they became aware of how much they wanted to carry and give birth to their baby.

> I definitely knew I wanted to be pregnant, and I wanted to give birth. I had been pregnant a couple times not intentionally when I was younger and I was like, "That's an incomplete process that I know I want to do with my body."

Steven's desire to parent also evolved in response to their relationship with their partner, Zan. "I specifically knew I wanted to parent with my partner. We've been together for 12 years. I could just see we could do this together, and I could see just that he was going to be an incredible parent."

Conception.

Steven and Zan conceived Cleo via intrauterine insemination using donor sperm. Like many trans and nonbinary folks who go on testosterone for gender affirming hormone replacement therapy, Steven had been told that their fertility would be permanently impacted. However, after doing their own research while studying nursing, Steven realized that was inaccurate. Although they did have to stop T for a lengthy period of time, in order for their menstrual cycles to resume, they were able to conceive and carry a healthy pregnancy. Steven maintains that their process of trying to conceive was "super easy," because they were able to get pregnant after just one insemination process.

> It's funny because I say that it took one time and that it was all super easy, but

actually it was five years of conversations with my partner. It was more than a year off T, trying to learn my cycles, getting acupuncture weekly, so it was actually a ton of stuff. It was worth it to me, to put in that time, so that my partner was fully ready and so that I felt, "I know this cycle, I know what's happening when." Working with my friend who is an acupuncturist, who specializes in fertility and pregnancy, was super helpful. She did both acupuncture and herbs for me. It's so funny, because I have many, many times looked at other people's fertility tracking and been like, "I think this is where you want to be." Looking at mine I'd be like, "I'm lost." She would look at them and she could see a very clear pattern. I couldn't. Having a year to freak out because I can't see it, have someone else see it, and let myself calm down enough to see it was very helpful. It gave my partner more time, too.

Pregnancy.

Steven maintains that having had top surgery at a younger age made it possible for them to welcome the physical changes of pregnancy. Even though the surgery was several years prior to their pregnancy, Steven did consider a future pregnancy and baby in their decision to have a bilateral mastectomy.

I was like, I would like to feed a baby from my chest, but I couldn't survive a pregnancy with breasts. I already had really big boobs. I was like, they're going to get monstrous. They have to go long before I get pregnant.

Avoiding the dysphoria that would have been created by pregnancy breast growth

allowed Steven to have an experience of pregnant embodiment that was both enjoyable and typically uncomfortable. “It was interesting being pregnant. It was fine, it was good. It sucks too. It’s physically uncomfortable and all of that but I was like, ‘I think I look pretty good.’ I think it would have not been the same if I hadn’t had surgery.”

One of the few things that surprised Steven about their pregnancy was how their pregnant status changed their colleagues’ understanding and perception of Steven’s gender. Steven shared their pregnancy with their hospital colleagues primarily to be sure that they would be seen, cared for, and protected at work as a pregnant person. Steven knew that other people might have difficulty recognizing them as pregnant—an issue that arises frequently for non-female gestational parents. They were also aware of the risk that lack of recognition can pose to the pregnant person, due to the specific physical needs created by pregnancy. Because of this, they knew it would be necessary to be very explicit with others about being pregnant and having the same needs for care as any other pregnant person.

> I felt it was really important to be really clear about being pregnant because my job is really intense physically. I felt like I needed them to have my back. You see it on a unit. When anybody is pregnant, we all watch out for them and we’re all, “Hey. Do you need me to bring you some water? Hey, you look a little funky. Do you need to sit down?” So, for safety, I needed people to think of me as pregnant, to recognize that, and to protect me the way they would protect anybody else that was pregnant. It turned out, I really needed that because I worked so much overtime in order to be able to be home for more than six weeks. I really, really needed people to help me.

Steven’s coworkers did respond supportively to the news of their pregnancy,

specifically with regard to Steven's pregnancy-related needs: "Everybody was just very chill about it, didn't slam me with a lot of questions, asked how they could be helpful, especially with the workload when things were hard. So, that ended up being okay." Additionally, the unit threw a collective baby shower for Steven and two other staff members who were pregnant at the same time. However, although they could be responsive and caring to Steven's needs as a pregnant person, many of Steven's colleagues were unable to conceive of Steven as both pregnant and not a woman, much to Steven's shock and disappointment.

> I've always been clear with them that I am not a man, that I'm nonbinary and male presenting but I'm not a man. [It's like the presentation becomes] the only part that can be comprehended. People knew that. Then, so many of them suddenly started misgendering me all the time, and continued to misgender me through the entire pregnancy, and still do it sometimes now. They just call me "she" all the time to patients, to other nurses. All the time. People that had never called me anything, had always just called me "he," suddenly called me "she" all the time. I was just like, [sarcastically] "Awesome. You guys are great."

This surprised Steven, not only because of the personal relationships they had developed with their colleagues, who had always used the appropriate pronouns for them before, but also because Steven themself has personally trained so many of the staff there on the basics of trans competent obstetrical care.

> I do a lot of trainings on taking care of trans pregnant people. Everybody knew I did that work and many of them had seen me present and there have been other trans patients who have given birth at our hospital. It was very interesting. They did the

protective thing that I need them to do. They made sure I was safe. They also couldn't see me.

Steven describes a particular kind of isolation experience, being protected but not seen. They did not anticipate that the cost of being seen as a pregnant person would be to stop being seen as a trans nonbinary person, at least in their workplace. I wondered how Steven makes sense of this shift in their coworkers, this sudden misgendering they experienced.

I feel their brains were limited in what they could see as possible. They can perceive me inaccurately as a man or they can see me inaccurately as a pregnant woman, but they can't find any way to deal with the ambiguity of the fact that I was just a person who was pregnant.

Birth.

Steven attends births in a hospital setting but chose to have a home birth for themself. They chose home birth for several reasons, including the differences in care between the two settings and ensuring that they and their partner would not be misgendered during the birth.

I wanted to be well supported during birth. I didn't want either of us to have issues around gender identity during labor. This is going to be challenging enough for us just as humans. This is a hard process; I wouldn't want to add to that.

Steven gave birth to Cleo at home, attended by a certified midwifery team, a doula, their partner, and their best friend. Steven remembers giving birth as an experience of extremes. The labor was precipitous, only eight hours from beginning to end. During the labor portion, they experienced themself as dying, trapped, and helpless.

> I was really convinced I was making up how intense labor was. That was part me getting in my own way, in terms of being like, "You need to be in this for the long haul. This is going to be a long labor." It was part that and part trauma from my family of origin. It was like, I couldn't communicate with people because it was so all-encompassing.

While pushing, Steven felt powerful in ways they had never experienced before.

> The end is when I really felt in my body, in my power. Like, once I was done dealing with dying, I was actually creating life. I was making life, versus just living in the moment of recurring death, which is what labor felt like. Once I wasn't trapped in hell, my body knew I was safe. It knew to just do what it needed to do, and then it was fun to be like, "I'm going to do this, and you people are going to watch me do this." It was the best part. I was like, "I feel so good."

Postpartum.

Even before getting pregnant, Steven and Zan were intentional about involving their extensive network of chosen family and close friends in their plans to have a baby.

> We're super community-oriented, and so the vision was, we're having a baby together but having a baby in community and we can do this, even though we both have really demanding jobs. We felt like we can do it because we have so many people that are invested even in the idea of this. There are so many people that want this child in their life. My best friend was going to take care of her one day a week like I did for her. At the very beginning, there was someone over all the time. People were coming by. People would come and take the baby and take her on a two hour walk and give us a break.

The COVID-19 pandemic, which started only a few months after Cleo was born, decimated these plans, complicating the postpartum grief and strain Steven experienced.

> It's really hard to have a new baby, especially when you have no idea that a fucking pandemic is coming and stealing your community from you. It felt very different having a baby in a community, then suddenly being like, "It's two of us in a house with a baby and no one can help us."

Resilient and resourceful, Steven and Zan adjusted their plans. Zan was laid off due to the pandemic, so he was able to stay home with Cleo as Steven returned to work. A close friend who is also a healthcare worker was willing to "pod up" with Steven and their family, as they felt they had the same level of risk. Other friends supported their family by dropping off groceries and supplies. Once it was known to be safe, spending time with friends outdoors became a vital lifeline allowing Steven's family to re-connect with their extended chosen family.

Using donor milk for Cleo became an unexpected source of community and support in Steven's pandemic postpartum experience. Although Steven could not chestfeed, it

was important to them that Cleo have human milk in her diet during her infancy. Their best friend secured milk from donors, lactating parents who pump and give the extra to babies whose parents can't chestfeed, for whatever reason. Cleo had at least one bottle of human milk every day for the first ten months of her life, thanks to a network of local donors who were carefully vetted.

> [My best friend] told people, "My friends are trans. They just had a baby. They need milk." So many people gave. It turns out that actually a handful of them were my patients and didn't know it was me. My best friend showed up and was like, "My friend Steven is going to be so thankful." They were like, "Wait, what? Steven helped deliver my baby! This milk was made for a baby that Steven helped deliver!" I got a lot of bags of milk with cards in them that were updates on the baby and stuff. That was really sweet.

Steven feels confident in the support and love of their immediate community, made up of chosen family and friends. They feel more wary of the wider community's ability to understand and embrace a queer and trans family. These experiences of receiving donor milk from people on the fringes of their network, who remember Steven with affection and care, serves as affirmation that although there are certainly people out there who do not accept queer and trans families, there are also many people who do.

Categories of meaning.

I will now describe the categories of meaning that arose from my conversations with

Steven. I created these categories of meaning after a thorough examination of the transcripts of our conversations. I identified six themes related to Steven's experiences of gender and embodiment during the childbearing year. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they relate to the research question. I included thick, descriptive quotes from Steven to support my interpretations. I used a single quote from Steven to title each category of meaning, in order to keep the category grounded in Steven's experience, even as I tie in theoretical concepts and terms to elaborate my interpretations of their material.

"I just knew in my body that I'm going to be able to do this."

Steven possesses a deep capacity for resistance, protest, and autonomy in voice and thought. Steven does not unthinkingly accept conventional wisdom, especially if it runs counter to their intuitive sense of what could or should be possible. They demonstrate this capacity while discussing their experiences advocating for change within the field of reproductive health care:

> I think there's an acknowledgement now that I will be working towards good and sometimes, I will be very annoying to the powers that be. Not just around issues of gender stuff. Lots of times there's this sketchiness around race, racism within the reproductive health care field that they know I'm gonna call out or whatever. I think now, people have heard me speak up enough times and have seen that I'm just like, "Still here, still not taking shit."

Being a masc-presenting nonbinary trans person in what is perhaps the most gendered subfield of a highly gendered profession, labor and delivery nursing, Steven has encountered significant opposition to their presence in the field. This opposition has taken the form of microaggressions, such as being harassed in bathrooms at nursing and reproductive health care conferences. It has taken the form of patronizing and dismissive attitudes from teachers and preceptors about their desire to support birthing trans people. It has also taken the form of professional gatekeeping, with Steven being subjected to extensive vetting by hospital leadership during their hiring process. In this instance, their gender identity and expression were explicitly noted as the basis for the unusual scrutiny Steven endured. Steven shows a remarkable tolerance for the loneliness that can come with being an Other. Rather than consciously or unconsciously assimilating into the status quo for the sake of superficial acceptance, Steven retains their subjectivity as the guiding force in making their choices, professionally and personally. Additionally, they make their subjectivity heard and known, even when it configures them as a lone dissenting voice up against powerful authorities and social regulators.

Steven's skepticism about received wisdom and their determined ability to find their own answers allowed them to bring their lifelong dream of carrying a baby to fruition, in a way that did not necessitate compromising their gender identity or their gendered embodiment. At the time Steven started hormone replacement therapy (HRT), the medical consensus was that taking testosterone, or T, as it is referred to by people within the trans community, would render the person taking it infertile. This is still the primary medical guidance given to people starting T, despite the fact that an increasing number of

clinical studies and anecdotal data indicate otherwise. Steven remembers their experience of this conversation:

> I started testosterone a long time ago, maybe 15 years ago or something. At that time, there was nothing known about fertility and so we basically had to have a conversation like, “If you do this, you’re going to be infertile. Can you accept that?’ It was super heavy. In my heart, I couldn’t accept it, but I also couldn’t accept not starting hormones.

Despite HRT being framed as a choice between gender affirming interventions and retaining fertility, Steven held onto their dream of one day being able to carry a baby. The more immersed they became in their nursing studies, the more Steven questioned what they had been told about their fertility post-T.

> Eventually, I started thinking, “Maybe, that’s not true. Maybe this is wrong.” Then particularly, once I was engaged in nursing study and doing my own research, I was like, “Well I know this is not true, that it’s 100% the case that I’m infertile and can't have kids and stuff.” I let the dream come back.

Rather than defer to the limited knowledge of the medical community, largely established by cis people, Steven pressed on, encouraged by their embodied intuition that they could indeed have a baby, despite having been on T.

> I just knew in my body that I’m going to be able to do this. I’m going to be good at doing this, whatever that means. I can do this, and I want to do this. I don’t know how to name it or explain it, but something about it was just like, this is a process that is supposed to be a part of my life. If I tried to picture my life where I didn’t have that experience, I would never feel totally whole and like I had actually lived my full life.

Steven's capacity to question and protest conventional knowledge when it runs counter to their own sense of a situation made their pregnancy possible.

"You could see my uterus as a muscle."

For Steven, pregnancy is a biological function, not a gendered one. "There was nothing gender-related about my birth because it didn't feel gendered. Birth is my work. It's just like, 'Oh yeah, humans do that. Babies come out of them. This is just a biological event.'" Steven does not idealize the gendered self or body, which allows them to embrace the functional aspects of their body without interpreting them as incompatible with their gender identity. Throughout our conversations, Steven discussed various hormonal states and associated conditions as 'biological events' without gendering them one way or another.

> The process of becoming embodied as a pregnant person was very parallel to the process of becoming embodied as a person who is starting hormones. I think, in both cases, it's lots of changes in a fairly short timeline. When I started T, there was a lot of looking in the mirror for change and responding to what I saw, emotionally responding to what I saw. The same thing with pregnancy. It felt very similar, but also hilarious, because pregnancy is not the opposite of what I did before, but it is very different. Parallel, but so different.

Steven's relationship with their body is not mediated through the gaze of the Other. They do not frame starting testosterone and becoming pregnant as "opposites," despite

the external world often insisting that they are. For Steven, they are different hormonal states that create different desired changes in appearance and function that are not inherently gendered. They are, of course, aware of how other people may gender them in one way or another based on the appearance or action of their body. But they do not replace their own meanings with those of the external world. Dimen (2000, p. 21) writes "Embodiment renders the body a site of experience and source of knowledge differently available to the person living in that body than to the person watching that body." Steven is aware that those watching their body may understand their body differently—but they do not privilege the understandings of the other over their own embodied knowledge of their body as a beautiful array of various biological functions, independent of gender.

> When I look at pictures [from my birth], it's really interesting. Because without the boobs there, and because of my body type, you could see my uterus as a muscle. You could see in one picture, clearly, I'm having a contraction. Usually, there's boobs hanging over the top [of the belly] so you don't see so much what the top [of the uterus] is doing because there's boobs there. And there wasn't [breasts on my body], so you could see it! It was pretty cool to see it!

Steven revels in their body's functionality. They do not assign gendered meanings to their body's lack of breasts. There are no deliberations over whether their breastless birthing body looks masculine or feminine or other. Rather they speak with a sense of wonder and excitement at being able to so clearly see their body as a powerful muscle, the work it does to give birth readily and easily witnessed as potent, even awesome.

"Show me again!"

Steven longs for twinship and mirroring experiences to ease the strain created by the chronic feeling that their gender makes them unknowable, incomprehensible to others. "That's a feeling that's familiar from being trans or nonbinary. I think nonbinary people feel that, anyway. If you're not super binary, I think a lot of people feel like, 'I'm this unknowable thing, this unnamable thing.'" This familiar feeling, of feeling unknowable and unnamable, is closely linked with how difficult it is to find people and experiences that mirror their own in the larger social surround. Steven longs for more trans role models "for families, for relationships, for getting old and dying, for doing what humans do." They attribute the difficulty of finding trans and queer elders to the challenges to survival created by transphobia, homophobia, violence, and HIV.

> I don't know many old-old-old-old people who are nonbinary, who are trans. Obviously, there are some, but it's just like, this lost generation of role models. That's a thing, missing a generation to HIV, too. And then missing a generation of people who weren't safe being out as trans or nonbinary. So, we don't see them when they're old because either they never came out or because we just don't see them.

The lack of trans and nonbinary elders contributes to Steven's sense of themselves as being unknowable and unnamable. In not being able to locate and see trans and nonbinary elders, Steven lacks access to experiences of twinship, intergenerational mirroring, and mutual recognition, crucial intersubjective processes by which people come to understand themselves and their place in the world. In the absence of intergenerational mirroring and recognition, Steven finds and creates alternative ways of locating themself. Their clinical work as a nurse has centered on supporting trans and nonbinary folx in reproductive

healthcare settings. Their research focuses on locating and elaborating the experiences of trans and nonbinary folx seeking reproductive healthcare. They have intentionally built a loving, close-knit community of queer and trans friends and chosen family. All of these actions help Steven to find both a sense of personal coherence and the anchoring feeling of belonging somewhere, with someone. And yet, the need for conventional sources of twinship, mirroring, and recognition persists, even if they are not readily available. Instead twinship, mirroring, and recognition become something of a novelty, stumbled upon when a peer is coincidentally going through a similar phase of life.

> I saw my friend. I saw him pregnant. He is big and fluffy, so he looked a little different than I did, but also: no boobs. So, I made him show me his belly when he was super pregnant. He was picking some stuff up on our porch and I'm just like, "Show me again! Show me again!" He is very sweet. It was cool to see another body that was different from mine in a lot of ways, but gender-wise, altered in ways similar to mine. He was like, "You know what pregnant bellies look like!" I'm like, "Show me again!"

Steven's excitement and pleasure are palpable when they remember this interaction. The giddiness and joy they feel when seeing a body like theirs indicate how precious this rare moment of twinship is to them.

Despite having precious little of that intergenerational mirroring and recognition for themself, Steven recognizes that they serve as a role model and guide for the younger generations of trans and nonbinary folx coming behind them. This is very meaningful to Steven:

> It's cool that my best friend's kid came out as nonbinary and they got a fucking card. The card was like, "Hey! You're welcome here! There's space for you here!" My experience is different than theirs, but I have a place of understanding to approach this from and it is not weird or strange to me at all. So, it's awesome to be like, "Oh actually they will have role models for aging." They will have role models for families, for relationships, for getting old and dying. For doing what humans do.

Steven finds comfort and joy in forging a path for younger generations, even as they mourn being one of the path forgers. They look ahead to the few role models they have and look to themself and their peers moving through life alongside them to sustain themself as they carve out this rarely recognized, barely validated way of moving through the world. Their pregnancy, birth, and postpartum experiences are very much a part of this experience. "There's [still] this desire to see life play out. And to see pregnancy play out, which now I've seen it in many other people and I have seen it in myself."

"I was coherent. So coherent."

Throughout the intensely embodied experience of labor and birth, Steven shifted through various self-states, culminating in a profound moment of integration and coherence. During the labor portion, they experienced themself as dying, trapped and helpless. The overwhelming intensity of labor surfaced a self-other configuration that has its origins in childhood trauma. This is a self-state defined by Steven feeling themself to be an overwhelmed, voiceless child who must be calm and polite to survive the hostile,

disbelieving other. Steven found themself unable to clearly communicate what they were experiencing to the people around them. In our conversations, they repeatedly described this experience as being like dying. While in labor, Steven could not understand why the people around them could not understand the things they felt they were clearly and desperately communicating.

> Later, when I told the story of my birth, my partner listened to me tell it to people over and over. Finally, he was like, "Your birth was your own experience, but you keep saying you were yelling at people the whole time, but you never yelled, and you were really nice." I felt like I was yelling, but that female socialization took over. Also, just my experience of hiding in plain sight to survive whatever is going on. A combination of female socialization to be nice and pretend you're okay, my survival strategies, and the power of labor. All of those things came together, and it was like dying. It was like dying over and over again.

From their childhood and adolescent experiences of living as a girl, and their experiences of being a trans nonbinary adult, Steven has learned to dissociate different aspects of themself in any given interpersonal situation as needed for their safety. This way of moving through the world serves to protect Steven in many ways. During labor, it became clear how annihilating it is, as well. Not being fully seen and recognized and held by important others is annihilating, even at the same time as it keeps Steven safe. Having to hide and dissociate parts of themself that are screaming for help and recognition is a kind of death.

The pushing phase of labor ushered in a remarkable transition in Steven's experience of labor from feeling overwhelmed and helpless to feeling strong, confident, and

powerful. Steven remembers the pushing stage of labor as an incredible moment of feeling powerful, coherent, and lovingly witnessed.

> When I was finally allowed to push, I was just like, "Dang! I'm fucking awesome! I know exactly what to do. This is totally clear to me." I just did it. I remember having this conversation with my midwife when the baby's head was out, and she told me to push for the body. I was like, "Would it be okay with you if I wait til the next contraction? I feel like I'm going to be much more powerful, and it's okay if you think for safety, I can push the baby out, but if it's safe to wait, I'd rather do it with a contraction." *I was coherent.* So coherent. As soon as I could push, it was like, everyone could hear everything I was saying. I knew that it was going to be over. I could communicate and I felt, "Well this shit ain't gonna take long because I can feel that it's not taking long." It took all of 13 minutes.

The coherence Steven associates with this moment is multi-layered. They were coherent in the sense that they were clearly and calmly monitoring the birthing process as both a labor and delivery nurse and as a birthing person. Furthermore, they could clearly articulate their self-assessment and consult with their midwife *while they were in the process of pushing.* Steven's ability to calmly converse with their midwife about the most effective strategy for safely birthing the baby *in between pushes* is an astonishing level of verbal coherence that indicates an experience of profound psychic coherence. Steven felt coherent in the sense of being fully understandable to themself and others, not only in what they were saying, but also in what they were doing and how they were being. Different aspects of Steven's self are powerfully integrated in this moment—their professional self, their birthing self, the part of them that has always known they could

give birth. The terrified, voiceless child self, so active earlier in labor, could be soothed and de-centered by the calm, articulate adult self who knew what was happening and how to play an active role in the process. Woven through all of this was Steven's awareness that everyone in the room was witnessing them birthing as a nonbinary trans person.

> My birth was not very gendered. It just felt like I was a person doing this thing. The people around me were on the same page. I think they believed in me and they were silent and it was amazing. When you're in a hospital, everybody is yelling at you when you're pushing. Everyone is like, "push, push, push, push." Nobody told me what to do. Nobody ever tried telling me what to do. They didn't need to.

This powerful experience of integration and coherence is related to feeling both held *and* seen by the others in the room. It's a stark contrast to the painful, dissociating experiences Steven had of being misgendered by their colleagues due to their pregnancy, when the cost of their pregnancy being legible was to cease to be legible as a nonbinary trans person. During the birth, Steven had a very different experience, where they felt seen as a birthing genderqueer person, in need of protection and holding without their gender being erased by the other's fantasies of who can give birth. Perhaps the birth of Steven's child is also the birth of a new self-other configuration, in which Steven experiences a sense of self integration that can be fully understandable and coherent to the other.

"My body forgot too."

Steven is anxious about not being legible as Cleo's gestational parent. People in the wider community will likely interpret their masculine presentation as meaning Steven couldn't possibly be Cleo's gestational parent. Steven expresses anxiety that this lack of comprehension from external sources will seep into their relationship with Cleo, infusing their relationship with a sense of incoherence. They want to ensure that the embodied relationship that began when they carried and gave birth to Cleo will be fully integrated into their shared and individual understandings of their relationship with each other. Before birth, Steven was prepared to feel unrecognizable to the outside world as Cleo's gestational parent. They were totally unprepared for their body to leave no souvenir of the deeply embodied, emotional journey they had traveled to birth their baby into the world.

> Afterwards, I had a really weird experience with my body where, when I first had her, almost immediately, you couldn't tell that I had ever been pregnant. Everything was gone. I tried on my skinny jeans and they fit. I felt super sad about it. It felt cold. I think it tied in—the experience of my body, at the moment—with my feeling of there not being words for who I am, and just the feeling of knowing that I'm going to spend the rest of her life being in public with her, and people would have no idea that I carried her. It felt like my body just forgot really fast and was like, "This didn't happen." I felt like the whole world was going to think it didn't happen. I wanted something on my body that told that story and when I looked in the mirror, I didn't see anything that told that story. I felt really lonely and sad about not having a physical mark of her.

Steven longs for their postpartum body to provide some kind of affirmation of their

embodied relationship to Cleo. Steven knows that people in the community beyond their friends and chosen family will not be able to readily recognize and affirm their experience of having been Cleo's gestational parent. The lack of physical indicators of a past pregnancy feel like an agonizingly painful erasure of Steven and Cleo's embodied relationship to each other. Steven feels an abject loneliness in the wake of this erasure, manifested in the anticipation of moving through life knowing that others will not know that this relational experience exists between Steven and their child. This complicates the grief they felt about the pregnancy ending.

> I didn't expect to feel betrayed by my body for her not being there anymore. I think I went through a whole thing where I felt like there had been this inside baby, in my body, that kept me company on 24-hour shifts, would make me laugh because they would do weird things randomly. They were like my little buddy. Then suddenly, she was an entirely different person.

Steven very much mourned who they call "the inside baby," the fantasy baby that exists in the mind of every parent before they meet their child. Steven was also mourning the loss of the assured relational coherence that came with this experience of being an insulated dyad, just them and Cleo. While pregnant, it was as if the two of them existed in a little cocoon. Sometimes that cocoon felt stifling, but most of the time, for Steven, it felt cozy and companionable. Steven knew exactly who they were to each other.

> The moment she was outside, I was like, "I don't know who you are. You're not just mine anymore, and you have your own body, and I have to recognize you as having your own body." It was surprising to feel so much grief in my body when she came out.

A major element of Steven's postpartum grief is the shock of Cleo's separateness, and the revelation that Cleo is now also part of the outside world. When she was "mine," as in Steven's, she understood Steven implicitly, no confusion, no misrecognition. But once Cleo is out, separate, of the world, Steven fears their embodied relationship to each other becoming incomprehensible to her the way many others find it incomprehensible. Another way of putting this fear may be, "If the world does not know who we are to each other, how will we know?"

Steven is haunted by a constant feeling of being incoherent to others because of their gender. Cleo's sudden separateness, occasioned by her birth, raises the question: Will that sense of connectedness and relatedness Steven felt with Cleo during pregnancy endure and deepen? Or will the world's inability to understand them dominate and erase that closeness?

Steven anticipates that birth is just the first in a series of developmentally appropriate separations that will occur between them and Cleo as Cleo grows up. They worry that these expected separations from Steven's body may be tinged with disgust, or rejection of Steven's

Otherness, influenced by the outside world's incomprehension of their embodied relationship. Steven worries about Cleo being embarrassed by the embodied relationship they had.

> Publicly, people think I'm a dad and she'll know that's not true. I don't know what her feelings will be in the long run [about] having been carried inside my body. Maybe she won't give a shit. Maybe she'll be like, "That's just what happens."

Steven expresses hope that their embodied relationship will just feel normal to Cleo,

not something strange and spectacle and Other. Throughout our conversations, Steven repeatedly reflected that children make their own narratives about themselves, their origins, and their families. This seems to soothe those fears of rejection, a reminder that Cleo is not choosing between Steven's version of their relationship or the world's version of it. Instead, she will formulate her own experiences of their relationship, developing her own narrative.

Steven also draws comfort by observing the embodied aspects of their and Cleo's current relationship with each other. This helps Steven feel connected to Cleo, and loved by her, too.

> She certainly has a relationship to my body. My favorite thing is putting her down for a nap or for bed. I hold her, slow dance, sing to her, and she will put her little hand on my neck. It's just the cutest thing. Today she was holding my shoulder and I was just like, "Awww. I don't know what you mean by it but it's very sweet to me."

"We will just have to adapt."

Since conception, Steven has struggled with intense guilt about their decision to have a child who will have parents who are queer and trans. This guilt is based on their anxious fantasy that their queerness and transness is a liability that sets Cleo up to experience the same rejection, exclusion, and lack of belonging that Steven themself has experienced as a result of their identity.

> When I got pregnant, I was almost immediately struck by this guilt that was like,

> "I'm setting you up. I'm selfish. I decided to do this. You didn't have a choice in it, and this is the family you're going to get, and I could have decided to not do that, but I decided to do it." Immediately, there was a shift to fear that I had done something selfish or bad to her by deciding to create her, not knowing if she would be lonely or scared, too.

In this fantasy, Steven loses sight of their strengths, the ways that they will be a supportive, protective parent who will help Cleo learn to navigate the challenges she'll face. They construct themself as monstrous, selfish, and unable to provide Cleo with what she needs. After Cleo was born, this fantasy manifested as intense guilt about not being able to chestfeed.

> I remember, maybe it was on day three. I was doing skin to skin and she got hungry and started banging her head on my chest. She was like rooting everywhere and she was frantic and she's looking, looking, looking. She couldn't find what she was looking for. She's screaming and I was just like, I can't. I managed to make her but then I just put her in the world and then I can't give her what she needs.

Healthy newborns are born with an innate reflex to search for a nipple when they are hungry. Steven knows this from being a nurse. However, in the grip of their anxious fantasy about being a selfish, inadequate parent, Steven assigns meaning to Cleo's searching that transformed it from "biological reality" to "proof of parental inadequacy due to transness."

Steven fantasizes that because her parents are queer and trans, Cleo will feel as out of place and isolated as Steven has felt from being queer and trans.

> There's this sense of loneliness. There's nowhere for you to go. That feels scary because if there's nowhere for you to go, what about your kid? Then it's also just this huge fear that you being outside of the circle is going to put your kid outside the circle. And just wanting them to—not necessarily fit in, but just be able to be wherever they want to be.

As they reflect on this anxiety in our conversations, Steven's resilience and resolve spontaneously surface. They shift out of seeing themself as a hopelessly selfish monster who can't meet their child's needs. They shift into seeing themself more realistically, as a person with flaws and limitations, as well as strengths they have used to create a fulfilling life. Mentally accessing the various ways they have coped with challenges helps Steven recognize how they will help Cleo learn to navigate the challenges she will face, too. Steven eased their guilt about not chestfeeding by noticing it was based on internalized idealizations of gestational parents.

> I had all of these images of what it means to be the person that gave birth to this child and what they need from you and, apparently, of what a "real" gestational parent is. It was so punishing. I felt grief for her and grief for myself, but then I also felt this big grief for everyone feeling punished because they're not this perfect mother or whatever, for whatever reason. I was just like, "Oh god, the heartbreak."

Reflecting on their feelings of inadequacy and guilt called to mind that other parents struggle with those feelings, too. This sense of psychic community connects Steven to the reality that all parents, regardless of gender, have liabilities and shortcomings that impact their children. This is not a personal failing of theirs created by being trans. It's a reality of being a human parent. It's notable that the opposite of guilt and shame, in this instance,

is not a sense of ease and peace. Steven still feels heartbroken thinking of how inadequate they and others feel for not being able to live up to constructions of idealized parenthood. Perhaps this, too, serves as a subtle reminder that it will be okay for Cleo to feel big feelings like sadness, hurt, rejection. She will have Steven and Zan helping her learn to tolerate these feelings.

Steven draws on their experiences helping to raise their best friend's child, Lou, as evidence that it's possible to be a queer, trans caregiver and raise a secure, well-adjusted child. Lou serves as evidence that these children are not automatically doomed to endure the same kind of exclusion and rejection as their parents have experienced. Reflecting on Steven's experience helping raise Lou, it becomes evident that their queerness and transness may, in fact, create assets to be used in their parental role. Lou, who is themself nonbinary, not only survived being raised by a queer, trans caregiver—they thrived. Not in spite of Steven's transness, and maybe, in some aspect, because of it. This thriving is reassuring to Steven. It also represents the possibility of being unknowable to Cleo in a way that feels acceptable to them, even good.

> Lou, certainly, is nothing like me. I was so scared when they turned 12. In my mind, I'm like, "This is when everything goes to shit. This is when all the bad stuff starts happening. This is when people start being terrible to you. Everything is going to be awful." And then they were just this nerdy little quiet person that nobody did terrible things to. I was like, "I don't understand. I'm so happy and also, I don't know how to relate to you." It's weird. Hopefully I will not know how to relate to my kid in a good way.

This experience creates the hope that Steven may indeed be inadequate as a parent

one day—but not because they can't protect Cleo, and not because she rejects them. Instead, in this possibility, Cleo and Steven become strange to each other because Steven has given her more than they themself have had: security, belongingness, and unconditional love.

Case Study Three: Neil

Identifying information.

Neil is a white, 50-year-old trans man who lives in the outer suburbs of a major metropolitan area on the East coast of the United States. He uses he/him pronouns. Neil lives with his husband of fifteen years, Colin, and their two children, Vincent and Henry. At the time of our interviews in fall 2020, Vincent was 12 and Henry was 10. Neil is a federal contractor working in the IT field.

Neil gives an overview of how he came to realize he is trans:

> I transitioned when I was 30. When I was in my 20s, I came out as a lesbian, because I was dating a woman for a while. We actually married. It really wasn't working on a couple different levels; I guess I just had to find myself. When I transitioned, I went back to being attracted to men. I was attracted to men ever since I became sexually active, and then later kind of experimented with dating women, because it wasn't working out with the guys I was dating. Something was missing, so I thought, well, maybe I'm a lesbian. At the time, I couldn't conceive that I felt

like a guy. So, I thought I must be a woman who doesn't like being with men, and that explains why I'm uncomfortable being with them. It was more like, I wanted to be a man with a man.

For Neil, transition included medical and surgical interventions. He describes the timeline of his transition:

I had testosterone in 2000 once I had seen a gender specialist and he approved me for that. I was binding my chest. So, I chose chest surgery first because that's the most obvious thing and it's annoying to have to bind. I was in a trans social group and a bunch of them had gone up to a clinic in Montreal. It was Gender Reassignment Surgical, GRS. They're really good and it was cheaper than having it done in the States. It was like a keyhole or j-type incision surgery, so it was minimal scarring. I don't have the big lines. That was great. It was painful afterwards. I think I had about a week off. And then, three or four months later, I had a date set up for the bottom surgery. Both were in 2003.

Finances were Neil's primary consideration in deciding which procedures to include in his bottom surgery.

The bottom surgery is a bit of reshaping. It's a metoidoplasty with the testicular implants. At the time, I couldn't afford the hysterectomy. It would have been another 8 grand. This is all out of pocket. That's why I kept all that [internal reproductive organs].

Knowing that testosterone stops menstruation helped Neil accept not having the hysterectomy. "I don't have to think about it, because I'm on T. The normal stuff goes away; the female body, that's masculinized."

Neil met his husband Colin while he was in the midst of transitioning, which impacted the early course of their relationship.

> We met at a gay bar in the city. I gave him my number and we started talking. I think from the first phone call I told him about me being trans. I had transitioned but I hadn't finished all the surgeries I wanted. We broke up a little bit in the beginning. I think he was a little freaked out. We got back together and we ended up getting married in fall 2005.

Pre-Conception.

Neil and Colin's path to parenthood started when they tried to adopt a bichon frise from a specialty rescue organization, around the time of their marriage. "Like a lot of couples, we started with a pet. We'd never talked about having kids. Two men, it would have been adoption or foster." Despite meeting all of the required criteria to adopt a bichon, Neil and Colin kept getting passed over for the dogs they wanted. It was never clear to them whether that was because at the time they lived in a townhouse—though bichons are small dogs with minimal space requirements—or because they are a gay couple. The process got the two of them thinking about parenthood. "We started talking about the experience and then somehow we got on the conversation of when we're old, what are we going to have? All of a sudden, it was like, maybe we should think about a family."

Neil proposed himself as the gestational parent early on in these discussions.

I said, “Well I can still get pregnant. I’d heard of it happening. I know it can happen. It’s been done.” There’s a guy that accidentally did it and wrote about it. I asked my doctor, because I would go in for pap smears every year with my OBGYN. He said, “Yeah, but you should stay off testosterone, T, for a good year first.” He wasn’t that knowledgeable about it, so he was like, let’s just stay off for a year, and then try and see what happens.

Neil and Colin had a robust social network, including gay couples who encountered a great deal of discrimination and heartbreak in their attempts to adopt and foster. This factored into Neil ’s decision to be the gestational parent.

The reason I told you the dog adoption story was I realized the reason I suggested just trying the pregnancy method was I didn’t want to go through the heartbreak and pain of trying to adopt a kid. I said, if we can’t get a bichon, what are the odds that we’re going to get a kid?

Conception.

Neil followed his OBGYN’s advice and stopped T for a year before trying to conceive his and Colin’s first child, Vincent.

The first time we tried it was successful. I’ve heard when you stop T, you’re actually extra fertile. It’s just one of those things I’ve heard about, when the T stops, there’s a period of extra fertility. I don’t know if it’s true or not. So that was Vincent.

Though Neil had a healthy pregnancy, the profound gender dysphoria created by the

pregnancy made the experience fraught and miserable for him. This will be discussed in more depth in the categories of meaning section. Throughout his first pregnancy, Neil insisted that it would be his only pregnancy. “I said, ‘never again.’ The whole time I was pregnant the first time, I was like, ‘this is just a one-shot deal.’” After Vincent was born, he reconsidered.

> After Vincent was with us for about a year, we were like, we’re really old parents. I was already 37. We thought maybe we should have another kid to keep him company when we’re so old. Not that we expected him to take care of us, but just so he has a partner in this whole thing. I agreed to stop again. I stopped testosterone for a whole ‘nother year. I don’t know how we fit it in.

This second round of trying to conceive did not succeed as quickly as the first, much to Neil ’s distress.

> We didn’t get pregnant right way; it took until the very last attempt. We tried for four months. I mean, it was really, literally the last. I said, “This is it, I’m going back on testosterone.” And then I got pregnant. Then it was like, “Oh gosh, I’ve got another nine months of this.”

At the end of those nine months, Neil gave birth to Henry, his and Colin’s second child.

Birth.

Neil gave birth to both of his children via cesarean section. The first c-section was

unplanned; the second was planned. In his first pregnancy, Neil originally opted for a nonsurgical birth and labored into the pushing stage.

> I've heard the natural way's best. Something about going through the birth canal, it's supposed to be healthier for the baby. Maybe the microbes. Logically, I was going to attempt natural, with an epidural, of course. But I was very, very relieved when my doctor said we're going to do a c-section, because I just wasn't pushing hard enough.

Neil then planned on a surgical birth for his second pregnancy.

> The second he told me, "You don't have to have a c-section just because you had a c-section the first time." I was like, "Let's just keep it simple and just have the c-section, you've cut there before, let's just cut again." That was good. I was actually very, very relieved it was a c-section.

Neil recalls positive experiences with his providers, both throughout the pregnancies and during the births.

> My doctor, his staff, the hospital I went to, everyone was very professional. My OB/GYN was great. All the appointments, I wasn't made to feel like I was . . . I mean, it was good. I'd show up to my appointment, it was just business as usual.

Neil attributes this to his geographic proximity to Johns Hopkins University, known for its controversial work on matters of sex and gender. "Medical people have seen it all, at least in this area. Baltimore is famous for its trans work, at Johns Hopkins. It's not like I'm in this little town somewhere and people have never dealt with trans people before." He reports having neutral experiences with other patients, as well.

> [My doctors] didn't worry about what the other patients might have thought of me in the waiting room. Towards the end [other patients] would look at me maybe a little

bit. Actually, towards the beginning they probably just thought I was a dad waiting for my wife. I guess later, as I was showing, they were probably like, that's a really manly looking woman. I don't know.

Postpartum.

Neil was relieved when the pregnancies ended, each time, because it was an end to the severe gender dysphoria he experienced related to the process. "I really did not enjoy either one of the pregnancies. It wasn't enjoyable." He was relieved to start T again immediately after each birth. He did not take a parental leave beyond the time he was provided to recover from surgery. "I had to go right back to work. I think I had two weeks because it was a c-section both times." He had started a new job right after he got pregnant with Vincent; he was surprised by how casually his manager and coworkers treated the pregnancy.

I was passing as a guy. Usually, people don't come out and say, "I'm trans and oh, by the way, I'm pregnant." It was a lot. The team I was on . . . I can't remember how it was spread around. I guess they were just given a heads up as I got bigger. And then they were all happy when I had the kid, and I brought in pictures. I think we had a little baby shower.

Neil had a very different experience returning to work after his second pregnancy.

By the time I was pregnant with Henry, I had moved on to another job. They were okay with it, too. It was a little weird, though, after the second pregnancy, because I

was working in a facility where they didn't want me using the bathroom. My immediate team was fine with it, but I'm contracted with lots of other people that we were working with. And when the guys in that building realized I just got back from a pregnancy, they were like, no we don't want him using our bathroom. I had to use the one in the back.

Enduring these discriminatory actions was humiliating and painful for Neil. "It was very uncomfortable. It was horrible. I hated going to work." He felt powerless to challenge it in any way due to the lack of legal protections for trans people. "I didn't have any recourse, because number one, the conservative state I was in. Number two, I'm a contractor, not a government employee. Number three, it was back in 2010." The impact of it seems to color Neil's experiences of his pregnancies, himself, and his status as a trans person in the workplace in myriad ways that will be explored in the categories of meaning.

Parenting.

Neil is unique among the five participants in that he is the only participant with older children; the other participants' children were all under the age of two at the time of the interviews. Neil has already passed parenting milestones that are still in the future for the other participants, such as telling his children the narrative of their origins and seeing how they share this information with others.

We told the kids when they were probably 3 and 5. We explained it all to them.

> They call me "Daddy," they call "Colin Papa." When asked if they have a mommy, they're like, "No, we don't have a mother." And then usually they get, "Well, everybody has a mother," but everybody knows now. I think most of the school knows that their Daddy is their biological mother. That kind of stuff gets out.

Neil exhibits ambivalence about sharing the narrative of his children's origins, because it taps into the ambivalence he feels about being out as trans. On the one hand, he firmly believes that his children have a right to know how they came into existence. "The kids, they have to know their biological history." On the other hand, sharing that narrative with others necessarily means sharing the fact that Neil is trans, as well.

> I'm not so closeted that I care when people find out, because we will share this information with people if they start asking questions. We never wanted another couple to think that we adopted the kids or did something else. The only answer is to come clean and say, "Oh, no, they're ours biologically, because Neil was born a female and was able to get pregnant with them." We'll tell people that, if they ask, you know, hey, where'd you get the kids? It depends on if these are these people that we're going to be talking to again. We don't want to be in the situation of lying or covering stuff up.

Neil clearly takes great joy in his relationships with his children. He genuinely enjoys their company. One of the very first things he shared with me was, "I have the best kids in the world because—I actually didn't force them to do this—I made them watch the first *Bill and Ted's Excellent Adventure.* They loved it." He had been surprised and pleased that they enjoyed a movie he loved, despite the fact that it was old, with dated special effects. Though Colin has been the stay-at-home parent since Vincent was

born, Neil has played an active role in shaping the children's educational and extracurricular endeavors. With palpable enthusiasm, he told me about the theater troupe that Henry and Vincent had been part of prior to the pandemic. He has advocated for them to be in advanced classes, as well as enrolled them in special pre-college programs at Johns Hopkins in hopes of stimulating them intellectually and academically. "I'm the parent that pushes the kids into these experiences. I just know it opens doors." In our last conversation, Neil shared the hopes and worries he has for his children.

> I don't want them to experience a lot of pain. I would like them to find something that inspires them. They're really good kids, but I don't know how that's going to translate later in life. They're going to have to come up with some thoughts about the world and universe we live in. They've lived through this era that is still not over, getting progressively more dangerous. My immediate want is for them to be safe from the craziness that's going to be happening [politically].

Categories of meaning.

I will now describe the categories of meaning that arose from my conversations with Neil. I created these categories of meaning after a thorough examination of the transcripts of our conversations. I identified five themes related to Neil's experiences of gender and embodiment during the childbearing year. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they relate to the research question. I included thick, descriptive quotes from Neil to support my

interpretations. Some quotes are used in multiple sections because, similar to clinical material, they lend themselves to more than one interpretation. I used a single quote from Neil to title each category of meaning, in order to keep the category grounded in his experience, even as I tie in theoretical concepts and terms to elaborate my interpretations of his material.

"I definitely felt the need to change my body."

Gender and the body are inextricably intertwined for Neil. Bringing his body into alignment with his gender identity via hormone therapy and surgeries were necessary interventions that allow Neil to experience a sense of integration and wholeness. "Once I decided on surgery, I didn't want to not have it because it really intrigued me to have it done. Because I had felt it would make me feel more complete.
And it did. I felt really good after the surgeries."

Neil demonstrates investment in biological explanations of differences between the sexes over philosophical theories of gender, which he attributes to having undergraduate training in biology.

> I never studied feminist stuff or the history of misogyny or any of that. I'm not well educated in that stuff, but I know it exists. The sexes are different. We are different. It doesn't mean less than. My husband actually believes that there's no difference between boys and girls. He likes to think that we're all on a spectrum and he's very pangender in his outlook. I had some biology training in my education. I understand

how we develop into different physical sexes. I understand how a bunch of people come out intersex too.

These explanations offer a narrative that help Neil make sense of the relationship between his gender and his embodiment. Gender is not abstract and flexible for Neil. Gender is something that must be written on his body, reflected back to himself and to others by his body, for Neil to feel like himself. “Biologically, I think there’s a lot going on that make us different. I wouldn’t have transitioned if I didn’t feel more comfortable in a male body type. My brain is working better with the male hormone.” Neil not only needs others to read his body as masculine; he himself needs to see and experience his body as masculine, in order to live in it.

Neil ’s experience of pregnancy seems to have confirmed and solidified this perspective. There are notable differences in how Neil is able to talk about his gender affirmation surgeries and his pregnancies. In our conversations, Neil discussed his gender affirmation surgeries multiple times, with evident pleasure in their outcome—that he finally had a body that made sense to him, felt familiar to him. “I definitely felt the need to change my body. It felt so good after the chest surgery. I was one step closer to feeling like my body is less female looking.” In contrast, Neil did not discuss the physical experiences of being pregnant, although he noted many times how deeply uncomfortable and dysphoric it made him feel, to the point that he could barely be aware of himself as pregnant. “I wasn’t walking around thinking I was a pregnant person the whole time.” This contrast could be understood as indicating the degree to which Neil’s physical body is an essential component of his gender identity. Stopping T and becoming pregnant felt as ego dystonic to him as it would to a cis man who suddenly, incredibly, started

menstruating. Pregnancy seems to have been a deeply disturbing experience that strengthened Neil's conviction about the importance of the body to his gender identity.

> My husband is of the opinion that I didn't have to have any surgeries. Why would I go through it all [medical transition] if bodies and hormones really have no impact [on gender identity]? I'm a trans man and I had children because I kept my uterus. If I'd had the money [for the hysterectomy], I wouldn't have my uterus still. It's interesting. I would have been able to have all my surgeries at once and everything would have been fine and I wouldn't have had childbirth to go through.

"I saw it as being my own surrogate."

For Neil and his important others, pregnancy is highly gendered as an experience of female embodiment, understood as conflicting with his male gender identity. "[My family] was kind of like, 'Why did you change your gender if you're going to get pregnant?' There was some confusion, which, completely understandable." Because Neil's sense of his gender is largely mediated through his embodiment, the gendered nature of pregnant embodiment demands profound psychic solutions to cope with the disjuncture of his embodiment and his gendered sense of self.

> Your body just gets flooded with all the other stuff going on, and I just stayed really detached from it. I kept thinking. It was hard for me to think that I had a baby growing inside me. I was very detached from it. I knew that at the end, if lucky, we would have a baby. But I wasn't walking around thinking I was a pregnant person

the whole time.

Dissociation is the defining psychic experience of pregnancy for Neil, from the very beginning of his pregnancies, when he first proposed the idea to Colin.

> Honestly, when I suggested it to Colin, I didn't think it would happen. A part of me really didn't think it was going to happen. It was just a "let's try it" type of thing. I didn't want to think it would really happen because of all that would entail. I think part of it was, logically, I knew it could be done. I knew I didn't want to deal with adoption or surrogacy or the foster care system. I knew that, logically, it would work, technically, but I didn't want to put myself through it.

Conceptualizing himself as being his own surrogate allows Neil to dissociate from his pregnant embodiment. He can unconsciously fantasize that someone else—a part of his body that retained its femaleness—is pregnant for him, while Neil continues to live his life as a man. The construction of work as a male activity done in a male-dominated field, surrounded by other men, lends support to Neil's dissociative fantasies.

> With Vincent, I got through not getting really, really huge, even though I was huge at the end. With Henry, it was the same thing, but I got bigger with the second pregnancy. But I continued to work all the way. Until the last day or so I was still going to work. As a man, it's how I was working.

It seems that in certain ways, work becomes the psychic location where Neil can go to be a man, a place very separate and far away from the female-coded experiences of pregnancy, birth, and postpartum parenting.

> I just went right back to work. I took on that role of the provider and Colin has been the stay-at-home parent ever since we got pregnant with Vincent. I trusted that Colin

would do all of the mothering and making sure the kids were taken care of, because my commute at the time was probably an hour and a half, taking a combination of bus and train.

The division of labor between Neil and Colin is constructed along traditional gender roles in Neil's recollection. Neil is the provider, the man who goes to work and brings home material resources for his family; Colin is the stay-at-home parent responsible for "mothering." This way of constructing their parental roles may serve to further dissociate Neil from his role as the gestational parent—he may be the "biological mother," in his own words, but he asserts himself as very much a father to his children, not a mother. Engaging in activities associated with mothering, even taking the longer parental leave typically offered to mothers and not fathers, could be threatening to Neil's male identity, already made tenuous by having borne his own children.

An aside: The length and arduousness of Neil's commute strikes me as meaningful and poignant—a metaphor for the distance Neil urgently needs to create to retain his male identity despite the challenges to it created by pregnancy and childbirth.

This consideration of the role of dissociation in Neil's pregnancy reveals another traumatizing aspect of the postpartum ordeal of being banned from the men's bathroom at work. By conflating his pregnant embodiment with his gender, the ban threatens to dismantle the defensive strategy that allows Neil to endure the trial of pregnancy. "They realized, oh, this guy just had a baby. So, he's not a guy. That was probably the worst thing that happened, but because they were people I didn't know, it didn't hurt as much." To these coworkers, the parts of Neil's body that allow him to be pregnant are considered more defining of his gender than any other aspect of his embodiment, and much more so

than his deeply felt male identity. However, because these coworkers were not people with whom Neil had personal, ongoing relationships, he is able to create some distance between himself and their misgendering, noting that the pain of the experience would have been even greater than it already is, had they been people who he believed really knew him.

Although dissociating from his pregnant embodied state allowed Neil to endure pregnancy twice, the dissociation is not so complete that Neil is unaware of how miserably dysphoric he feels while pregnant. “I was always uncomfortable. Looking back, if I had given it more thought, I wouldn’t have done it. It was that strange.”

“It leaves a hole, not being able to share.”

Neil considers gender to mainly arise from biological factors; he also sees gender as a more or less biologically determined binary.

> I had some biology training in my education. I understand how we develop into different physical sexes. I understand how a bunch of people come out intersex too. Biologically, I think there’s a lot going on that make the two genders different. Gender identity is deeply ingrained. And I understand some of it is societal. But [the gender binary] is pretty global. I can’t imagine us becoming completely genderless. Being trans, then, is a “crossing over” those biological and binary boundaries. There’s this private part, I guess, that people have related to their bodily functions,

> that they try to keep to themselves. Trans people, I guess we would cross that line. That's why people are so stubborn and immoveable.

Neil seems to dwell on others' transphobic attitudes, possibly as a way of staying close to his own discomfort about his transness, while simultaneously disavowing that discomfort. Neil cannot grieve his transness, the fact that he was not born with a body that reflects his gender, that he had to work to attain that body, while others are simply born with it. Not being able to mourn the male body he longs to have been born into has transformed it into a psychic ghost, ever present. Neil is haunted by the knowledge that he is different from other men, that he does not and cannot inhabit masculinity in the way that he idealizes. "When it comes to my job, I am closeted. I don't tell the guys I work with that I'm trans, and that can get uncomfortable. It would be really uncomfortable for me when they find out." That difference is a source of shame and anguish to him, driving him to deny that it exists, except when the threat of others discovering the difference surfaces.

> I've been working with this latest team for so long. It's an all-male team. People have a conception of you, thinking of you one way. I feel like it's probably safe to say some things around me that they wouldn't normally say around a woman. Once they realize I'm trans, I think their minds are going to go, "Oh crap, there's conversations that Neil was a part of, how weird is that?"

This shame limits his ability to be known; he deeply believes that he cannot share that he is trans without losing access to a particular kind of masculine experience that he idealizes and relishes, being "one of the guys."

> If they knew I had a history as a woman, there are things that just wouldn't come up.

> They would not talk about anything bedroom-related in front of a woman. It's just not going to come up. They're going to edit themselves. They're not going to feel right sharing things. There are certain jokes that a guy's not going to make in mixed company.

For Neil, pregnancy may be both an act of self-aggression for not being a man in the way he longs to be, as well as an act of aggression toward the impossibility of fulfilling his ideal. The dysphoria and social shame of being pregnant as a man was a disturbing, humiliating experience for Neil, which he forced himself to endure not once, but twice, despite not really wanting to be pregnant at all.

> Looking back, if I had given it more thought, I wouldn't have done it. It was that strange. I had to go through feeling how everybody knew, at least at the end. Then everybody knew at that one place afterwards when I came back. It was very uncomfortable. It was horrible.

Pregnancy also unequivocally proclaims his transness, that he is a man who is not like other men, a man who cannot be a man in the way he idealizes and yearns for. He cannot share the story of how he his children came into his life without also necessarily sharing that he has never and will never embody his masculine ideal. His body retains the reproductive capacities he associates with being a woman, despite the expensive, invasive, difficult medical processes he has gone through to bring it into alignment with his male gender.

> I'm a trans man and I had children because I kept my uterus. If I had the money, I wouldn't have my uterus still. I would have been able to have all my surgeries at

> once and everything would have been fine and I wouldn't have had childbirth to go through.

Neil's history of pregnancy is a monument to the impossibility of being a man in the way he longs to be one. Becoming pregnant so quickly after his medical transition seems to have foreclosed on the possibility of grieving that the body he was born into is not the body that reflects his gendered sense of self, which could have helped him find his own way of inhabiting masculinity. However, forcing himself to use parts of his body he did not actually want to keep, to undergo an intensely gendered process, which he is required to discuss with others if he wants to share the truth of his experience, keeps him in a perpetual state of in-between, unable to grieve and unable to move forward.

> Your work becomes your home away from home, and you end up having conversations that you would have with friends. They're your friends. I don't like having that [gender identity] hidden. People are like, "Oh how did you get the kids?" I'm like, "Long story." I just don't talk about it. It leaves a hole, not being able to share.

"It's tough for people who haven't been around other trans people."

Neil displays patience for people who are unfamiliar with trans people, willing to gently educate when called upon, while tolerating being misgendered or Othered in the process. "I never got angry with my mom for using the wrong pronoun, for example. She raised me. If she slips and says the wrong pronoun sometimes, she immediately fixes it.

I'm not going to get upset." This tolerance often surpasses mere compassion for people who are trying to learn. Neil's experiences of being Othered for being a trans man seem to have created a prominent self-other configuration in which Neil constructs himself as Other and therefore less-than, requiring the forbearance of the normative other. It is less an identification with the aggressor—Neil is not perpetrating abuse toward other trans people—and more of an alignment with the aggressor, in which Neil treats the other's confusion, disgust, or rejection of him and about him as completely understandable. Because he constructs it as understandable, he makes choices that accommodate the other's limitations, rather than pushing back on those limitations by advocating for himself and changes to the status quo.

Potentially this comes out of a sense of scarcity—a scarcity of people willing to understand and accept Neil for who he is, as he is.

> [Dating] was very hard, being trans. I met Colin, and I felt right with him together, physically. I probably should have spent more time figuring out what we have in common. I probably rushed into it, looking back. It's been a little bumpy.
>
> I asked him where the urgency to settle down came from. Neil replied,
>
> Maybe not losing my chance at having somebody, because it's hard to find somebody. And dating is really hard when you're trans. Going out there as trans, people just don't want to consider you.

Because Neil's own sense of his gender identity is so bound up in his embodiment, it may be difficult for him to question why people would not want to date a trans man. To him, the answer is obvious—gay men want to date men, meaning cis men, not trans men like him. Within this framework, Neil is left with little choice but to accept the prejudice

he encounters in trying to date and hope to find someone who can see past that. Even with Colin, Neil's transness threatened the new relationship. "I think he was a little freaked out. He didn't know what that made him if he were attracted to me." Colin and Neil broke up between Neil's top and bottom surgeries, getting back together after the bottom surgery had been done.

This configuration showed up numerous times in the course of discussing Neil's pregnancies, albeit in subtle ways. First, in discussing his employment during his first pregnancy:

> I was actually hired for a new position right after I realized I was pregnant with Vincent. And as soon as the guy offered me the job, I told him. It was like, yeah, I'm going to be having a baby. And he was little surprised. But he needed me that badly and hired me.

The phrase, "he needed me that badly" indicates how Neil constructs the situation in a way that is consistent with this self-other configuration. Neil does not construct the hiring manager as open-minded, supportive, or happy to have Neil on the team regardless of his gender identity or pregnancy status. Instead, Neil constructs the manager as desperate, in need of somebody—anybody—to do the job, and therefore willing to hire Neil despite Neil being trans and pregnant. From this one-down position, Neil cannot advocate for himself, question any prejudice he may encounter, or even consider the impact it has on his self-esteem.

In discussing his birthing experiences, Neil remembers that he wanted a private recovery room but did not want to pay for one, if possible. He decided to count on the hospital choosing to room him privately due to his gender. "I think the hospital figured

out that somebody might not want to be in a room with me. That's a little awkward. How do you explain that?" I interjected, "I think it would be really difficult for *you* to be in a room with someone who doesn't want you to be in a room with them." My field notes reflect that I felt surprised and saddened by the idea that Neil would have to deal with hostility and Othering while recovering from both surgery and the ordeal of a deeply dysphoric pregnancy. I think I said this in hopes of Neil recognizing and reflecting on how unfair that situation would be to him; he returned to attending to the fantasied other's experience. "What are the odds that the other person would be completely comfortable with me being in the room with them? Or that the other person's husband would be completely comfortable with me being in the room with his wife?" His assessment of other birthing parents being intolerant of a male gestational parent may be realistic—especially in the mid-2000s. His acceptance of this intolerance seemingly without registering it as Othering and potentially hurtful to him reflects how his response to the hypothetical situation arises from this particular self-other configuration.

Neil's decision to become a gestational parent may represent a variation of this self-other configuration, one in which Neil allows himself more worth and agency.

> I didn't want to go through the heartbreak and pain of trying to adopt a kid. If we can't get a bichon, what are the odds that we're going to get a kid? Private adoption, it's going to be expensive. We can't afford that. If it's foster care system, they grab the kid back after you've nurtured it for a year. There's no guarantee that you get to adopt the kid at the end, even if it's a foster to adopt program. I don't want to walk that path, either. So, let's try the pregnancy thing, because I've heard it works and it can be done.

In Neil's self-other configuration, adoption, foster care, and surrogacy agencies are the discriminatory, normative other that passes real judgment as to the fitness of the potential parents, actualizing that judgment in the form of helping that couple become parents. Discrimination against non-heterosexual couples in adoption and foster care is, of course, a real and documented phenomenon; being trans creates the potential for additional bias in the process. In this instance, however, Neil responds to that discrimination by bypassing—not accommodating—the normative other, by getting pregnant himself. Rather than attempting to cater to a normative other that may not ever be satisfied or attempting to advocate for systemic changes that are still slowly processing to this day, Neil takes matters into his own hands. Pregnancy was a terrible ordeal for Neil, which he describes as "doing time." And yet, Neil still determined it as the least terrible and painful of the available options, likely because of the level of control he could have over the outcome. "I knew that at the end, if lucky, we would have a baby."

"I chalk it up to ignorance."

It is important to Neil to raise awareness and understanding of the trans experience without turning the trans people into a spectacle, provoking harmful backlash. His pregnancies occurred around the same time that Thomas Beatie, promoting himself as "The Pregnant Man," began making public appearances on Oprah and in other media. Neil remembers the harm created by the sensationalistic nature of that coverage.

> Vincent was born in October 2007 and then Thomas Beatie hit the scene on Oprah. Somebody in my social group gave some reporter my name. I think it was National Enquirer. I was like, absolutely not. [Thomas Beatie] ended up in a circus. That really, really hurt a lot of people because all the hatred that he stirred up against him and his wife. When I went on Oprah's site to read all the hate comments—I don't know why I read hate comments but I did—it like floored me for about a week. People are so nasty. I wished that he had stayed out of the limelight because the same people that hate him are probably the same people that are pro-Trump. You can't do anything that is not typical without them freaking out.

Neil is highly attuned to the cultural forces and social dynamics that contribute to Othering, specifically the ways demagogues and cable news contribute to reactionary attitudes.

> I really think [anti-trans bigotry] is all ignorance. There's nothing different about a trans person that makes them Other. But to somebody who doesn't know anybody like that, they think of it as strange. If they happen to be a conservative who watches Fox News, they're being told about the whole bathroom stuff all the time. It's insane.

Conceptualizing the source of anti-trans bigotry as ignorance helps Neil make sense of the Othering he experiences in a way that retains the humanity of both people involved—both Neil, as well as the person doing the Othering. Neil can retain a sense of his own dignity and self-worth—he is only being Othered because people don't know him; if they knew him, they would be open to and moved by his humanity. The issue is not that he is bad, just unknown. The other person is not reduced to being a bigot, but

rather a person scared of what they do not know. This offers a way for Neil to address the Othering: make trans people more known, more real to the people who Other them. Having ordinary, everyday conversations with the people in his life, offers the opportunity for Neil to share formulations of trans experience that are more realistic and grounded than the sensationalistic narratives offered in the news media.

> I chalk it up to ignorance. They don't know until they've met someone who's trans. I think of that conversation I had with my conservative manager about his neighbor's daughter transitioning to be a boy. I think he said she was a teenager. Now there's this boy teenager next to what used to be what he saw as a girl. I guess he's struggling with that. He's probably just struggling because he doesn't quite understand how it can happen and he has kids.

Empathizing with the concerns of his conservative coworkers allows Neil to share a pro-trans perspective in a way that invites openness and further curiosity, rather than defensive backlash. Neil cultivates empathy for these coworkers by reflecting on his own process of learning about systemic racism.

> I never understood how systemic racism is. Maybe two years ago we started reading and learning about things that happened in the past that were hidden from us, like the Tulsa riot. I saw Watchmen on HBO. I like to think a lot of white people woke up [to systemic racism] after watching that. If they hadn't read about it before, and they weren't talking to anybody that could educate them about it, that could have been eye-opening.

This is another way in which Neil is able to retain the humanity of both himself and the people who Other him. Rather than constructing himself as the always-righteous,

always-marginalized person seeking to correct the always-ignorant, always-oppressing other, he constructs himself and the other person as both people who, in different ways, are complicit in the systemic harm that occurs when a group of people are Othered. This puts both Neil and the other person on the same footing, two people who can strive to learn and grow and do better by other people as a result.

Neil is careful to protect himself, his family, and his livelihood from anti-trans bigotry, which includes the "trans panic" reaction he fears his coworkers would have if he comes out as trans after years of passing as a cis man to them. "I wish I could be out and open about it. I can't really share too much with him about my experience because I don't want to out myself." This limits how much he can bring his personal experience into a conversation. However, feeling somewhat safe allows him to engage in the micro-activism of one-on-one conversations that supports larger-scale activism by opening people's minds to different points of view, even though he characteristically downplays the impact he may have.

> I'm happy that things are better for trans people. As far as me contributing to that in some way, no, I don't think I have. I mean, maybe in some small part. On a grand scheme, I don't think I've done anything that has helped the movement. I'm just being myself like everybody else is being themselves.

Case Study Four: Brandon

Identifying information.

Brandon is a white, 27-year-old nonbinary transmasculine person living in a Mid-Atlantic state, near the greater Washington, DC Metro area. They use both they/them and he/him pronouns. I refer to Brandon using these pronouns interchangeably throughout this case write up. Brandon lives in a multi-generational home, which includes their biological parents, who divorced when Brandon was a toddler, two of their biological siblings, their partner, Bret, and Bret and Brandon's son Evan. At the time of our interviews in fall 2020, Evan was about 18 months old.

Brandon identifies as nonbinary transmasculine.

> For me, transmasculine nonbinary means I still don't feel like either one, male or female, which of course is the nonbinary portion. But the transmasculine is just because I'm leaning more towards being a masculine person, not leaning towards being a male.

They describe how their different relationships with each of their parents shaped their awareness of their sexual orientation and gender identity.

> Ever since I was young, I felt more masculine than feminine. My mom always wanted me to be a girly girl kind of thing. That just was not for me. And my dad was a lot more open to the idea. He was a lot more supportive. He just let me be me. He just let me be myself.

Brandon knew they are attracted to both men and women from a young age. They came out to their dad at 13, who responded supportively. "He was like, okay, whatever, we can check out chicks together." When Brandon came out to their mom five years later, at 18, she kicked Brandon out of her home, beginning a 5-year estrangement.

> It happened on my dad's birthday. She called him and said I was his problem now.

> He was like, “That’s the best birthday present ever.” He came, picked me up, and I moved up here to where I still live now.
>
> Once he was living with his father, Brandon felt freer to explore his gender identity.
>
> I was free to understand myself more. I watch a lot of the queer community Youtube channels and things of that nature. And I ran into Aydian Dowling, and he was just starting testosterone at the time. I saw a couple videos of his work like pre-T and just watched his journey a bit. I was like, that makes a lot of sense to how I feel.

Brandon’s then-partner expressed a lack of support for their transition. “She said she would leave me if I did, because she fell in love with a girl, not with a guy. I was like, ‘No, you fell in love with me, but whatever.’” This prevented Brandon from seeking out hormone therapy until after the relationship ended. “I was a people pleaser to a toxic level for a time. After we finally broke up, five years after that conversation, I was like, ‘I’m going to live for myself.’” Brandon was “very happy” to start testosterone.

> I got that prescription and I started doing T. It was every Thursday, an injection in my leg. My mom basically thought that was bullshit, that being transgender was a fad at the time and I just wanted to fit in. I explained to her, like, “It’s a little extreme to stab myself in the leg every week just for attention. But okay, if that’s what you think, go for it. I’m going to keep doing what I’m doing.” Everybody has their own opinion. It did hurt, of course. I guess I just wasn’t surprised.

While Brandon was in the process of coming into their gender identity, they were also struggling to recover from polysubstance addiction. They spent several months in different kinds of addiction treatment, including time at a residential program in Florida, followed by stays in halfway houses. Brandon first stayed in a men’s halfway house.

> I was 100% accepted there. All of the guys that lived there, none of them acted any type of way toward me other than being my friends. It was an extremely inviting situation. I was actually the first transgender person there.

Next, he moved to a women's house. "They all would call me the man of the house. That was another inviting situation." These positive treatment experiences were powerful for Brandon, helping him recover from addiction and start building a new life. "I asked for help, I was taken seriously, I got it. I really loved it."

While in early recovery, Brandon heard that their high school boyfriend, Bret, was in jail on drug-related charges.

> Going through what I had just gone through, with me getting clean, I decided to write him in jail just to let him know I still cared about him. I didn't know how he felt about me because I know a lot of mutual friends probably had told him about me transitioning. But I wanted him to know somebody cared, just in case he didn't know somebody did.
>
> Bret was pleased to hear from Brandon and the two struck up a correspondence.
>
> He told me that I was the person that made him the happiest in his entire life and short hair doesn't really matter. At first, he was like, "All you got to do is become a girl again, just grow your hair out." I was like, "That's not going to work, first of all." He got over that rather quickly, thank goodness.

At Bret's next hearing, he was released from jail on a lengthy probation as part of a plea agreement. He moved in with Brandon, who was living with his dad at the time. Brandon and Bret resumed a romantic relationship and navigated early recovery together. Although the couple have encountered significant challenges, working through those

challenges has strengthened Brandon's conviction about their relationship's durability. "Going from being a girl to who I am now, the two things that have remained consistent are my feelings for Bret and his respect for me and who I am as a person."

Conception.

Near the end of his stay in a Florida halfway house, Brandon decided to stop testosterone, even before he had reached out to Bret.

> About a month and a half before I wrote his letter, I decided to take myself off testosterone. I ended up staying on testosterone for probably about 15 months total. I only wanted to reach a certain point with my physical transition.

Concerns about fertility informed Brandon's decision about this.

> I decided to take myself off the testosterone, because I had read a couple informational pages online that say it's unknown how long you have to be on testosterone before you won't be able to have children. And I was not willing to risk that.

Brandon believed it would take quite a while to become fertile again after stopping T; they were surprised to discover they were pregnant five months later.

> Only three months after Bret got out of jail, I was pregnant. Oops. It wasn't planned or anything. I didn't think that I was as fertile as I was just stopping testosterone. I thought it would take at least a few months to regulate again, but apparently not. I was ecstatic.

Brandon was not even four weeks pregnant when he decided to take a test. “I actually knew far earlier than most people do. I’m sensitive, spiritually, and I’ve had not great experiences happen to my body, so I’ve learned to become really in tune with what’s wrong.” After positive home pregnancy tests, Brandon’s friend helped him find an obstetrician who could confirm the results with imaging and blood work.

> They called me for the results and said, “It’s very early but within range of, yes, being pregnant.” They were like, “That’s bizarre. You had that hunch.” And I was like, “No I’m just extremely in tune with my body.”
>
> Once the pregnancy was confirmed, Brandon shared the news with Bret.
>
> I took pictures of the ultrasounds and I had the blood results on my phone. When Bret got home from work, he sat down on the porch with me and I was like, “I sent you a picture on your phone. And you can’t look at it until I tell you.” And he looked at it and he just looked at me and I was like, “I got the blood test results and I’m pregnant.” And he just picked me up, hugged me, and spun me around, and it was really, really great.

Pregnancy.

Brandon’s pregnancy was a difficult experience, physically and emotionally. They discontinued all of their psychiatric medication as soon as they found out they were pregnant, out of concern for the impact the medication could have on the developing fetus. “I had to stop taking all my psychiatric medication to make sure my baby was

healthy. All my pain medication." Brandon's pregnancy was considered high risk due to his high blood pressure and a previous stomach surgery. Because of this, he had to go to an obstetrical practice that specialized in high-risk pregnancies and have regular ultrasounds to ensure the baby was well and growing normally. In his second trimester, he had to have surgery to remove a neurotransmitter implant from his spine, which had been used to manage the pain created by degenerative disc disease without narcotics. The implant had not been put in properly, leaving Brandon at risk for fatal injuries if two of the wires moved too much in the course of their pregnancy. "Surgery in my second trimester was quite terrifying, but it was very dangerous to keep the implant."

Necessarily, Brandon had extensive contact with the medical establishment throughout their pregnancy. The attitudes of the medical personnel toward their gender identity ranged from accepting and supportive to hostile and degrading.

> Some of the ultrasound technicians were amazing. So great, personable, didn't mind that I was who I was. But there was this one woman; she was quite rude, actually. Asked why I needed to be called a different name. And I was like, "That's just my preference." She was like, "What's your real name?" I was like, "That is my real name." I took it in stride. I was just like, some people are full of hatred and bigotry, ignorance, and I'm not. Most of the other times were pretty okay. There was only a couple of the ultrasound techs that were rude or a little judgy. They would just shoot little side glances. They were trying to be discreet but it was obvious they were still making faces, or eye rolls.
>
> Fortunately, Brandon had a positive experience with one of his primary doctors.
>
> There was a doctor at the hospital, she was amazing. She was extremely gender

inclusive, she understood everything. She was very well-rounded for the community. She left me at ease whenever I had appointment time with her.

Throughout their pregnancy and early postpartum, Brandon was accompanied by a journalist from a national publication writing a story about navigating pregnancy as a nonbinary person. This brought Brandon to the attention of the hospital, much to his annoyance.

> The hospital obviously knew that I was being written about in a major publication, so they sent me a patient ambassador to see if there was anything I needed to make me more comfortable, blah blah blah. I was just like, if there was a different person such as myself going through the same things, I bet they don't get a patient ambassador because they're not having a story written about them. If it wasn't for the publicity aspect, I don't think they would have cared. It just felt kind of fake. There was nothing they could really do to make me more comfortable unless they just completely retrained their staff.

The gendered nature of pregnancy bothered Brandon as well. "I was at the women's hospital. It always bothered me a little bit that it's called the women's hospital because it was just an extra reminder of the very gendered situation I was in." Medical inquiries typical to pregnancy intensified Brandon's distress by drawing his attention to gendered parts of his body that he feels dysphoric about. "The actual pregnancy itself was just full of a bunch of body dysphoria. Your body is very gendered. Anybody that speaks to you asks, 'Oh, are your breasts tender?' I don't like to think I have those, thank you." Adding to this, the people in his social surround had a difficult time making sense of Brandon's pregnancy in relation to his gender identity.

> During pregnancy, it was a lot of dysphoria and a lot of badgering questions from people that know me, and some providers. They didn't know how to ask the question of, if you wanted to be a man not that long ago, and now you're just nothing, but you're having a baby, so you got to be something. They just didn't know how to communicate it. I just wanted to lose my mind, honestly. It's very frustrating.

Compounding all of this stress was the fact that Bret and Brandon broke up early in the pregnancy due to disagreements about how Bret was following his probation requirements.

> Three months into my pregnancy, Bret and I broke up. We didn't get back together until the Mother's Day after I had our son. We've cleared up a lot of disagreements. We've been together ever since. We've made very serious commitments to one another.

Brandon notes that despite the reunion, he is still working through feelings of sadness and resentment about getting through the challenges of pregnancy alone.

> It was a lot of physical and mental pressure. I was very alone, I was very hurt for a lot of it. I didn't feel that was fair, me going through a situation that I didn't make by myself, but I was doing it by myself.

Birth.

Brandon's childbirth experience began with his doctor performing an induction method called "stripping the membranes" without Brandon's knowledge or consent.

Brandon had asked about the method and the doctor initially advised that Brandon was not close enough to labor to warrant the intervention. After completing the pelvic exam to check for cervical dilation, the doctor announced that he had gone ahead and stripped Brandon's membranes. "I was like, 'We didn't discuss that. You just told me what the hell it was. I would have preferred if you let me know what you're going to do my insides, specifically.'" Brandon was advised that they would likely go into labor within the next 24 hours. Accompanied by the journalist who was profiling them, Brandon returned home to get labor going.

> We walked a lap around my road, because I was like, "I'm walking this baby out, got to make my water break. I'm doing it." I make it maybe about seven houses and my water breaks. It was the most disgusting feeling. It feels like you can't stop peeing yourself. It's so weird. [The journalist] was recording. We were walking and talking, so she actually has on the recording when my water broke. It was very funny. I was so excited. I was like, "Oh my god, I get to meet my son today!"

Brandon's dad took them and Bret to the hospital, hitting traffic on the way. "My contractions are coming, my water has broken, and I am sitting in traffic on the way to the hospital. Of course." Once they made it to the hospital, the medical staff confirmed that the baby was healthy and tolerating labor well. Brandon labored for quite some time without an epidural, feeling the full intensity of their contractions.

> I kept getting contractions and they were very painful, but I didn't cry. I didn't do the whole screaming out in pain thing. I just held my breath until the contraction was done and when it was done, I'd be like "Fuck, okay, that one hurt." And moved on. But I never screamed or any of that nonsense. I'm not saying that screaming is

nonsense. I'm saying it's nonsense that I didn't. I didn't understand why I was so quiet.

Brandon eventually opted for an epidural. "At first, thought I was going to go 100% natural. I wanted to, but I was just scared that I wasn't going to be able to handle the pain the way I wanted to. I also wanted to enjoy part of the birthing experience." Shortly after getting the epidural, Brandon reached the pushing phase of labor.

> Right after the epidural, maybe 15 minutes, the nurse came in, asked me to do a couple practice pushes and I did. Then I was crowning. She was like, "Don't push! We gotta get a doctor! The baby's right there!" She showed me with the mirror that [Evan] was right there. I was scared. The doctor came in and it literally took two and a half pushes. He came out literally so fast the doctor almost dropped him, because there was a lot of velocity. He was a cannonball, which was fun. I got a good chuckle out of it.

While Evan was getting looked over by the pediatric staff, Brandon endured repairs to the lacerations he sustained while giving birth. "I had to get stitches, which really sucked because then that was even more attention on a female part of my body that I was not thrilled people had to pay attention to." Soon after, Brandon was able to meet their son for the first time.

> I just remember, I heard him cry and they handed him to me a minute after that. And I was just like, "Do I ever have to let him go? Can we pay you guys rent right here and stay in the moment for the rest of our lives? Because I don't want to do anything else." I was just happy. My entire world just shifted.

Categories of meaning.

I will now describe the categories of meaning that arose from my conversations with Brandon. I created these categories of meaning after a thorough examination of the transcripts of our conversations. I identified five themes related to Brandon's experiences of gender and embodiment during the childbearing year. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they relate to the research question. I included thick, descriptive quotes from Brandon to support my interpretations. Some quotes are used in multiple sections because, similar to clinical material, they lend themselves to more than one interpretation. I used a single quote from Brandon to title each category of meaning, in order to keep the category grounded in his experience, even as I tie in theoretical concepts and terms to elaborate my interpretations of his material.

"If everything I went through equals I can help one person because of that, I'm good."

Brandon found pregnancy to be quite difficult due to experiencing body dysphoria, as well as encountering constant misgendering and transphobic attitudes from their family, friends, and medical providers.

> It was just a lot of dysphoria and a lot of badgering questions from people that do know me, and some providers. Growing breasts obviously really, really bothered me. Every freaking appointment, talking to me about my uterus and all these other womanly things.

Considering themself to be representing other trans gestational parents helps Brandon cope with the isolation and frustration of his pregnancy experience. This is characteristic of Brandon, who typically makes meaning of suffering he endures by imagining how it will enable to help others in similar circumstances.

> I'm obviously still alive because my experiences can help somebody else. I'm glad I went through everything I went through, as much as it fucked me up. I'm glad, because me explaining that this happened, this happened, and this happened to somebody else that's had it happen, maybe they won't attempt suicide. They'll know there's someone that gets me, will let me talk, they will listen, and I'm not judged.

Participating in a profile story on nonbinary pregnancy during their pregnancy, as well as this research study, allows Brandon to share his childbearing story with others. This offers a sense of feeling accompanied, not only by the journalist and me, the researcher, but also by the people who will encounter Brandon's story and hopefully be moved by it. Brandon hopes that sharing their story through these avenues will reach other trans gestational parents, who will feel less alone for hearing it. Brandon also hopes that their story will reach cis people, normalizing trans subjectivities and experiences in such a way that these cis people will be able to be more respectful and accommodating to trans people they may encounter in their lives.

> Potentially, this will help future non-female parents or gestational parents have a better experience throughout the childbearing year. Hopefully a better experience and not as emotionally triggering. A little more respectful in some cases.

Fantasizing the people they are helping through their painful experiences alleviates the profound isolation Brandon feels related to his gender identity. Even if the actual

people in his immediate social surround do not understand or respect Brandon's gender, in imagining the people he helps, he creates a feeling of connection with a community of people who do. Brandon does not imagine being supported and helped by these people; rather, Brandon fantasizes about being supportive and helpful to them. This offers a sort of psychic anchoring when Brandon encounters bigoted or ignorant commentary about their gender identity, guiding how they choose to respond.

> I try to contain my frustration and just turn it more into an educational moment for those kinds of people, because if I'm the first person that they've met like me and they're trying to gain information and I just freak out because they offended me, they're going to see everybody else that's like me in a bad light, because I was their first impression. And I won't give anybody the satisfaction of having an excuse to strongly dislike people like myself or anybody near the community because my feelings were hurt for a moment. I just can't do that. I just tried to grin and bear it, just explain whatever they had to ask and just get through it.

In positioning themself as an ambassador and protector of other trans people, Brandon embodies both the person they are—someone vulnerable, alone, and in need of help—as well as the person they need—a protector, a guide, someone making an easier path for pregnant trans people. No one else steps in to protect them—the journalist is there to observe and report, not smooth the way; the researcher is not even on the scene until months later. Brandon fantastically casts themself in the role of protector to access a vitally needed sense of protection and holding.

This fantasizing may also offer some relief from the intensity of their suffering, as a form of dissociation. While Brandon remains aware of his feelings of discomfort and

isolation, imagining the ways other people like him experience those feelings offers some distance and detachment from those feelings. Focusing on other peoples' feelings of discomfort and isolation and not so much on his own helps Brandon to stave off feelings of despair and helplessness. It transforms the act of enduring from something passive and coerced into something active and chosen. Brandon chooses to endure to make life easier for others who are like them, even as their own life feels quite difficult with regard to their gender identity.

> There's a lot of people like me—nonbinary or transmasculine—that have dealt with the same stuff. That's why I'm so proud of people when they come out, finally say aloud who they are, what their pronouns are. People who went through a lot of shit, like me, and they never felt like they were allowed to say it. They finally say it. It takes a lot of guts and it makes me excited when people can come out with that, because I know it took me awhile. It took encouragement to get there.

"I already gave the world a gift; I brought him here."

Brandon approaches parenting as an act of reparation. Brandon has been both the victim and the perpetrator of violence. In their addiction, they associated with gang members, performing acts of violence on behalf of their dealer and their dealer's gang. Brandon himself has also been the victim of numerous acts of violence throughout his lifetime. In parenting his son, Brandon sees an opportunity to not only make amends for the harm he has done, but also as a way of undoing the harm that has been done to him.

> I have chosen as a parent to change the world by bringing into it—since I have a son—I have the chance to give the world somebody that, whoever he dates, they aren't going to have to cry about him later. I know I can teach my son not to take advantage of women. Basically, all the people that have hurt me, I'm going to make sure that nobody is going to be able to tell a story like that about my son. Because he's a good boy. I know that because he has good parents.

Brandon idealizes their son, Evan.

> He's just legitimately the most perfect creation I've ever seen. He's so smart. He was literally walking and running at eight months. He climbs things. He knows words. The doctor has said he's advanced in his activities and things. He's already so sweet.

Brandon sees Evan as inherently good, in possession of an intrinsic goodness that Brandon can protect and nurture in ways that he was not protected and nurtured. All of the work that Brandon has done to be kind, affirming, open-minded and generous with others, they anticipate that Evan won't have to do because his natural goodness will be protected and cultivated, not stamped out and crushed. "It's not difficult to teach respect. It's not difficult to teach love. It's not difficult to teach kids to be kind, because they are naturally so." Evan is also situated as evidence of Brandon's goodness—if Brandon were truly terrible, they could not have made Evan, someone so pure and loving and kind.

> I didn't understand how I was gifted with this perfect little creature, the eternal piece of shit that I am and have been, and I was given him. I know that I'm not an actual piece of shit. I feel like that a lot of days, but not all the time. But there's no way I could be a horrible person and be given that. I don't think genuinely terrible people are gifted great things like that.

Recognizing Evan's goodness helps Brandon begin to tentatively locate his own.

Nurturing Evan's goodness requires Brandon going against the norms and expectations of his family and community. This in turn requires an insistence that Brandon's way of being and doing things is valid, even if it is unconventional by the standards of those around him.

> A lot of people, even in my family, disagree with my parenting. My son is allowed to have feelings. He's allowed to express them. He's allowed to communicate freely with me about how he feels and I'm going to listen.

Brandon's family assigns gendered meanings to how he parents, suggesting that raising an emotionally expressive son will "turn" the child gay. This implies that there is something pathological about non-heterosexual orientations and non-cis gender identities, that something had to go wrong in parenting for these aspects of identity to emerge later in life. Brandon emphatically rejects these criticisms. "This is my own family. Nobody told Van Gogh not to paint the way he paints. This is my masterpiece. You're not going to tell me how to do it different."

Brandon's grandiosity is protective and sustaining. Brandon encounters very little affirmation or validation of their values, their ways of being, or their ways of parenting. A deep conviction in what he is doing makes it possible to parent how he wants to parent despite the external messages of invalidation and doubt.

"If I was cursed with this wrong body, I may as well do the most amazing thing it can do."

Pregnancy creates a way for Brandon to transmute the suffering of their embodied experience. Brandon's embodiment has been defined by pain and invasion. Their body has been a battlefield of sorts, a site of assaults inflicted by others as well as those self-inflicted. "I've had some issues, my embodiment. I've been through a lot of stuff in my life, with physically injecting drugs, I used to self-harm back in middle school and high school, I've been sexually assaulted a couple of times." Additionally, the experience of body dysphoria constitutes a kind of assault on Brandon's sense of self. Brandon inhabits a body that misrepresents Brandon to the world, that invites others to impose inaccurate gendered meanings on Brandon.

> I don't have bottom dysphoria. I don't mind that, outside of pregnancy, when there's not a bunch of people poking around in it and constant reminders that I'm not exactly one gender. In general, I'm fine with the lower half. It's not an obvious thing. The lower half doesn't require any kind of justification for the outside world. Now the top half is where my problem lies. My chest is not overly large or anything. Its existence is too much for me as it is. I've always hated them.

Brandon experiences their body as concretizing these experiences; the chronic pain syndrome and other medical conditions they live with symbolize their psychic suffering.

The transmutation of Brandon's embodied suffering weaves throughout their pregnancy story, from the beginning. They attribute their ability to detect their pregnancy so early—before a missed period, even—to having developed a heightened attunement to subtle changes in their body due to the physical torments they have endured, in the forms of violence, dysphoria, and medical conditions. "I've had not great experience happen to my body, so I've learned to become really in tune with what's wrong." Taking themself

off of all their medications intensifies the discomfort and dysphoria of pregnancy, but Brandon considers it worthwhile if it guarantees the likelihood of a healthy baby.

> The actual pregnancy itself was just full of a bunch of body dysphoria. I have a major depressive disorder, as well as bipolar type two, as well as generalized anxiety disorder and gender dysphoria. I'd say just about every single one of those was triggered by a lot of the basic situations of what it entails to be pregnant. I had to stop taking all my psychiatric medication to make sure my baby was healthy.

The capacity of Brandon's body to be pregnant and have babies has been a source of consolation for them.

> No matter what I've ever felt about my gender, I always knew I wanted to have a baby. If I was cursed with this wrong body, I may as well do the one most amazing thing that it can do.

Protecting that capacity has guided the choices Brandon has made regarding gender affirming medical interventions. "I decided to take myself off of the testosterone, because I read a couple informational pages online that say it's unknown how long you have to be on testosterone before you won't be able to have children. And I was not willing to risk that." Parenting represents the possibility for Brandon to love and nurture his children in ways he was not, being needed as a parent an antidote to feeling unwanted as a child. "Kids are so innocent, and you have the ability to help them become not only who you hope they will be, but who they actually want to be. All they want is you to love them. That's it." Moreover, having a baby constitutes a sort of amends from Brandon's body to Brandon—an apology for not being the body they want and need, a baby for all their trouble.

> When they put him on my chest, I didn't care about a single time that I felt anything unpleasant in the entire nine months. It was the single most meaningful moment in my entire life. There's nothing that can replace that moment.

Brandon feels themself transformed by the ways their embodiment was altered throughout the experience of pregnancy.

> It took a lot for somebody with my brain to be pregnant and to do a lot of it by myself. I went through a lot. I was happy to do it, but it did take a lot of growing from me.

"I'm a full spectrum parent; I'm a full spectrum person."

Brandon lives in a community where gender norms and roles are quite rigid, meaning there are specific ways a person can be depending on their gender. For Brandon, being nonbinary is expansive, allowing them to transcend gendered limitations pertaining to personal qualities and ways of relating.

> "Basically, I'm just more masculine, especially outwardly. I do still have femininity because I'm an emotional and sensitive type of person. But yeah, it's most definitely not one or the other. I'm masculine, outwardly. I'm not very outwardly feminine. That comes out more if I'm talking to somebody, like if we're having a serious conversation or advice type of conversations, things like that, I'll allow myself to be more feminine.

Brandon experiences his nonbinary identity as allowing him to access the full

spectrum of parental functions.

> I am very devoted and nurturing and sensitive and rough around the edges. I feel like, luckily, since I am neither [male nor female], I can incorporate both motherly and fatherly things. I can incorporate the masculine things in a sensitive way, almost do both.

Brandon chooses the parental title of "mom" because he sees it as reflecting his experiences of self-sacrifice to protect and nurture his baby. "My title is mom. I almost feel like I earned that damn title, 'Mom.' I earned that shit!" However, they consider the functions they provide as a parent to encompass aspects of both fathering and mothering, which they refer to as being a full spectrum parent.

> The actual what I am is a full-spectrum parent. I'm a full-spectrum person. I have feminine attributes. I have masculine attributes. But I'm neither one. In those two titles of male and female and mom and dad, I do accept the title of "mom." I don't accept the male or female.

For Brandon, "mothering" encompasses being a nurturing, caring presence in his son's life, attending to the emotional needs of his child. "Fathering" involves being a role model to his son, providing for him, attending to his practical needs, and teaching him to be independent.

> I want to be able to be the person that can shape him into being a nice, respectable, genuine, kind, and understanding type of person. I want to provide a firm, loving guidance. I want to be the type of mom that he knows he can look up to, he can look to for in general for help, whether that be something helping him to be his more masculine self—fixing his gun or his car or whatever boys need fixed. Or if he's

looking for a more feminine take like, “Mom, I feel sad, I don’t know what to do.” Or “I want to ask out this girl or boy or person and how do I do that?” Any of that.

Brandon wants to be available for his child regardless of need or situation. Growing up, he rarely felt seen, heard, or cared for by his mother, and was only able to access the love and support of his father every other weekend, due to custody arrangements. Positioning himself as a full spectrum parent may be a way in which Brandon tries to ensure that Evan will never know the profound deprivation of needing emotional support from his parent but not being able to get it.

> I had a sense of, if you can’t trust your mom to talk to you, can’t let her know what you’re thinking, what you’re feeling . . . if you can’t do that with mom, where else are you supposed to? I just feel like that’s my role as a mom, to be a full spectrum parent that anything he needs he can come to me with it. No matter if it’s emotional, physical, whatever. He’s my baby.

Being able to provide both mothering and fathering to Evan means that Evan will always have access to whatever he needs from a parent, as long as Brandon is there.

Brandon’s parenting style is often challenged by their friends and family.

> Some look at my family dynamic and the way I present myself as part of this family and they are confused, perhaps judgmental. A lot of people tell me I’m going to confuse my kid by being the type of parent that I am.

Brandon rejects the notion that being a nonbinary, full spectrum parent will confuse Evan.

> It’s just stupid to me because it’s my kid. I should be able to be, at the very least, my exact true self with him. And if I’m doing that, I’m not going to parent in

stereotypical ways, or the way maybe everybody else thinks it should be.

Authenticity is inherent to Brandon's concept of full spectrum parenting, reflecting his belief that being knowable to Evan is crucial to having a genuine parent-child relationship.

> You're supposed to show your kids how to be by being how they're supposed to be. Show by example, right? So why would I be anything other than honest with him, even if it's just about who I am, how I want to be, whatever?

Brandon's openness and authenticity model the honesty and vulnerability Brandon hopes Evan can come to feel within their relationship. It also gives Evan the opportunity to really see and understand his parent. In order for Brandon to be a mom in the gendered way demanded by those in his social surround, he would have to compromise vital parts of his self. This would necessarily compromise the authenticity of their relationship. "I'm going to parent my way because you can only have a raw and real relationship with someone when you are real." Brandon is not concerned that their gender identity will confuse Evan, but they are concerned that the implicit falsity of pretending to be a woman in order to fit traditional stereotypes of motherhood would.

> I want my son to know who his mom actually is. And if I'm sitting here being somebody else and trying to follow these "real mom" guidelines, I'm doing my son a disservice because he won't know who the hell I am because I'm faking.

"I'm not being validated at home. It's really hard."

Brandon struggles to find validation and support for their gender identity in their

important relationships. “Nobody in the house gets my pronouns right, actually, nobody, which is very difficult for me. Even a lot of my close friends don’t respect it.” Their mother and siblings use she/her pronouns to refer to Brandon, as well as Brandon’s birth name. Brandon’s close friends refer to Brandon only as “B,” which Brandon accepts as a sort of compromise. Brandon’s friends and family are not struggling to understand Brandon’s gender identity; they openly reject Brandon’s nonbinary, trans identity. “My younger brother thinks the whole nonbinary transgender thing is bullshit. He’s like, you had a kid. You have a vagina. You’re a girl.” This total lack of affirmation intensifies the dysphoric experiences of pregnancy. “During pregnancy, it was just a lot of dysphoria and a lot of badgering questions from people that do know me, and some providers. I just wanted to lose my mind, honestly. It’s very frustrating.”

The framework Brandon has learned in addiction recovery offers a way for them to make sense of these annihilating experiences without being a victim or a victimizer.

> It is what it is. I’m not going to try to change their mind. I mean, they know what I would prefer them to call me. They know it hurts my feelings and if they won’t change it, they won’t change it. As long as I’ve been up front about my true colors and what it makes think, feel, whatever, then my side of the street is clean. I know my pronouns. I know my name. If they choose not to recognize that, that’s not up to me.

In this paradigm, the lack of recognition Brandon encounters is due to the other person’s limitations and choices, rather than Brandon’s. Furthermore, it clarifies Brandon’s role in the situation. They are only responsible for making their needs known, not trying to figure out how to cajole their family into meeting those needs. Yet, of

course, those needs for validation, mirroring, and recognition remain. Seeking out opportunities to share his childbearing story with interested professionals—a journalist, a researcher—may be a way that Brandon gets those needs met, at least in a limited way. Participating in this study, as well as in the profile in a national publication, allows Brandon to engage with people who see and affirm Brandon as nonbinary and transmasculine, who are respectfully interested to learn about how Brandon makes sense of their own experiences. At the end of one of our conversations, they told me, "I do appreciate it because it's hard to remember these things and talk about them. They're painful, but it's a lot easier when you feel it's received well on the other side."

This need for mirroring and recognition surface as Brandon contemplates how and when he wants to share his gender identity with Evan.

> I do plan to explain to Evan my gender identity. I want to wait until an age where that can actually be conceptualized and really understood. I don't know what age that is, but I know it's probably around the time of being a teenager.

Brandon cautiously hopes that Evan will respond with a desire to affirm Brandon's gender identity, despite being surrounded by loved ones who do not.

> It's really important to me to have that conversation about my gender identity because my hope is, with the respectful relationship we'll have by that point, that perhaps he might actually respect my pronouns. I hope that it would mean something to him to do that. I know it will be difficult because most people that he's around say "she." So, it's going to be something he's completely used to at that point, which sucks. I just want to give him at least the opportunity to know what it means to me,

> and to choose, if he wants, to put the effort into addressing me in the way that I prefer.

Placing it in the context of the respect and authenticity that Brandon shows Evan, and is teaching Evan to show others, Brandon hopes that Evan will understand what using affirming pronouns means to his mom.

> That's a pretty important aspect to being understood. I just think it would…I was going to say bring us closer, but I anticipate us being very close anyway. I guess it would make our relationship deeper. It's a very real and important thing for me. It's who I am.

Brandon anticipates that the deepening of the relationship would not only allow for Evan to know Brandon, but for Evan to deeply trust that the two of them really can talk about anything, even elements of their experience that are deeply personal, that few others understand.

> I just feel like it invites him to know the door's open for conversation on any curiosities he might have on the topic, on me as a person. Just really anything. It's just a completely level playing field; anything he's unsure of or misunderstanding or just purely curious about, we can address all those things promptly and we can have that conversation.

Brandon hopes that raising Evan with respect, validation, and recognition will create a sense of mutuality in their relationship, in which Evan can also respect, validate, and recognize Brandon. In building a parental relationship that serves as a haven for Evan, Brandon hopes that as Evan grows up, their relationship will eventually become a haven for both of them.

Case Study Five: Quinn

Identifying info.

Quinn is a white, 32-year-old trans man who lives in the Pacific Northwest with his wife, Mel, and their daughter Avery. Avery was six months old at the time of our interviews in the fall of 2020. Quinn uses he/him pronouns. He describes his gender identity:

> I'm a binary trans man. I'm not genderqueer, I'm not nonbinary. I very solidly identify as a queer trans man, for many reasons. I feel like queer encompasses my gender as well as my sexual orientation. I feel comfortable there. Gender-wise, for me, identifying as a man feels very true.

Quinn recalls that it took a few years and some "experimenting" with different labels to get to the point of fully understanding his identity.

> I came out over a decade ago. Things were really different then. I struggled to find words to put to my experience, early on. I think I needed to go through a phase of experimentation and trying on different words, different labels. I joke that I've been every letter of the LGBTQ acronym at one point or another. I came out as lesbian first and, for about a year, I thought that that label really fit. Ultimately, I realized that that was half of the equation. Like, "woman who loves women," the first part didn't fit. And then I identified as genderqueer for a minute. It was a very defining time for me in my early 20s, of figuring out what being trans meant for me. Eventually, I realized that I actually, really identify as more binary and that has

pretty much stayed the same.

Quinn's pregnancy coincided with a number of new beginnings for his family. Quinn and Mel are fairly recent arrivals in their new hometown—they moved there just as they conceived Avery via intrauterine insemination.

> Mel, my wife, and I have been married for six years, and together for nine. We've lived in a variety of places. We've moved each of those times for her work. She's a journalist, so we go wherever her work beckons.

Quinn also changed jobs at the same time. Long before he started the process of getting pregnant, Quinn trained and worked as a birth and postpartum doula, specializing in supporting LGBTQ+ families; planning to be pregnant one day sparked his interest in birth work. "I knew I wanted to be pregnant someday, and kind of wanted to get a perspective on what I was getting myself into." Before moving, Quinn had been self-employed.

> I have been working as a doula for the past five years. I started out doing postpartum doula work and then, added on birth doula work, and also got certified as a lactation education counselor, and a childbirth educator. I do everything around the childbearing year, and that first year postpartum.

Quinn now works in a virtual doula role, remotely supporting families through pregnancy and postpartum.

> I love what I do. I love that I get to work from home; I worked from home throughout my pregnancy. Now I get to parent and work from home, which is proving to be a little challenging, but it's part time.

In making this change, Quinn not only shifted from providing in-person, on-call

support to offering remote support on a consistent schedule; he also started working with non-LGBT+ families for the first time.

> I love the families I work with. It does feel so different than supporting the queer families I've supported, I think. Just working with queer families is so much more interesting and fun for me, because there is this mutual understanding. It's a common language, a common understanding that they went through so many steps to get their baby that cishet folks didn't have to go through. And like, same for me. But, I do really love the families I work with now, genuinely. Despite the fact that we maybe don't have like, a common language, or shared experience.

Pre-Conception.

Quinn and Mel have planned on having a child from early on in their relationship; Quinn carrying their future child has always been part of those plans.

> Pretty early on, that was a conversation we had. I was in my early twenties when we met but I was like, "I think I'd like to do that. I have the body parts to do that." We decided that I would carry, primarily because Mel is not interested in carrying a baby. She identifies as a queer, femme, cisgender woman and she wanted to be a mom. I always knew she wanted to be a mom, but never wanted to become a mom by being pregnant.

Quinn and Mel approached the creation of their family with great intention. Long before Quinn even went off T to start the physical process of conceiving a child, Quinn

and Mel began conceiving their child together, intersubjectively. Thinking of who their eventual child could be guided the decisions they made about the process.

> We envisioned when we have this child who is old enough to understand, how do we want to have that conversation? For so many people it's the anonymous sperm donor route and that just didn't feel right for us. It was just not the story that we wanted to tell. We really wanted to be able to tell our child the story of how she was made and have a real-life person to point to, to say, "Uncle Jason helped us make you."

Quinn and Mel decided to ask their friend Jason to be their donor.

> He's kind and gentle; those are qualities that we wanted. The nature piece of it, if you can control that—we wanted to just have somebody who's like centered and calm and kind. He met all of those requirements and he's gay. That's something that was important to us, too. We wanted a donor who's gay. Queer it up all around. That felt pretty key.

They approached Jason in 2017 to ask him if he would be their donor.

> We had the conversation with him; we did not expect answer right away. His response was—what did he say? "I didn't know anybody would ever want my biological material. Am I any good?" He had a self-doubt moment about it. He must have worked through it in his own way because two days later he called us and was like "I'm all in. I've been thinking it through and I'm all in. Absolutely, whatever you need."

From there, Mel, Quinn, and Jason started the process of working out a solid known donor legal contract to ensure all agreements and responsibilities were clear and acceptable to all involved. As that process moved toward finalization, Quinn went off T

in December 2017 to begin the physical conception process. “I didn’t want to go off testosterone until we had the “Where are we getting the sperms from?” plan that was really solid.”

Conception.

Quinn and Mel worked with an obstetrician for the intrauterine insemination (IUI) process. “We went to a fertility doctor and that wasn’t the right fit. We ended up finding an OB who was willing to help with the IUIs. We did IUI attempts and some home attempts, a little bit of both.” The process of trying to conceive was lengthy and quite difficult for Quinn. Quinn’s menstrual cycles resumed about three months after he discontinued testosterone, but they were quite irregular. “From December 2017 to the first attempt in July 2018, it was seven months of being off T before we even attempted.” Quinn got pregnant on the second attempt, but the pregnancy miscarried only eight weeks later.

> We got so excited, and told everybody, and then miscarried at eight weeks, which was really devastating. Halloween of October 2018, so almost two years ago now. It was a missed miscarriage. We had gone in and heard the heartbeat two weeks before. Then we went back, and the fetus had stopped growing and there was no more heartbeat. I had a D&C[1] and peeled myself off the floor, eventually.

[1] A D&C is a dilation and curettage procedure. It is a procedure that is done to resolve a non-viable pregnancy in the first trimester.

Quinn's cycles resumed again a few months after the miscarriage. They never became regular, despite using various fertility medications. He had a positive pregnancy test again in March 2019, but it turned out to be a chemical pregnancy. In June 2019, Quinn had his final IUI with his obstetrician before relocating for Mel's new job; he and Mel moved to their current city three days later. "As we were still unpacking boxes, we found out that I was pregnant. As time went on, it was a good, sticky pregnancy. We had nine months to build community and figure out where to find our people."

Pregnancy.

After the miscarriage, Quinn was wary of losing a second pregnancy. "I was a nervous wreck the entire first trimester because I was so anxious I was going to miscarry again." The specter of loss hung over Quinn's pregnancy, particularly early on.

> I have a friend who is another trans guy, and he lost his baby at 20 weeks. That just instilled a really deep fear in me. I don't know why I thought, "Well, that happened to him, it could happen to me too." Getting past that point felt really good. And then getting to 24 weeks when babies can theoretically be viable on the outside. I would say that anxiety really colored my pregnancy. It really kind of tainted it. It took some of the joy out of it, unfortunately. But I also think that anxiety is protective, if that makes sense.

As the pregnancy continued to be healthy and viable, Quinn could allow himself to be aware of deep love he felt for the baby he was carrying, and to bond with her. He told

me about playing little games of tag with Avery while she was in utero, with him poking her feet and Avery kicking back, and how those early, pre-birth games foreshadowed their current relationship.

> I love playing with her; I feel like we started that relationship early on. To be honest, I think once the pregnancy started, I felt connected with her, but I didn't talk with her a whole lot, throughout the pregnancy. I was still really scared as I was carrying. I felt connected to her, but I was worried about connecting too deeply, which is kind of silly. Because of course I was connected deeply to her! But I didn't want to articulate it because I didn't want to jinx it.

Working with an obstetrician who was deeply empathic, and supportive helped Quinn cope with his anxieties about pregnancy and birth. The doctor committed to ensuring that Quinn would have a positive pregnancy experience where his identity would be respected. Quinn remembers:

> From the very first appointment she said, "I've never had a trans male patient before but I'm willing to learn and I'm willing to train our staff. I'll be an ally; I'll do whatever you need me to do." And she absolutely did. I was so impressed with her from the very start. Just her empathy, her understanding. She asked questions like, "What words do you use to describe your body?" I was like, "Anatomical terms are fine. Thank you for asking." She wanted to get an understanding of my perception of my gender and Benny's perception of her gender, so that she could understand. She asked, "What parental names do you use?" I'm Daddy; Mel's Mama. And she was like, "Oh, you're actually very binary identified." I was like, "Yes! We are." I think it really helped her understanding. She was really down, and really, really cool. She

went the extra mile to have my back.

Two months prior to the birth, the obstetrician organized a meeting with Quinn, Mel, and all of the other medical staff who would be working with Quinn and Mel on the day of Avery's birth.

> We went into the hospital and met with the whole surgical team beforehand. That's not something that most people who are planning a cesarean get to have. But [the OB] went the extra mile to do that for me so that we could get any sort of questions or awkwardness of the way beforehand. We wouldn't have to deal with any of that on the day that we became parents. That felt really affirming, really awesome. It was a great chance to see everybody's faces beforehand. I think it was good for them to get to know us as a family and hear how we came to me being pregnant. It took away any sort of awkwardness that people might feel. They asked a couple of questions, all of which were respectful.

This meeting set the stage for the gentle, family-centered cesarean that Quinn planned for the birth.

Birth.

As long as Quinn has known that he wanted to give birth one day, he knew he wanted to have a cesarean birth. "I knew from well before I even got pregnant that I wanted a planned cesarean. I had no interest in pushing a baby out of my body and I

knew that going into it." Quinn knew that the dysphoria he would feel during a vaginal birth would be overwhelming.

> I also had some minor lower surgery. I was really worried that if I pushed the baby out, it would completely destroy the way my genitals currently look, and that I would need a revision on that surgery. So, my thought process was that I would much rather have a cesarean. I would have a surgery to avoid a surgery.

Being a doula, Quinn knew that he could advocate for certain accommodations that would make a cesarean birth still feel like the joyful, empowered, family-centered experience that he wanted the birth to be. Quinn explains his philosophy about cesarean births:

> I very strongly believe that cesarean birth is birth, and I always call it cesarean birth. I never call it a c-section. I kind of say it in an empowering way for myself and for my clients that I work with, because I think a lot of people think of a cesarean birth as somehow inferior to vaginal birth. I just don't believe that on any level. I knew, as a doula, that cesarean births can be really beautiful, family centered, and very gentle. There are so many ways to make a cesarean birth, a birth and also, an empowered experience.

Quinn very generously shared photos and a brief video of Avery's birth with me. He and Mel each wore surgical caps with their parental titles on them in big clear letters: Mama for Mel and Daddy for Quinn. The video, taken by Quinn's doula, was as moving as any birth I attended when I was a doula myself. I have always felt it powerful to witness the moment a new human comes into the world, especially when they are welcomed with profound love and joy. Quinn describes the birth video in more detail:

It's something I'm really proud of. It's really her coming out of the incision in my abdomen. So, her emerging and then she cried before her body was even out and tried to lift her head out. And then the rest of her body coming out, the doctor pulling her out. And then she was laid on my chest. We had a clear drape, our hands were free. She was on my chest and we could see her through this clear drape. We could see everything happening. We had our doula in the OR. And we had delayed cord clamping, as well. She was born! It was really everything that I wanted my birth to be.

Postpartum.

Quinn planned for the postpartum period with the same level of care and consideration of detail as he had planned the other phases of the childbearing year.

We had put a lot of intention into postpartum planning. As a postpartum doula, I felt really strongly about having our ducks in a row so we would be successful as parents and be taken care of, really. I wanted people who would take care of me, so I could recover, and who would take care of Mel, and hold our baby, while we took naps.

Avery was born in March 2020, the same week that the United States moved into lockdown due to the COVID-19 pandemic. The pandemic decimated Quinn and Mel's postpartum plans.

One big thing I do remember feeling during that first week was a lot of grief because Covid was happening. It was the beginning of the world shutting down and going

> into quarantine. The hardest part was that we arranged a whole lot of support that first month. We had a series of family members coming out at different intervals to help us. One by one they started calling us and dropping off, saying, "We don't feel safe flying. We can't make it; we're so sorry. We will talk to you later on." The first week was a lot of grief because we went from having a really robust postpartum support plan—super important to me—to not having anybody who could safely come. All our family live far away. It was really heartbreaking to realize that those next few months might be a lot harder than we had bargained for without some extra hands around.

Quinn and Mel and Avery settled in for a much different postpartum period than they had planned. They were alone most of the time, except for visits from their postpartum doula.

> We did have a postpartum doula, Cory, a lovely, nonbinary human who came eight hours a week, two four-hour shifts. Having a doula was really lovely because it gave us a break. There was somebody in our space asking us if we'd eaten today and asking me when was the last time I took a shower and asking if we wanted to take a nap. Just some of those caregiving things—I really wanted to be nurtured. Cory did a great job of that, but it was not the same as like, having my mother nurture me, which is what I really wanted.

Select elements of public life started to open up, albeit in extremely modified ways, around the time that the early postpartum period was winding down for Quinn and Mel and Avery. "We got through it. About three or four months in, we turned to each other at one point and said, 'We did a hard thing. We got through this, as a family, without very

much support at all.'" Though they regret not having had the postpartum they had planned, of being nurtured and supported by family and friends while celebrating Avery's arrival, Quinn and Mel found things to appreciate about the postpartum experience they did have. Quinn reflects:

> We grieved hard, the loss of being really supported in that postpartum experience, but ultimately, we found silver linings. When I look back now, I'm grateful for how it turned out, because we had a lot of really sweet bonding time as a family.

Categories of meaning.

I will now describe the categories of meaning that arose from my conversations with Quinn. I created these categories of meaning after a thorough examination of the transcripts of our conversations. I identified five themes related to Quinn's experiences of gender and embodiment during the childbearing year. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they relate to the research question. I included thick, descriptive quotes from Quinn to support my interpretations. Some quotes are used in multiple sections because, similar to clinical material, they lend themselves to more than one interpretation. I used a single quote from Quinn to title each category of meaning, in order to keep the category grounded in his experience, even as I tie in theoretical concepts and terms to elaborate my interpretations of his material.

"We can be trans and have a family. We deserve that beauty."

Being pregnant is an opportunity for Quinn to bring elements of his imagined self into being, specifically an imagined self he thought he was giving up access to when he started medical transition.

> I remember when I started T, I was 21. The doctor was like, "We don't know anything about fertility, and you will probably be sterile after a few years." I didn't think I was going to be around long enough to have a family anyway—I was still struggling with that ideation. I remember the doctor saying that and now we know that's not true. There's so much new information but people are still being told they're probably not going to be able to have kids and being forced into sterilization procedures.

Quinn's experience highlights the vulnerability of trans individuals seeking gender-affirming medical interventions. He so deeply needed to be able to access the relief afforded by starting HRT that he was willing to sacrifice the possibility of having a family in the way he had always imagined in order to bring his body into alignment with his gender. In that state of need, Quinn did not have the capacity to question the doctor, or to seek out other information about the relationship between fertility and HRT. Immersing himself in doula work supporting LGBTQ+ families gave him the opportunity to access other ways of knowing about trans fertility, reviving the possibility of one day having a child by pregnancy. "I was in my early twenties when [Benny and I] met but I

was like, ‘I think I’d like to do that. I have the body parts to do that. I think I’d like to do that someday.’”

Quinn is guided by his deep commitment to queerness. Questioning normative assumptions, aligning goals with values, and taking intentional action are important ways that Quinn lives out his queer identity. Approaching childbearing guided by his queer principles allows Quinn to actualize his imagined pregnant self in a way that feels deeply integrated with his queer self. Importantly, Quinn’s commitment to queerness is not at all about locating and performing some non-existent monolithic, universal queer course of action. He questions queer conventions as much as cisnormative, heteronormative conventions.

> I feel like trans people deserve family and deserve to have family that’s created in so many different ways. We talk about chosen family all the time, but what about family that you create with your body, and that being an option? I feel like it was, oh well, queer people can adopt or use a surrogate. I’m like, no, some of us can use our bodies.

Being able to use his body to make a baby is a powerful act for Quinn, who remembers once being deeply anxious about passing as a man.

> I remember how much anxiety it gave me to not pass early on in my transition. Early on, before I started T, and the first six months, before I started to pass regularly, I remember being so angry that people couldn’t just see me, and wanting to be perceived as just a guy, just like any other guy.

This period of time when Quinn felt anxious about passing was not many years before he met his now-wife and started expressing interest in one day carrying a

pregnancy. Perhaps for Quinn, being pregnant, using his body to make a family, unconsciously represents to himself that he is fully comfortable and grounded in his male gender identity. The imagined self being brought into being is not only a Quinn who is pregnant and becoming a dad; it is also a Quinn so secure in his gender identity that he can use his body's capacity to carry a child without feeling that doing so makes him less of a man. Moreover, he is excited and proud to be pregnant, to be queering masculinity by doing something typically gendered as feminine as a man, assigning masculine meanings to it. Being pregnant is an act of recognizing how far he has come from the very early days of his transition, when he couldn't dream of having a child or that he would one day enjoy challenging peoples' assumptions with his appearance. It is an act that affirms that Quinn's imagined self—pregnant, and secure in both his maleness and queerness—now exists in reality.

"Talk about a positive version of masculinity! That's what I'm trying to embody here."

Quinn recognizes himself as being accorded various social privileges because he is a masculine-presenting trans man who is consistently read as being a cis man unless he discloses otherwise. "Gender-wise, for me, identifying as a man feels very true. It also feels complicated, because of having male privilege. I was not socialized as a boy or as a young man." Quinn does not want to embody oppressive social dynamics. He grapples

with how to make use of the respect and protection he is granted by virtue of how he is perceived.

> For the sake of privilege talks, I'm perceived as white, straight, able-bodied, man. That is a really heavy burden to carry in the world and I think there's a lot of responsibility that comes with that privilege. I try to think about and dissect my own privilege, as much as possible.

The act of childbearing may serve as a way to ease the psychic burden of male privilege. Quinn does not see pregnancy as at all at odds with his maleness. Rather, Quinn conceives of pregnancy as a way to inhabit aspects of masculinity that feel aligned with his values and sense of self. He approaches pregnancy as open to his interpretation of masculinity according to his subjective experience, regardless of whether his important others agree with that interpretation.

> My mom said on multiple occasions that she thought me getting pregnant was really weird. "Why would you transition and why would you live your life as a man if you wanted to do this very womanly thing?" I just broke it down for her: gestating a baby is not inherently something that only women do. I have the body parts. Isn't it such a cool masculine protector thing that I can protect my child literally from the day she's conceived? And gestate this person within me and protect this little being for nine whole months before this person's even on the outside? Talk about a positive version of masculinity. That's what I'm trying to embody here.

Quinn reframes childbearing as something that is not inherently "womanly" or even gendered. In his construction, having the ability to bear children is not related to the gender of an individual, but rather, to what body parts they have. If Quinn is a man, and

Quinn has the body parts to make babies, then men can have babies. Quinn is so deeply secure in his sense of himself as a man that he can wrest the capacities of his body from the gendered meanings assigned by society and construct them according to his own terms. With childbearing thus liberated from its typical construction as the pinnacle of feminine activity, Quinn is able to parse the ways in which pregnancy can be constructed as a masculine activity. Quinn constructs his pregnant self as fulfilling those typically masculine roles of Protector, and Provider, able to protect and provide for his young from the earliest moments of her physical existence.

Quinn embraces how his pregnancy not only challenges norms associated with the male-female gender binary, but also those associated with the trans-cis gender binary. "There's a million ways to be trans. My way of being trans involves using my body to gestate a baby, which is not something that usually trans men describe themselves as doing." Quinn refuses to be limited by anyone else's conception of gender, whether those conceptions are coming from cis people or fellow trans people. Quinn's experiences of childbearing seem to have deepened the sense of expansiveness and self-definition about gender that allowed Quinn to engage in childbearing as a masculine activity in the first place. "Gender should be expanded. Gender should not be limiting at all. I just love that there are so many more words to explain what gender that one can be."

"I have a lot of passing privilege, but also a lot of invisibility."

Quinn is ambivalent about the fact that he generally passes as a man, meaning people read him as being a cis man and do not usually realize he is trans unless he tells them directly.

> I'm not stealth in my life, you know? I'm really not, but also, I pass. I have a beard and I have a belly because I had a baby six months ago but walking down the street, a stranger wouldn't think that I'm trans. I'm not assumed or read that way, like some trans folks are. I have a lot of passing privilege in that regard, but it also means that I have a lot of invisibility.

Quinn is very aware of the comfort and safety that passing affords him. "I feel safe traveling in rural areas and going to the bathroom basically anywhere; that's an experience I'm grateful for." He's also aware of the sense of loss that comes with passing. Although he is grateful to not be recognized as trans by people who would do him harm, he also notes that he feels invisible to other queer people. "What I miss more than anything is being visually read as queer by other queers. I think the 'homo head nod' is not something that I get anymore and that makes me a little sad." Quinn longs to be able to safely move through the world in an authentic way and still be recognizable as queer by his fellow queer people. That the cost of being recognized as a man is to miss out on opportunities to have his trans ness and queerness recognized and mirrored is deeply sad to Quinn.

> My relationship is straight-appearing, and we are both anything but, identity-wise, sexuality-wise. But when we're talking down the street, she's a femme woman, and my gender [presentation] now is kind of basic, just a dude. I have a beard; I dress really boring. I think we get read as a straight couple. There have been moments, like

during Pride, where I think we get like, “Oh the nice ally couple showed up.” And that just makes me so, so sad.

Pregnancy adds a new dimension to Quinn’s conflict about visibility and passing. He spends his workdays supporting expecting and new parents. While some self-disclosure in this role can be helpful in building relationships with the families he works with, Quinn worries that disclosing that he is a gestational parent would require such extensive explanation that it would refocus the conversation onto him, rather than the person he is supporting.

I don’t disclose that I was pregnant to really any of the families that I work with in my current job. I feel like that makes it about me, to a certain extent, and kind of detracts from their experience. I think, “I’m a new dad,” is relatable, but not, “I’m not the type of dad you think; my spouse wasn’t the one who was pregnant, I was.” It just kind of gets into the weeds and potentially, politicizes things.

It is painful for Quinn to feel that such a recent, profound, transformative experience must not be spoken for fear that it would confuse, or possibly alienate the other person. The potential for twinship experiences with fellow new parents feels tantalizingly close—but Quinn he passes as a dad, the parent almost always assumed not to have borne the baby. He anticipates that the other person would not really be able to recognize him as a gestational parent. They would have so many questions and feel so much confusion that the feelings of twinship would vanish before ever actualizing. The possibility that Quinn sharing the simple facts of his life could be controversial is especially poignant—the fantasied scenario in which the hoped-for feelings of twinship are replaced by the rupture of rejection and hostility is sadly plausible.

Quinn anticipates future scenarios in which he will disclose that he is Avery's gestational parent. "I'm sure it will come up in various ways as Avery gets older and goes to school and we start talking to teachers and other parents about like, how she came to be." Interestingly, the situations in which Quinn envisions sharing that he carried and birthed Avery are situations in which he is explaining their story to other people, not attempting to connect over a shared experience. Realities about the differences between professional and personal relationships that play a role in these decisions must be acknowledged. It also seems possible that unconsciously, sharing his birth story in these future hypothetical scenarios seems much safer because there is not the possibility of accessing or losing feelings of twinship with other gestational parents.

"Who I was in the past is integrated; that's part of who I am."

Quinn displays a notable capacity for mourning, which seems to help him navigate multiple aspects of his childbearing experience. Being able to grieve losses—like the loss of his postpartum plans due to the pandemic—creates the possibility of acceptance and even gratitude for what is happening, rather than melancholic attachment to what can never be. "We grieved hard, the loss of being really supported in that postpartum experience, but ultimately, we found silver linings. When I look back now, I'm grateful for how it turned out, because we had a lot of really sweet bonding time as a family." Quinn's capacity for mourning seems to have developed in relation to working through the various experiences of loss he encountered during his gender transition.

> My mom said to me on more than one occasion, "You killed my daughter." Like with anger, anger, anger. And for a little while I really related to that. I was like, "You're right. She's dead. She is totally dead." Now I think I realize who I was in the past is integrated. That's part of who I am. But that grief phase was hard, man. It was really painful. Hearing that "You killed our daughter," and my own grief stages too, of killing off a piece of me. I really explored that pretty deeply for awhile. And I guess I haven't talked about it at all recently because it doesn't feel true anymore.

Quinn sees his initial conceptualization of his transition as killing off a piece of himself as a necessary phase he had to work through to fully understand and accept himself.

> I think early in transition I tried to distance myself from any of those memories of myself as a little girl. I think it was my own way of coping, feeling like I need to kill off this girl version of me to be the authentic man that I am, but I don't think that's true at all. I think this little girl still lives inside of me and she still needs to be nurtured sometimes and reminded she had a great childhood even thought there was some confusion.

Initially, Quinn believed that he had to disavow the little girl he was in order to be an "authentic man." Working through various individual and family dynamics has helped him feel much more secure in his gender, and better able to integrate that little girl into his sense of self. Part of this work has also involved mourning the boyhood he never got to have.

> There's some sadness for me that I didn't have a boyhood. I didn't have the experience of growing up a little boy and learning how to pee standing up in the

> woods and doing some of the things I feel nostalgic for. I feel nostalgic for them and they didn't happen.

Doing all of this work of mourning allows Quinn to make use of the various capacities his body possesses in ways that feel consistent with his gendered sense of self. Quinn feels empowered to assign his own gendered meanings to these bodily functions and events, rather than having to accept the gendered meanings imposed by others. "Gestating a baby is not inherently something that only women do. I have the body parts. Isn't it such a cool masculine protector thing that I can protect my child literally from the day she's conceived?" He also displays comfort with really exploring and identifying the conditions he needed to feel safe and supported throughout his childbearing journey, and to locate others who are able to meet those needs. It is unlikely that Quinn could approach his body and pregnancy in such an unapologetic, unafraid way were he still disavowing his girlhood.

Quinn's ability to mourn the body he was born with does not eliminate the gender dysphoria he experienced related to going off T and being pregnant. However, it does endow him with more options and resources for dealing with the dysphoria than if he had not.

> I did a few things to help myself through that [dysphoria]. Some of my body hair just vanished and that was really sad for me. I had a lovely, hairy belly that felt very affirming when I would get out of the shower and look in the mirror. Like, this is who I am, this feels good. That body hair thinned out and went away. So, about a year off T, I was like, I'm just gonna stop shaving and see what happens. And it

turns out, I could grow a beard! So that felt really good to be like, okay, I'm trying to get pregnant, but I'm this hairy bearded man and it's okay.

Quinn can register dysphoria and tolerate it as an unpleasant experience, but it does not challenge his sense of himself as a man. He does not have to dissociate himself from his body's appearance or functionality to retain his male identity. He does not have to deny that his appearance bothers him, either. Rather, he can note that his body's appearance and functionality is not what he wants, but that it is in service of something else he does very much want.

I knew that there was an end in sight, even if it was two years down the road, that it would all lead to being back on T and feeling good in my body again. And those few years of not feeling great in my skin, it would be worth it. It was very much like, I will look back on this and feel grateful.

"I have some kind of woo-woo beliefs about the pregnancy."

Quinn's journey to parenthood was long and challenging. The miscarriage that ended his first pregnancy, in 2018, left Quinn devastated, as well as shaken about his body's capacity to have a healthy pregnancy.

I did go through a period for a few months after the miscarriage of really questioning whether my body can do it. Like, okay, maybe that was a sign that I'm not meant to be pregnant. I'm not meant to gestate a baby, and that I'm broken somehow. I was really questioning if I was doing the right thing or if it was the right path.

As the months of attempts wore on, Quinn remembers fluctuating between feeling focused on the desired outcome—a healthy pregnancy and baby—and doubt and anxiety about whether his body was capable of pregnancy.

> It was just like my body wasn't making it easy on me. It felt like no matter what I tried the cycle would still end up being irregular and that was frustrating. I hated charting. I hated being off T.

Creating a spirituality narrative about the process helped Quinn make sense of the challenges he experienced getting and staying pregnant, an antidote to the uncertainty he felt about his body. He shares,

> I read a book called Spirit Baby after the miscarriage. I was looking for some answers. I felt this pull toward this being who I knew was going to be my child. I could only make sense of it for myself. I felt this draw to the person who was destined to be my little person, who I was sent to protect and raise. We knew that our baby was going to be named Avery. After the miscarriage, we went through a process of questioning, "Did we lose Avery? Do we need to find a new name? Was that a real person?" I was only eight weeks into the pregnancy, so it was kind of a question for both of us. We were connected to the pregnancy for sure. We were connected to the idea of this baby. We had heard the heartbeat but that embryo wasn't even fully formed. Ultimately, how I felt about it was that the pregnancy was the person who is Avery, and that person was not ready to be embodied yet, not ready to stick around long enough to become a full-fledged person.

This narrative allowed Quinn to continue to feel connected with his baby between pregnancies. His belief that the different pregnancies are all embodiments of the same

baby mitigate the feelings of loss related to the process. This feeling of already being in relationship with Avery seems to have been deeply sustaining to Quinn. “I remember every attempt we would do, I would visualize meeting her and I would say, ‘Come back for us. We’re ready for you. Maybe we’re more ready for you now than we were then.’” Focusing on the person he was trying to bring into being seems to have ensured that the trying to conceive process didn’t become a struggle between Quinn and his body, despite the doubt and frustration he felt toward it. Instead, he could understand himself as working in tandem with Avery, who brings her own pre-incarnate wisdom to the process of embodying Avery within Quinn’s body.

> I do wonder what happened with Avery in that time. She went back to being a little spirit baby, hopefully was watching us and figuring out when the time was right. Who knows? But when I’m thinking about it from her perspective, I think she had some say in the matter, she had some choice of when it was her time to come.

Within this narrative, Quinn’s body is not rendered a battlefield, but rather a place of contact, of meeting his future child. He did not have to force his body to make a baby; rather he worked to make his body a welcoming space in which Avery could take form. Simultaneously, he and Mel also worked to make their life together a welcoming space in which Avery could emerge and grow. “I think the biggest thing was finding a better balance in our lives together.” As Quinn endured various fertility processes, he not only prepared his body for Avery, but also his life.

> I think Avery was very wise and knew that she was not supposed to be born in June 2019. She was supposed to be born after we had figured out some questions about our life path and maybe even gone through the trial of a loss. Maybe that was

something that we needed to go through as parents, to become stronger; I don't know. I was really seeking any answers at all and that's what felt true to me. When Avery was born, she felt familiar to me already. I feel like she was there, in that fall pregnancy before, and she just wasn't ready yet. She came back and she was embodied during this pregnancy. It's very "woo-woo" and I'm actually not a very "woo-woo" person, but I found some meaning for myself; it brings me peace to believe that.

Chapter 5

Discussion

Introduction

I conducted a qualitative research study using a psychoanalytic case study design. I interviewed five trans gestational parents to gain a deeper understanding of how trans gestational parents make meaning of their gender and gendered experiences during the childbearing year. This study seeks to use this deeper understanding to expand and refine relational psychoanalytic gender theories to increase their clinical and theoretical utility. The previous chapter consisted of in-depth case studies of each participant based on five hours of interviews with each participant. Each case study provided an overview of that participant's gender identity, narratives of their childbearing experience from conception through postpartum, and interpretive categories of meaning derived from analysis of the interview transcripts. Each participant read their case study and affirmed the accuracy of the researcher's narratives and interpretive analysis.

This chapter presents cross-case analyses examining different themes that arose in considering all five cases as a group. In considering all the cases together, I identified four themes that emerged in each of the cases: authenticity, twinship, mourning, and the

relationship between the body and parental role formation. In the discussion that follows, I will elaborate each of these themes as they pertain to the data in cross-case categories of meaning. Through the process of evaluating the cases all together, a single case emerged as the negative case, which I will explain in more depth in the next section, prior to diving into the cross-case categories of meaning. Following the categories of meaning, I discuss the theoretical, clinical, and research implications of this study.

Synopses of Cases

Harley.

Harley (they/them) is a genderfluid person married to a nonbinary spouse. They live in the largest city of a mostly rural midwestern state. Harley is raising their kid as "gender creative," not using gendered pronouns for them or revealing the sex assigned at birth. Harley highly prizes autonomy and self-definition. At the time of our interviews, they were still reeling from being disowned by their father shortly after giving birth due to his refusal to respect Harley's gender or parenting decisions. Consequently, the grief and rage they felt about this emerged often in our conversations.

Steven.

Steven (they/he) is a nonbinary trans person married to a transmasculine spouse.

They live in the Pacific Northwest. They work as a labor and delivery nurse, a background that helped them realize they could still get pregnant and give birth after undergoing hormone replacement therapy. They understand pregnancy and birth as being non-gendered, biological events, but are acutely aware that the vast majority of the people they encounter do not see it that way. In our conversations they often mulled over how it feels to dwell in the dissonance of those two realities.

Neil.

Neil (he/him) is a trans man married to a cis gay man. They live in a major metropolitan area on the East coast. Believing it would be easier and surer than trying to foster or adopt, Neil carried two pregnancies, resulting in his two sons, who are now pre-teens. For Neil, the pregnancies were nearly unbearable ordeals, creating profound dysphoria. Neil conceptualizes himself as having been his "own surrogate," indicating the dissociation that served as a powerful defense to be able to survive his childbearing experiences.

Brandon.

Brandon (he/they) is a nonbinary transmasculine person coparenting with his cis boyfriend. They live in a semi-rural area of an East coast state. Brandon became

unexpectedly pregnant within a few months of discontinuing hormone replacement therapy, which he did out of concern for his future fertility. Loneliness is the major emotional theme of Brandon's narratives related to gender and childbearing. They fantasize that raising their son with the love, authenticity, and support that was missing from their own childhood will result in a close relationship in which they both can be seen and loved by the other.

Quinn.

Quinn (he/him) is a trans man married to a queer woman. They live in the Pacific Northwest. Formerly a doula serving primarily queer and trans families, Quinn now works as a virtual parenting support specialist. This professional background gave him access to anecdotal data about people retaining their fertility after hormone replacement therapy. Quinn endured two pregnancy losses prior to conceiving the baby that became his daughter; he believes that each pregnancy was the same baby, waiting for the right time to arrive. Quinn is proud of his gestational experiences, understanding his pregnancy as being the ultimate expression of positive masculinity.

The negative case.

In analyzing the five case studies for the cross-case analysis, Neil's case study emerges as the negative case. The term "negative case" is a research term that describes a

case in which a participant's experience differs significantly from the rest of the data. In no way should the word "negative" be construed as indicating a value judgment about Neil, his perspective, his experience, or his psychology. I am using the term to indicate that the data derived from my interpretive analysis of my conversations with Neil, confirmed by Neil in the member check, often differs so much from the data derived from my interpretive analysis of my conversations with the other participants that it could be construed as contradicting the findings from the other four cases. In my cross-case analysis, I identify this as arising from a key difference in how the five participants understand gender. The material from Harley, Steven, Brandon, and Quinn indicates that they each hold a constructionist understanding of gender, while Neil's material indicates that he holds an essentialist understanding of gender. This foundational difference in understanding what constitutes gender has profound implications for how the participants relate to their gender identity. Additionally, this creates profound implications for how each participant makes meaning of their gender and gendered experiences during the childbearing year. I will now elaborate this finding.

3 of the 4 participants—Harley, Steven, and Brandon—specifically include being nonbinary as part of their gender identity. Their relationships with gender include a conscious and intentional awareness of challenging, upending, or existing outside of the typical male-female gender binary. Harley often speaks of actively working to unlearn binarist gender constructs, reminding themself that the gendered meanings often carried by items such as clothing and make up in our society are assigned, rather than inherent, to these items. A decade older than Harley, both chronologically and in length of time living as an out trans person, Steven seems to have delinked gendered meanings from various

activities in the ways that Harley is striving toward. Steven is aware of the gendered meanings others assign to physical appearance, clothing, and biological activities, but does not utilize those meanings themself, whether for themself or for others. Brandon, living in a social milieu in which traditional binary gender roles are intensely regulated, understands the nonbinary aspect of their identity as reflecting the ways in which he transcends these binary roles and gendered expectations. Embracing and inhabiting his sense of himself as nonbinary allows Brandon to be what they call a "full spectrum person." This is a person who is not limited by gender, not limited to embodying either masculine or feminine traits and roles, but who encompasses both according to their unique capacities, strengths, and identifications. The experiences of these participants indicate that a constructionist understanding of gender may be foundational to inhabiting a nonbinary gender identity.

Quinn explicitly describes himself as "very binary identified," and also indicates a constructionist understanding of gender. He experiences being aligned with the traditional male-female binary in his gender identity as deeply authentic. However, he also views gendered meanings assigned to various body parts, appearances, and activities as just that—assigned meanings. Gender is not a constitutive element of any of these things. Take, for instance, his assertion of pregnancy as being, for him, the ultimate embodiment of positive masculinity—fulfilling functions conventionally coded as masculine, of protecting and providing for his child from the very first moment of her being. In his estimation, pregnancy *can* be a "womanly" activity, or not; it depends on who is pregnant and what gendered meanings they are making of the experience. Speaking about his daughter's gender identity, he casually asserted that "of course,

there's no specific way to be a girl," and also reflected that she may one day let him and Sunni know that she is, in fact, not a girl. Being able to understand gender as something that is in flux, expansive, and defying conclusive definitions and neat categorizations indicates Quinn's constructionist understanding of gender. Even self-describing as "binary identified" indicates that Quinn understands gender as something flexible, constituted by various social constructions. The binary is not a given in Quinn's understanding; rather, it's another social construct related to gender that can resonate with a given person's gendered experience, or not.

Neil does not consider gender to be something constructed by humans and our societies, but rather something given, created by biology. He explicitly discusses rejecting his husband's perspective that gender is a spectrum, asserting his belief that gender is binary, and arises from biological processes. Exactly what these biological origins are in Neil's estimation is unclear. He references his "brain working better on the male hormone," but if that hormone is supplied through hormone therapy started *after* discerning that he is a man, then where did his sense of himself as a man biologically originate from, in the first place? Neil also indicates a belief that the organs and capacities of the body give rise to gender, affirming his mother's identification of pregnancy as a "womanly" activity and describing menstruation as an indicator of "femaleness." These indicate an essentialist understanding of gender, in which gender arises innately from biological markers such as chromosomes, hormones, and anatomy. In this understanding, gender is a binary. One gender can be changed to the other by changing these biological elements. Gendered meanings are considered innate and fixed, rather than assigned and mutable.

This creates a serious conundrum for Neil. In this paradigm, in choosing to become pregnant, he uncomfortably straddles the gender binary; transcending it is not an option. Pregnancy is an inherently female activity to Neil, is not compatible with his maleness, and serves forever as a reminder that he is not biologically a male. This is a painful, shameful thing to be reminded of, when biology is considered the essential, defining core of gender. This also means that Neil has a fundamentally different experience of gender, childbearing, and parenting than the participants for whom gender is socially constructed. Therefore, the common threads found in the data of those participants often fray when Neil's data is considered. Even where similar phenomena may emerge, such as conflicts related to authenticity, or the role of mourning, Neil's material and the subsequent interpretive analysis often are significantly different from the other participants.

I consider this to be valuable data. It reminds us to resist universalization. Even when we are attending to the specificities of individual subjective experience, there is still the danger of universalizing. Drawing a conclusion such as "all trans gestational parents experience X phenomenon, just in different ways" is still universalizing. Neil's case serves as an important reminder that not all trans gestational parents experience the same phenomena, whether differently or not. Even more broadly, it indicates that one particular way of understanding gender is not universal to the trans experience. While it could be argued that trans people may tend more toward a constructionist understanding of gender, Neil's case indicates that there are indeed trans people who understand and experience gender within an essentialist framework. This has important implications for clinical practice and research, which will be explored further in later sections.

To be clear, I am not suggesting that an individual understanding gender though a constructionist lens rather than an essentialist one is better, healthier, or in any way more desirable, or vice versa. Rather, I am simply identifying the ways in which these different ways of understanding gender may facilitate and foreclose on different psychic and social possibilities for an individual. I do not think that Neil's essentialist perspective on gender should be construed as a developmental arrest or any other kind of pathology. I am proposing that we return the role of epistemologist to the subject. We can identify the lens through which an individual subject comes to know and understand their gender and use that to help inform our understanding and analysis of that subject, rather than imposing our own epistemology onto them. We can wonder about the ways in which that epistemology shapes an individual subject's experiences of their self.

In the cross-case analysis, I identified four areas where common themes emerged from four of the five cases: Harley, Steven, Brandon, and Quinn. In each discussion of these themes, I include a brief discussion of the ways in which Neil's experience differed, and my ideas as to why, where appropriate.

Categories of Meaning

I will now describe the categories of meaning that arose from my analysis of all five cases altogether. I created these categories of meaning after a thorough examination of each case study individually and in relation to the others. I identified four themes that emerged in some way in the analysis of all the cases. I then analyzed those themes using a relational psychoanalytic framework to offer my interpretation of the themes as they

relate to the research questions. These categories of meaning are meant to constitute a broader, more abstract discussion of the material from the previous chapter. I do include references to the content of the case studies, and quotes from the participants where their voice expresses the point more clearly than mine could. However, these categories of meaning focus more on discussing the themes than the categories of meaning in the previous chapter, which aimed to stay close to each participant's experience. Thus, these categories focus more on my analysis of the themes, with fewer quotations from the participants.

Authenticity.

Authenticity emerges as a significant theme across all five cases. All the participants indicate that being authentic in how they express themselves and move through the world is closely bound up in their gender identity. For the purposes of this project, I define authenticity as an individual subject being able to be aware of their desires for themself and taking action to make choices that bring their lives into alignment with those desires, rather than trying to adhere to others' expectations and assumptions. Harley, Steven, Brandon, and Quinn experience authenticity as essential to being able to understand and inhabit their trans identities.

Neil has a very different experience of authenticity related to his transness, so I do not include him in the discussion of this category of meaning; I will briefly elaborate before continuing. Neil very much identifies as a man; trans is an identity imposed upon

him by cultural assumptions based on his anatomy. Neil's authentic location of himself in gender throws him into conflict with societal expectations: he is a man who happened to be born with ovaries and a uterus, but a man nonetheless. Because of this, society insists that he is a trans man; Neil knows himself differently. For various conscious and unconscious reasons considered in the previous chapter, Neil decided to attempt pregnancy in order to have children. He shared with me that he truly did not expect to be able to get pregnant and might not have volunteered to try if he knew it would work. For Neil, pregnancy constitutes an inauthentic action that he regrets. Though he loves his children fiercely and does not regret them, he repeated, several times throughout our conversations, that if he had only had the financial means, he would have had a hysterectomy when he had bottom surgery, and then "wouldn't have had pregnancy to deal with." Neil's pregnancy history constitutes a massive gender trauma (Saketopoulou, 2014), an assault on his authentic sense of himself as a man.

I will now proceed to consider the concept of authenticity as it arises in the other four cases. The data indicates that authenticity arises from a subjective coherence—the individual being coherent and understandable to themself regardless of whether others consider them to be coherent and understandable. Engaging in the process of transition, whether social, medical, or both, requires the trans individual, including each of these participants, to resist the pull to be coherent to others at the expense of being coherent to themselves. Rather than accepting the gendered status quo that is imposed upon each of us when we are born, these individuals do not settle into that gendered status quo. They keep searching for something that resonates with their experience, that allows them to interpret their experience in ways that make sense to them, rather than accepting ill-

fitting, ready-made explanations of who they are based on how others perceive their gender based on their bodies. This resistance of others' gendered expectations manifests, for each of these participants, not only in transition, but also by becoming a gestational parent.

Being authentic is closely bound up with being agentic—a person living authentically is a person who makes their own decisions about who they are and how they live their life, regardless of others' opinions, conventional beliefs, and social norms. For Quinn, Harley, Steven, and Brandon, choosing to be pregnant as men, nonbinary people, and transmasculine people, is an act of authenticity. They act according to their desire to be pregnant and give birth to their children, regardless of the ways that others may misunderstand these activities as challenging their gender identities. They are not held back by others believing that pregnancy is something only a woman does; rather, they experience authenticity as liberating, and expansive, something that allows them to act according to their own feelings, while defining for themselves what those actions mean regarding their gender, or otherwise. Furthermore, being authentic makes it possible to be known to important others. Brandon is emphatic about the necessity of authenticity to have genuinely intimate relationships, including with their child. "I want my son to know who his mom actually is. And if I'm sitting here being somebody else, I'm doing my son a disservice because he won't know who the hell I am because I'm faking."

Twinship trouble—and solutions.

All the participants reported having had some experience of alienation related to their gender, to their experience of gestating while trans, or both. In analyzing the data, I identify these experiences of alienation as arising from both a lack of twinship experiences, as well as dread that gender differences will disrupt twinship experiences. In this context, I am using twinship as a metaphor for the fundamental need expressed by the participants to locate other individuals with similar gendered experiences in order to facilitate a sense of alikeness, validation, camaraderie. Additionally, in this definition I include the need to see possibilities for oneself reflected in the lives of like others. Quinn, Steven, and Brandon all speak to the loneliness that comes from the difficulty locating twinship experiences with other trans people, and other gestational parents. Notably, Harley's case study does not necessarily suggest a significant lack of twinship experiences in adulthood related to gender identity. This may be attributable to the fact that their spouse is also nonbinary; that relationship may meet twinship needs related to gender identity. However, Harley did speak to the difficulty finding twinship among other gestational parents due to their gender identity. Neil seems to experience the most profound lack of twinship of all the participants, which will be considered in more depth later in this section.

I identify three areas of struggle related to the twinship lack experienced by the participants: a lack of twinship with other trans people, a lack of twinship with other gestational parents, and avoidance of potential twinship experience due to dread that gender differences will emerge and ruin them. Quinn, Steven, and Brandon all indicated a dearth of twinship experiences related to their gender identities. Steven summed this up

quite poignantly: “That’s a feeling that’s familiar from being trans or nonbinary; I think a lot of [trans] people feel like, ‘I’m this unknowable thing, this unnamable thing.” In the absence of peers and role models whose life trajectory are inflected by gender in a similar way to Steven’s, they feel profoundly lonely and Other. Their joy and delight at seeing their trans friend’s pregnant body points to how badly those experiences of twinship are longed for and needed to feel a full sense of humanness and belonging.

Quinn, Steven, Brandon, and Harley all discussed difficulties related to experiencing twinship with other gestational parents. Brandon, who refers to himself as a mom, does not personally know any other trans gestational parents. Any experiences of twinship with cis friends who are themselves gestational parents are foreclosed on by those friends’ insistence that he needs to conform to conventional feminine presentations and traits to be a good mom to his son. Though Brandon resists that idea, insisting that it would prohibit him from being able to parent his son fully and authentically, it does mean he is left alone figuring out what it means to be a mom who is not a woman. Harley recalls feeling driven out of groups for new parents, both in person and online, when they requested that other members stop referring to the group members as “mamas” or “ladies,” since they are a gestational parent who is not a lady or a mother. Group leaders reportedly told Harley that the rest of the group was made up of moms, so continuing to address the group in that way made the most sense. Harley left the groups, feeling isolated and angry at the inflexibility they were shown. Finally, Quinn in particular spoke to the feeling that these two aspects of identity—being a trans man and being a gestational parent—complicate twinship experiences related to either. He is a trans man married to a femme presenting woman; he spoke to a feeling that when they go to Pride

together, they get misrecognized as being "the nice ally couple" who showed up, preventing twinship experiences with other queer and trans people. At his job, where he works with expecting and new parents, he often longs to disclose that he has also experienced pregnancy, birth, and postpartum. He holds back because doing so will also necessarily mean disclosing that he is trans. He worries that doing so will not only mean missing out on the feelings of twinship with other gestational parents but also could disrupt the entire relationship depending on their feelings about his gender.

Notably, what also emerges in examining this theme are two compensatory strategies amongst the participants for managing this lack of twinship related to gender and gestational parenthood. One such strategy involves aggression. Except for Neil, all the participants displayed some level of overt hostility toward cis people, including cis gestational parents. Of the participants, Harley's aggression is the least diffused, evidenced in their relishing of others' confusion about their presentation, as well as in their practice of shaming people who ask intrusive questions about their gender creative child's sex assigned at birth. Steven, Quinn, and Brandon generally demonstrated aggression through contemptuous humor. Each of them occasionally lapsed into sarcasm when discussing their experience of cis people obsessing about their gender identities or presentations. Quinn, living through a wildfire that was started by an errant stunt at a gender reveal party, repeated a variation on a joke popular in the trans community, which I heard (and laughed at) from multiple participants in this study: "The cishets are *not* okay." Expressions of aggression seem to be a response to feelings of rejection that arise when twinship is unavailable or withheld. Othering those who Other them protect the self from the pain of alienation. Additionally, it also serves to reverse the in-group/out-group

dynamics of being Othered as a trans person. The popular joke about the "cishets" or "straights" not being okay creates an "us"—those who are trans or nonbinary or genderqueer—and a "them"—the straight, cis majority who have yet to achieve gender enlightenment as "we" have. In reversing these dynamics and creating an "us" to which one belongs, a sense of twinship is attained.

The second compensatory strategy that emerged from the data of all the participants is that of fantasizing other trans and nonbinary people to represent, advocate for, and inspire when they are in situations where they feel especially isolated and in need of support. This seems to create a sense of twinship with a like other, however distant, and abstract. Brandon and Neil both indicated feeling a sense of responsibility to comport themselves in a way that will reflect well on other trans people, especially when they are dealing with someone who is disrespectful or uncomprehending of their gender identities. "I won't give anybody the satisfaction of having an excuse to strongly dislike people like myself or anybody near the community because my feelings were hurt for a moment," Brandon asserts. Doing so may conjure a fantasied other with whom they could feel a sense of twinship, perhaps offering psychic protection in these moments of alienation. Quinn and Steven both discuss specifically hoping to be role models for younger trans people. Each of them discussed longing to see older trans people progress through adulthood, to have a sense of what might be possible for their own lives. As they move through adulthood themselves, each have realized that while they cannot locate those elders for themselves, they can become, and maybe already are, those examples for others. Thinking of younger trans people, Steven reflected, "They will have role models for aging. They will have role models for families, for relationships, for getting old and

dying. For doing what humans do." For Steven and Quinn, there is comfort in filling in where there is lack. In each of these instances, whether it is becoming the ambassador/protector in the way that Brandon and Neil choose or becoming the role model like Steven and Quinn, the lack of twinship is addressed by evoking the fantasied but surely real other who not only has the same identity as they have, but also the same needs—for protection, modeling, twinship. Though this is not a replacement for the fullness of twinship experiences, it does seem to compensate somewhat and provide some protection against the full crush of isolation and alienation that occurs when there is such a profound lack of twinship available.

Neil has a unique position with about this category of meaning, in that he is not seeking to experience twinship with other trans people, but rather, with cis men. Though he feels obligated to be a positive ambassador for trans people, he is not out as trans to the people with whom he spends most of his time, his cis male coworkers. He clearly enjoys participating in the boy's club type camaraderie of his all-male work team. Being included in it affirms his masculinity and offers a desired experience of twinship with the kind of men he knows himself to be. However, he dreads that twinship being destroyed by the others learning he is trans. "If they knew I had a history as a woman, there are things that just wouldn't come up. They're not going to feel right sharing things." Neil is careful to preserve this twinship experience by hiding his trans identity from them.

Mourning and gestational parenthood.

Mourning emerges as a theme in all five of the cases. In this discussion, I will focus primarily on how mourning presents in the four similar cases, with a brief discussion at the end of how the negative case differs. In each of these four case studies, there are references to the work of mourning happening related both to gender and to parenting. In each of these instances, mourning related to gender and mourning related to parenting occur separately and simultaneously. These different areas of mourning reciprocally inform and facilitate each other, to the point that while it is possible to tease out the nuances of each instance of mourning, they cannot be fully separated from the other. In examining these cases, the ways in which mourning facilitates agency is clear: Mourning allows for the possibility of moving forward, of locating and exercising options for dealing with untenable situations, for transforming what is unendurable into something that can be borne.

What must be mourned varies among these four cases. Near the end of their pregnancy, it becomes clear that Harley must relinquish the wish that their father will be able to accept and respect their gender identity and parenting choices. The reality that their father will not do so can no longer be avoided due to Harley's commitment to parenting authentically; that is, to be the parent to Keagen that they want to be, they must mourn that the relationship they wish to have with their father will never be. In the throes of deep sadness about being unable to chestfeed their baby, Steven realizes that what they are identifying as a gender-based issue—feeling inadequate because they cannot chestfeed their baby after top surgery—is arising from not being able to measure up to an internalized idealized version of who a good parent should be. They can recognize how damaging the idealization is to themselves, and for other parents, and how much it could

interfere with their parenting if they maintain that idealization. In mourning the idealization, they can move forward knowing that while they cannot be a perfect parent, regardless of their gender, they can be a good enough parent to their child. Brandon declares, “If I was cursed with this wrong body, I might as well use it to do the most amazing thing it can do.” Mourning that the body they have is not the body they want allows Brandon to embrace the function of the body he has and become a parent. Quinn spoke at length about the mourning processes he navigated throughout his transition. Specifically, he speaks to mourning the boyhood he never had, and learning to integrate the girl he was into his identity of the man he is. Because of this, his capacity for mourning is quite developed by the time he becomes a parent. This seems to allow him to adequately mourn the losses that occur during his journey to parenthood: the early miscarriage he endured, the changes to his body caused by temporarily discontinuing T, and the loss of the postpartum period he’d planned due to the pandemic starting. In each of these instances, Quinn is amply able to feel the pain and sadness of these losses, and to integrate them. He can then move forward with appreciation for what is possible in their wake—the eventual conception of Cedar, the surprising beard that appeared for the first time after he stopped T, the ultra-cozy bonding time of a postpartum period spent only in the presence of his baby, spouse, and postpartum doula.

Neil’s pregnancy history keeps him in a state of perpetual gender-related melancholy. The other participants all expressed a lifelong interest in becoming pregnant. To some degree, there existed a need for each of them to suss out how this lifelong interest interwove with their gender identity; for each, this discovery process involved mourning, in some way, shape, or form. For Neil, the decision to become pregnant was a

purely pragmatic one, deeply and unresolvedly at odds with his gendered sense of self. His pregnancy history is a ghost that is ever-present, lingering around Neil's relationships with others, haunting him with the reminder that his body is not exactly the body he wants, which, for him, means that his gender is not exactly as it should be. Neil is committed to ensuring that his children know the truth about how they came into this world and ensuring that they never feel they can't share this with others for his sake. At work, he cannot talk about having been pregnant because he believes he will cease to be understood as a man. At home, where his kids share that he is their gestational parent, he feels he cannot be understood as a man. To be known as a gestational parent means to stop being known as a man; to be known as a man means to be ever worried that the ghost that is his gestational parenthood will pop up. Mourning might help put the ghost to rest, but it has not been possible, yet. This is not quite the "never having loved/never having lost" never-never paradox of Butler's gender melancholia (1995), but maybe a variation of it.

Linking embodiment with parental identity development.

In reading through Harley, Steven, Brandon, and Quinn's cases, a shared constructionist perspective related to embodiment emerges: That meaning—gendered or not—is assigned to the body rather than meaning being inherent to the body. This perspective allows these participants to formulate subjective understandings of their bodies and embodied activities, including childbearing, that feel consonant with their gender identities. While it does not fully eliminate body dysphoria related to pregnancy for each of these folks, this perspective does create a psychic anchor to return to when

dysphoric feelings arise. Each of these participants also indicate a sense of expansiveness around the parental role they inhabit. They each exhibit a deep sense of autonomy in creating parental identities specific to themselves and their own values, liberated from the normative parental identities so bound up in stereotypical gender roles. I see these phenomena as connected to each other. Resisting the gendered meanings imposed on their pregnant and birthing bodies by others in order to create their own meanings—gendered or not—seems to deepen a sense of agency and autonomy of thought in each of these participants. This capacity is unconsciously brought to bear on the creation of parental identity. Once again, normative and gendered expectations for what it means to be a gestational parent are resisted, challenged, and discarded in favor of forging a parental identity that feels authentic and consistent with the participants' senses of self.

Harley is deeply committed to self-definition. They are committed to defining the meaning their body and embodied activities hold for themself, regardless of the meaning others may assign. This is clear in their assertion, first made while pregnant, that their body is a nonbinary body, because they are a nonbinary person. In a similar spirit, they approach parenting with a resolve to live out their own characterization of parenthood, rather than performing a predetermined role. For Harley, in beginning their life as a parent, a primary component of this role is fiercely protecting and nurturing their child's capacity for autonomy and self-determination. Brandon, in his own way, is also deeply committed to self-definition. Living in a predominantly conservative community where traditional gender roles are idealized, expected, and usually intensely regulated, Brandon is often subject to others in their life imposing gendered meanings on their body, clothing, and behavior. He consistently resists these meanings in favor of his own self-

understanding, referring to himself variously as nonbinary, transmasculine, and a full spectrum person. His family and friends pressure him to dress and behave more femininely so as not to "confuse" his son by being a mom who looks, acts, and sees himself as masculine. He pushes back on this idea with the defiant assertion that while "mom" is a title he values and cherishes, his parental identity is that of "a full spectrum parent." Rather than trying to adhere to normative expectations of who they should be, both as a person and as a mom, Brandon takes those expectations and expands them to fit the fullness of who they are and who they hope to be.

Steven maintains that the functionality of the body does not need to be gendered; pregnancy and birth are simply "biological events" and "what humans do." Similarly, they reject notions of gendering parental roles in any way. While discussing parenting groups offered in the area, Steven criticized the tendency of these groups to try to achieve inclusivity by inviting membership to "the primary parent." These groups are trying to avoid the typical assumption inherent in similar offerings classified as "mommy and me" or "mother-baby" or "new mama" groups. "But we don't think of things that way," Steven asserts, referring both to themself and their partner, as well as queer parents generally. Substituting "primary parent" for "mommy" still upholds the normative idea that one parent is dedicated to taking care of the baby and home while the other is committed to a career. It overlooks the more radical possibility that families could be organized in such a way that no parent is "primary" or "secondary," an idea that, at its core, is still rooted in normative, binary gender roles, regardless of the change in language. Doing away with this idea entirely could mean that, like pregnancy and birth, parenting need not be gendered, but rather, just "what humans do."

Quinn is excited by the idea that gender can be expansive, a way to express the self to the world, rather than a rigid, pre-determined state that imprisons us all. Quinn asserts that the ability to bear children is related to the capacities of one's body, rather than gender. Relatedly, the parental role one inhabits arises from the psychic and emotional capacities one has, rather than one's gender. In contrast, to Quinn and to the other participants, Neil does not convey any of the sense of liberation or self-definition that run through the others' experiences of pregnant embodiment or parenthood. This is unsurprising from Neil, who is insistent that gender is determined by the body and must be inscribed on the body in very specific, concrete ways. His perspective on parenting is quite rigid as well, and defined in his mind, by traditional gender roles. He describes his husband, the stay-at-home parent, as doing "the mothering." By this he means the physical and emotional labor necessary to nurture infants and children, especially when they are very small. He describes himself working outside of the home as "what I was doing, as a man," illuminating how he views his parental role. Being the material provider, and the parent who pushes the children to engage with the outside world via academics and extracurriculars, is the paternal, masculine role. There may be something in this point of view that is restorative to Neil, a sort of undoing of the ways he felt torturously feminized by being the gestational parent.

Theoretical Implications

Talking about the body and gender, together.

The second research question for this project asks, "Using information gained from these case studies, how can we refine and expand contemporary clinical relational psychoanalytic gender theories to increase their theoretical and clinical utility?" I particularly sought to deepen the concept of the transmodern body (Hansbury, 2017), elaborating the ways the essentialist model of gender and the multiplicity model of gender not only exist in tension with each other, but interweave, in myriad ways, in the subjective experiences of trans gestational parents. I started with the assumption that a disconnect between the embodied activity of childbearing and gender identity is the primary source of psychic tension in the experiences of non-female gestational parents. In this regard, my research surprised me. Excepting Neil, the other four participants had largely navigated this disconnect and arrived at a similar solution prior to becoming pregnant, or while pregnant. That is, the body's meanings are not inherent; rather, they are made, assigned, formulated. Accordingly, gender is a meaning that is made of the body. Gender is not determined by the body, but instead, the body is available to be inflected by gender, or not. Think of Harley's nonbinary body, of Steven's beautiful array of functions, of Quinn's paternal, masculine womb. Each of these represent a different way that gender may or may not be used to make meaning of the body and its activities. Furthermore, gender may not be "determined" at all. The data from this study posits the question: what if gender is instead formulated, improvised, and created, unconsciously far more so than consciously?

The transmodern model of gender suggests that we need to find ways of talking about gender and how gender identity is formed, expressed, and lived without excluding

the body from the conversation. Physically, mentally, emotionally, and socially, various elements of the body play *a* role in how gender is formulated for each individual. It does not have to be the definitive role or the primary role, or even a significant role in formulating gender depending on the particular person. This study suggests two ways that we can talk about biological realities as they relate to gender without being reductive or essentialist. First, we can do so by de-centering the body from its place of primacy, as it is situated in the more essentialist theory of gender. We could consider how gender propositions the body, rather than starting with how the body propositions gender. Second, we can try to hold lightly the assumptions of gendered meanings imposed on the body and the activities of the body. We can then consider the myriad meanings, gendered or not, that may infuse the body and its functions. We can then be open to the specific, subjective meanings each individual makes of their own body, rather than imposing assumed definitions.

Gender as a translation.

In the conversations I had with each participant, we spent a great deal of time talking about each individual's "self" and "sense of self." This was often discussed in relation to concepts like authenticity, self-definition, self-determination, and one's relationship with their self. This raises the possibility of considering gender as a way through which an individual translates something about their internal world—their self—to the external world. To an extent, this affirms Harris' theory of gender as soft assembly (2004). However, Harris focuses on the ways gendering occurs via the ways various external

contexts are taken in by the individual subject. This study reveals the ways in which gendering is used by the subject to convey their internal world outward to other subjects. That is, based on the data derived from this study, gender could be construed as translating a collection of narratives, meanings, and self-states, formulated unconsciously and consciously by the individual, that conveys their subjective experience of their self, their internal world.

Oftentimes, discussions about the participants' selves in relation to gender arose in concert with discussing experiences of feeling misunderstood by others. This misunderstanding derives from others imposing gendered meanings and assumptions onto the participants' bodies, appearances, and body activities that are inconsistent with their own formulations. Through this we see that gender has intersubjective significance—it is a way in which the self can become known to the other. However, there is often trouble in translation. The participants in this study all had a clear sense of the meanings their pregnancies held for themselves, whether those meanings were consistent with their gender identity or not. However, they often encountered others who had made very different meanings of their pregnant bodies. This disjuncture between the meanings the individual made, and the meanings made by others often resulted in feelings of frustration, alienation, dysphoria, and anxiety. We may have a sense of our gender—that is, the narratives, stories, and meanings about our selves that we translate to the external world via gender—but other people also have their own assumed narratives, stories, and meanings about our gender, and thus, of who we are. What is remarkable about these assumptions on the part of the other where gender is concerned, is that oftentimes, intrinsic to the assumption is that *it is not an assumption*, but a fact. That is,

in assuming gendered meanings, it is commonly taken as a fact that there are no multiple meanings to be uncovered or shared. Rather, there is one gendered meaning to be made of any given body, appearance, or embodied activity, and society has generally determined that that one meaning is determined by the other, not the self. Indeed, this is such a powerful assumption, that it often fuels the violent rhetoric, behavior, and legislation that has increased in prevalence and intensity as transness has become more visible in mainstream American culture.

Transition as a practice.

Psychically, we might understand the experience of gender transition as a practice, in which the stories we are told about ourselves by others are de-centered and replaced by our own stories. As the practice deepens, transition can become the practice of questioning everything the subject has been told about their gender and their self. This results in a bringing forth of the subject's own understanding and formulation of their gender and giving it the place of primacy once occupied by others' meanings. For some, not even the body is granted more primacy; the body is instead, reshaped—psychically, and sometimes physically—by the ways an individual formulates and understands their gender.

Thinking of transition in this way, we can conceptualize of trans pregnancy as being a continuation of transition: a questioning of everything the individual has been told about pregnancy and its gendered meanings and implications. For Steven, Quinn, and

Neil, who had an element of medical transition prior to pregnancy, there was an additional a need to question the commonly accepted medical assumption that testosterone replacement therapy renders the user infertile. The questioning is, of course, not entirely abstract and solely meaning-based; there are real, physical considerations each participant had to deal with in regard to their body. These include but are not limited to figuring out how to get pregnant, navigating dysphoria during pregnancy, navigating the meanings imposed on their pregnant bodies by others, and finding reproductive health care providers and methods that could be open to and affirming of the subjective gendered meanings they each made of their pregnancies. There are the concrete realities of the body to be dealt with, as well. With the exception of Harley, each of the participants spoke of their pregnant bodies in utilitarian ways. Pregnancy is spoken of as a way to use one's body to have much-loved, much-wanted children; pregnancy as an experience one can have in one's body that is either dissociative, as in Neil's case, or integrative, as in Steven's. Considered through a transmodern lens, we can allow for the realities of the body and the subjective meanings made of those realities to coexist and reciprocally inform each other. Neither the realities nor the subjective meanings need take precedence over the other as more valid or defining or legitimate.

Clinical Implications

As the diversity of experiences and perspectives on gender, pregnancy, and gendered embodiment found in these case studies indicates, there are myriad complex reasons why

trans people choose to become gestational parents, which vary from person to person. Encountering trans gestational parents as unique human subjects, rather than as a homogenous group, is crucial for engaging in affirming, generative clinical relationships with trans gestational parents. In this section, I outline some suggestions for clinicians to consider when approaching therapeutic work with trans and nonbinary gestational parents, that may also apply to approaching therapeutic work with trans and nonbinary people in general. These recommendations are also applicable to social workers engaged in non-therapy settings, as well as to non-social work health care providers.

Question assumptions.

Like any other human being, clinical social workers unconsciously formulate assumptions about other people, their feelings, motivations, and choices, to figure out how to engage with the world. Making assumptions may be unavoidable, but the damage that can be caused by erroneous assumptions can be mitigated by reflective curiosity. It is crucial to meet one's assumptions about the experience of the trans gestational parent with the consideration that they may be inaccurate; that they are possibly—even likely—a reflection of one's own unconscious beliefs about gender, pregnancy, and the body more than a correct formulation of the other person's experience. This research points to specific areas of assumption that may arise in social work practice with a trans gestational parent. For example, it is important to avoid assumptions about the motivations a trans person has for becoming a gestational parent. In each case of this study, we discover that

trans gestational parents have complex motivations for becoming pregnant, much like cis gestational parents do. These motivations may be unrelated to gender—Steven considers pregnancy a non-gendered event; rather, pregnancy was "something I wanted to do with my body." They may implicate gender in ways that are complex, such as Brandon's experience of pregnancy as a sort of amends from his body, for misrepresenting their gender to others in such a profound and exhausting way.

This leads us to the importance of avoiding assumptions about how the trans gestational parent conceptualizes their pregnancy in relation to their gender and body, as this conceptualization is also highly subjective and incredibly complex. Neil, attached to essentialist understandings of gender and the body, dissociatively conceptualizes being pregnant as being his own surrogate—some other part of his body is pregnant for him, while he carries on working, an activity he constructs as "what I was doing, as a man." Quinn, quite differently, constructs being pregnant as the epitome of fulfilling the masculine ideal of being a protector and provider for one's family. From this we see that even when gendered meanings are assigned to the pregnancy, they are quite complex and vary from person to person. Assumptions that all pregnant trans men see themselves as being their own surrogates, as did Neil, not only eliminates the wide variety of perspectives and experiences, but also runs the risk of alienating someone like Quinn, who does not understand pregnancy as an inherently or exclusively feminine activity. Conversely, assuming all pregnant trans men construct pregnancy as a masculine activity would alienate someone like Neil, who sees it very differently. Approaching the trans gestational parent's experience with a sense of openness, curiosity, and expansiveness will allow the trans gestational parent to articulate their own experience in collaboration

with the clinician, in contrast to a situation in which a trans gestational parent must challenge and correct the clinician's assumptions to even be understood by the clinician.

Seeking gender-related information.

Social workers engaging with trans gestational parents in clinical settings should take care to ensure that they are not requiring their patients to educate them about general basics of transgender experiences. Harley and Quinn reported positive experiences with reproductive care providers that took time to inquire about their specific gender identities, the language that felt most affirming to them, and their unique care needs as trans gestational parents. This is inquiry into the patient's subjective experience of their gender identity, undertaken with the goal of getting to know the patient more deeply to provide clinical services that feel affirming to that specific individual. This is not the same as requiring a patient to explain basic elements of trans experiences, such as the difference between a chosen name and a legal name, as Brandon encountered in his reproductive health care. Putting it another way, asking one's patient to explain the basics of hormone therapy as it is used to address gender dysphoria in trans folks is relying on the patient to provide general information that can be found by doing a simple Google search. Asking a patient to share their historical and current understandings of how they have made choices regarding hormone therapy for themself is inviting the patient to share aspects of their subjective experience that will allow the clinician to better understand the patient, likely leading to deeper, richer exploration of how gender and the body figure into the

patient's internal world.

Countertransference pitfalls with trans patients.

Psychodynamic social workers are often trained in psychoanalytic techniques that encourage the clinician to utilize their countertransference as a source of data about the patient. Countertransference is often conceptualized as something the patient evokes in the clinician. The reactions the clinician is having to the patient and their material are frequently conceptualized as being about the patient, whether those are feelings the patient cannot feel for themself (projective identification). These reactions can be similar to what the patient felt about their parents as a young child (concordant) or to what the patient's parents felt about the patient (complementary). Sometimes countertransference is conceptualized as being objective, reactions this patient would evoke in just about any clinician. Other times, countertransference is conceptualized as subjective—a specific reaction the patient evokes in a specific clinician, due to activating something particular to that clinician's internal world. Though specifics vary, there are many theories conceptualizing countertransference as something being evoked by the patient and oftentimes, we are trained to understand it as something the patient is unconsciously trying to communicate to us.

In working with transgender and nonbinary gestational parents, this practice may create clinical difficulties, particularly if the clinician is cis and unfamiliar with trans individuals. A study by Pew Research Center indicates that only 42% of people in the

United States personally know a trans person (2021). Based on this, it is quite likely that many clinical social workers may not have had the benefit of a personal, professional, or therapeutic relationship with a trans person; it is even more likely they have not encountered a pregnant trans person. Because of this, they may not have had the opportunity to reflect and work through their own feelings about transness and trans gestation prior to engaging in therapeutic work with a trans gestational parent. Feelings related to gender are often quite powerful, especially feelings related to gender norms being questioned, challenged, discarded, or otherwise destabilized. Thus, it is possible and even likely that the trans gestational parent may evoke powerful feelings in the clinician, such as confusion, skepticism, fear, disgust, envy, or dismissal, among others. Using a conceptualization of countertransference that attributes these feelings as actually belonging to the patient in some way can result in profound clinical missteps that alienate and possibly even harm a trans gestational parent seeking therapeutic care. With the exception of Neil, all of the participants in this study felt confident in their decision to be a gestational parent. Feelings of dysphoria, arising from the pregnancy, often came from the ways that others began to misgender them because of the conflation of pregnancy with femaleness, and not because they themself felt confused about their gender due to being pregnant. Though Neil remembers being deeply uncomfortable about being pregnant, it is not because pregnancy confused him about his gender—it was because his own sense of his gender was so deeply and clearly male, and pregnancy so clearly a female act to him, that he experienced pregnancy as bizarre and dissonant to his gender. A therapist interpreting her own confusion about Neil's gender due to his pregnancy as Neil's confusion about his gender arising from being pregnant would be inaccurate, and

likely, unproductive.

Of course, a postmodernist perspective on the unconscious requires us to acknowledge that no one can be sure exactly where countertransferences arise from, that they *could* be arising from the patient's unconscious experience, and interpretations to that effect are resisted by the patient for a variety of defensive reasons. However, when working with folks who move through the world inhabiting identities that are non-normative, whose very existence is rarely discussed without sensationalism or fear, the clinician must be very cautious of the ways their unconscious prejudices, implicit biases, and plain ignorance may shape their understanding of how unconscious process becomes conscious. The progressive clinician who values being open-minded, accepting, and inclusive, may be at particular risk of mistaking his own biased, ignorant countertransference reactions as arising from the patient's unconscious. His narcissistic investment in being open-minded may create the need to dissociate parts of himself that are not at all open-minded or accepting of transgender subjectivities in order to maintain his psychic equilibrium.

As an antidote to this, I suggest that it is essential for clinicians to encounter trans and nonbinary subjectivities outside of the consulting room. We are all raised in a society in which trans and nonbinary people are barely visible. When they are visible, it is often in the context of tragedy (hate crimes, legislative attacks). In addition to our wider American culture, almost all of us came up in a professional culture where diverse gender identities are rarely considered, outside of an elective or single session of a "cultural competence" course. This lack of visibility of trans people and the lack of immersion in trans subjectivities means that cis clinicians often rely on simplistic narratives that fail to

capture the nuance of trans experience in order to establish a formulation of their trans patient's gender identities. For example, many cis people have at least a passing familiarity with the popular narrative that trans people are "born in the wrong body." What is often a revelation is that many trans and nonbinary people do not feel that this narrative reflects their experience whatsoever, or if it does, it is stripped of the specificity of their personal experience. Indeed, out of the five participants in this study, only two, Neil and Brandon, shared a feeling that that narrative resonated with their experiences even slightly. The participants in this study, including Neil and Brandon, describe experiencing complex, nuanced relationships of their gender identities and physical bodies that shift and change over time in response to different experiences. The simplistic narrative of "born in the wrong body" that is often trotted out to explain or excuse trans people their gender transgressions fails to capture the depth and sophistication that is the reality of any trans individual's relationship with their body. Through encountering trans and nonbinary subjectivities through qualitative research projects like this one, as well as through literature, podcasts, television shows, movies, and other media created by and for trans and nonbinary people, cis clinicians are better prepared to meet their trans and nonbinary patients with openness, generative curiosity, and respect for the uniqueness of an individual trans patient's subjective experience.

Research Implications

In this section, I will first evaluate how effectively the study design addressed the

research questions. I will then identify additional questions raised by the study that could be addressed by future studies using various methodologies.

Appropriateness of study design for the study questions.

The questions taken up by this research project are:

1. How do non-female gestational parents make meaning of their gender, gendered experiences, and embodied experiences during the childbearing year? In this study, the childbearing year is defined as the period of time encompassing conception, pregnancy, birth, and the first three months postpartum.
2. Using information gained from these case studies, how can we refine and expand contemporary clinical relational psychoanalytic gender theories to increase their theoretical and clinical utility?

I believe that a qualitative psychoanalytic case study design served these research questions well. The first question specifically centers the subjective experience of the participants, explicitly focusing the inquiry on how the participants "make meaning" of their experiences. Psychoanalysis is concerned with how individuals make meaning of their experiences, and especially with meanings and meaning making that may be unconscious. This study design, involving five hours of conversation with each participant, allows for the researcher to attend to both content, what is said, and process, how it is shared, in the interviews. It encourages the researcher to delve into the minutiae of each participant's subjective experience to identify unique themes and meanings that

lead us to better understanding the nuance and complexity involved in how trans gestational parents make meaning of their childbearing experiences. Furthermore, the immersive design of multiple interviews allowed the researcher and participants to revisit themes that came up in the initial interviews, to inquire more deeply and reflectively into each participant's experiences.

Additionally, using a psychoanalytic case study method rather than a regular case study method created some specific advantages for this study. Clinical psychoanalysis posits that *how* one individual conveys information to another individual is in itself valuable information; it's not only what a person says that matters, but also how they say it, or do not say it. I did not attend to process in the interviews in the same way that I would clinically, by sharing my observations about it with the other person in service of deepening the treatment. Rather, I more often attended to process while analyzing the transcripts, in order to develop a deeper, more nuanced interpretation of the spoken material. While engaging in conversations with Neil, for example, I often noticed that he would speak at great length about Donald Trump, the GOP, Fox News, and the then-upcoming 2020 elections. I was often flooded with anxiety during these tangents, which felt circular and repetitive; at the time, I understood this anxiety as arising from my concerns that we were not spending very much time discussing his childbearing experiences or gender identity. When analyzing the transcribed conversations, however, I noticed a distinct pattern emerge related to these seeming tangents. They abruptly interrupted whatever Neil was saying in response to a direct question from me about his experiences related to his gender or his pregnancies. They would end with an abrupt return to the material he had been sharing in response to my question prior to the tangent.

In my analysis I interpreted this as being an obsessional defense against responding to the question in more depth, which could have stirred up associations or memories that would threaten Neil's psychic equilibrium. I wondered whether some of the anxiety I felt in those moments might have also been related to Neil's anxiety increasing in response to what the question may have been activating within him. This pointed me toward examining the shame, melancholia, and anxiety related to how Neil makes meaning of his pregnancies in relation to his gender identity. In this way, although the manifest content of these seeming tangents seemed totally unrelated to the researcher's questions, considering the way in which they were unconsciously deployed throughout our conversation allows the researcher to understand them in the context of the study.

As for the second question, regarding the use of information from these case studies to refine and expand psychoanalytic theory to increase their utility, a psychoanalytic case study methodology is also appropriate. It locates the study within a specific tradition of theory development. Psychoanalytic theory is often created, "tested," and refined through analysis of the clinical practice of psychoanalysis. The clinical case study has served as a foundational method for developing theory in psychoanalysis since its inception. The case studies in this project are not clinical case studies, of course. However, the material from these cases studies can be used to refine and expand relational psychanalytic theories, as demonstrated in the previous section about theoretical implications. When exploring the subjective experiences of human individuals, hermeneutic qualitative research is valuable *because* of the fact that it does not seek to generalize the human experience in the ways that empirical studies do. Rather than reduce humanity to quantifiable data, which Hoffman (2009) memorably refers to as contributing to "the

desiccation of human experience," hermeneutic research like this psychoanalytic case study project allows for the complexity and nuance of the full human to emerge.

Areas for further study.

The data derived from this project points to the need for further study in several areas related to the needs and experiences of non-female gestational parents. Due to the focus on subjectivity in this study design, it is entirely possible to repeat this study, using this design, with different participants, to continue to study the unique experiences and subjectivities of individual trans gestational parents. There is such little focus on the subjectivity of trans people that further inquiry into this area remains necessary and compelling. In this study, each participant is white. Replications of this study that involve participants of more varied racial and ethnic backgrounds are needed. A clearer understanding of the socioeconomic backgrounds of future participants would also be generative. Additional qualitative studies using different methodologies, could study specific aspects of these experiences in ways that focus on how to better understand and meet the unique needs of trans gestational parents. Specific aspects of experience ripe for further qualitative study are the needs of trans gestational parents in their workplaces, within the healthcare system, and in finding a sense of community with other new parents. Using different study designs, such as a grounded theory method, to study these elements could yield recommendations for policies and practices that will improve the quality of life for trans gestational parents.

This study also points to a very clear and urgent need for quantitative inquiry into whether and how fertility is impacted by hormone replacement therapy. The four participants of this study, who use or previously used HRT, had all been told, at some point, that being on testosterone would render them infertile. There is no clear data verifying this, yet it is still listed as one of the effects of starting testosterone therapy in medical literature (Coleman et al., 2022). Each of these participants struggled with a lack of clear information about how long they would need to be off testosterone in order to be able to conceive. Neil's doctor offered an estimate of a year before he could even try to conceive; Neil does not recall on what basis the doctor made that suggestion. Brandon discontinued T on their own, based on what they read online, out of fear that they would reach a point where they had been on T so long that their cycles could never return, even if they stopped it. He was utterly surprised to conceive so soon after stopping HRT. Steven and Quinn, who each have reproductive health backgrounds, decided to discontinue testosterone long enough for their cycles to return and become regular. However, Quinn's cycle never did become regular; it is unclear if this is due to his history of using T or due to other biological factors. This variety of experiences points to a need for comprehensive quantitative medical studies regarding the effects of testosterone therapy on fertility.

Conclusion: A Note on Conducting Research During an End of the World

This research project was proposed, conducted, and analyzed during the first, second, and third years of the COVID-19 pandemic, shortly after the uprisings for racial justice in

major US cities, while climate change-fueled wildfires decimated the west coast of the United States, and during the first violent transition of presidential power in United States history. A sudden and aggressive uptick in legislation aimed at restricting the bodily autonomy of trans individuals and women swept the country as I finished this project. I was often overwhelmed by the constant flood of fear and horror I felt from living and parenting amid profound instability. Going into the interview portion of the project, in September 2020, I harbored fantasies that this project could somehow exist as something apart, protected from the outside world by some imaginary cocoon; conceived in so-called "precedented" times that allowed for the illusion of certainty, I fantasized that conducting this research could allow me to access the security and stability I had not felt since the "two-week pause to flatten the curve" stretched into months.

Of course, I was wrong. We have all been impacted, as people and as parents, by living in an ongoing state of apocalypse. Quinn gave birth the day that the state he lives in went into lockdown. He joyfully welcomed his daughter while mourning the loss of the support he had planned for his family. He, Steven, and Harley all expressed concerns about their young children not having access to early peer socialization due to the pandemic. Quinn and Steven, living on the west coast of the United States, spoke to the impossible conditions created by the joint phenomena of wildfires and pandemic, expressing both significant anxiety for their children's futures as well as a determination to work to protect those futures in whatever ways are available to them. Neil often lapsed into anxious rumination about the upcoming 2020 election during our conversations, linking it to fears that the persecution of people marginalized by society due to race and gender will never end, will only get worse. The external world may not be prioritized in

psychoanalytic work, but it must be accounted for. In talking about participants' experiences of gender and childbearing, the world we live and raise our children in necessarily entered the conversation.

As I mourned that this project, too, would be changed by the pandemic, I became able to notice the sense of comfort this project created for me, particularly in working with the participants. Each participant repeatedly expressed that the mere existence of this research gave them a sense of hope; the idea that someone cared to bring this topic into academic conversation helped them feel like the world was changing in ways they wanted, not just in ways that scared them. As I revisited the conversations I had with the participants over and over to analyze the data, I began to locate feelings of hope in relation to the project, too. One of the participants, in discussing their fears related to political events, asserted with determination, "There is no future in which we do not win." Quite literally, there is no future for humanity if we cannot end systems, practices, and institutions that oppress and exploit human beings and the natural world. This task feels so vast, and so many powerful bad actors seem intent to keep us careening toward oblivion; I sometimes feel it is barely possible to even imagine what succeeding in this task might look like.

But trans people actualize imagined futures that seem impossible—all the time. Trans people embody the mutability of gender. Most of us are assigned a gender at birth based on our genital morphology; we are then related to in ways that reflect what others consciously and unconsciously believe about us because of that assigned gender. To disentangle oneself from constructions that are so powerful they are usually conceptualized as incontrovertible truths is a powerful act of resistance and agency. To

transform one's appearance, body, and/or life to match an internal sense of self rather than continuing to adhere to the gendered expectations of those around us is a radical action that changes the world one lives in. Trans gestational parents take this actualization even further, revealing that gender can be complicated and expanded by delinking gender from biological events like pregnancy and childbirth. Twenty years ago, the idea that a person could be both pregnant and not a woman was largely regarded as absurd, barely imaginable. Now prominent American legislators use the inclusive phrase "pregnant people" during sessions of Congress to reflect the growing awareness of the existence of male and nonbinary gestational parents. Reflecting on the power of trans people, especially trans gestational parents, to bring the imagined into reality, offered me both solace and sustainment as I dissertated in the shadow of the vast task of reinventing the world into one that is supportive to humanity's continued existence.

Appendix A

Informed Consent/Participant Screening Script

“I am working on my dissertation for a Ph.D. in clinical social work at the Institute for Clinical Social Work. I am conducting a research project to explore the experiences of non-female individuals who have conceived a pregnancy, carried that pregnancy to term, and given birth.

Specifically, I want to explore the way these individuals make meaning of gendered experiences during their childbearing year. I am personally interested and motivated to study this topic because I believe that non-female pregnancies are less common but still ordinary events that require special attention primarily to develop better awareness and practices in serving trans individuals. This research could help mental health professionals and health professionals understand and possibly better treat trans individuals and their families. If you choose to participate, you will be asked to participate in 5 60-minute interviews. We will have our interviews using Doxy.me, a free, encrypted, browser-based videocall platform.

This study will address sensitive topics related to gender, conception, pregnancy, birth, postpartum, and intimate relationships. Though minimal, the potential risks for the study include psychological discomfort, such as feeling vulnerable or anxious during or after the interview, connected to sharing personal information in the interview. As part of the informed consent process, I will provide you with contact information up front for emotional support resources in your area, including therapists who are familiar with trans concerns, in order to address this risk.

Potential benefits to you include having an opportunity to discuss your experiences with gender and the childbearing year. There are no financial benefits to this study. You are free to withdraw from the study at any time.

All the information you share with me will remain confidential. No identifying information will be included in the research and all data from the interviews will be kept in a locked filing cabinet at my home office in Huntington Woods. The only people who have access to the raw data are myself and my committee members. The information that is shared, once complete, will be disguised to protect your confidentiality. Audio recordings and all documents related to the study will be password protected. After the mandatory 5-year post graduation period has been met, I will personally destroy the records by shredding all paper data and deleting all electronic data.”

Questions to assess understanding of informed consent

After reading the informed consent script to the participants, I will say, “I am going to ask a few brief questions to make sure the consent was clear and we’re on the same page about it before we proceed.” I will then ask them the following questions:

1. Do you have any questions about the consent I just read to you? If yes, what are they?

2. What is the purpose of the study, as you understand it?

3. What are the potential risks involved with participating in the study?

4. What are the potential benefits involved with participating in the study?

5. Do you understand that you are free to withdraw from the study at any time?

6. In relation to the actual data gathering, when and where will consent be discussed and documentation obtained, for example several days before? Be specific.

Since the research will most likely be conducted via videocall due to the pandemic, I will bring up informed consent during the screening interview, provided the potential participant meets the inclusion criteria and is interested in moving forward with being a participant. Immediately following the phone call and with their explicit permission, I will send them the informed consent materials via e-mail. The participant will be asked to review the materials prior to our first interview. At the beginning of the first interview, I will read the script above, assess their understanding, and obtain their consent before proceeding with interview.

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