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"It was a lot of work, even becoming able to think of myself as a transgender person *and* a parent"

An exploratory study of reproductive choices and experiences of transgender people with gestational capacity in the Dutch and Italian contexts

Arianna Rogialli - 13741497
MSc Medical Anthropology and Sociology
Graduate School of Social Sciences
Supervisor: Dr. G.J.E. Gerrits
Second reader: Dr. E. Vogel
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"I live proudly in a body of my own design.

I defend my right to be complex."

Feinberg, L. (1999). *Trans Liberation: Beyond Pink or Blue*: 63. Beacon Press.

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ABSTRACT

Background

Gestation is generally described as a women's health issues. However, transgender people who have ovaries and a uterus[1] can have pregnancies as well, and they are too often excluded from such discourse. In this study I have explored how trans people's personal processes of identity formation and their bodily experiences related to reproduction are articulated throughout their life stories and how they co-shape their procreative, gestational and parental wishes, choices and practices.

A gap in literature about this topic exists both in the Netherlands and Italy, and the specificities and dissimilarities of the two countries make them relevant locations to explore the topic.

The study contributes to the expansion of the limited corpus of literature on the topic, and strives to provide a a comprehensive perspective, that can show how participants relationships with their identities and their reproductive capacity shape the ways they approach procreation and parenthood.

Methodology

Semi structured in-depth interviews were carried out with 19 transgender people[2] who have resided for significant periods of time in the Netherlands or Italy, and either have or previously had the anatomy needed to carry children.

[1] The term "transgender" includes everybody who does not identify as the gender they were assigned at birth. "Transgender people who have ovaries and a uterus" thus includes trans men, transmasculine and nonbinary people. Following what is argued in Spade 2011 and Karaian 2013, throughout this thesis I have chosen to employ terms such as "people with uteruses/ovaries" or "people who have gestational capacity" instead or "female/gynecological organs", in order to avoid reinforcing bioessentialist views though the gendering of such body parts.

[2] Including: transgender men, transmasculine people, nonbinary people or, in general, people who do not identify as cisgender, who have/had a uterus and ovaries and would be/have been able to conceive.

Introduction

Pregnancy care, as it's currently provided in clinical facilities around the world, caters mostly to the needs of cisgender[3] women (Obedin-Maliver, 2015; Gomez et al., 2020; Moseson et al., 2020). However, not all people whose bodies have the capacity to become pregnant are women: this can be the case for transgender men and non-binary people as well – provided that, if they decide to undergo medical transition, they retain their ovaries and uterus, and that they temporarily interrupt hormonal replacement therapy (HRT) in order to conceive, carry the child, and breastfeed (Light et al., 2014, Ellis, Wojnar, & Pettinato, 2015; Obedin-Maliver & Makadon, 2015, Charter et al., 2018).

Legislations that used to force transgender people to undergo sexual reassignment surgery (and consequent sterilization) in order to be able to change their documents have been effective in many European states[4] until recently: in the Netherlands and in Italy these laws have been amended respectively in 2014 and 2015[5]. Therefore, at least in the European context, the idea of a transgender person having biological children after transitioning is relatively new. For many transgender people, the idea of being pregnant and of having to provisionally suspend HRT induces strong feelings of gender dysphoria[6] (Charter et al. 2018). Furthermore, in some cases, the choice of becoming pregnant would not be accepted or understood inside of the person's network, and would therefore have the potential to alienate them from their loved ones (Hoffkling et al., 2017). Besides, medical staff is often not prepared enough to be able to offer adequate gynaecological care for a transgender patient (Grant et al., 2010; Charter et al. 2018; Moseson et al., 2020; Gomez et al. 2021), and the presence of a pregnant belly might expose the person to more frequent and intense discrimination in their daily life (ibid; Hoffkling et al. 2017: 16; Charter et al. 2018: 72). These are some of the reasons why not all transgender people can consider pregnancy a viable

[3] Contrary to "Transgender", "Cisgender" identifies people whose gender identity corresponds with that assigned at birth.

[4] The TGEU Trans Rights Map Europe & Central Asia 2022 (retrieved from transrightsmap.tgeu.org on 20/07/2022) shows that, at the moment, sterility is a requirement for legal gender recognition in 4 EU states (Finland, Latvia, Czech Republic, Romania). The TGEU Trans Rights Europe Maps & Index of 2013 (https://tgeu.org/trans-rights-europe-map-index-2013-at-a-glance/), reported that at the time this was the case for 24 EU states.

[5] The 1985 Dutch Transgender Act and the Italian Legge 164/1982, which granted transgender people the possibility of legal gender recognition after having undergone sexual reassignment surgery were amended in 2014 and 2015 (TGEU, 2020; la Repubblica, 2015).

[6] Feelings of discomfort associated with one's appearance and how it is tied to their gender expression.

family planning option. However, despite these challenges, it has been shown that reproductive wish in transgender men and nonbinary people is widespread (Wierckx, 2011; Auer et al. 2018). In the study of Charter et al., 2018, some participants decided to go through with HRT suspension, considering it a "functional sacrifice" (ibid: 69), which they justified as a stepping stone towards the actualisation their wish of carrying a child. Obedin-Maliver & Makadon, 2015, instead, found that "many, if not most transgender men retain their female reproductive organs and […] the capacity to have children" (ibid: 4). It is not to be assumed that the significant institutional, social and practical hindrances which still stand in the way of high-quality fertility and pregnancy care being accessible to people who are not cisgender should necessarily stop all of them from choosing it as their preferred path towards parenthood.

Experiences of gestation that take place outside of the gender binary have started to gain increased visibility even in mainstream culture in the last few years, and pregnancy is now becoming a *thinkable* option for more and more transgender people (Obedin-Maliver & Makadon, 2015; Smietana, 2018; Baas, 2021). Nonetheless, the few portrayals of transgender gestation which appear on the news are generally twisted to seem more sensationalistic, in a way that is often not respectful of the pregnant person in question (McConnell 2021). Furthermore, trans people's experiences are, at the moment, not represented enough in literature concerning pregnancy and fertility-related issues (Giacomozzi, Aubin & Brancaccio, 2022). This eventually fosters unpreparedness of healthcare providers and consequent inadequacy and inaccessibility of clinical care towards trans patients, creating a vicious cycle of medical exclusion (Moseson et al., 2020). Where medical systems fail to provide trans people with adequate care and information regarding their sexual and reproductive health, they keep pushing them aside, exacerbating their marginalization and limiting their agency (Mitu, 2016; Baas 2021; Gomez et al., 2021; Grant et al. 2010; Light et al., 2014; Wierckx et al., 2011).

An analysis of previous literature seems to suggest that the time has come for more research on transgender people's pregnancy-related experiences, reproductive wish and family planning to be carried out, especially outside of the US[7]. With this analysis, I wish to broaden the knowledge around transgender pregnancy and reproductive wish, especially

[7] Much of the existing research on transgender pregnancy has taken place in the US due to the lack of explicit compulsory sterilization requirements in the country, and therefore, a higher number and more visibility of gestating transgender subject.

in relation to the context of the countries in which the investigation has been carried out – the Netherlands and Italy. Given the socio-political specificities of the two countries, it is interesting to draw comparisons between them. Since the legalisation of same-sex marriage in 2001 (CBS News Staff, 2001), the Netherlands has had the reputation of being a very inclusive, "gay-friendly" country. At the moment, adoption and partner adoption are accessible to same-sex couples in the country (Ministerie van Algemene Zaken, 2022), alongside IVF, which is also reimbursed (Lengton, 2019). Surrogacy is legal under specific circumstances (Ministerie van Justitie en Veiligheid, 2022). Nevertheless, gender affirming healthcare for transgender people, while being regulated, is largely inaccessible due to limited capacity of facilities and endless waiting lists (van der Voorn, 2022), and trans people still experience frequent discrimination (Verbeek et al., 2020). On the other hand, Italy is a country where public opinion on LGBTQIA+ rights is still deeply divided, especially because of the influence of the Catholic Church (Guidi 2014; Callahan & Loscocco, 2021). Queer people in Italy can have access to civil partnership only from 2015 (but not to legal marriage) (Law 'Cirinnà', 20 May 2016 n. 76; Kirchgaessner, 2016), adoption and partner adoption are still not legally recognised for same-sex couples (Camera dei deputati, 2018), IVF is only accessible for different-sex couples (article 5, Law 40/2004), and surrogate motherhood is a criminal offense regardless of sexual orientation (article 12.6, Law 40/2004)[8]. Transgender people in Italy experience substantial amounts of minority stress, discrimination and violence (Prunas et al., 2014; Scandurra et al., 2019; Callahan & Loscocco, 2021). As mentioned earlier, both countries only recently amended laws that made it mandatory for transgender people to go through sexual reassignment surgery in order to have their documents corrected (TGEU, 2020; la Repubblica, 2015) and currently still require that the person who gives birth is legally registered as the mother of the child (Vonk, 2012; Ministero della giustizia, 2020).

[8] Partner adoption is not illegal per se, but subject to court decision, and still not legally regulated evenly (Il Sole 24 Ore, 2016). It is possible to obtain registration of adoption if it has taken place in a state where it is legal for same-sex couples, provided that there was no agreement of surrogate motherhood (Redazione ANSA, 2021). There have been isolated legal dispensations where surrogate motherhood was allowed (Corte costituzionale, 28 March 2022, n. 79).

Theoretical and literary inspirations

Throughout this thesis, I will be building on the following guiding concepts: heteronormativity and performativity, power and its impact on the body, intelligibility and thinkability, stigma and minority stress.

Heteronormativity and performativity

In their work, Judith Butler explores the processes of becoming that are involved in the construction and perception of gender identity. While the homogeneity between sex as a biological state and gender as a series of cultural attitudes and behaviours has long been considered a given, Butler shows how the relationship between the two is, in fact, way more ephemeral, and mostly relying on long-established societal conventions. Following their line of reasoning, one's gender identity and expression are not naturally tied to their biological sex, and the existence of "an interior and organizing gender core" (Butler, 1990; 173) is revealed to be only an "illusion" (ibid.). Kessler & McKenna (1978) defined behavioural manifestations such as attire, career choices and personal dispositions as a sort of "cultural genitals" (ibid: 153), since they function as indicators that are deemed to be revealing of one's gender identity and, simultaneously, originating from it – therefore being a "proxy for sex status" (Schilt & Lagos, 2017: 429). These are at the basis of the formation of gender roles (Money, 1955), that define which gendered behaviours are acceptable or desirable.

The concept of iterability is central in understanding Butler's idea of gender: in order to crystallize its meaning, the performance of gender needs to be repeated (Butler, 1990; 140), making it "a persistent impersonation that passes as the real" (ibid: viii), a laborious task of endless doing and maintenance of these categories (Butler, 1990; West & Zimmermann, 1987). Butler calls the net of rules that define adequate gendered behaviours "the heterosexual matrix" (ibid.: 45), echoing Wittig's analysis of the "heterosexual contract" (Wittig, 1992: 32) as a basis for social organization. Some scholars, such as Jackson, have stressed how heteronormativity "defines not only a normative sexual practice, but also a normal way of life" (Jackson, 2006: 107), as its regulatory power bleeds in multiple dimensions of the social. Heteronormativity and performativity were useful conceptual lenses throughout my analysis, as they helped interpret the ways in which participants relate to gender roles and their enactment, and how they managed to move away from fixed scripts in order to design transition paths that followed their identities, needs and wishes.

Power and the body

Butler (1990) and Foucault's (1991) describe power as a pervasive element that has the capability to shape societal functioning through discourse and to contribute to the construction of one's identity, inclinations, desires and personal agency. On an institutional level, several laws and legal practices – such as those mentioned in the Introduction – greatly restrict the agency of transgender people with regards to their reproductive rights. Furthermore, they stem from eugenic approaches to health (Honkasalo, 2019): as Nixon (2013: 73) states, "Reproductive health policy […] reflects which people are valued in our society; who is deemed worthy to bear children and capable of making decisions for themselves".

Cissexist medical, societal and legal discourse sees transgender people as needing to take on a stereotypically heteronormative, either male or a female role (Walsh & Einstein, 2020: 56 + Johnson 2016) and establishes the genitals and their reproductive functions as focal points for defining what a "normal" form of gendered embodiment is (Walsh & Einstein, 2020: 56). Even where specific legal requirements are not present, many transgender people experience social or medical pressure to undergo sexual reassignment surgery (ibid: 60). Walsh and Einstein (2020) argue that the social environment, in fact, has the capacity of "'writing on' the body though the brain until the genitals themselves, […] become pathologically misshapen" (ibid: 63). The necessity for invasive surgical intervention is created in many transgender people largely by the violent, cissexist setting they have long been immersed in, as a "normal life" (ibid: 62) becomes only imaginable in the context where the person's embodiment matches outside expectations. Butler (1990, 1993) argues that both gender and sex, and not only the former, are socially constructed: our perception of gender contributes to the way in which we understand and categorize genetic and phenotypical features. In this sense, as their iteration materialises (Butler, 1993) gender norms are actually the ones which configure biological sex (Alsop et al. 2002; 97; Fausto-Sterling, 2000).

Throughout this study, these concepts were employed to deepen my understanding of participants' relationships with their bodies and the physical and social processes that shape and modify them. As gendered norms, therefore, have the capacity to "become part of our very bodies" (Wehrle, 2020: 384), I investigated how they impacted the lived realities

of participants and the role that their embodied experiences play in their reproductive choices.

Intelligibility and thinkability

The mainstream narrative which sees a gestating subject as, necessarily, a mothering one (Rosenblum, 2012; Karaian, 2013) is so deep-rooted that it seems almost impossible to conceptually separate the experience of pregnancy from that of motherhood. We could say that motherhood defines womanhood and is, in turn, defined by it. As Karaian (2013: 211) describes, "biological and repronormative discourses" contribute to "materialize and maternalize female identity", cementing the connection between ideas of pregnancy, women and motherhood. "For bodies to cohere and make sense" in the "grid of intelligibility" which is the heterosexual matrix, "there must be a stable sex expressed through a stable gender (masculine expresses male, feminine expresses female) that is oppositionally and hierarchically defined through the compulsory practice of heterosexuality" (Butler 1990: 194). It follows that, in the dominant narrative, a trans pregnancy is often un-intelligible (Hoffkling et al., 2017: 11), meaning that a person who is not a woman is not expected or even imagined to be able or to want to carry a child.

However, it has been shown that the reality is quite different and that transgender people can have and wish to have pregnancies (Auer et al., 2018; Charter et al. 2018; Derosa, 2021; Hoffkling et al., 2017; Light et al., 2014; Moseson et al., 2020; Wierckx et al., 2011). Therefore, it seems that a process of deconstruction and re-definition, an unsexing of parenthood outside of such cis-heteronormative boundaries might be desirable (Rosenblum 2012: 79). Increased visibility of pregnancies that take place within a body that is not cisgender contributes to the creation of an image of parenthood that is more expansive and flexible (Hafford-Letchfield et al., 2019; McCandless, 2012), therefore making it a thinkable possibility (Smietana, 2018; Baas, 2021). Transgender experiences of parenthood, which call for a more private and original interpretation (Ingraham, 2004) of the meaning of being a parent, are optimal in examining this matter as they are "uniquely positioned to challenge hegemonic constructions of gender around the family" (Charter et al., 2018: 65).

The stories that I included in the empirical chapters are intended to show how the people whom I interviewed have navigated the tensions between the necessity of making themselves intelligible to their surroundings and the actualisation of parental identities and forms of family that feel authentic to them.

Compulsory heterosexuality, minority stress and stigma

Doing gender in a way that follows societal rules and therefore does not challenge the status of the current, heteronormative framework in which society functions grants certain subjects a hegemonic status on an intersectional axis (Connell, 1995) and, conversely, relegates others in the realm of the abject (Alsop et al., 2002; Butler, 1990; Kristeva, 1980). These outsiders, who "fail to do their gender right" (Butler, 1990: 178) have to see their identities and conducts, which are considered "unnatural", devalued – at best, or punished and repressed – at worst (Alsop et al., 2002; Page & Peacock, 2013). Given that in such a system heterosexuality is, fundamentally, a compulsory (Ingraham, 2004), disciplining force, queer people are thus constantly penalized and have to "privately negotiate their path through identity development and identity adoption" (ibid: 639). Reproduction is portrayed as the normal and anticipated outcome of heterosexual relations and therefore, whenever gestation happens outside of binary views of gender and sex, it troubles the status quo and is thus perceived as an anomaly (Karaian, 2013).

The employment of concepts such as heteronormativity and compulsory heterosexuality might seem unnecessary in the Dutch context, since for decades the Netherlands has presented itself as a strongly gay-friendly nation. In spite of the apparent situation of equity that people in the LGBTQIA+ community are supposed to enjoy in the Netherlands, they seem to be still experiencing similar rates of psychological stress and poor self-esteem as those presented by queer people who live in less tolerant countries (Aggarwal & Gerrets, 2013; 114). This can partly be attributed to minority stress: since being queer is nevertheless far from being considered normal ("gewoon", Aggarwal & Gerrets, 2013: 114), it is still perceived as a "spoiled identity" (Goffman, 1963: 2-9) and not being cisgender and heterosexual are still factors that expose an individual to various forms of marginalization (Aggarwal & Gerrets, 2013: 113).

Depending on their networks of relatives and friends, it has been shown (Riggs et al., 2016, Hoffkling et al., 2017) that transgender men and non-binary people who have pregnancies experience varied degrees of stigma and receive differential amounts of support, with some describing it an "isolating experience" where they "lost everybody", and others having been able to significantly rely on their communities and feeling empowered in doing so (Hoffkling et al., 2017: 9-10). People's experiences of stigma are also influenced by one's decisions on how to navigate this life passage – for instance, some might try to avoid discrimination by presenting as cisgender women (consciously risking an

increase in dysphoric feelings), while others may still "pass" as cisgender men (and not be able to see their pregnancy externally recognised) (ibid: 10).

Research question and sub-questions

The main research question that has guided this study has been:

How have participants' personal processes of identity formation, bodily experiences and parental identities been articulated and defined throughout their life stories? How do these dimensions come to co-shape and inform their reproductive and family planning choices?

These sub-questions have also shaped my interviewing and analysis:

- What is the perception of transgender people who have never been or are currently not pregnant (but could do so) of the possibility of future gestation? What circumstances might influence their choices in that regard?
- What are participants' experiences with their bodily processes connected to reproduction, such as menstruation and pregnancy?
- What are the experiences of transgender people who are undergoing testosterone-based HRT with its interruption in order to conceive and with the usage of ARTs?
- How do transgender people who are pregnant or have given birth negotiate the meaning of parenthood outside of the gender binary and the framework of cisheteronormativity?

Methodology

The main method of data collection during fieldwork has been in-depth semi-structured individual interviews, in English and Italian (my mother tongue[9]). I have involved 19 participants in my research[10], whom I have gotten in touch with mostly by publishing posts on Facebook, Reddit and WhatsApp groups (after having asked the moderators for permission) and by creating a public, shareable post on my personal social media and my website which included a brief explanation of the research and the methods that would be used. Some participants were contacted through snowball sampling. Criteria for inclusion have been: transgender people[11] who have resided for significant periods of time in the Netherlands or Italy, and either have or previously had the anatomy needed to carry children. The sample comprises of people who have not yet made a decision about the possibility of going through pregnancy, but are thinking about it; who have decided not to have a pregnancy; who have either given birth; are currently pregnant; or are trying to get pregnant. Ages of participants ranged between 20 and 51, with the vast majority of participants being between 20 and 30 years old. Most participants have received professional or university-level education. While the pronouns that participants use to refer to themselves are visible in Appendix 2, I have decided not to ask questions that would have strictly required to define one's gender identity. This reasoning is in line with the argumentation offered throughout this thesis: as gender identity is expansive and complex, I did not expect that participants would want to define it in just a few words. However, almost all participants described their identity as being outside of the gender binary, and about a half of the sample expressed some connection to the labels of "transmasculine", or "trans man". No question list was strictly followed during the interviews, but I paid attention to some general fields of interest, such as participants' life stories and background information, ideas and experiences around parenthood, pregnancy, childbirth and menstruation[12].

Interviews have been an optimal method for examining such personal and complex issues as they allowed me to delve into the participant's perspective at length. Conducting

[9] The excerpts from the interviews that were originally conducted in Italian have been translated by me.

[10] See Appendix 2.

[11] Including: transgender men, transmasculine people, nonbinary people or, in general, people who do not identify as cisgender, who have/had a uterus and ovaries and would be/have been able to conceive.

[12] See Appendix 1.

interviews that included life story perspectives made it possible for me to place people's decisions and views in the context of their personal, lived experiences and helped the building of greater rapport (Atkinson, 2012). Moreover, as the interviews were generally lengthy, participants could focus on particular topics that they deemed important. This style of interviewing has proved to be very apt for the exploratory nature of the study. I have asked participants permission (either written or verbal) to record the audio of the interview(s), and have informed them about this request before the day of the interview. I have conducted part of the interviews on Zoom, either due to me not being able to be in loco or in the cases in which that was the participant's preference. As for the in-person interviews, I have gone myself to a place of the interviewee's choice, provided that it was quiet and private enough for confidentiality to be ensured and to allow recording. I did not notice much difference in the depth of information gathered through in-person interviews over the ones conducted online (see Fielding et al., 2017: 423). All participants – both those interviewed online and in person – were very open and talkative, greatly facilitating the process of data gathering.

Auto-ethnography has also been part of this research: I have kept a fieldwork journal, where I noted down my personal thoughts and feelings about the topics discussed with interviewees. Given that I am a non-binary person, fieldwork was a very transformative and reflective time. Some of my own considerations were useful later on, during the process of data analysis.

No external sources of information, such as online forums or groups, were involved. Once gathered the data, I have used framework analysis to examine it. This method relies on the development and application of codes to data though thematic analysis. The codes are subsequently rearranged and organized so that it is possible to establish relationships between them, and therefore identify patterns and differences throughout participants' accounts (Clarke & Braun, 2016; Green & Thorogood, 2018, Goldsmith, 2021). Since the interviews were structured in order to investigate the participant's life story, and not only their ideas and experiences about pregnancy, the thematic codes employed covered a wide range of topics[13]. I have used Atlas.ti in order to code the interviews and subsequently organised my data in matrixes through Microsoft Excel.

[13] See Appendix 4.

Complex journeys towards trans identity

Flavio is a 21-year-old nonbinary Italian person who has now been living in the UK for a few years. He has moved out of his hometown – Rome – to be able to study abroad, but also, in part, because he feels that the city is not a safe space for him, as a transmasculine person. We had two separate conversations, both very lengthy and engaging, over which he shared with me many deep and personal reflections on his gender journey. I have decided to start this chapter with a glimpse of my first conversation with him, which I believe encapsulates well how the trans experience can be multifaceted, and sometimes have aspects that can feel contradictory to a cisheteronormative gaze. However, these contradictions are only apparent, as they suddenly make sense and gain profound meanings when discussed in a trans framework. In the following passage, Flavio speaks of his medical transition and how it has felt, for him, to see his body change during HRT. He was surprised of how being sometimes perceived as a woman shifted from something that was deeply distressing to something that did not bother him much, once he started seeing the impact of testosterone on his body.

> "When I started noticing some physical changes, I became more confident, even though I did not 'pass'. That was a very particular moment in my life, because I started feeling comfortable with the idea that people would perceive me as a woman. There were moments in which I even wanted people to perceive me as a woman. Having lived quite a significant part of my life while presenting as a girl, and having had those (mostly negative) experiences, in a political sense[14] I relate strongly to the condition of women. And when I talk about, for instance, sexist or misogynist discrimination, it is not rare that I will say 'we', referring to me and to women at the same time. I have had that experience, too. But obviously, it always used to upset me when people would read me as a woman. However, once I achieved physical changes [on HRT], and I finally recognised myself in the mirror and had less dysphoria, this matter, of being a woman, has been integrated more in my identity".

Later on, he explained to me about how his relationship with the label "Butch" and the lesbian community has changed through the years.

[14] He is referring to the experience of being affected by sexism and misogyny.

"Growing up, I had a phase where I identified as a lesbian. When I realised I was trans, I moved away from that [label]. In fact, I am bisexual. But I had strongly moved away from the idea of being a lesbian, because I thought that it implied being a girl. In that limbo [when he first started HRT] in which I would not pass, but in which I would like myself – I reconciled with that [lesbian] world again, I met a lot of people that identify as lesbians, a lot of masculine women. And even though I do not identify with that label, I have found great love and appreciation for masculine women who are older than me and who have a certain life experience [of gender non-conformity]. And the fact that by interacting with me, they would sometimes perceive me as a masculine woman as well was very important for me. I have found a sense of belonging and awe [in this community]".

In response, I told him of how I myself "made peace" with using feminine pronouns only once I started identifying as a lesbian, and of how I started to gain an understanding of my experience of gender as being woven into that of my sexuality, he answered:

"I understand that. To describe myself, I use the label "Butch"[15], which unfortunately has no translation in Italian. It is the most perfect word that I have found, it precisely describes a way of being that goes beyond gender and sexuality. I often experience a certain sense of rejection towards labels, but "Butch" is perfect – when I say I am Butch, I am saying I am queer, but it is not a strict definition. And if people refer to me with feminine pronouns in contexts in which other masculine women are present, I know that they are referring to me in that way[16]. And it's beautiful, because they are seeing me, they are recognising me as a Butch. When I was a young queer adolescent, the predominant narrative portrayed gender as one thing and sexuality as a separate one, [implying] they have nothing to do with one another. Fuck no! This is not true. I understand when people say 'My gender is gay', in my mind it does make sense. That is to say, I am gay, in every sense."

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[15] Butch is a term, used mostly inside the lesbian community, with which people who have a tendentially masculine presentation sometimes identify.

[16] As a butch woman.

During my period of fieldwork, I was constantly amazed at the complexity and richness of the experiences of gender that participants were sharing with me. In this chapter, I will show how their transitions often did not follow a "standard" path, and their identities frequently did not fall into binary frameworks, moving and changing throughout time, places, in relation to one's sexuality, community, partner(s), life choices.

In a cisheteronormative society, where cisgender people are presented as the standard, or the norm, of which transgender people are seen to be just a variation, gender transition pathways are often expected to follow a traced path, that relies on a "hierarchy of legitimacy […] dependent on medical standards" (Johnson, 2016: 465). This means, in the dominant narrative offered about transgender people, it all supposedly starts from an original gender epiphany or realisation, neatly followed by social transition, hormone replacement therapy, and surgical transition (with 'top' surgery, or male chest reconstruction, generally preceding 'bottom' surgery, or sexual reassignment surgery) (ibid.; Spade, 2003). Such a strict tracing implicitly hints at a ranked structure, where the further a person moves on the path, the more their identity is authenticated (Johnson 2016: 465.). This systematic and linear approach to transness, which has been also called "transnormativity" (ibid.) is visibly reflected, for instance, in laws that until recent years both in the Netherlands and Italy forced transgender people to undergo both 'top' and 'bottom' surgery in order to be able to have their name and gender corrected on their documents. The argument could be extended also to the usage of terms such as "FtM" or "MtF"[17], that have long been employed even by trans people to describe themselves, but are now falling into disuse, since they appear to be too simplistic and normative in order to represent the trans experience adequately (Bauer, 2010, Karaian, 2013, Trans Journalist Association, 2020). In a similar way, it is common to refer to people who have undergone all of the medical steps mentioned above as having had a "complete" transition. Does the ideal of a "complete" transition imply the existence of "incomplete" transitions? Creating a hierarchy between different transition stages can very easily alienate those trans people whose wishes and plans do not align with what is standardly expected of them.

While the dominant narrative portrays gender transitions as one the copy of the other, as ready-made medical paths that can be offered to any trans person with very little room for personalization, this seems to be constrictive and unrealistic, as lived experiences of trans people show a far more varied picture.

[17] These terms mean "Female to Male" and "Male to Female".

Figuring out your gender identity

In the dominant narrative that I outlined before, a transgender person is usually expected to have been feeling a marked disconnect from the gender they were assigned at birth since infancy, or, at most, adolescence. Some people can definitely have a clear notion of their being trans since early childhood, and show signs of gender-non-conformity very early on. This is also the type of experience that most professionals expect to hear in order to provide a diagnosis of gender dysphoria – children and adolescents that want to start a transition process are generally required to display a "consistent, persistent, and insistent" (Toman, 2021) gender identity in order to receive care. This is, in a sense, a way to make sure that the child is secure in their wish to transition, but, on the other hand, it has the effect of excluding children who gravitate more towards fluctuating or less standardised expressions of gender from accessing fundamental healthcare (ibid.). In fact, not all trans adults have life experiences that adhere to these expectations (Johnson, 2016: 469). As one participant, Thom (22, NL), recounted:

> "As a child, I was quite girly. I had both sides, I could be super girly in princess dresses, but I also would be always outside with the guys playing on the streets. I did both. My parents let me do both, which was also very nice."
> (Thom, 22, NL)

Later on, he also described how he had felt some pressure to conform to the standard narrative of how transgender childhood is supposed to be:

> "You had to say no to every dress and every skirt you were forced into. No, that… it wasn't like that [for me]."
> (Thom, 22, NL)

Trans people in my study have frequently encountered this sort of biases not only in everyday life, but even in medical settings. A pressure of such kind might force people to fabricate life stories that better fit the dominant narrative of transness in order to be able to navigate healthcare and obtain a necessary diagnosis from a medical professional (Johnson, 2016: 469).

Furthermore, queer literacy practices (Miller, 2015), which are aimed at endowing especially youth with sufficient knowledge about gender and sexuality variance in order for them to be able to figure out their own identity easily, are starting to be implemented, for instance in school environment, only in the last few years – but also, with varied results based on national and regional disparities. Not having access to adequate literacy around queer and trans issues can further complicate a person's understanding of their own identity, allowing them to recognise it only later on in life. During the interviews that I have carried out, participants often recounted having had doubts around their gender identity during adolescence, but not having access to resources other than Youtube videos.

Transgender people often have to endure a very intense amount of scrutiny over their gender expression and adherence to gender roles (Levitt & Ippolito, 2013: 52; Johnson, 2016; Toman, 2021), and frequently have to 'prove' themselves and their identities to their surroundings (their family, their friends, the medical establishment). They therefore might experience even more pressure to "do gender" (West & Zimmermann, 1987) in a way that is perceived as stereotypically manly or womanly (Johnson, 2016; Toman, 2021). Transmasculine people, for instance, might be discouraged from adopting behaviour that is generally coded as "feminine" in order to avoid having their identity invalidated, or in fear of not looking "trans enough" (Johnson, 2016). Boris (22, NL) shared with me some of his reflections on the matter:

> "Accepting my feminine side was a journey. When I first came out, I forced myself into this little box: "You're a man, now". Thinking back, it's almost funny to me, 'cause I realize that's just not really who I am. [Later on], it just really hit me, that it didn't make any sense that I was trying to be something that I'm not. I had a really pivotal realization: 'OK. My goals to transition are valid, and I don't have to be a masculine trans guy to [be allowed to] want those things'. And from there on I've just felt a lot freer to also express my feminine side."
>
> (Boris, 21, NL)

Later on, with him, we talked of how experimenting with feminine drag has helped him feel even more secure even in his transmasculine identity, because if drag is an impersonation where you act as the opposite of who you are, then presenting very feminine "gave him a lot of gender euphoria in a strange way", he said. He was not the only person to tell me an analogous thing, other participants have also benefitted from experimenting with their gender expression. Similarly, Tommi (23, IT) recounted an episode in which, during high

school, he and his friends had staged a drag king make-up look on him. In that occasion, he realized that he did not want that type of presentation to be only makeup, and that it was related to something deeper, connected to his identity. Having had a safe space, a circle of people with whom to "experiment" with gender seems to have been useful for many participants. For instance, Flavio, whom I mentioned in the opening vignette, told me of how fundamental it was for him, growing up, to have had an online community of friends that shared similar interests, where it was common and normal use that people would ask others to start using a different name with them, or different pronouns, just to be able to see whether they felt comfortable being addressed that way. Sometimes epiphanic moments of gender euphoria can come up unexpectedly: Alex (23, IT), described the sensation of when, after they had bought a chest binder as an experiment, not sure if they actually necessitated one, they have felt very intense gender euphoria by being addressed as "Pischello" – a dialectal term for "Boy" – by a stranger.

As one can discern from these stories, sometimes figuring out one's gender identity, or the gender expression that suits them best may require some investigational attempts – and, more importantly a safe space where you can feel free to experiment without judgement.

This latter issue ties into the fundamental role that community plays in the recognition of one's identity. Where one has around them a caring and supporting community, and especially, where one is close to other queer and trans people who might be living through similar struggles and with whom one can share doubts and thoughts, the process of "becoming yourself" can be much smoother, as the person encounters less roadblocks on their path. Similarly to the story mentioned earlier, Thom (22, NL) told me of how having a group of queer friends while growing up was of great help to him, allowing him to "try out" difference pronouns, discussing practical matters, such as how to wear a binder, and share experiences. Other people, such as Max (20, IT, studying in NL), recounted how a friend's coming out (in this case, their best friend coming out as a lesbian) encouraged them to start seeking information on gender and sexuality, and, ultimately to figure out that they were queer themselves. In some cases, being immersed in a trans environment can help identify the source of one's gender-related distress. Martie (25, IT, studying in Spain) found themselves having their first intense dysphoric episode during a camping trip organised by an LGBTQIA+ association. In that context, being around people who had experience of gender dysphoria helped them understand that they were living a similar experience themselves.

These experiences show that gender epiphanies often do not happen in a vacuum, removed from any other influence, and that having a trans community around you that can inspire and support you in your personal journey is of crucial importance for many. While the cisgender gaze tends to see transition paths as highly individual journeys, listening to trans people's lived experiences leaves space to alternative accounts of how transitional maps are constructed with the help of one's community. As others have said before, "Self-expression sometimes requires other people. Becoming ourselves is a collective journey" (Vaid-Menon, 2020: 25).

Various participants have mentioned how being part of a community of queer people has given them a chance to be truly themselves, without the pressure of the minority stress that they might experience in straight-dominated environments. This was especially important for individuals who have moved from more rural or isolated areas to bigger cities, where LGBTQIA+ population is denser and where there's overall greater acceptance of less normative behaviours and identities. Boris (21, NL) told me, "Because I'm from a very small town, I've never had a lot of queer people around me. I could count them on one hand, all of my queer friends". This changed when he moved to Amsterdam. Some other participants that come from small towns recounted that, in that setting, they felt constantly "watched" by the community around them and experienced great pressure to fit in heteronormative canons. For some of them, the fact itself of moving to another city, or another country, was incorporated in their own transition process: in this sense, one can speak of purely spatial transitions that take part in facilitating one's gender transition as well. Moving away from one's hometown, and away from one's usual social environment, especially if that involves being immersed in a queer environment for the first time, can represent an occasion to experiment with one's presentation, or identity.

For participants whose mother tongue does not allow to use gender neutral language easily, moving abroad and being able to speak English on an everyday basis was often decisive in understanding their gender. While, for instance, many Italian non-binary people – such as myself – handle the problem by using "mixed" pronouns and alternating masculine and feminine forms when speaking of themselves, being able to use pronouns such as "they/them" can be relieving for transmasculine and nonbinary people who do not feel completely aligned with the usage of neither the masculine or the feminine form. This was the case for a large number of the participants in this study[18]. Furthermore, while

[18] See Appendix 2 for a comprehensive list of the pronouns used by participants.

explicitly asking one's pre-existing network of friends and relatives to shift to another set of pronouns, or another name, can be challenging and has the potential to bring up difficult conversation, having the chance of building a new social net from scratch gives one the opportunity to directly introduce themselves with a new name or different pronouns without having to explain it. In some cases, nevertheless, shifting to gender neutral language has produced unexpected results. Flavio (21, IT, lives in UK), for instance, was very excited at the idea of being able to use gender neutral pronouns when moving to the UK – an option that he had never had while living in Italy before. However, when he actually started using neutral pronouns to refer to himself, he soon realized that he did not like it, and decided to keep using masculine pronouns, an experience that helped him consolidate his perception of his own identity. I could report a personal, somewhat related experience – since having come out as a non-binary person in 2017 in Italy, I have often been annoyed at how gendered the Italian language is, and how unavoidable it is to gender yourself and others when you speak. When I moved to the Netherlands and started speaking English on a daily basis, and consequently using gender neutral pronouns for myself, I have weirdly started missing the practice of using mixed pronouns in Italian (which before I perceived as the lesser of the evils, but not ideal). Especially since I consider myself a person with a gender expression and identity that can be rather fluid, being able to gender myself when I speak can serve as a tool to quietly signal to other people how I am feeling about my gender in a specific moment or situation, without needing to have an overt conversation about it. I am amazed at how, even though languages that are heavily gendered (such as Italian) contribute heavily in the erasure of non-cisgender identities, trans people that I have been in contact with have always come up with creative, informal practices that are fit to encapsulate well the complexity of their experiences.

While it's generally expected that a trans person might first understand not being cisgender and consequently choose a new name for themselves, sometimes it's the name itself that helps the person elaborate their gender identity. Martie (25, IT, studying in Spain), for instance, told me of how they started to use a new name as a nickname, and only later realised that they were not comfortable using a feminine name because their identity was not that of a woman. A similar situation occurred for Alex (23, IT) – when people started referring to them with an abbreviation of their old name, they realized how comfortable this new version of it made them feel, especially because it does not markedly refer to a feminine or masculine name. One participant, instead, has found a way to reclaim his own name, that is traditionally understood to be a feminine one in the Italian language. He does so by

adding a masculine article in front of it. He described the reasoning that led him to this choice in these terms:

> "I don't feel like changing my name – it's my name and I like its meaning. I said to myself, I'd rather give cis-hetero people a headache and say, my name is G., and I use masculine pronouns. Deal with it! [A name] is literally just a sound that we produce with our vocal cords, it's just a frequency, a wave – and if you emit that frequency I will turn around, because I recognise it as mine. Not everything has to be gendered."
> (Ivan, IT, 21)

Other participants, again, have never felt the need to change their name – not wanting to do so does not compromise the authenticity of their trans identity.

There's no ready-made medical transition

Processes of medical transition can be different for every single transgender person, without any 'steps' being necessary or more important than others. However, many transgender people still experience pressure (either from their peers, their social environment, or the medical establishment) to undergo specific pharmacological or surgical procedures, in order to see their trans identity recognised and affirmed from the outside. On this topic, Boris (21, NL) told me that:

> "A lot of trans people experience a need to transition in order for their identity to feel valid. There's this weird idea that if you don't transition, or if you don't feel the need to transition, then you can't be [really] trans".
> (Boris, 21, NL)

Paradoxically, trans people might also be simultaneously experience an opposite pressure to avoid or postpone transitioning, as medical transition can be perceived by cisgender people who surround them as a foreign, irreversible[19] and even dramatic process. Later on, the same person explained to me how he felt that:

[19] While some of the bodily changes that happen during HRT and definitely those that happen during surgical interventions are, indeed, irreversible, certain characteristics tend to regress, at least partly, to their original state when suspending HRT. There have been cases of people successfully de-transitioning, even if

"People are talking to me like I'm doing some great body augmentation, like I'm thinking about getting a giant back tattoo or, you know, tattooing my face. Most of transition is very different from that. It's not me expressing myself on my body, it's literally… having my body be a way that I can express myself through it".
(Boris, 21, NL)

For some of the people in the sample, physical dysphoria was very intense, which encouraged them to opt for pharmaco-surgical types of interventions. For others, medical transition is not essential, or even desirable, as they mostly feel comfortable with the way their bodies look. Max (20, IT, studying in the NL), for instance, has described dysphoria as being fluctuating, manageable, and not always equally intense – for this reason, they don't think they will undergo any type of medical intervention. Still, most of the participants that underwent or are currently undergoing medical transition described how it mitigated or eliminated their discomfort. Many of them, though, have struggled severely with bureaucracy (both in Italy and the Netherlands), being stuck in waiting lists and not having a clear idea of when they would be able to start their therapies. Some who had the means to do so opted for private healthcare in order to speed up the process. One participant even recalled having to do research on their own and obtain testosterone under the counter in order to transition independently – they were struggling with suicidal thoughts due to gender dysphoria, and respecting waiting times would have meant putting their own life at risk.

Others had to exaggerate their dysphoric symptoms in front of endocrinologists and therapists in order to obtain a very needed diagnosis. In general, people have felt that the medical establishment often plastered their experiences in very strict, binary casts, leaving little room for creativity and exploration in their transition. Flavio (22, IT) explained to me that many people in Italy who identify as a nonbinary tell their medical providers that they are a "binary" trans man or trans woman to make the diagnostic and therapeutic process smoother. This was the case for all the participants who medically transitioned, even though most of them describe their gender as not fitting in a binary system. In the last few years, medical providers have started implementing testosterone micro-dosage as a viable form of HRT: this turn has been of great help for many transgender people who wish to see their

it implies specific difficulties. It is telling, however, that many people who de-transition say they have felt the need to do so because of the pressure or discrimination they experienced (Boslaugh 2018: 104).

physical changes take place more gradually. None of the participants who medically transitioned did so through micro-dosage, but Matt (29, IT), is possibly planning to do so. Xe described to me how xe is concerned about the fact that you cannot select the physical changes that you get under HRT, even with micro-dosage. Other participants had similar apprehensions, not starting HRT fearing that they would not like the physical changes that they could get. Matt is also worried about having to push xemself into a binary transition path in order to avoid potential discrimination:

> "What do you do, in a binary world, with an ambiguous-looking, androgynous body? You are in trouble, you're exposed".
> (Matt, 29, IT)

Xir plan, at the moment, is to try and obtain some physical changes though sport and physical activity, and possibly avoiding HRT altogether.

In some cases, certain types of surgical treatment were even withheld from participants because of "ethical concerns" on the part of the hospital staff. This was the case of Raj (30, NL), who was planning to undergo vagina-preserving phalloplasty, and was forbidden to do so in the Netherlands on the basis of hazy statements:

> "To this day I still don't know what they meant by "ethical concerns". I think they don't want you to have kids after phalloplasty. They don't want you to have more than one genital. They only told me that they had some ethical concerns and not everyone would want to perform the surgery".
> (Raj, 30, NL)

Eventually, they were able to undergo this same procedure in Germany, successfully conceived without needing to use ARTs and had the option to give birth naturally.

Coordinating identities

For some participants, being trans was also something to be coordinated with other facets of their identity, not strictly related to gender. Stefano (51, IT) has had to find a bridge between his identity as a very involved antispeciesist activist and that of a trans person. In recent years, with intersectionality becoming more and more of a common political framework, activists have more easily been able to put different kind of oppression in

conversation with each other, thus tracing lines between different types of marginalization and violence, including that against animals and that against queer people. At the time of his own transition this framework was still not as widespread: he told me that the antispeciesist world and the LGBTQIA+ one "could not communicate at all". Max (20, IT, studying in NL) told me about their involvement in the feminist movement and the importance that it has for them. They have decided to keep using feminine pronouns alongside neutral ones because "they do not feel completely disconnected from feminine identity" due to their experience of having been socialised as a woman and of having been exposed to gendered oppression (similarly to what Flavio explained in the opening passage). While a person might not feel that they are a woman, they could still be willing to politically identify as such in specific settings and environments. Some people, conversely, have felt that coordinating their transmasculine identity with their feminist one was complicated. Stefano (51, IT) has told me of how:

> "As a feminist, it bothered me, that I did not have a feminine gender identity. I do not feel like a man either. I keep feeling that I am a woman, in some way, and feeling like I am a man very relatively. Let's say that I have a gender identity that… goes beyond [such boundaries], I am neither here or there. For many years, when a more binary outlook was widespread, I thought: 'If you are not a woman, it means that you are a man'. Still, it would annoy me, thinking that I was a man".
> (Stefano, 51, IT)

Nevertheless, when adopting a transfeminist approach, these internal conflicts, however understandable, can eventually find a resolution.

Going back to the themes of the opening vignette, I have observed that in multiple life stories the spheres of gender and sexuality were intrinsically connected and in communication with one another. For some, starting to understand their sexuality was what sparked a reflection on their gender identity as well. This was the case for Andrea (22, IT), who told me that the realizations regarding their sexuality and their gender "have basically been one consequential to the other. Had I not realized I was a lesbian, I would have never questioned my gender in the first place". A similar situation took place for Martie and Max (25 and 20, IT, both studying abroad): coming to understand that they were not straight activated a chain reaction which later helped them establish their trans identity. Being able to move outside of the heterosexual norm can therefore make space for non-cis experiences of gender to take place, as sexualities that are not heterosexual have an (also historical)

association with less normative gender presentations and contain revolutionary potential for disturbing traditional gender roles (Feinberg 1993 and 1999: 8; Wittig 1992: 9-20).

Making yourself intelligible to others

When one lives outside the boundaries of the heterosexual matrix (Butler, 1991), their experiences – that are perfectly comprehensible inside of a safe, informed queer and/or transgender bubble – might be unintelligible to wider society. Trans people often find themselves in the condition of having to explain their gender identity over and over again to relatives, friends, colleagues, and even medical staff. Sometimes, they even have to simplify it by adapting to a transnormative (Johnson, 2016) standard in order to make their identity more digestible for the people around them – and therefore, being less likely to endure harassment or discrimination. Participants have recounted numerous instances in which they felt they had to struggle in order to be understood, for instance by their families. This lack of understanding, in the best cases followed by successful adjustments, was often a cause for stress, misunderstanding and fights.

Being immersed in a culture that sees being trans as something convoluted and arduous, and in which most of the mediatic representation around transgender people focuses majorly on their suffering (Williams, 2021), some of the people that I have talked to had, in the past, incorporated the notion that coming out as trans would bring too much complications, a reasoning which held them back from starting a transition process that would benefit their wellbeing. This was the case for Boris (21, NL), whose initial thought upon realising he was trans was: "That's too complicated if you're transgender, that's just not something that you should be". Others had to adapt their behaviour not on the basis of their own wish, but mostly for other people's comfort, so that they would not be confused, or upset – and, in some cases, even in order to avoid harassment. Flavio (21, IT) does not feel the necessity to wear a chest binder when he is in the UK. However, as he is going to spend the summer in his hometown, Rome, where he has received much more transphobic harassment over the years, he does not feel safe enough to do so and wonders if he might be compelled to wear one, despite the warm weather and the discomfort it would bring. He also commented on how the only motivation he can find, at the present moment, for undergoing top surgery is that people would be uncomfortable if he took his shirt off in certain environments, such as during summer, or at the beach – something that any cis man is allowed to do without experiencing discrimination or scrutiny around it:

"Maybe the dysphoria that I feel is not necessarily linked to my body, or my gender, but to a disconnect between me and the rest of the world, that would not tolerate me ever taking my shirt off. This is something that I feel so strongly about, that it would be enough to make me decide to have top surgery. But I would have to put myself in the position of undergoing a very invasive, mentally taxing and expensive surgery, that would prevent me from breastfeeding in the future. And all of this, only because I want to take my shirt off?!"

(Flavio, 21, IT)

In Flavio's case, the un-intelligible appearance of his body, which does not comply to cisheteronormative standards, makes him vulnerable to prejudice, or undesirable inquiry on the part of people who surround him. He finds the fact that he could have to decide to undergo surgery more for the comfort of others than for his own unnerving.

Multiple coming-outs

Transition paths, and especially the social component of them, might become further articulated also due to the 'coming out' not being the single, life-changing event that is generally portrayed to be, but more of a longer process of disclosing one's identity to the people around them. Many participants have told me their stories of moving back and forth between different identificatory labels, and sometimes eventually choosing not to use any at all. Many have done multiple coming outs over the course their lives, modifying the labels that they use to describe themselves on the basis of their current experiences of gender, or "growing out" of identarian words that no longer fit them. Transgender people, as was the case for some of the participants of this study, might feel pressure to display a "consistent, persistent, and insistent" (Toman, 2021: 6) gender identity so that their experiences of transness will not be invalidated or questioned. However, the lived experiences of trans people often move fluidly throughout the boundaries of gender, and testing different ways of expressing oneself seems to be positively productive in formation of one's identity.

The term itself, "transitioning", implies a finite movement from a starting point to a final one, A to B, FtM. It also suggests that the person is somewhat in the process of becoming someone else. In this sense, transition is often seen, through a cisheteronormative lens, as some very dramatic, punctual and pivotal "A-ha!" moment of change. However, in the stories I gathered, transition looks more like a gradual, multifaceted, and sometimes never-ending process towards finding the best ways of interpreting one's identity and

expression. As Boris (21, NL) commented, "[People] feel as if [by transitioning] you are changing to this completely other person, while it is actually being able to be yourself. It's relaxing into yourself".

Lastly, some trans people might have the necessity of negotiating various degrees of outness in different settings, because of safety, privacy, or other reasons. When asked if they are "out" as a nonbinary person, Martie (25, IT) told me that it depends on the context: they're "out" in their student union and with their own friends, but not in the university or the workplace. Matt (29, IT) mentioned a similar situation, explaining that "Up to now, I am in this limbo in which at work, for my friends, for my family I am someone, and for the salesperson, the mail carrier, the bank, the passer-by I am someone else".

In this chapter, I have shown how transition processes can look far more like complex maps than linear tracings. Changing one's name, for instance, might come even before the realisation of one's transness, and social transition might not consist in a pivotal, specific moment of revelation, but in a longer, more tortuous process. Some transgender people might desire to have surgeries but not to undergo HRT, or conversely, consider their transition "complete" even without any surgical intervention. Some keep the name that was assigned to them at birth. Some would like to stay on HRT forever, others would prefer to microdose it or to stop after a few years, to better manage the intensity of the physical changes that it brings. And finally, some trans people might not wish to undertake a medical transition process at all. All of these choices do not make a trans person identity more or less authentic, but many trans people that I interviewed reporting having felt pressure to conform, in some way, to this standard narrative.

As I will explore in the next chapters, transgender people's reproductive wishes and choices, their parental identity, and their relationship with their bodily reproductive processes are actively informed by the perception they have of their own gender identity and the meanings connected to it.

Relating to one's own reproductive capacity

On the afternoon of the 1st of March, I was sitting in the library at Roeterseiland with a friend from the MAS course. Still at the very beginning of our fieldwork period, our research plans felt unstable and hazy, and it was helpful for us to meet there almost every day. Finding myself unsure of what to do with my last few hours of the day in the library, I started writing on my journal:

"After lunch, I went to the GGD for my STDs test appointment. I had written that I am trans on the online form. So, they assigned me to a doctor who is trans herself. Which was great. *'When did you have your last period?'* She asks. I reply that I had had it the week before, finally, after eight months of not having one. I explain that earlier on, in November, I had found out that I have polycystic ovaries – so I was happy that my period finally came back. *'Doesn't your period give you any dysphoria?'*, she asks. *'No, I don't think so. I don't mind it much, I say'*. Do I really not mind when my period is gone? I have just read some pages from "The Natural Mother of the Child", a memoir about nonbinary parenthood (Belc, 2021), and some quotes really struck me. Some brought me to tear up a bit. At some point, the author says:

> *"When I'd thought of my uterus, which was not often, I thought of a barren, wintry forest: untouched snow, thin, struggling trees. Harsh winds. The years in my teens and twenties when I didn't have a period were almost a point of pride, evidence that I wasn't a woman after all. There was nothing going on inside; I did not work properly in just the right way".*
> (ibid: 30).

When I told my mom of the polycystic ovaries, she looked saddened. She had them as well, and she would not want me to go through the pain that she went through when trying to conceive. I laughed it off, scornfully. *"Even if I had a child"* – I said – *"I wouldn't be the one to carry them anyways"*. I have told her, many times, that she can hope for my brother to give her grandkids, but not for me. Is this true? Or do I just want to lower her expectations of ever seeing me being pregnant? In these eight months without my period, I admit that I have felt some pride in not menstruating. It felt like my body's ultimate rebellious move against womanhood, refusing to ovulate. Maybe even being infertile! It felt like a physical refusal to be a woman at all, ever.

I had my menarche when I was almost 15. While my peers were getting their first periods, and mine was not showing up, at 13, 14… I felt an unbearable sense of shame around it. I was failing across the board, at being a woman. As if I hadn't already shown clearly, in many ways, that I was completely inadequate at it, now my uterus wouldn't even do its adult job, my breasts didn't grow, and I felt like a child.
Five years later, I was sitting on the bed of an Airbnb in Rome. I had just recently started taking birth control. I took my daily pill, drank some water, looked up at my friend and told her, jokingly, *"Maybe now my boobs will finally grow"*. They did grow. I hated it, to the point where I stopped taking birth control because of gender dysphoria. I remember feeling how my breasts were bloated, and telling my ex-partner that they made me look as if I was pregnant. I felt deeply uncomfortable. This led me to think that I could never endure the stress of seeing my body change in the way pregnant bodies do."

The reason why I have chosen to include this passage from my own fieldwork journal in the vignette is that I hope it shows how much one's perception of their own body and its reproductive and developmental processes can change largely throughout time, circumstances, or depending on the awareness of their identity that one has on a certain moment.

The widespread narrative about trans people generally sees them as victims of unbearable, unescapable dysphoria (Williams, 2021), and therefore as subjects that necessarily experience pain in relation to the bodily processes that are associated with their assigned gender at birth. Many times, this type of suffering and discomfort are unfortunately part of the trans experience. However, as the stories contained in this chapter will display, trans people's relationship to their bodily processes are far more varied than the picture that is most often portrayed in the mainstream narrative, and the meanings that people assign to their reproductive capabilities are deeply personal, layered, and fluctuate depending on different circumstances. Furthermore, the accounts show that the intensity of the discomfort associated with body dysphoria is often enhanced – when not entirely created – by the way the person's environment perceives them and behaves towards them, and is drastically influenced by the possibility of accessing gender affirming care or lack thereof.

Applying a similar reasoning to the one I employed in the previous chapter in the context of identity formation, here I will argue that, regarding bodily experiences, real-life accounts coming from transgender people often do not stick to the one-size-fits-all narrative that is offered in mainstream media. It is therefore not to be assumed that all transgender people should necessarily experience distress in relation to their reproductive capacity – and even when they do, this does not always keep them from choosing to gestate a child (Obedin-Maliver & Makadon, 2015; Charter et al., 2018).

In this chapter, I will discuss participants' perceptions and expectations regarding their bodies throughout various processes that impact, shape and modify them – with particular attention to those that impact reproduction. Specifically, I will take into account the topics of menstruation, fertility preservation and pregnancy. I will explore how participants dealt with altered hormonal states, or harnessed the ways their bodies have changed their shape and appearance. I will also consider the ways in which the medical and social environment had an impact on these experiences.

Menstruation and dysphoria

Menstruation was a topic around which participants' experiences greatly diverged from one another, thus showing that not every transgender person should necessarily have a similar perception of it. Furthermore, I have found that meanings assigned to the menstrual cycle can change depending on whether its presence is related to a wider pregnancy project or not.

For some people, having a menstrual cycle was source of severe dysphoria, which sometimes also informed their decisions around future pregnancies. Thom (22, NL), for instance, "would prefer if you just could get pregnant without the menstruation", because he "really hated it". He explained to me that it would indeed be very distressing to have a period again. Other participants, such as Raj (30, NL), found that to re-frame menstruation as a part of the process of trying to get pregnant helped them to deal with the dysphoria. In their case, they had to stop testosterone treatment in order to conceive and had to wait several months before menstruating again. They told me that being aware that having a period was a stepping stone towards pregnancy helped them deal with the dysphoria. Having a period when you're trying to conceive, they told me, "Is not nice", but "it's not the same as having a useless period, 'cause it just means that your body is gonna get ready for a new cycle again. It's all very different when it's part of a bigger plan". On the other hand, some participants have never experienced distress connected to their menstrual cycle.

Stefano (51, IT), who carried two children and transitioned after the birth of the second one, recounted that he did not mind menstruating at all, to the point where he would sometimes not even notice when he got his period. He told me that he had to greatly exaggerate his discomfort around having a period in front of therapists, in order to get a diagnosis of gender dysphoria:

> "I have always used a menstrual cup. Which means, putting your hands inside of your vagina, pulling the cup out, washing it… which I was comfortable with. But I had to pretend with the psychiatrist who had to put a stamp [on my file]. [I had to lie to him, and tell him] 'I don't even know how I look like down there; I can't even wash myself'. But I never had an aversion for my body [and its functioning].
> (Stefano, 51, IT)

Some interviewees even reported positive experiences. For Flavio (21, IT), his period brings a sense of "religious quiet", and he finds comfort in menstruating. He considers it a very grounding experience, and assigns a spiritual value to his period, seeing it as a moment of "mental rebirth". Now that he is currently on HRT and therefore has a much less regular period, he tells me that he misses it, somehow.

Fertility preservation: being given estrogen when you need testosterone

Participants who underwent HRT had to deal with matters regarding fertility preservation when they started transitioning. Pregnancy concerns can manifest themselves in transgender people's lives much earlier than the concrete development of a wish to have children (Baas, 2021). In fact, many of the participants mentioned in this section were startled at the thought of having to take crucial decisions regarding their reproductive capacity very early on in their adult lives. The following accounts explore how transgender people relate to the usage of ARTs for fertility preservation, the reasons why they might consider it a viable option or not, and what practices and attitudes on the part of healthcare providers can make these procedures more or less accessible to them, thus contributing to shape their future reproductive projects.

Boris (21, NL), was able to start his process towards medical transition last fall. When the issue of fertility preservation materialized, he felt that this question was very sudden and hard to decide on. Like many other transgender people (Mitu, 2016; Baas, 2021), he

thought that taking a decision on such a matter while being so young was extremely difficult. It was quickly very clear to him that a process of ova freezing was not viable for him. For the ova to be successfully extracted, one has to take estrogen for a period of time. In his case, this would have felt like "transitioning in the opposite direction" and would have therefore felt unbearable. He also was aware of the fact that, in the future, he most likely would have never had a pregnancy himself anyways, as that would have felt too mentally taxing. However, he experienced highly conflicting feelings over the decision of not undergoing an ova-freezing procedure:

> "I was almost talking down on myself: 'Why aren't you able to do this?', but at the same time that's just really not something I wanted to do. I really struggled with that for a while".
> (Boris, 21, NL)

He also associated the decision to "give up his fertility" with a "mourning process" and a "feeling of loss". As he told me,

> "I did feel some sort of weird motherly connection and mourning to a potential child I might have in the future. I don't see myself ever as a mother, but I was, in a strange way, connecting to the fact that my body is female and that it is capable of having a pregnancy".
> (Boris, 21, NL)

He processed these heavy feelings in conversation with his own mother, mostly, and told me of how he likens his experience to that of having had an abortion and, still, experiencing a feeling of loss for the child that you never had.

In a similar way, when Thom (22, NL) was asked if he wanted children at the start of his medical transition, he thought that was "a crazy question to think about even", since he was only 18 at the time. Still, he realized that yes, he did want children, and followed through with the ova freezing procedure, which was indeed very demanding in terms of mental health. He told me that he was deeply uncomfortable with having to take estrogen, and that he suffered greatly from mood swings. On top of that, the experience was made even more burdensome by the fact that none of his peers could relate to it, as people generally do not deal with such matters at that age. Furthermore, he found the experience of being at the infertility clinic very uncomfortable:

"Me, an 18-year-old trans man, sits in the waiting room of an infertility clinic with these couples around him, who have been trying for 5 to 10 years to get pregnant and [they] can't. And then you get called and you get referred to as 'Miss' and then it's like… Oh my God".
(Thom, 22, NL)

In this case, the way medical treatment was organised, and the lack of attention to the comfort of the patient negatively impacted the quality of Thom's therapeutic experience, and consequently the distress associated with it.

Sometimes fertility decisions had to be coordinated with the management of other health issues. Tommi (23, IT) was first offered the option of fertility preservation when he had his intake appointment with the endocrinologist, but refused to do it because "he was in a rush" [to start HRT]. He also told me that he did not feel inclined to have children through pregnancy anyways, and that, in his opinion, at 23 you're too young to know the answer to such a question. When he decided to have a hysterectomy as part of his breast cancer treatment, he felt somewhat pressured not to do so by his GP and gynecological surgeon, who were concerned about him giving up the possibility of having a pregnancy at his young age. He was very confused, since none of them had initiated a similar conversation around ovariectomy (which he had already undergone). He considered the conversation "absurd", and contradictory.

Healthcare providers' knowledge or lack thereof about the impact of HRT on one's fertility can also influence people's experiences on the matter. Stefano (51, IT), who medically transitioned in Italy in 2011, told me that, at the time, doctors were very biased, and routinely told their patients that testosterone intake made you sterile immediately and irreversibly. While testosterone *can* decrease one's fertility (De Roo et al., 2016; Feigerlová et al., 2019) (and it is therefore important to discuss fertility preservation options with patients before starting HRT), there have been numerous instances of transgender people getting pregnant after stopping HRT (Charter et al 2018; Ellis, Wojnar, & Pettinato, 2015; Obedin-Maliver & Makadon, 2015). However, the myth persists today: Boris (21, NL) disclosed that he previously "thought that the moment you're on testosterone it's - it's gone. That's just when your fertility ends. Apparently, it's not the case". Participants accounts on this matter were diverse: Alex (23, IT) told me that the therapist that was assigned to them at a gender transition clinic "terrified them" by telling them that it would be nearly

impossible to get pregnant after starting HRT. They recounted how they had multiple consultations in which "I would just be there, crying, and he would keep terrifying me to death". In some other cases, like in Flavio's (21, IT), practitioners somewhat take for granted that a transgender person would not want to have a pregnancy and will have a hysterectomy, and only vaguely bring up issues of fertility in conversation with the patient, unless they spontaneously express interest on the topic. Matt (29, IT), instead, was pleasantly surprised by how propositional xir endocrinologists was about the matter. Xe had an intake examination to clear up some of xir doubts around fertility and other issues, and xe felt that the doctor "took [xem] seriously", by listing all of the potential options he had[20]. However, Matt felt that this explanation was not sufficient, as xe was not able to understand how some of the procedures would have worked:

> "I did not understand all of it – this is biased behaviour on the part of physicians, they need to speak in a more accessible way. I have two degrees as well, but I am able to make myself understood when needed".

When asked if xe felt that it would have been feasible for xem to take estrogen for a period of time to do ova freezing, xe commented:

> "Yes, as a person that has been socialized as a woman, I am dedicated to sacrifice. But actually, I imagine it would be a small-scale Hell" [because of the hormonal fluctuations that it would bring].
> (Matt, 29, IT)

As these stories show, fertility choices and especially those regarding its preservation entail specific challenges for transgender people. While these obstacles made fertility preservation procedure completely inaccessible to some of the interviewees, others have chosen or might decide to endure the process and its hardships, perceiving it as a sort of "functional sacrifice", similarly to what has been found in other studies regarding the suspension of HRT for conception purposes (Charter et al, 2018: 69).

[20] Including preservation of ovarian tissue – xe was the only participant to whom this type of ART was proposed.

Trans pregnancies

Of all participants, three people have had pregnancies. Ollie (41, NL) and Stefano (51, IT) had pregnancies before starting a medical transition (Ollie has still not started theirs, because they are breastfeeding at the moment), while Raj (30, NL) has had their pregnancy after medically transitioning. I interviewed them on their experiences with pregnancy, but I also asked the other participants about their feelings on the possibility of having a pregnancy in the future. The findings contained in this next section show that, for participants who have had pregnancies, positive and negative feelings associated with the process were highly influenced by how the social and the medical environment around them reacted to them being pregnant, and how much support was offered to them. Concerns around the external perception of one's body, being categorised as a mother figure, and the complexities that interacting with the medical system as a pregnant trans person entails were also common among participants that have not had pregnancies yet. For some, these elements did represent a deterrent that made it hard for them to consider gestating a child as a feasible option. Others instead, think that they would like to go through with pregnancy anyhow.

Ollie (41, NL), who has a two-year-old, says pregnancy was a very isolating experience for them, similarly to what has been found in pre-existing literature (Hoffkling et al., 2017). They did not anticipate it being this tough: they felt severely dysphoric, in part because of the physical changes brought about by pregnancy (they mentioned discomfort with their breasts growing bigger and their "hourglass" figure being more visible). However, they felt that the dysphoria was mostly originating by the way the social environment forces a very feminine, motherly role on people who are pregnant: "I felt very uncomfortable being consistently included in a club that I did not have anything to do with". In order not to deal with the discomfort of being misgendered on a daily basis, they isolated themselves a lot, which in turn caused psychological distress. Ollie didn't get along with the team of midwives at the hospital, and consequently avoided the hospital as much as possible. They went once to a pre-partum course, but the environment was very cisheteronormative. They eventually contacted a doula, who however was not informed enough on LGBTQIA+ issues and consequently made them uncomfortable. They tried to look for a queer doula in their area (North Brabant), but they did not find anyone. They told me of how they "really needed support and [they] didn't have any". After having been to the hospital for the check-ups, they would cry often, and decided to have a home birth in order to avoid further discomfort caused by medical settings.

In the case of Stefano (51, IT), pregnancy came former to his coming out as transgender. He told me of how he had a crisis during his first pregnancy – this was partly caused by how his body changed: being a very athletic person, he felt that he had to care about his physical shape and being fit. This, he explained, was also exacerbated by being subject to strict beauty standards that are commonly enforced on women. However, what made him especially uncomfortable was the social change associated with pregnancy, as he felt pressured to be at rest, and was very scared of losing his role in his social environment. He kept working (at a horse-riding stable) throughout his whole pregnancy. During his second pregnancy, he decided that he did not want to be a "pregnant soldier" anymore, and even though he worked, he avoided heavy tasks and allowed himself to rest more. He feels lucky that, contrary to the experience of cisgender men, he was able to carry and give birth to his children, and tells me of how pregnancy facilitated the creation of a "visceral", instinctive bond with his children.

Raj (30, NL), who gave birth last February, suspended HRT in order to get pregnant. Their process of trying to get pregnant lasted about a year and a half and did not involve ARTs, as them and their partner conceived naturally. They told me that they disliked the fact that they got broader hips during pregnancy, but were relieved that their beard did not change when they stopped hormonal treatment. Something that they found helpful during pregnancy was attending swimming classes. They told me that they felt "a little bit of a stranger in that space", because there were only pregnant women around them. They were not comfortable with people asking a lot of intrusive questions about their pregnancy, hence they simply started introducing themself to new people by saying "Hi, I'm Raj and I'm X weeks pregnant", so to portray their pregnancy as something completely normal from the start of the conversation. They had a good experience with the staff at the hospital when giving birth, even if there were a few incidents when people misgendered them. This was surprising, because their experience with medical transition at the same hospital was very unpleasant. They explained to me that they were able to write a detailed birth plan, in which they specified that they would try and start delivering naturally, but if they got too dysphoric, they could have had the option to have a C-section (which is what happened). They explained that pregnancy was a "scary time", since they were really concerned about their safety. They told me that many times they were able to "pass" as a fat cisgender man, which allowed them to be less exposed to violence.

Some participants in the group have not gone through pregnancy yet, but do not exclude it from their future perspectives. Thom (22, NL), whose ova-freezing procedure I have described earlier, thinks he would like to get pregnant. If possible, he would avoid actually using the eggs he froze, and do it in a "natural way". He explained to me that he regards pregnancy and birth as some of the most beautiful, amazing things that humans can do, and he would like to have that experience. However, he also says it would be "nine months of Hell", because of the levels of estrogen-progestinic hormones he would have in his body, having to suspend HRT and the consequent dysphoria (which would be particularly unpleasant since he has not dealt with it in a while). Also, he is concerned about how being pregnant as a man is still an uncommon thing, and it can be "unnerving" for some people. He would like to have some counselling along with a potential pregnancy. Bunny (27, NL) thinks they would like to have children through pregnancy, because they think it is a very special and unique process to experience. However, they also believe it would make them intensely dysphoric. They don't know if pregnancy is something that is going to happen before or after the medical transition they are planning: it depends on the length of the waiting list. Nevertheless, they believe that getting pregnant before starting testosterone treatment would be better, because witnessing the physical changes take place and then fade away might be difficult for them. Alex (23, IT), has similar plans: they are considering a medical transition process, but would rather have the pregnancy before starting it, in order to make things less complex. Furthermore, during our conversation, they showed concern about how their surroundings would possibly perceive their pregnant body and ascribe femininity to it:

"I [already] have a body that is perceived as very feminine, in spite of my efforts to make it appear less so. However, a pregnant body is perceived as *even more* feminine – that could be a struggle".
(Alex, 23, IT)

Other conversations focused on participants' reasoning behind *not* wanting to have a pregnancy. For some, this was connected to the societal perception of gestation, and how it is strongly connected to womanhood. Max (20, IT) described their experience in these words:

"When talking about pregnancy, everybody is always saying 'woman, woman, woman'. My first reaction has been 'Ok, if this means woman, then I don't want it'".
(Max, 20, IT, studies in NL)

Toni (36, IT), who wants children but has agreed with their wife that she will carry them, offered a similar reasoning for their choice:

> "[Pregnancy] is one of those things that do not resonate with me at all, because they categorize me as a person that I am not. There is a very clear image of a pregnant woman, and it is a figure that has a maternal and ethereal sweetness ascribed to it. These are all things that give me a very marked sense of suffocation and of non-belonging".
>
> (Toni, 36, IT)

Lastly, Tommi (23, IT), drew attention to how the medical establishment is still highly biased against transgender people being pregnant. He clearly told me, "I don't think that the Italian healthcare system is ready for this type of thing yet".

By reporting these accounts, I hope to have shown that there's no general unanimity on how bodily processes that concern reproduction impact one's experience of gender, and that there's no all-encompassing procreative mould that can serve every transgender person in the world, as it needs to be specifically tailored to one's experience of their body. Furthermore, dysphoria connected to reproductive processes, or lack thereof, does not happen in a vacuum and is not only a physical experience, but also a social one. Outer perceptions of what is considered a normal embodiment (Walsh & Einstein, 2020: 56) and what should a gestating, menstruating or fertile body look like (Karaian, 2013) – and, on the other hand, the social un-intelligibility (Hoffkling et al., 2017: 11) of bodies that do not conform to expected standards have the power to make one's experience of procreative events more or less easy to navigate. Environmental elements, such as how medical systems are structured, how physicians and healthcare providers behave, matters of accessibility and policy in one's country all contribute to intensification or the easing of feelings of distress throughout life stages in which the body, in one way or another, is shaped and modified along lines that impact gender presentation.

Parenthood outside of the gender binary

Stefano, one of the three participants who are already parents, is a 51 years-old transmasculine Italian person who has carried two kids. He transitioned socially and medically 11 years ago, after the birth of his second child. He explained to me how his children call him "mom" and that he perceives himself as a mother. He sometimes describes himself as a man who is a mother (even though he actually identifies as nonbinary – so this is somewhat a simplified explanation). We discussed how his gender identity shaped his way of dealing with motherhood and how it feels to be a transgender parent.

> "If I had had less superimposed thought patterns, I would have probably transitioned very young. And [doctors] would have certainly told me, 'Let's remove your ovaries, shall we?'. And I would have said, 'Yes! I don't care about my ovaries or my uterus'. And then I started thinking, had I had done that, I might have had a crisis when I turned thirty… because maybe, after all, I would have wanted children, and I would not have been able to have them. So, I am now happy that the situation turned out this way. I feel very strengthened by this experience of nonbinary motherhood, let's call it that. I don't feel that I am either a man or a woman […]. On a gender level, I feel that I am very powerful."

At this point, referring to something he mentioned before, I pointed out how his mindset changed, over the years, from thinking that being transgender was something unfortunate, to being proud of it and acknowledging how it enriched his experience. Stefano answered:

> "Absolutely. In order to make people roughly understand what it means to be a man and to be a mother, I often use the word 'man', which I don't identify with entirely. What I mean, is that I have something more, than the average [cisgender] man. Because I am a man, but I have carried my children, I have breastfed them, and I have this visceral, instinctive relationship with my kids. Maybe cisgender fathers have that as well… I don't know. But, as a mother, I feel this incredibly strong bond with my children, and they also feel that way towards me. It feels really good, to be a transgender mother."

He proceeded to explain to me that, even in trans-only environments, such as Facebook groups, some people react with great resistance and shock when they hear about a transmasculine person being pregnant: "There's this fear, that if you have something to do with motherhood it means that you're less of a man. You're emasculated". However, he also

mentioned how some cisgender men have told him of having great envy towards women, since they can get pregnant and give birth, while they cannot. Some of them might strongly wish to have such an experience as well, and this does not take anything away from the fact that they are cisgender men.

"It's not true that men, as such, cannot have this kind of wish, to bear children. However, while [cis men] cannot become pregnant, I can."

Lastly, he explained to me that the moment he stopped breastfeeding his youngest child (he breastfed both of them for two years), he was able to say:

"Ok. I have done everything that I could do with this woman's body. Including birthing two children. I have made them, I have breastfed them, that's enough. Now I can move on to something else".

More than half of the participants that I have interviewed have expressed the wish, at various degrees, to have children at some point in their life. Almost all the people in the group have gestational capacity at the moment, and the majority has also shown interest or had a possibilistic attitude towards pregnancy. A few would like to have children, but would not be able to have a pregnancy, either because of gender dysphoria or other pre-existing medical conditions. In Rosenblum, 2012 parenthood is presented as an extremely binarily "sexed" realm (58) – the author claims that an "unsexing" (ibid.: 78) of this dimension is needed, in order to free parental roles from gendered expectations, and to "allow individuals to parent, mother, and father without the constrictive framing of socio-legal determinations". Transgender parents, with their life stories, contribute to the creation of room for visions of family that do not necessarily respect the cisheteronormative mother-and-father family structure. The lack of representation of transgender experiences of parenthood in the media and wider society, and the fact that they do not belong in the enforced social configuration, once again puts trans people who parent in the position of not having a clear mould to conform to (von Doussa et al., 2015). However, how I will show in this chapter, the parents that I have interviewed during my research have creatively and interestingly negotiated their roles in diverse ways. I will analyze participants' perspectives, hopes and decision-making around family-related matters, and the reason why they might or might not wish to become a parent someday. This topic is tied with the notion of

thinkability: what is a *thinkable* family plan for trans people (Smietana, 2018), especially in relation to the legal, political and societal environment of the country in which they live? I will also explore how participants renegotiated (or plan to do so) parental roles and child rearing practices outside of the gender binary, and what are the meanings that they personally assign to concepts such as parenthood, motherhood, and fatherhood.

Is family a *thinkable* option?

During the interviews, some repetitions emerged regarding people's hopes and concerns around building a family. The main pattern I observed is that all the participants who were strongly opposed to the idea of having children were from Italy. Conversely, all those based in the Netherlands expressed some interest in having children and, possibly, a pregnancy. My understanding, supported by participants' explanations, is that this pattern could be strongly connected to the social, political and economic environment of the two countries, and specifically to the fact that in Italy, options such as adoption, partner adoption and heterologous insemination[21] are still not easily accessible to non-heterosexual, non-cisgender couples, thus making parenthood unthinkable for many. Furthermore, even though transphobia is still very much present in the Netherlands (Verbeek et al., 2020), the country is, generally speaking, more inclusive than Italy, and trans and queer people are therefore less exposed to violence, hate crimes and discrimination. The high rate of violence against trans people in Italy[22] can definitely be a deterrent when it comes to imagining oneself as a parent. Many participants explained that their future choices around parenthood will strongly depend on when and whether they will be economically stable enough to support a family. While concerns around income were widespread throughout the sample, Italian participants have voiced a greater amount of stress around the topic. This is not a very surprising piece of data, considering that the total unemployment rate in March 2022 in Italy was 8.3%, against 3.3% in the Netherlands[23]. A sense of uncertainty around one's future was also, for some participants, the reason why they cannot really say whether they would actually like to have children or not. Tommi (23, IT), for instance, stated:

[21] In heterologous insemination, fertilization happens through the usage of a donor's sperm.

[22] "TGEU's submission to OSCE's Office for Democratic Institutions and Human Rights (ODIHR). (2021, May). *Anti-Trans hate crimes in Europe and central Asia*. TGEU. Retrieved 22–08-04, from https://tgeu.org/wp-content/uploads/2021/05/tgeu-osce-submission-2021.pdf

[23] Eurostat. (2022, May 3). *Euro area unemployment at 6.8%*. Europa.Eu. Retrieved August 4, 2022, from https://ec.europa.eu/eurostat/documents/2995521/14613608/3-03052022-AP-EN.pdf/36631a07-778c-efb0-01f2-8a052bde985e?t=1651561306689

"I don't know whether I will live in Italy or not, if I'll have a partner or not, I don't know what my job will be. In order to have children you need to have some certainties, that I do not have at the moment".
(Tommi, 23, IT)

Others also cited socio-political or environmental concerns as reasons why they might decide not to have children. Andrea (22, IT), for instance, wonders:

"Is it really necessary to bring another person in this world, that is already a total mess – only due to my egoistic wish to make a creature that shares half of my DNA?". (Andrea, 22, IT)

Their personal answer to this dilemma is that they would prefer to resort to adoption over artificial insemination. The fact that, at the moment, adoption is not legally recognized for same-sex couples in Italy was listed as one of the reasons why they are considering moving abroad. Some interviewees see transnational adoption as more ethically problematic than artificial insemination, or present both as very complicated choices. Thom (22, NL), for instance, is worried about the amount of human trafficking involved in (especially transnational) adoption processes (see Gibbons, 2017). Given these concerns, and since his partner is a cisgender man, he thinks he would prefer to conceive naturally.

For some people, dealing with internalized transphobia[24] and the pressure to conform to their environment's expectations has further complicated their future family plans. This was the case for Tommi (23, IT), who explained that:

"Throughout the years, I had to deconstruct a number of things. It was a lot of work, even becoming able to think of myself as a transgender person *and* a parent".
(Tommi, 23, IT)

Lastly, many interviewees expressed interest in building families that would not be based on the classic two-parents structure. Instead, they favour more communal ideas of living, and are keen on arrangements that see more than two people as the children's primary caretakers.

[24] Which has been defined as "a discomfort with one's own TGNC [Trans / Gender Non-Conforming] identity due to the internalization of society's normative gender expectations" (Scandurra et al., 2018: 2)

These descriptions are meant to display how participants were able or wish to adapt their plans and choices to make them suit their personal ideas of family. Furthermore, their hopes and personal agency on the matter was greatly influenced by their financial, legal, social positioning in the country in which they reside, and the attitudes of the surrounding context towards transgender people.

Mother, Father, Parent

During the interviews, I have also investigated participants' visions on what their ideal parental role would look like, if they were to have children. I did so by asking questions on their perception of different terms related to parenthood (such as "parent", "father", and "mother") when ascribed to them. As some of the stories that I will recount below will show, most interviewees see themselves best as taking an in-between role that includes qualities that are both generally attributed to mothering *and* fathering. Participants' parental identities were also developed in conversation with images and perceptions they had of their own gender identity.

Many participants explained that their preferred option would be creating a new term entirely to be called with, which is neither "mom" or "dad". Some simply hypothesized this possibility in the future, while some had already developed solutions that suit them. Raj (30, NL), for instance, decided to go by "Baba". They find it fitting as it is somewhat connected to masculinity, but not exclusively: in some languages it means father, but in Dutch it does not, thus leaving space for a more neutral interpretation. On the other hand, not everyone shared this point of view: Matt (29, IT) is skeptic about the feasibility of creating a new parental term. He is especially concerned by the fact that, in xir opinion, neologisms can be used as nicknames in a home environment, but would look out of place, be the source of further stigmatization, or would not be allowed in a more official setting (such as on a school register). Finally, some participants were not concerned about terms at all. Flavio (21, IT), for example, told me that he does not have specific preferences on the matter, and that the term he would use would depend on circumstantial elements, such as the preference of the child themselves: "I would love that label in any case, simply because my child is using it".

However, especially given the presence of laws (both in the Netherlands and in Italy) that require that people who give birth are officially filed as mothers, some participants showed concern about being perceived as mother figures, even if it does not suit the

perception they have of their identity. People found these laws distressing at varying degrees. Similarly to what Stefano has told me in the opening passage, Thom (22, NL) explained to me that he would not personally find it upsetting, if he were to be registered as a mother. This is because, he told me, he was able to disconnect – and therefore, I add, "unsex" (Rosenblum 2012) – motherhood from womanhood in his thinking, neutrally associating the term with being a person who has given birth. Raj (30, NL), however, encountered this exact problem when trying to register the birth of their child – since their documents stated "Male", but they had given birth, the system didn't know how to handle the issue, which led to bureaucratic issues and frustration.

For some participants, their awareness and personal experience of issues related to gender informed their parenting in the sense that they decided to raise their children without assigning them a gender and without disclosing their biological sex when people ask. This was the case for two of the interviewees: Raj (31, NL) and Ollie (41, NL, originally from the US) are both practicing "gender free parenting"[25]. The idea that supports this parenting style is that it's better to leave a child free to explore gender without constricting them in any boundary. Therefore, children are able to play with whatever toys they prefer, are not dressed in a gendered way and are addressed with neutral pronouns. Both parents explained to me that, in the future, they will adapt to the child's decisions. Therefore, whenever they will disclose their gender identity to them or decide to change their name or pronouns, they will follow their wishes. When I mentioned this type of parenting style to other participants who desire children, many showed interest in practicing it in the future. However, it comes with specific complications, since friends, family, and other figures that are parts of the child's environment might not understand this decision. In Ollie's case, for instance, interacting with the daycare is very distressing, since teachers are not inclined to use gender-neutral language with their kid, especially when speaking Dutch. Conversely, Raj has found a very welcoming environment at the daycare, with highly cooperative teachers that are willing to use gender-neutral language[26].

[25] This is how Raj defined the practice.

[26] For more information on how gender-neutral language is used in the Dutch context, see Transgender Netwerk Nederland. (2017, May 9). Zo maak je na toiletten ook taal genderneutraal. Retrieved August 2, 2022, from https://www.transgendernetwerk.nl/non-binair-voornaamwoord-uitslag/ and Nonbinary Wiki. (2022, April 11); and "Gender neutral language in Dutch". Retrieved August 2, 2022, from https://nonbinary.wiki/wiki/Gender_neutral_language_in_Dutch#cite_note-1

Stefano (51, IT) is the only person in the group who transitioned after having had two children. His case offered me the possibility of delving into the complexities of coming out as trans to one's own children. As he recounted, when he first decided to transition, he was very scared that he was going to psychologically hurt his children by doing so (a fear that was reinforced by the fact that part of his environment was constantly telling him that this would be the case). Furthermore, as he was going through his divorce, and being informed on how restrictive legal sentences towards transgender parents were during the 80s and the 90s in Italy, he was afraid of losing custody of his children. These concerns delayed his transition. Eventually, following the advice that his therapist gave him, he waited for his oldest child – who was 5 years old at the time – to start asking questions on why, for instance, he changed his name, and then proceeded to explain how he was going through social and physical transition. His children were not bothered at all by this process and embraced his gender identity without issues. While, in some aspects, having children complicated his transition path, Stefano also acknowledges how their presence greatly helped him through difficult times – knowing that his children needed their mother to be stable and reliable encouraged him to care for his mental health.

Participants' attitudes towards different parental terms were diverse, but most people whom I have talked to did not feel that they could strictly fit in a binarily gendered role. As most of the interviewees described themselves more or less explicitly as being in the non-binary spectrum, I could observe how they navigated the realm of parental identity contextualizing it within their personal experiences of gender-non-conformity.

In the first part of this chapter, I have shown how participants' choices regarding family planning are shaped by their positionality and level of security, be that social, communitarian, financial or relational. Furthermore, the socio-political environment of one's country and the policies that are in place can greatly affect one's possibility to plan and imagine a family in the future. This is not to say that these were the only elements involved in participants' decision not to have children, as it also is a matter of personal inclination and choice, but still, they impacted how thinkable (Smietana, 2018) and realistic the idea of building a family was for them.

Then, I have taken into consideration interviewees' preferences on the usage of different terms (such as mother, father and parent) and therefore tried to employ it as a bridge to move to a wider analysis of their perception of what their parental role is or could be, whether is it gendered, why, and how. As most people rejected the idea of completely fitting

into a "traditional" parental role, I have observed how they have imaginatively re-negotiated the meanings they assign to different terms and roles, in order to adapt their own reality to an authentic vision of how their family should look like.

Ethical precautions, limitations, positionality and implications for further research

I have provided participants with a "Participant Information Sheet" and informed consent forms in English and Italian[27] prior to the interviews. I have taken care of archiving the data safely and of deleting the recordings as soon as they were no longer necessary for data analysis. Furthermore, all the interviews have been anonymised – the names mentioned throughout this thesis are pseudonyms that participants have chosen themselves and that cannot be traced back to them. I made sure that I was aware of the participant's pronouns prior to each interview, and paid attention to the way they referred to anatomical parts of their bodies, adapting to their terminology both during the interview and the writing of the thesis[28]. I also informed participants of the fact that they were not obliged to answer questions, would they have been uncomfortable doing so. I abstained from directly mentioning possibly triggering topics such as gender dysphoria or discrimination unless the participant brought them up themselves. This was meant, in part, not to push interviewees to talk about sensitive topics, but also because I have preferred not to assume that the experience of a transgender person must necessarily include these negative components. I have wanted to avoid putting participants' experiences in a box, and have tried to be open to direct the interview towards the topics that they wished to discuss.

The majority of my participants has received university level or professional education, and therefore the sample is not so varied in this regard. Furthermore, since the research was presented as regarding pregnancy wish, it might have attracted participants that already had a previous interest in the topic and therefore might not represent, in scale, the prevalent opinions of the whole transgender community.

I generally found it easier to build rapport during interviews conducted in Italian than in those conducted in English – not speaking the participants' mother tongue might have made some conversations less fluent, and the lack of a culturally shared background might have hindered my understanding of some of the information.

[27] see Appendix 3.

[28] For instance, some transgender people might prefer to use more neutral terms such as "chest" instead of "breasts", while others don't mind using more gendered ones.

I am a non-binary person myself and identify as being in the transgender spectrum (even though I have no personal experience with medical transition). This is one of the reasons that originally brought me to investigate this research topic and I made this clear when looking for participants. It has been observed that a researcher being open to share their own personal history and connection to the research topic can facilitate the construction of rapport with participants (Van der Geest, Gerrits, & Aaslid, 2012). I routinely shared some personal anecdotes and told participants about my own reflections on gender, as I have noticed that people would generally become more comfortable when I did so. Having a more or less similar experiential background has made communication between researcher and interviewee easier (ibid), and I suppose that being a transgender person has assisted the creation of a "safer space" in the interviews. I believe that these conversations became a space of reflection and growth for both me and my interviewees. On my side, the interviews proved to be a unique occasion to deepen my knowledge of myself and meditate on my own experiences. Some of the interviewees told me that the conversation had been useful for them and that it helped them reorganise their thoughts on the matter, or develop some new insight. Lastly, since I have conducted research somewhat as an insider in the community, I also had to be careful not to let my personal perspective influence my view on the topics discussed.

Representing trans pregnancy in literature is central to inform, on one hand, transgender people who are considering their reproductive futures about their options and, on the other hand, medical providers who might not be acquainted with the topic, so that they can interact with their transgender patients more respectfully. Additionally, while the corpus of literature on the topic is expanding in the recent years, it is still very limited, and should be further developed.

Discussion and conclusions

Throughout this exploratory study, I have investigated the topics presented in my research questions while trying to shift fluidly through different spheres of participants' life experiences, especially focusing on the development of their trans identities, the relationships they have with their reproductive and gestational capacity, and their family-related and procreative prospects.

First, I focused on how participants came to understand and define their own gender identities. I have argued that these stories do not follow the linear transition narrative most generally offered in cis-produced media (Johnson, 2016; Walsh & Einstein, 2020; Williams, 2021, December 12; Toman, 2021) and are, instead, all deeply complex and multifaced. In the analysis of these descriptions, the concepts of heteronormativity, performativity (Butler, 1990) and compulsory heterosexuality (Ingraham, 2004) were especially of use. These concepts have allowed me to better understand how interviewees perceived and positioned themselves in relation to gender roles, how they navigated external pressures to conform to them, and how, on the other hand, experimenting with them facilitated the envisioning of their own identity outside of the boundaries of cisheteronormativity. Furthermore, I have explored the way participants' have done and do gender (West & Zimmermann, 1987) throughout their biographical accounts, in different ways, through different circumstances, and in relation to their sexualities, political identities and surroundings.

Moving on, I have then tried to explore the topic of the body, by taking into consideration how participants have dealt with processes connected to their reproductive capacity. Here, I have shown how the experiences of the people in my study are unique and diverge from one another, and how these processes can acquire different meanings depending on the circumstances in which they take place. I have also considered the ways in which the interviewees' surroundings and the medical establishment impacted their perception and the stress connected to their own bodily functioning, observing how society's cissexist structure has the power to shape people's corporal experiences – as mentioned before, of actually "writing on the body" (Walsh & Einstein, 2020: 63).

Lastly, I have outlined interviewees' attitudes towards parenthood and family planning. My intention is that of displaying how participants' journeys of identity seeking and their relationship with their body and its reproductive capacity impact their thinking about a future family and the ways in which their projects take shape – therefore informing

their approach to parental roles, the choice of having or not having children, and the practices employed in their parenting. In this case, the theoretical notion dominantly employed has been that of thinkability (Smietana 2018), as one's possibility or lack thereof of envisioning their family future has great power to shape their life choices. Transgender pregnancy and parenthood often ask for the reconfiguration of a parental role that is neither that of a mother or that of a father. Furthermore, the conceptual separation of pregnancy from motherhood demands a distancing from cisheteronormative expectations, thus opening a space for new meanings of parenthood and family to emerge.

Research on the matters of transgender fertility, reproduction, parental wish and choices has been carried out in the past (Wierckx et al., 2011; Obedin-Maliver, 2015; von Doussa et al., 2015; Hoffkling et al., 2017; Charter et al., 2018; Greenfield & Darwin, 2020; Calderón-Jaramillo et al., 2020; Light & Obedin-Maliver, 2020; Moseson et al., 2020; Tasker & Gato, 2020; Derosa, 2021). My own findings support pre-existing research on the topic, as participants' experiences in these realms are similar or comparable to those contained in these studies. The intention of this thesis is that of expanding the corpus of literature on such issues, especially in relation to the Netherlands and Italy, which are not represented enough in previous work. Furthermore, while in existing research these matters are generally dealt with singularly or in thematic groups, in this study I have strived to provide a comprehensive perspective, that can show how participants relationships with identity (and its declinations throughout the boundaries of gender, of language, of social norms and different communities) and with the reproductive capacity of their bodies and its manifestations co-shape the ways they go about procreation and parenthood. By portraying these accounts, my goal was that of displaying how these different dimensions interact and are woven one into the other.

This study shows that trans (and, in general, queer) life stories frequently different from those of cisgender, heterosexual people. When living outside of normative societal scripts and, thus, having no pathway to follow, one has – or, on another note, one gets to – define their own map. In a way, this is a disadvantage – it makes it harder to figure out one's own identity and wishes. At the same time, however, it can offer freedom from fixed, constrictive boundaries. Life maps that look unintelligible or excessively complicated to the cisheteronormative gaze, can instead make perfect sense to queer and trans people. All sorts of challenges that participants have encountered in the accounts reported in this thesis have the power complicate the path towards one's own self-actualisation and produce life stories that are more tortuous, compared to cisgender narratives. It is indeed vital that barriers such

as healthcare providers' lack of education on the topic of transgender pregnancy and medical gatekeeping are removed, and that gender literacy practices, gender-affirming therapies, reproductive care and education become more easily accessible to transgender people for their agency over their parental and procreative choices to be enhanced (Ellis, Wojnar, & Pettinato, 2015; Obedin-Maliver, 2015; Chen et al., 2017; Hoffkling et al., 2017; Auer et al., 2018; Calderón-Jaramillo et al., 2020; Light & Obedin-Maliver, 2020; Moseson et al., 2020; Derosa, 2021). However, I have also wanted to use this thesis as a space to emphasize and honour the multiplicity, vibrancy and intensity of life stories that had to creatively take form outside of beaten paths.

Appendix 1 – General fields of interest covered during the interviews

- Not very extended life stories and background information about the interviewee, which also included:
    - Their relationship to the country/countries where they have lived and if they felt they provided a welcoming environment for trans people or not, whether they are planning to keep living there or move and why.
    - Whether participants have a (queer or not) community around them, whether they have a partner(s), whether they are in touch with their families.
    - The story of their own transition process.
    - A description, more or less specific, of their gender identity and their process of coming to understand it.
- Their ideas and / or experiences and / or planning around parenting, pregnancy and childbirth, and specifically:
    - Whether they desire children (and why (not)?), and in which way they think they would prefer to have children.
    - Their thoughts around the idea of being pregnant and especially how they would feel about the bodily changes it would bring and the perception that other people would have of them.
- Their feelings around menstruation.

Additional questions were tailored to the specific situations of different interviewees.

Appendix 2: Study Participants

Participant (in the chronological order of the interviews)	Pregnancy / family wish	Residence	Age (at the time of the interview)	Pronouns
1 - Ollie	Had 1 pregnancy prior to medical transition	Originally from the US, now living in the NL	41	They/them
2 - Martie	Does not wish to have children or a pregnancy in the future. Might want to foster children.	Originally from IT, now in Spain.	25	She/they
3 - Boris	Might want to have children, does not wish to be pregnant in the future.	NL	21	He/they
4 - Max	Does not wish to have a pregnancy in the future.	Originally from IT, now in NL.	20	They/she
5 - Thom	Wishes to be pregnant in the future. Has undergone ova freezing.	NL	22	He/him
6 - Andrea	Wants to have children, does not wish to be pregnant in the future.	IT	22	She/they
7 - Bunny	Wishes to be pregnant in the future.	NL	27	They/he
8 - Tommi	Has undergone hysterectomy, is not sure whether he will want children in the future.	IT	23	He/they
9 - Celeste	Finds the process of pregnancy interesting. However, does not wish to be a parent.	IT	27	She/he/they
10 - Morge	Is not yet sure on the topic of pregnancy, leaning towards not wanting one.	IT	21	She/they
11 - Ivan	Does not wish to have pregnancy or children in general.	IT	21	He/they
12 - Toni	Wants to have children, does not wish to be pregnant in the future.	IT	36	They/he/she
13 - Nino	Does not wish to have a pregnancy in the future, is not sure yet about parenthood.	IT	26	They/them
14 - Matt	Might decide to become pregnant in the future.	IT	29	Xe/xem
15 - Alex	Wishes to be pregnant in the future.	IT	23	They/them
16 - Flavio	Wishes to be pregnant in the future.	Originally from IT, now in UK.	21	He/him
17 - Stefano	Had 2 pregnancies prior to medical and social transition.	IT	51	He/him
18 - Raj	Had 1 pregnancy after medical transition.	NL	30	They/them
19 - Lucas	Wishes to be pregnant in the future.	NL	22	They/them

- In the case of multiple pronouns, I have referred to participants throughout the text using the first one offered, as it is generally understood to be the preferred one.

Appendix 3: Participant Information Sheet and Consent Form

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Participant Information Sheet

Title of the study: Transgender people's choices and experiences with pregnancy, reproduction and parenthood in the Netherlands and Italy

Name and contact details of researcher:
Arianna Rogialli
arianna.rogialli@student.uva.nl / arianna@rogialli.com +39 3770862593

My name is Arianna Rogialli (they/them) and I am a student of Medical Anthropology and Sociology at the University of Amsterdam. My Master's thesis research project (*Transgender people's choices and experiences with gestation, pregnancy care and fertility options*) involves a series of interviews with transgender people that will allow me to explore their experiences and opinions in relation to the topic of pregnancy. This research is aimed at increasing the visibility of non-cisgender experiences of pregnancy and to promote general awareness about the matter.

Relevance and background of the study
Pregnancy is generally described as a women's health issues. However, many transgender men and nonbinary people who have ovaries and a uterus can have pregnancies as well, and they are too often excluded from such discourse.
At the moment, I expect to conduct most interviews with people who reside or have resided in the Netherlands and in Italy. The specificities of the two countries make it interesting places where research and comparisons can be carried out.

My main research question in relation to this issue is: **How have participants' personal processes of identity formation, bodily experiences and parental identities been articulated and defined throughout their life stories? How do these dimensions come to co-shape and inform their reproductive and family planning choices?**

Your participation in the study
I would like to include your experience in this research.

- You participation is voluntary and can be withdrawn at any time before the thesis' submission.
- I am and will be available for any clarification about the topic or the methodology at any point of the research.
- Your participation in the research will entail on or more interview(s) conducted by me. The interviews will last one to two hours and will take place either in person (in a location of your choice) or on an online platform such as Zoom. Only if it is possible for you, we may schedule more interviews to better understand your perspective on the topic.
- With your permission, the audio content of the interviews will be recorded in order to be transcribed).
- Unless you *specifically* wish to be cited by your name, **all data will be anonymized**.
  If you wish to be cited by your name, please consider the risks that enhanced visibility as a trans person could entail.
- You can refuse to answer any of the questions during the interview.

How will this data be used in the future?
The data gathered from this research will be used for the elaboration of my Master's thesis and the findings

may possibly be published in an academic article or be divulged by the me in the form of a blog post or an article.

Informed consent - *Transgender people's choices and experiences with gestation, pregnancy care and fertility options*

I have read and understood the study information, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.

I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time before the thesis' submission, without having to give a reason.

I understand that taking part in the study involves one or more **audio-recorded interview(s)**, which will later on be transcribed as text. The recordings will be destroyed as soon as they are no longer necessary for data analysis.

I understand that information I provide will be used for the elaboration of a Master's thesis and the results may possibly be published as an academic article or divulged by the author in the form of a blog post or an article.

I understand that personal information collected about me that can identify me, such as my name, will not be shared beyond the study team.

Signatures

_____ _____ _____

Name of participant Signature Date

Contact details of participant or further information:
Name _____
Phone number _____
Email address _____

I have sent or accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Arianna Rogialli [researcher]  22/02/2022

Signature Date

Appendix 4: Thematic codes

The thematic codes involved in the process of data analysis were (in alphabetical order):

- Autonomous info / Self-medication
- Chestfeeding
- Children's Reactions
- Community / Family / Partner(s)
- Dysphoria
- Experiences of Pregnancy
- Family Planning
- Fertility Preservation
- Gender / Sexuality Epiphany
- Gender Identity
- Gender Free Parenting
- Interacting with the Medical Establishment
- Legislations
- Medical Transition
- Menstruation
- Mental Health
- Moving / Origin
- Own Childhood
- Parenthood / Roles
- Pronouns
- Questioning Pregnancy
- Representation
- Social Transition / Coming Out
- Sport
- Trans / Queer in NL / ITA / Abroad
- Womanhood
- Work / Study

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