

Isak Løberg Jacobsen

"You are either a man or a woman - you can't do both."

A critical analysis of transmasculine negotiations
of pregnancy, gender and cisnormativity in
Norway

Master's thesis in Equality and Diversity

Supervisor: Mari Haugaa Engh

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Norwegian University of Science and Technology
Faculty of Humanities
Department of Interdisciplinary Studies of Culture

Likestilling og mangfold

Læringsutbytte

En student som har fullført programmet, forventes å ha oppnådd følgende læringsutbytte, definert i kunnskap, ferdigheter og generell kompetanse:

Kunnskap

Kandidaten har:

- avansert kunnskap om det tverrfaglige kjønnsforskningsfeltets sentrale teorier, debatter og kontroverser
- spesialisert innsikt i så vel historiske som samtidige endringsprosesser knyttet til likestilling og mangfold i det norske samfunnet, i lys av internasjonale og globale kontekster
- kunnskap på høyt nivå om hvordan kjønn som sosial og symbolsk kategori kan virke sammen med andre sosiale og symbolske kategorier og fenomener.

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Kandidaten kan:

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Ferdigheter

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- identifisere og arbeide selvstendig med praktiske og teoretiske problemer knyttet til likestilling og mangfold i konkrete samfunnsmessige sammenhenger
- vurdere og benytte relevante metoder og teorier for undersøkelse og analyse av kjønn og eventuelt andre sosiale kategorier i spesifikke empiriske problemstillinger på en selvstendig måte
- analysere og forholde seg kritisk til problemstillinger knyttet til forståelser av kjønn, likestilling og mangfold på ulike samfunnsarenaer og derigjennom se og anvende flere tilnæringsmåter

Abstract

Like most societies in the world, the dominant discourse in Norway often asserts that pregnancy is ascribed to women, and the act of giving birth is primarily associated with womanhood and the female body. In this thesis, however, I offer a critical examination into the negotiations concerning pregnancy for Norwegian transmasculine people. Through semi-structured interviews, this thesis explores the discourses that transmasculine individuals in Norway reproduce, negotiate, challenge or create within (and at times outside) the gendered frame of sexual reproduction in their accounts of pregnancy.

I use Nigel Edley's critical discursive psychology approach in examining these accounts and use his three analytical concepts interpretative repertoires, ideological dilemmas and subjects positions to examine the conversations between myself and the participants. Additionally, I apply Judith Butler's theory of gender performativity, as well as abject theory to analyze their negotiations of gender, bodies, and cisnormativity in these accounts. Within this theoretical framework, I explore the discursive processes deployed in negotiating, achieving and demanding personhood, both in its local deployment in social interaction and in its historical and cultural context in contemporary Norwegian society. Overarching, this study shows that the dominant heterosexual discourse of sexual reproduction and oppositional sexed bodies serves as a structural barrier for transmasculine pregnancies and materializes an incongruence between (trans)masculinity and pregnancy. However, this image is also subverted in the accounts examined in this thesis, and alternative repertoires and subject positions articulated by the participants challenge the dominant narrative of pregnancy reserved for women, thus complicating hetero-/cis-normative configurations of gender/sex/reproduction.

As a vastly understudied topic, my aim in this thesis is to ultimately highlight the discursive productions and tensions that occur within the transmasculine discourses of pregnancy, and critically examine the unintelligibility that is often ascribed to transmasculine individuals who wish to become pregnant.

Sammendrag

Som i de fleste land i verden er den dominerende diskursen i Norge ofte bygd på premisset om at graviditet er for kvinner, og fødsel er primært assosiert med kvinnelighet og den kvinnelige kroppen. I denne oppgaven gjør jeg en kritisk undersøkelse av forhandlingene norske transmaskuline individer gjør rundt graviditet. Gjennom semistrukturerte intervjuer analyserer denne oppgaven forskjellige diskurser transmaskuline individer i Norge reproducerer, forhandler, utfordrer og skaper innenfor (og til tider utenfor) det høyt kjønnede rammeverket som dominerer forståelser av reproduksjon i deres snakk rundt graviditet.

Jeg bruker Nigel Edleys kritiske diskurspsykologiske tilnærming for å undersøke deres forståelser, og bruker de tre analytiske konseptene fortolkningsrepertoar, ideologisk dilemma og subjektposisjoner for å analysere intervjusamtalene. I tillegg bruker jeg Judith Butlers teori om kjønnsperformativitet, samt abjekt teori, til å analysere de forhandlingene deltakerne gjør rundt kjønn, kropp og cisnormativitet. Innenfor dette teoretiske rammeverket utforsker jeg de diskursive prosessene som blir brukt for å forhandle, oppnå og kreve aktørskap, både på et lokalt nivå i sosial interaksjon, samt i en større historisk og kulturell kontekst i nåtidens norske samfunn. Overordnet viser denne studien at den dominerende heteroseksuelle forståelsen av reproduksjon og kjønnede kropp fremstår som en barriere for flere transmaskuline individer, og materialiserer en dissonans mellom (trans)maskulinitet og graviditet. Denne forståelsen blir også problematisert og dekonstruert av motstridende diskurser i materialet, og alternative fortolkningsrepertoar og subjektposisjoner blir artikulert av deltakerne med hensyn til å legitimere transmaskuline graviditeter. De alternative diskursene fremstår som utfordrende motstykker til det dominerende narrative flere deltakere nevner, der graviditet er tilskrevet kvinner og kvinnelige kropp, som til syvende og sist kompliserer hetero-/cis-normative konfigurasjoner av kjønn/kropp/reproduksjon.

Som et tema hvor det finnes store forskningshull ønsker jeg med denne masteroppgaven å belyse de diskursive produksjoner og spenninger som finnes i de transmaskuline diskursene rundt graviditet som jeg har funnet i datamaterialet, og kritisk utforske produksjonen av den normative uforståeligheten som transmaskuline graviditeter ofte blir tilegnet.

Preface

I first came to Trondheim in 2017, intending to only stay for a year while I tried to apply to universities in Canada for a bachelor's degree in international relations. The year unit I ended up taking in Equality and Diversity at NTNU that autumn left me so intrigued about the field it changed my future academic plans entirely. Now I'm handing in my master thesis in the very same field I started out in, and it feels bittersweet. There's still so much I want to explore; perhaps the department must consider extending the master program by a year or two?

Thus, I first want to thank The Department for Interdisciplinary Studies of Culture (KULT) at NTNU. I have never encountered a group of professors who are this committed to their craft and field, and both the academic and political advancement of feminism. Thank you for the opportunities I've been offered, especially as a teaching assistant. While these two years are over, I think what I've learned will stick with me for life.

Thank you especially to my supervisors, Mari Haugaa Engh and Sofia Moratti. I appreciate the genuine interest and attention you've both given my project, offered perspectives I hadn't even considered, constructive criticism, and challenged me to trust my interpretations; or, as Mari often said, "Just be more arrogant!". It's cliché, but I'm certain I could not have done this without both of you. Words cannot express my gratitude. I also want to thank France Rose Hartline for your early invaluable contributions, and for the interest you offered in the project; I hope our paths cross again.

To every participant who joined this study, thank you for lending me your time and your stories. I hope you realize how important those voices are, and I hope this thesis proves that.

I also must thank the LIMA class for our two incredible years together. You don't expect to get to know your fellow students when you're doing a master's degree, but I feel like we've been able to grow together, both personally and academically. I especially want to thank my study group, the support group: we finally made it!

Thank you to the Student Council at Dragvoll; while my time in more conventional student associations has been short, I've enjoyed the last year. I'll miss hanging out at the office, singing at dinners, the occasional waffle, and spending too much money on the wine lottery. I still can't believe I only won two bottles in total.

Mom, thank you for listening to all my stressed-out ranting and encouraging me, and for reminding me to actually sleep. Dad, thank you for being supportive and believing in me. Betina, Cecilie, Mathias, Thomas, Victoria, thank you for supporting me and listening to my rants late at night.

Finally, thank you, Mar. Thank you for proofreading my thesis, but more than that, thank you for being a huge part of it: letting me call you whenever I felt stuck, discussing until the early hours, and for your invaluable perspectives on trans issues. Your patience and knowledge know no boundaries.

Isak Løberg Jacobsen
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1. Introduction

"Guys do not have babies. We leave that to the women. That's part of the beauty of being a guy!"
[Trailer to *Junior*, 1994]

"I'm going to have my own baby, and I will be dad." [Trailer to *Seahorse*, 2019]

These quotes highlight two very different cinematic portrayals of pregnancy among men. The first is from the 1994 comedy film *Junior* directed by Ivan Reitman, where Arnold Schwarzenegger plays a cisgender male research geneticist who agrees to undergo a pregnancy to test a fertility drug. The reason for including this here is because this type of portrayal of pregnancy among men is perhaps one of the most familiar images we have of pregnancy among men: something humorous, mainly due to its impossibility. Other famous portrayals of male pregnancy in media are hyper-sensationalized accounts of non-normative pregnancies (non-normative as in everything except cisgender female pregnancy), such as the promotion campaign for rap artist Lil Nas X's new album *Montero*, where the artist (a cisgender man) promoted the new album by saying he was expecting, coupled with several pictures of him and a pregnant belly, TikTok videos of himself pregnant, and a delivery video with over 17 million views on YouTube (Tracy, 2021). Other examples are online fanfiction (best known as m-preg), or persistently as utopian or dystopian science fiction plots, such as pregnant men as bodily horror, like in the *Alien* movie franchise (Heggstad, 2021). What these accounts have in common, however, are two major themes: the pregnancies are presented as medical miracles, enabled by revolutionary scientific developments (Verlinden, 2012: 108), and the pregnant men are almost always cisgender.

The second quote is from a 2019 documentary film called *Seahorse*, directed by Jeanie Finlay. This documentary follows Guardian journalist and transgender man Freddy on his journey to give birth to his first child. Pregnant men as a transgender subject, in other words, was until recently a marginal phenomenon, both in media (such as the examples above) and academia, even in transgender studies discourse (Verlinden, 2012: 108). Perhaps the most famous account of transgender pregnancy in media was the story of Thomas Beatie, often dubbed to be "The First Pregnant Man" after appearing on The Oprah Winfrey Show in 2008. I remember first hearing about Beatie's pregnancy myself when I was in middle school, and I could not at the time fathom the concept of a man who was pregnant. Turns out, however, that this was a confusion shared by many people, and one I hear often today as well when I talk about this project. Like Freddy, Thomas Beatie is a transgender man, which means that he was assigned female at birth, or AFAB, and retained his reproductive organs after transitioning.

One thing is certain, however: the figure of the pregnant man is not new. Neither are transgender people who become pregnant. Yet, transmasculine pregnancy, or non-female pregnancy more specifically, has been vastly underrepresented and understudied in a society that normatively deems pregnancy a female-only activity. The reproductive rights and family planning opportunities for queer people have been, and continue to be, limited in Norway. This study's primary focus is an attempt to center transmasculine pregnancy in Norway, and to examine the accounts transmasculine individuals in Norway give of pregnancy and their reproductive intentions. By conducting in-depth interviews with

transmasculine people in Norway, my aim has been to provide insights into the reflections, elaborations, experiences, and narratives that create barriers or make new pathways to agency in terms of the reproductive rights of transmasculine people. This thesis especially focuses on the gendered negotiations the participants make in their everyday talk of pregnancy, and aims to center transmasculine discourses of pregnant men, while still being mindful of the historical and cultural context of these experiences.

In the following parts of this chapter, I outline a brief contextual background of the cultural implications of motherhood, the reproductive rights of transmasculine people in Norway, as well as a brief examination of the normative ideals of transmasculine experience today. After that, I offer a literature review on transmasculine pregnancies through different disciplines, as well as a presentation of terms used in this thesis. Then, I present the research focus and research questions that have guided this project.

1.1. Pregnancy for women and restrictions on transgender reproduction

I wish to start this section with a quote from Sam Dylan More from his early study of transgender female-to-males (FTMs) experiencing pregnancy, "*The desire to found a family is a gender neutral one. Pregnancy is not—in our culture it is an exclusively female activity.*" (More, 1998). In most Western society today (if not all), pregnancy is an activity that is not only biologically ascribed to women; it is often assigned as one of the major signifiers for womanhood. In some earlier feminist work, sexual difference has been the driving force for womanhood, based on the existence of two opposing genders denoted by reproductive capacity (Irigaray, 2007/1990: 4). Or, as Luce Irigaray asserts in *Je, Tu, Nous*: "*To wish to get rid of sexual difference is to call for a genocide more radical than any form of destruction there has ever been.*" (Irigaray, 2007/1990: 4). In other words, sexual difference has a long-standing tradition in feminist work in examining the disempowerment of women and focus on reproductive aspects such as pregnancy and abortion have been central themes in the struggle for women's rights, specific for female bodies. Judith Butler, however, criticizes this focus on sexual difference to reify motherhood as a precultural entity, foregoing an analysis of the cultural construction of maternity and the weight of cultural heteronormative assumptions of sexed reproductive bodies (Butler, 1990: 109). Thus, it is evident that pregnancy bears strong cultural assumptions of femininity and womanhood, marked into the often taken-for-granted assumption of sexual difference as a signifier for a pre discursive sexed body.

With these hegemonic narratives of bodies in mind, the pregnant man becomes what More (1998) calls an oxymoron, a contrasting figure of speech, where pregnancy in Western society is normally prescribed to woman-presenting individuals. Earlier academic papers on pregnant men have focused on its portrayal in media representation, where the image of pregnant men is usually sensationalized for its non-normalcy (Verlinden, 2012; Riggs, 2014). This has been shown through one example I mentioned earlier, by the "shock waves" that were sent through the world when Thomas Beatie appeared on the Oprah Winfrey Show in 2008 as a pregnant transgender man. The pregnant transgender man is, according to Verlinden (2012), a radical subject: "*He chooses, on the one hand, to mold his body to fit the image he identifies with and at the same time pragmatically uses the physical properties he decides to keep, his female reproductive organs, leading to a designification of pregnancy as an exclusive, determining sign of femaleness.*" (Verlinden, 2012: 123). According to Verlinden's examination of transgender pregnancy, the most

common reaction to Beatie's pregnancy was to refuse to recognize his embodied identity as a man (Verlinden, 2012: 114), emphasizing the binary gendered frames of pregnancy in most Western cultures today. A pregnancy is culturally defined as a womanly activity, thus assigning transgender pregnancy its non-normalcy as it challenges the idea that a gestating body must be a female body.

"Real" men and women: Medical sterilization of transgender people in Norway until 2016

The idea that men should not become pregnant, and that pregnancy is not compatible with a masculine identity, has also been prevalent in medical discourse on transgender people and through medical enforcement and pathologization of transgender people. In Norway, and across the globe, transgender people who desire gender affirming treatment have been required to undergo psychiatric evaluation to examine if they fulfil diagnostic requirements for gender-affirming treatment (Sørli, 2016b), as well as undergoing mandatory sterilization (Riggs et al., 2021; More, 1998). Recently, the former diagnosis changed names and classification in Norway (like several other countries), from the psychiatric disorder F64.0 transsexualism based on the International Classification of Diseases 10th Revision, ICD-10. The new revision in the ICD-11 manual states that the diagnosis is no longer classified as a disorder, but under two medical diagnoses called gender incongruence¹, which in theory opens for fluidity in gender identity, as well as no necessary criteria for strong gender dysphoria (Wæhre, 2022; Sørli, n.d.). People with suspected gender incongruence can be referred to the gender identity clinic (GID) Nasjonal Behandlingstjeneste for Kjønnssinkongruens (NBTK), which is the only specialized public healthcare entity that treats gender incongruence. Despite the new terminology of the diagnosis, any patient with "suspected gender incongruence" go through an examination by a team of psychologists, whose job is to evaluate whether the person has severe gender incongruence that requires treatment (Wæhre, 2021: 218).

In Norway irreversible sterilization had been a medical prerequisite for being granted access to changing your legal gender marker and accessing gender-affirming treatment until 2016 (Sandal, 2021; Sørli, 2016b). Medical sterilization was never part of any formal law but was medical practice at NBTK between the 1970s to 2016 (Sørli, 2016b). While the requirement for sterilization prior to 2016 have been criticized extensively by human rights organizations and patient groups, an examination into the sterilization requirement illuminates the culturally binary relationship between sex and gender. According to historian Sigrid Sandal, medical sterilization was recommended for transgender people to, among other things, solve the legal complications that could come with socially presenting as a man and retain female sexual organs (Sandal, 2021: 56). Another legal complication mentioned by Per Anchersen, chief physician, and specialist in psychiatry at Ullevål hospital in 1979, was "*the possibility of a man who could become a mother, in the worst-case scenario*" (Sandal, 2021: 57, my translation), and Sandal argues that at the time, this could prove controversial and could potentially disrupt the culturally embedded norms of gender¹. Sterilization would ensure acceptable gender transgression by surgically altering the body into the right sex. As Anniken Sørli writes, reproduction is today intimately linked to traditional conceptions of sex, where the person who gives birth is legally considered to be the child's mother in Norway, even if the person who gave birth is legally recognized as a man. Thus, she writes that: "*The current laws thus perpetuate an expectation that*

¹ As of 2020, the new Norwegian diagnoses are called 'Z76.80 Kjønnssinkongruens i ungdom og voksen alder' and 'Z76.81 Kjønnssinkongruens i barndom' (Helsedirektoratet, 2020)

everyone who gives birth to a child have a female gender identity and a legal gender marker which says 'woman'. The biological alternative thus perpetuates this, while the social alternative will perpetuate the law's binarity." (Sørli, 2016a: 248, my translation), which emphasizes that normative, heterosexual frameworks of parenthood and sexual reproduction are still structurally dominant in Norwegian society. While medical sterilization is no longer a requirement for changing one's legal gender marker, and the subjective feeling of one's own gender identity is sufficient reason for this change according to the current laws in Norway (Helsenorge, 2020), transgender people with experience encountering GID-clinics mention that they feel there exists a normative standard for how transgender experience should be felt, embodied, and expressed to receive public healthcare treatment (Pultz & Goldfinger, 2020: 576; Espseth & Jentoft, 2022).²

Normative ideals for transgender experience in healthcare systems

The narrative that there exists a "right way" to be transgender is, as of today, often institutionalized and administrated by GIDs (Johnson, 2015; Verlinden, 2012: 117-118). In encounters with healthcare providers, earlier research has found that those who want to become pregnant risk having their integrity and identity questioned (Falck et al., 2020: 50). As Johnson (2015) argues, this institutionalized medical model for the transgender experience operates as a normative accountability structure for how gender incongruence or variance should be embodied and influences transgender people's experience of their own selfhood (Johnson, 2015: 806). In other words, gender-affirming healthcare is granted only to those whose behaviors adhere to normatively masculine or feminine standards. The new terminology, gender dysphoria, is according to Johnson (2015) largely symbolic in this sense, as: "*the continued presence of a psychiatric diagnosis for gender-variant people undermines the new terminology*" (Johnson, 2015: 804). The new diagnosis, in other words, does little to negate the pathologization of non-normative gender identities. This constructs an idea of normality and naturalness with heterosexual and cisgender identities, and normality in this sense is described by an assumption that biological sex, ascribed as soon as infancy and relies on genitalia, predicts the child's gender identity (Pultz & Goldfinger, 2020). Within this narrative, a woman is a person born with a vagina who naturally identifies as a woman, whereas the binary opposition is a man born with a penis, who identifies naturally as a man, often without question.

This has contributed to what is often dubbed the born in the wrong body trope³ and relies on a binary model of the assumed desire for a complete surgical transformation and, in the case of transmasculine individuals, rejection of anything deemed normatively feminine, such as pregnancy. According to Martine Kvarstein, NBTK deploy a similarly heteronormative discourse to define transgender people, where only two binary, opposite options for gender identification is possible, and gender diversity becomes void in defining who is a "real" transgender person deserving of treatment into "the other gender" (Kvarstein, 2019: 36-37). Espseth calls this a biology/medicine/legal discourse, where biological sex is pre discursive, and subversion of hegemonic norms about gender are

² This was also a recurring theme in the interviews I conducted with the participants of this study, which was not extensively studied as it ultimately fell outside the scope of this thesis.

³ "Født i feil kropp" (which translates to "Born in the Wrong Body") is also the name of a documentary aired in Norway first in 2014, and with a second season in 2017. It presents the common narrative that transgender individuals are born with the wrong body, and this body needs fixing. It places the issue at a bodily level and often depicts a mind that is (biologically) one gender and a body that does not match that gender. The documentary has contributed to further emphasizing a medical interventionist narrative, where an individual (1) must experience gender dysphoria to be transgender and (2) must have a desire for gender-affirming medical intervention (Lerfaldet, 2019: 22). Given that this documentary series had 638 000 Norwegians watching it when it first came out in 2014 (Steen & Ringheim, 2014), I would say this emphasizes the reach of this narrative regarding transgender people in Norway.

considered (and explained as) deviations. This narrative exists within the born in the wrong body trope, as it emphasizes a natural desire for complete bodily correction from one gender to another, and that individual bodies are born with an essential, core gender (Espseth, 2017: 41). Medical intervention to the body is the natural solution to the “problem”, as opposed to the social consequences of transphobia and cissexism (Johnson, 2015: 804). This perspective also emphasizes a natural difference between cisgender and transgender as distinct subject positions (Sletten, 2021: 65), where transgender people are understood as deviant from the norm (cisgender) and must/should desire bodily correction and sterilization. Understanding the cultural significance of institutionalized discourses is important, according to Ketil Slagstad: “A *diagnosis plays a fundamental role in modern society. [...] Diagnoses create dichotomies between sick and healthy, between deviation and normality, and thus affects lives, bodies, and identities*” (Slagstad, 2021: 181, my translation). An institution like NBTK can, in line with this relationship of power and diagnosis, be understood as a disciplinary system that utilizes the diagnosis and its definition to judge who fits within the criteria as normal, or as a deviation from the norm of assumed naturalness within the male-female binary (Kvarstein, 2019: 11). A transmasculine person who desires to become pregnant, in other words, risks deviating from the institutionalized discourse of a “normal” transgender experience. I discuss this relationship between sex, gender, and reproduction in the next chapter on theory, from a Butlerian perspective.

Current cisnormative standards serve to structurally hold everyone, whether cisgender or transgender, accountable to the ideal that everyone has a sexed body that matches their gender identity, limited to only binary options between male and female (Lampe, Carter & Sumerau, 2019). Transgender reproduction and pregnancy, as implied in the former section, challenges this, and has the potential to radically expose and change the heteronormative framework (Meadow, 2018: in Lampe, Carter & Sumerau, 2019; Pultz & Goldfinger, 2020). This will be further examined in the following literature review. The contextual background I have offered should serve to give the reader a valuable context into the history of transgender reproduction in Norway. In this section I have chosen to focus on the medical history of transgender reproduction, and cultural norms ascribed to motherhood and pregnancy. This is because having an overview of the medical history of sterilization and the standard for transgender experience is important, I argue, to understand the structural barriers transmasculine people in Norway face today in imagining pregnancies and family planning.

1.2. Literature Review

While there has been an increase in research into the lived experiences of transgender or gender-variant people since the 1990s following a convergence of activism and academic scholarship (Bolsø, 2019: 259), most prominent research before 1990 on transgender experience have been largely clinical and advanced by sexologists and endocrinologists such as Magnus Hirschfeld and Harry Benjamin (Espseth, 2017: 57). As Toze (2018) writes, prior to 1990, it was a difficult task to find non-essentialist, trans-inclusive ways of talking about bodies and experiences, and cites Sandy Stone’s work *Posttranssexual Manifesto* (1991) as an early starting point for a trans feminist critique of these narratives. Her text asserted that transgender experiences prior to 1990 had been framed “*both by medical categorization and pre-existing discourses of gender*” (Toze, 2018: 196). While it would be difficult to paint a linear picture of the academic shift from clinical research to an

increasing amount of critical research with/on transgender people, trans historian Susan Stryker (2006) writes that since the formation of transgender studies in the 1990s, the de-subjugated knowledges of transgender scholars have become more prominent to offer alternative narratives of transgender embodiment. Trans studies, according to Stryker, has its central focus in disrupting, denaturalizing, and making visible the normative linkage between sexual difference, embodied gender identity, and structural cisnormativity that maintains stability between specific configurations thereof (Stryker, 2006: 3). In other words, research on transgender people and experiences have shifted through the decades, from mainly clinical and diagnostical, towards branching out into more critical and feminist work, where transgender studies have been especially concerned with cultural questions and consequences of bodies, genders, and knowledges. In this section, I offer a review of the most prominent research existing on transmasculine pregnancies.

Mapping out the experiences of pregnant transmasculine individuals

Certain specific areas of transgender people's lives remain understudied, such as transmasculine pregnancy, reproductive intent, and hysterectomy (Riggs et al., 2021; Toze, 2018). The most prominent academic contributions have been conducted from a medical care perspective, often with the intent of suggesting alternative and non-discriminatory guidelines for healthcare providers by mapping out the experiences of gestating transmasculine people or literature reviews of such work (Light et al., 2014; Obedin-Maliver et al., 2015; Brandt et al., 2019; Hoffkling et al., 2017). While some choose to undergo gender affirming surgery that renders their bodies unable to go through a pregnancy (such as a hysterectomy), research shows that many transmasculine individuals retain their reproductive organs, and not always by choice (Obedin-Maliver et al., 2015). The necessity for these types of studies stems from the fact that medicine has not incorporated gender diversity into routine care (Obedin-Maliver et al., 2015), and there exists limited educational resources available for practitioners who encounter transmasculine pregnancies (Brandt et al., 2019). No similar research has been found in Norway. However, a qualitative interview study conducted in Sweden with transmasculine individuals who experienced pregnancy found that the former law on sterilization (removed in 2013 in Sweden) had worked to reinforce the idea that masculine identity and pregnancy were incompatible (Falck et al., 2020: 49). The participants were said to have varying experiences with healthcare professionals (some positive and some negative), but often, their transgender identities were questioned, and the femaleness associated with pregnancy created multiple barriers for the participants, such as information about nursing, being met with binary gender norms, misgendering in digital filing, and general low knowledge of transgender reproductive health (Falck et al., 2020: 46-48). These findings are consistent with similar papers mentioned here, emphasizing that transmasculine pregnancy remains structurally invisible in encounters with healthcare professionals through institutionalization of motherhood norms.

As von Doussa et al. (2015) point out in their study of the experiences and possibilities of parenthood among transgender people, the cultural framework of pregnancy as ascribed to cisgender women, coupled with the cultural perspective that gender transition requires physical 'erasure' of one's sexed body and 'complete' transition in line with binary conceptions of sexed bodies, creates a strong social taboo against pregnant men (von Doussa et al., 2015). Another study that interviewed pregnant transgender men in Australia and described their situation explain that several participants found the experience to be deeply dysphoric (dysphoria related to pregnancy) and isolating, due to the lack of representation of other pregnant men in society and felt generally excluded

from contacting healthcare providers or fertility services to conceive (Charter et al., 2016). The paper writes that: "*For the pregnant trans man, the materiality of the pregnant body is at odds with their identities as men and the subject position 'father'.*" (Charter et al., 2016: 74). While this is something I explore in this study as well (and is supported by the *incompatibility* repertoire I examine), a more recent study by Macdonald et al. (2020) found that some participants masculinized their pregnancies by denying the normative feminine connotations of pregnancy and making it compatible with their masculine identities, or denying pregnancy as gendered at all (MacDonald et al., 2021: 23).

Similarly, a study conducted by Maura Ryan interviewing transgender men who had undergone pregnancies noted the importance of examining transmasculine narratives specifically, as several of the participants mentioned that they viewed and did fathering differently because they were men of trans experience (Ryan, 2009: 147), and Ryan goes on to argue that transgender people have unique and important insights into the heteronormativity of traditional parenting, due to their experiences (and at times, resistance) in a gender-rigid society, and offer alternative narratives of fatherhood and parenting (Ryan, 2009: 149), similar to some of the findings presented in MacDonald's paper.

Transmasculine pregnancy: A critical disruption of cisnormative reproductive standards

In line with the purview of this thesis, I find it necessary to also review some earlier literature on transmasculine pregnancy within the field of more critical feminist work. In an article from 2018, which examines public discourse on transmasculine hysterectomy in England, Michael Toze argues that there exists a strong social taboo against pregnant men, and a discourse of risk regarding transmasculine reproductive organs. According to Toze, the National Health Service (NHS) in England has previously strongly recommended hysterectomy for transmasculine individuals who receive testosterone therapy for more than 2-5 years (Toze, 2018: 197), due to an assumed risk of womb problems or various types of cancer in reproductive organs. However, as Toze maps out, recent cited research on the risk of cancer in transmasculine people states that while more research needs to be conducted, there exists no empirical evidence that testosterone increases the risk of ovarian nor cervical cancer (Toze, 2018: 197). However, Toze offers an alternative perspective and argues that, in the case of transmasculine people, risk associated with the womb must be understood from a medical interventionist approach to correct gender diversity, stemming from late Victorian sexologists who sought to fix individuals to the category of women by surgical intervention to their reproductive organs, somewhat similar to surgical intervention of intersex bodies (Toze, 2018: 201). In this line of argument, Toze points out that it has typically been assumed that transmasculine people are or should be unwilling to bear children, as reproductive ability is closely associated with what bodies should be considered either male or female. Toze quotes early sexologist Harry Benjamin, who mentioned that pregnancy for transgender men was only practical, as a transgender man would never willingly undergo a pregnancy but would endure the experience to achieve his ultimate aim of becoming a father (Toze, 2018: 202), reinforcing a heterosexual image of parenthood.

This line of argument is similar to the context provided by Sandal in the earlier section of this chapter, where medical practitioners in Norway noted the risk of a transgender man becoming a mother as a reason to recommend hysterectomies and sterilization, thus not disturbing the social order (re: heterosexual, cisgender order). In an early article on

transmasculine pregnancy experiences in Germany, Sam Dylan More (1998) found that a transgender man had been told by medical practitioners at a gender clinic that his engagement in vaginal sex and decision to continue with the pregnancy was an indicator he was 'salvageable as a woman' (More, 1998: 325). Lara Karaian has argued that pregnant men "*engender a critical re(conceive)ing of the idea that sex is biologically determined that pregnancy is necessarily sexed as female, and that one's sex, gender identity and identification as mother/father neatly align.*" (Karaian, 2013: 212-213). These scholars remain critical of the assumed naturalness between having a body that can become pregnant and having a gender identity that aligns neatly with a binary sex/gender distinction, challenging the socially and discursively constructed nature of biological sex in discussing pregnant men.

The world's first pregnant man: The Thomas Beatie Effect

A central focus of other research papers that have examined transmasculine pregnancy and the seemingly biological impossibility of the pregnant man, have primarily focused on the aforementioned public pregnancy of Thomas Beatie. As Maura Ryan writes, despite the spotlight granted to Thomas Beatie's pregnant male body, he created a new social category that had never existed for the general public before: the pregnant man as a transgender subject (Ryan, 2009: 139; Verlinden, 2012: 108). Jasper Verlinden examines the sensationalism that surrounded Beatie's pregnancy and argues (using Butler's theory of bodily intelligibility) that a transgender pregnancy falls outside of the scope of the culturally intelligible, and the sensationalism awarded to Beatie relies on a cultural incongruity between male identity and pregnancy (Verlinden, 2012: 109-110). Verlinden argues that the cultural unintelligibility Beatie (and transmasculine pregnancy thereof) constructs rely on (i) the hegemonic notion that gender is binary, (ii) transgender people should therefore strive to 'pass' as cisgender, and (iii) that pregnancy is the ultimate signifier for femaleness and is reserved for women. Men who become pregnant are thus unable to truly call themselves men, as the assumed goal of successful transgender embodiment is to cross invisibly between the two gender categories (Verlinden, 2012: 115), thus alienating diversity and individual experience and gender variance. Verlinden notes that the binary sex system adopted into the diagnostic manual for gender incongruence (or transsexualism at the time) normalizes the unintelligibility surrounding pregnant men, as bodies that cannot easily be classified into the two binary options or do not normatively fit into the available gendered categories should have their bodies corrected not to be classified as unintelligible (Verlinden, 2012: 119). Verlinden thus argues that the pregnant transgender man is radical, as he chooses to alter his body to fit the image he identifies with, while also pragmatically using the physical properties he decides to keep, which de-signifies pregnancy as exclusively female (Verlinden, 2012: 123).

Psychology professor Damien Riggs found similar results when examining the public exchange between Beatie and Winfrey during his interview on her show and argues that Beatie's pregnancy was difficult for the general population to comprehend, including Winfrey, due to the hegemonic discourse that sex and gender are binary, and always neatly aligned. Winfrey was especially interested in understanding why Beatie did not want a penis, for example, as the (assumed) lack thereof made him look like "less of a man", or at least made Winfrey question how he could be a man and not desire a penis, playing into the narrative that transgender people always desire complete bodily transformation (Riggs, 2014: 168). Thus, Riggs argues, Beatie (and other pregnant men) are often further marginalized through media appearances like this due to the sensationalism they receive. Usually, they are expected to prove they are men within a heteronormative discourse, as

opposed to exploring alternative forms of family creation or pregnancy (Riggs, 2014: 169). The underlying focus of both these papers have been the ways in which pregnant men become unintelligible in a heteronormative/cisnormative society and challenge the assumed unnaturalness of pregnant men by critiquing the source of its cultural unintelligibility (and its transphobia) instead.

So far, the most prominent studies of transmasculine pregnancies have been qualitative studies mapping out experiences of pregnancy, trans feminist critique to binary reproductive norms, and critical discussions of the sensationalism in media of visible pregnant men. However, while this study aligns with the findings of several of these cited works, there has been little focus on the negotiations transmasculine individuals do when discussing and considering pregnancy or reproductive intent, as well as little to no identified research examining the narratives of transmasculine individuals who do not wish to become pregnant. This study thus contributes to the growing research on transmasculine pregnancy, as well as offering insight into experiences that have not been thoroughly explored so far, especially not in Norway.

1.3. Terms and definitions

I want to examine and clarify some of the terms that are used in this thesis, and how/why I use them specifically. Some are terms mentioned by the participants, while some are introduced by me. This clarification is necessary as terms used uncritically can have the unfortunate effect of reinforcing certain power structures that favor heteronormative or cisnormative conceptions of transgender experience. I also offer a list of recurring abbreviations (see appendix 1).

Transmasculine: Transmasculine individuals are people who were assigned female at birth, but whose gender expression can range from male to non-binary. The common denominator is that the person has a masculine self-identification (Falck et al., 2020: 42) In chapter six, I write transgender man and not transmasculine in the subject position I have called *the non-pregnant transgender man*, as the current diagnostic guidelines for transgender experience in Norway does not include non-binary individuals⁴. This also varies considering the self-identification of the participants, introduced in chapter four. Generally, however, I apply the term transmasculine in the same way Riggs et al. (2021) do, where a transmasculine person is defined as "a person who was coercively assigned female at birth but self-identifies with a masculine gender identity (Riggs et al., 2021). I considered other alternatives, such as "transmen and non-binary", but deemed that ultimately, transmasculine encompasses the participants neatly. I do not use terms like female-to-male (FTM) or assigned-female-at-birth (AFAB). While many identify with these terms, I agree with the criticism Karaian (2013) presents, which is that such terms can serve to oversimplify transgender people's identities, and resorts to "*cissexist language, thus maintaining cisgendered subjects as the norm.*" (Karaian, 2013: 215). Such terms can, invariably, strengthen the notion that people change between two sexes, and that transgender experience is generally linear. Transmasculine has thus been chosen to acknowledge the variety in transmasculine experience, while still maintaining some general criteria, such as the ability to gestate.

⁴ NBTK have written in their online pamphlet *Information about evaluation and treatment service for patients over 18 years of age* (my translation) that they do not give gender-affirming healthcare to non-binary individuals, as there "does not exist sufficient evidence that hormonal and/or surgical gender-affirming intervention is the right treatment for non-binary individuals." (Nasjonal Behandlingstjeneste for Kjønnsskilling, 2021: 6).

Transmasculine pregnancy: Transmasculine pregnancy here refers to pregnancies carried out by transmasculine people, i.e., people who can identify with description presented above of transmasculine identity. This is a term I introduce and was not introduced by any of the participants. Transmasculine pregnancy can be a helpful term going forward to focus on the specific conditions and barriers presented to transmasculine pregnancies, as earlier research has identified several barriers for transmasculine pregnancies socially, in healthcare, and for the individual self (Botelle et al., 2021).

Cis: Cis (often) refers to the opposite of trans and can refer to people whose gender identity correlates with the gender they were assigned at birth (PKI, n.d.). Using this term uncritically can contribute to reinforcing cisnormative understandings of gender, sex, and bodies, where cisgender becomes the unspoken norm (Karaian, 2013: 215). I use it in reference to both a self-identification as cisgender, but also often use it as means to emphasize structural barriers that reinforce cisgender as normal, i.e., the prefix cis is often used to create other useful terms, such as cisnormative, or cissexism.

Gender dysphoria: Gender dysphoria is the broad spectrum of subjective feelings of discomfort or dissatisfaction with (some) parts of your body, or the sociocultural expectations related to the gender you were assigned at birth (Jessen, 2022).

Sex & gender: In Norwegian, there does not exist a commonplace distinction between the terms sex and gender. When we talk about gender in Norway, we often use the translation "kjønn", which can often be used interchangeably in relation to bodies, symbols, identity, and cultural aspects. I apply a similar translation as the one Stine H. B. Svendsen writes in her preface to the Norwegian translation to some of Butler's texts, which is the distinction between "biologisk kjønn" ("sex") and "sosialt kjønn" ("gender") (Svendsen, 2020: 13). The participants discuss the cultural aspects of sex and gender and their own relationship with gender and bodies during the interviews, thus making it necessary to operationalize these two translated terms. However, a central point in this thesis (and in Butler's theory) is that the sex/gender distinction itself contributes to the normalization of bodies as a pre-discursive site of gendered meaning, and the discussion of these terms. I elaborate on this in the second chapter on theory.

1.4. Research question

In this study, I conduct a discourse analysis of the reflections, experiences, and negotiations transmasculine individuals offer regarding pregnancy and reproductive intent. In doing so, I mainly focus on gendered aspects and reflections to examine what types of discourse are (re)produced in their talk, the conflicts that arise, and the positions which become (in)conceivable through different types of discourse. The overarching research question I pose is: *How do transmasculine individuals in Norway negotiate the gendered framework of pregnancy and reproductive intentions in everyday talk?* I have chosen to apply a critical discourse psychological approach, which I discuss in detail in chapter two on theory. In doing so, I examine these reflections and negotiations through the analytical strategies called interpretative repertoires, ideological dilemmas, and subject positions. Each one of these is the focus of one analytical chapter. As discussed in the literature review, gender and cisnormative configurations of bodies thereof plays a central role in negotiating pregnancy for transmasculine people. In line with this research, I have

centered the role of gender and identity construction in my analysis, in examining if and how structural gender norms are negotiated.

To examine the overarching research question, I have divided it into three sub-questions:

- What different interpretative repertoires do the participants reproduce, create or challenge in the ways in which they negotiate pregnancy?
- Which ideological dilemma(s) arise in the participants' talk of pregnancy?
- What subject positions are (re)negotiated by the participants, and what strategies do the participants use to create agency within the given subject position(s)?

In line with the chosen brand of discourse analysis, discourse psychology, the interest at the heart of the project lies in what the participants aim to accomplish with their various constructions of pregnancy, with the focus being on inquiry into action orientation (Goodman, 2017: 145). In doing so, I examine what their ways of speaking about pregnancy does (ex. speaking of pregnancy as unintelligible can be a way to reject the feminine aspects of pregnancy, but it can also be traced back to a broader, more dominant discourse on what relationship between body and gender someone who wants to get pregnant should have) and how meaning is produced through the use/creation of repertoires or discourse when talking about the world (Jørgensen & Phillips, 2002: 119). The focus on everyday talk and conversation is central to discursive psychology, as the ways in which we legitimize our positions and arguments through meanings in conversation are fruitful starting points for analyzing both the role of language and power in interaction with others, while simultaneously considering the cultural and historical context of these arguments and utterances. In line with Goodman (2017), I consider the interview situation as a sort of social interaction as it "*involves real people speaking in real social situations, who will be 'naturally' generating action orientated talk.*" (Goodman, 2017: 146). Thus, the conversations I had with the participants, despite the conversation being constructed for the sake of research, will still likely be suitable to gain insight and examine the discursive processes that goes into the negotiations transmasculine individuals make regarding pregnancy, where the interviewer's contributions to the conversation must also be considered as part of the interaction.

2. Theoretical Framework & Perspectives

In this chapter, I present the theoretical framework I apply in this thesis. It also includes an examination of the critical lens I deploy in analyzing the material, as well as how I operationalize specific theoretical terms through this thesis. As I am interested in examining the ways in which transmasculine individuals negotiate pregnancy, I have chosen to conduct a discourse analysis of their talk. Discourse theory is plentiful, and there are many different branches, approaches, and ways of conducting a discourse analysis. Moreover, discourse is intertwined in both theory and method, and cannot be separated from each other. Thus, I outline some basic premises of discourse theory, before discussing the specific theoretical approach to discourse I have chosen for this thesis, which is called critical discursive psychology.

Further, I present the theoretical foundation into the discursive and performative aspects of gender and sex, which is crucial to this thesis. Gender works as an organizing principle culturally and often mediates what identities we feel are applicable to ourselves, thus invariably creating potential for reproducing or resisting culturally hegemonic notions of gender normativity in questions of sexual reproduction and family creation. I apply the work and theories of Judith Butler, both her work on gender performativity, and on the discursive production of culturally intelligible subjects within a heteronormative framework of gender, sex, and bodies. The participants talk of, and doing of, gender is a central focus of the study, and their ways of legitimizing certain truths often also legitimize certain gendered performances. Discourse and gender performativity are, as I view it, compatible theoretical entities when conducting a discourse analysis, and are applied as dual, often overlapping foundations. The theoretical perspectives and frameworks I present here have shaped the final analysis, as well as my general understanding and critical reading of the interviews.

2.1. Discourse theory and Analytical Tools

Why is it interesting to study how we speak from a constructivist perspective? According to Skrede (2017), language contributes to producing and reproducing social relationships. This, in turn, implies that language also contributes to the reproduction and legitimization of social difference (Skrede, 2017: 11). For Wetherell & Potter (1988), language has for a long time been considered "*a neutral, transparent medium between the social actor and the world*". Discourse theory, however, emphasizes that language is a social practice, where how we speak of something has consequences for how people construct their view of the world, often implicitly; discourse, in this sense, can be said to construct our lived reality through how we speak (Wetherell & Potter, 1998: 169-170). Discourses, in other words, constitute our knowledge of the world, which we often take for granted as true. Through examining how people talk about things, it becomes possible to analyze what taken-for-granted assumptions (re)produce the different ways in which people understand the social world, which legitimize certain actions or power relations through de-legitimizing other types of knowledge or truths (Johannesen, Rafoss & Rasmussen, 2020: 69). In other words, to answer the question presented in this paragraph, it is interesting to study how we speak because discursive processes effectively create different truths.

While discourse theory itself is a large, interdisciplinary field with numerous and diverse theories and definitions, Jørgensen & Phillips (2002) define a discourse as "*a particular way of talking about and understanding the world (or an aspect of the world)*" (Jørgensen & Phillips, 2002: 1). A shared basic premise is that our way of speaking never neutrally reflects the world, as knowledge and meaning is produced (and reproduced) discursively and rely on taken-for-granted truths and premises to create and change the social world (Jørgensen & Phillips, 2002; Johannessen, Rafoss & Rasmussen, 2018). Thus, it is through language we create representations of reality. However, these representations are seldom mere reflections of pre-existing reality, but instead, contribute to specific constructions of social reality (Jørgensen & Phillips, 2002: 9). In other words, different types of discourse create different types of meaning to things that are often assumed to be a pre-existing reality.

Within discourse theory there are different approaches, but all approaches must adhere to the basic philosophical premises of discourse theory to use discourse analysis as their method of empirical study (Jørgensen & Phillips, 2002: 4). In other words, theory and method are closely linked, and cannot be separated from each other when conducting a discourse analysis. According to Jørgensen & Phillips, (2002), the basic premise of conducting a discourse analysis includes applying a critical approach to taken for granted knowledge in the material you are looking at. The premise is that our knowledge should not be treated as object truths (Jørgensen & Phillips, 2002: 5), but rather, as accessible categories and representations of phenomena. Knowledge is created through social processes and is seldom an objective representation of truth. Instead, truths rely on these social interactions to establish common truths between ourselves (Jørgensen & Phillips, 2002: 5). Lastly, the ways in which we understand the world are historically and culturally contingent, meaning that identities, values, and ways to interpret the world are culturally specific, could be different, and can change over time. When I interpret the ways in which my participants speak of pregnancy, I examine it as discursively produced knowledge, and not as objective truths.

Critical discourse psychology

In this thesis, I mainly draw on discourse psychology, which has its aim to analyze the process of naturalization/normalization of some ways to speak about concepts or phenomena as dominant, paying specific attention to the action orientation of people's everyday talk (Edley, 2001: 190). In other words, I am interested in examining the different types of available linguistic resources people draw on in everyday talk to make sense of specific phenomena. At the heart of this theory on discourse lies an interest in examining the ways in which people construct things like attitudes, memories, identities, and emotions. The way people construct an account of something is hardly ever objective; instead, people draw on "*a lexicon or repertoire of terms which has been provided for them by history*" (Edley, 2001: 190). For example, in discourse psychology, the ways in which people do gender is not understood through biology (e.g., men drive faster because men are biologically more aggressive). Instead, phenomena such as gender are accomplished through interaction, and the idea that driving fast makes you more of a man is a discursive strategy that helps construct oneself as a man in interaction with others (Edley, 2001: 192). This serves to mitigate the dominant Western view of people and identities as inherently (and essentially) unique, and instead treat selves as something that is accomplished through social interactions, which can be reconstructed depending on the context (Edley & Wetherell, 1997: 205) Some ways of speaking are more available than others as they become normative or hegemonic, and are often taken-for-granted as facts

and true descriptions of the world rather than available rhetoric resources to construct an account of oneself (Edley, 2001: 190). In other words, the ways in which people understand the social world is never universal, but rather, it is bound upon historical and cultural context, which is (re)produced through social interaction with others (Jørgensen & Phillips, 2002: 99-100) and are "*constituted through discourse, defined as situated language use or language use in everyday text or talk*" (Shotter, 1993, in Jørgensen & Phillips, 2002: 103).

While discourse psychology itself is a field with different approaches (Edley, 2001: 190), the theory applied in this thesis follows Phillips & Jørgensen's framework of one approach within discourse psychology that builds on both (i) a poststructuralist perspective informed by Foucauldian theory on discourse, power, and the subject and (ii) an interactionist perspective interested in what people accomplish through their everyday talk (Jørgensen & Phillips, 2002: 104). Edley calls this critical discourse psychology, as it is both interested in local accomplishments of talk (what it does in conversation) and the broader ideological implications of such talk (political implications). This approach differs from other branches such as Laclau & Mouffe's discourse theory, which is interested in more abstract, large-scale discourses and the limitations of action it causes for subjects (Jørgensen & Phillips, 2002: 20) Discourse psychology differs from other branches of discourse theory as it approaches people as both masters and slaves to discourse (Barthes, 1982, in Edley, 2001: 190), and opens for an examination into the complex relationship between discourse and speaking subjects (Edley, 2001: 190). The discursive psychology approach is, as I see it, an interesting analytical tool and theory to apply when the researcher is interested in how people use available discourses flexibly, creatively, and often inconsistently in creating and negotiating representations of the world, and the construction of identities in interaction.

Edley proposes three key analytical tools that can be analytically useful in conducting this type of research: interpretative repertoires, ideological dilemmas, and subject positions. In the following section I explain what they are, and how they are applied in this thesis.

Interpretative repertoires

An interpretative repertoire is an analytical tool a researcher can use to identify specific ways of speaking or constructing a phenomenon into reality. Potter & Wetherell (1987) defines interpretative repertoires as "*basically a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events.*" (Potter & Wetherell, 1987, in Edley, 2001: 198). Edley (2001) calls interpretative repertoires "[...] *the building blocks of conversation, a range of linguistic resources that can be drawn upon and utilized in the course of everyday social interaction.*" (Edley, 2001: 198). Interpretative repertoires are, in other words and as it is used in this thesis, a string of recognizable speaking patterns, metaphors or arguments that are repeated and constitute a means of speaking about an experience or phenomenon. Interpretative repertoires become the ways we speak something we understand into life, which can offer a glimpse into the underlying assumptions that constitute the building blocks of the understanding of certain phenomenon.

Interpretative repertoires differ slightly from discourses, despite that both were developed to invoke the idea of repositories of meaning (Edley, 2001: 202). They both revolve around the idea that the world is socially constructed, and we use language to construct, reproduce and give meaning to specific phenomena. However, interpretative repertoires are more flexible, so to speak. Interpretative repertoires posit the idea that people are inconsistent

and flexible in their daily language; it assumes a larger degree of human agency than, for example, a critical discourse analysis approach. These inconsistencies are what Wetherell and Potter (1988) call repertoires: the regularity is the repertoire, but we often use multiple repertoires to speak of something and try to make sense of the world (Wetherell & Potter, 1988: 172). They are more performative, in the sense that they constitute the idea that people have a set of familiar cultural resources they can use to make sense of things; however, these resources are highly flexible, and are repeatedly used differently in different discursive contexts (Jupp, 2006). In other words, interpretative repertoires embody the complexity of meaning; when we speak, we speak in cultural contexts and words we know. Those might change as we make sense of something (like a social object), but they are nonetheless present and open to identification.

In this analysis, I use interpretative repertoires as an analytical tool to identify the different ways the participants speak about pregnancy. By doing this, by studying the arguments and metaphors used which constitute a specific, relatively coherent repertoire, it becomes possible to investigate how pregnancy for transmasculine people is constructed and its discursive (in)consistencies. These inconsistencies were perhaps one of the most interesting aspects of the ways in which the participants of this study spoke of pregnancy, as they often fluctuated between different repertoires. However, these inconsistencies also created deliberation, as repertoires can be directly in conflict. These conflicts constitute what Edley calls ideological dilemmas.

Ideological Dilemmas

When spoken into words, dilemmas do more than simply showcasing an individual's choice between difficult options. Rather, according to Billig et al. (1988), who popularized the term in their book *Ideological Dilemmas: A Social Psychology of Everyday Thinking*, dilemmas constitute the moral and ideological complexities of a conflict (Billig et al., 1988: 12). These deliberations draw upon *common sense*, which according to Billig et al. (1988) quite literally, is the sense commonly shared by a community (Billig et al., 1988: 13), in other words, drawing upon socially shared beliefs of right or wrong, or moral values, that are depicted as common sense and by Billig named a society's lived ideology (Billig et al., 1988: 14). Thus, they argue that dilemmas are not simply an individual, argumentative exercise: it is a socially shared practice, informed by common sense drawing upon certain context-based ideologies. Edley (2001) interprets it similarly, stating: "*The different ways of talking about an object or event do not necessarily arise spontaneously and independently, but develop together as opposed in an unfolding, historical, argumentative exchange*" (Edley, 2001: 204). Common sense, however, is not monolithic; there is no one definition to a society's common sense, but rather, different lived ideologies inform the common sense of a society. As Edley notes (2001), common sense is riddled with tensions and contradictions, and it is these contradictions that generate deliberations rather than resolve them (Edley, 2001: 203). The dilemmatic nature of common sense (and what is considered common sense knowledge) is interesting to analyze as it emphasizes how various ideals play out in social interaction, affecting how individuals conduct their own lives, and how they position themselves within an ideological field.

The nature of ideology itself is a debated topic. There is no settled definition of the concept, but instead, there are competing definitions that rival each other (Heywood, 2017: 4). As David McLellan (1986) writes: "*Ideology is the most elusive concept in the whole of the social sciences.*" (McLellan, 1986: 1, in Billig et al., 1988: 25). Billig, in explaining ideological dilemmas, offers a distinction between two types of ideologies: intellectual

ideologies and lived ideologies. Intellectual ideologies concern a system of political, religious and philosophical thinking which is the product of professional thinkers, such as philosophers and intellectuals; however, lived ideologies concerns the ideology of a society, the common sense values of different societies (Billig et al., 1988: 27-28). As Billig et al. (1988) writes: "*Sometimes the head of the lived ideology and the heart of the utopian ideology may pull in different directions. And at all times, the possibility for dilemmas may be present.*" (Billig et al., 1988: 2). In other words, it is entirely possible for an individual in a society to draw upon an intellectual ideology when making an account of something, such as making broader claims about how society should be. However, Towns & Adams (2009) argue that the distinction between lived and intellectual ideology is likely messy, and difficult (and perhaps unnecessary) to distinguish (Towns & Adams, 2009: 740), as intellectual ideologies influence and is influenced by a culture's common sense notions. This project follows a similar understanding of Billig's distinction between the two and embraces that this distinction is not necessarily clear-cut when examining the talk of real people but can be helpful to identify a dilemma, as shown in chapter five.

It is variation in the use and creation of interpretative repertoires that can create ideological dilemmas (Goodman, 2017: 149), and allows for an examination of everyday sense-making through highlighting competing ideologies, and the common sense understandings they represent. I examine one ideological dilemma I have identified in my data with this in mind, as it ultimately can tell us two things: (i) it can expose the competing ideologies that complicate the everyday sense-making of transgender pregnancy and what purpose this serves rhetorically, and (ii) it can be argued, according to Edley (2001), that examining what these competing ideologies entail can be a way to discuss broader cultural change (Edley, 2001: 217). For example, it is not that long ago that pregnancy was deemed strictly a woman-only activity, something that men were unable to or should not indulge in. While this still exists as a common sense experience today (as evident in this thesis), it is interesting that it is also being contested and creates a dilemma for some of the participants; in other words, the dominant could be shifting and complicates one common sense configuration of pregnancy.

Subject Positions

Much like other branches of discourse theory, discursive psychology does not approach identity in the traditional Western understanding, where identity is inherently unique, autonomous and a sovereign entity (Jørgensen & Phillips, 2002: 15). Rather, the subject is created in discourse and the modernist idea that the individual self consists of a single, always-fixed identity is contested. Instead, as Edley (2001) writes, the ways in which we create an account of ourselves "*will always be in terms of a language provided to us by history*" (Edley, 2001: 210). Subject positions, then, are locations within a conversation (Edley, 2001: 210); the subject position man will depend on how the individual defines this, and this definition is provided to him by discourse(s) and can vary depending on what the individual is trying to accomplish through constructing themselves as such. This can best be summed up by Stuart Hall's definition of identity: "*I use 'identity' to refer to the meeting point [...] between on the one hand the discourses and practices which attempt to 'interpellate', speak to us or hail us into place as the social subjects of discourses, and on the other hand, the processes which produce subjectivities which constructs us as subjects which can be 'spoken'. Identities are thus **points of temporary attachment to the subject position which discursive practices construct for us.***" (Stuart Hall, 1995: 5f, in Jørgensen & Phillips, 2002: 110, my emphasis). It is this definition of identity creation I have in mind when examining the participants' accounts.

Discursive psychology differs from a more monolithic understanding of the subject as a slave to discourse, and instead acknowledges the complex relationship between discourse and subject, allowing for modes of resistance to dominant discourse. In other words, language users act as both discursive products and discursive producers in the reproduction and transformation of discourses, and language users use discourse as resources to create meaning in the social world, drawing on different discourses and even creating hybrid ones (Jørgensen & Phillips, 2002: 17). Given that people are both the products and producers of language, and the identity is always open to change, old ones can be renegotiated, and new ones can be made possible (Edley, 2001: 210). Identities are thus never permanent, even if they often feel like it, as you must create an account of yourself that makes sense to you and others repeatedly and possibly in different contexts.

I use the concept of subject positions to examine the ways in which the participants make sense of their identities through positioning themselves within discourse, or as intelligible and available locations within a conversation. The inconsistencies and flexibility of positioning (both to oneself and others) are shown in this thesis, as people can both reproduce and negotiate the available subject positions, or negotiate new ones, depending on what is being accomplished in conversation. This creates the possibility for an examination of when and how identities are invoked (Edley, 2001: 210; Goodman, 2017: 150). This can be shown in how the names of the participants are not only necessarily affiliated with one discourse throughout this thesis, but rather, they fluctuate between them.

2.2. Queer perspective

In this thesis, I apply a queer perspective when interpreting the material. While it is hard to trace the exact moment queer theory became a household name, some scholars argue it came with the postmodernist skepticism that began within gay and lesbian studies in the 1990s, and the embrace of the term queer, as opposed to more fixed terms such as "gay" or "lesbian" (Thurer, 2005: 97; Jagose, 1997: 2). Queer theory is by its very nature elastic (and the use of the word nature might be ironic here), and many queer theorists are wary of fixing what queer theory is into a stabilized category or definition (Jagose, 1997: 2). However, my attempt here is to embrace queer theory's mobility and make an account of how I try to adopt a queer perspective in my reading and interpretation of the material.

Adopting a queer lens means that I start with the theoretical assumption that sexual and gendered identities are hierarchically organized through systems of sexual classification, rather than essential, natural entities that portray an internal stability. Queer theory can be applied to investigate the ways in which heterosexuality and cisgenderism constitutes itself as normal, and how these norms serve to pathologize, marginalize and/or delegitimize identities that contest these traditional norms of sexuality and gender (Bolsø, 2010: 59). In other words, the interest in this thesis, which is also in line with the critical discourse theory I have outlined earlier in this chapter, is to examine how discursive strategies work in relation to power and normalization of certain knowledge and truths. Who is empowered by a discourse that renders pregnancy culturally feminine? What types of sexual reproduction is normalized, and what becomes unintelligible? How are these positions reproduced, and what power structures deem certain bodies and identities normal

as a result? In sum: What oppressive structures of gender make transgender pregnancy culturally contested; and what alternatives and modes of resistance are presented to negate the dominant discourse(s)? Adopting a queer lens, as I do it in this thesis, means to apply a critical perspective of the negotiations of power that happen in the ways we talk about sexuality, gender, and bodies.

However, I have also found it helpful to deploy a trans lens when interpreting and analyzing this material. According to Stryker, one of the pioneers of transgender studies, the emergence of trans studies closely paralleled the rise of queer studies in the 1990s (Stryker, 2006: 7). There is overlap between trans and queer perspectives in the postmodernist, deconstructivist project to expose heteronormative frameworks of power, and trans scholars have been especially attuned to the questions of embodiment and identity that comes with interacting in the social world (Stryker, 2006: 7), thus raising critical questions about the social structures that reproduce cisnormative categories (Hausman, 2001: 468). However, in her article *Trans Studies: Queer Theory's Evil Twin*, Stryker (2004) asserts that: "*While queer remains the most hospitable place to undertake transgender work, all too often queer remains a code word for "gay" or "lesbian," and all too often transgender phenomena are misapprehended through a lens that privileges sexual orientation and sexual identity as the primary means of differing from heteronormativity*" (Stryker, 2004: 214). While it would be useless to argue that there is no overlap between these two critical perspectives, perspectives that are not by any means monolithic and readily defined, transgender scholars have been especially attuned to critical questions of the body, the "truth" of sex, gender variance, and the normalization of pathologizing non-cisgender identities. Trans theory as a critical enterprise, then, offers the opportunity for pointed analyses of the ways in which the cisnormative frameworks govern bodies based on a two-sex model, to critically deconstruct the normative framework gender and sex relies on.

2.3. Gender Performativity, Hetero-/Cisnormativity and Bodies that Matter

At the heart of this thesis lies an interest in examining the deeply culturally embedded norms related to pregnancy and gender in everyday talk. In most of Western societies, pregnancy and reproduction is intimately connected to traditional constructions of gender, femininity, and kinship. Reproduction is a fundamentally gendered topic, as cultural narratives of parenthood and gender are intimately tied with, and influence, how we relate to a body's ability to reproduce (Kristensen et al., 2016a: 14), and, as Kristensen et al. (2016b) write: "*The binary character of biological reproduction can be understood as the whole starting point for cultural differences between men and women.*" (Kristensen et al., 2016b: 33, my translation). Normative cultural narratives of women and reproduction are often intimately linked to universal, symbolic constructions between femininity, womanhood, and nature, where female subordination has been linked to the ability to become pregnant (Kristensen et al., 2016b: 35). Transmasculine pregnancy, however, has the potential to radically challenge this normative femininity ascribed pregnancy. Thus, gender and identity were core themes for all participants during the interviews.

To examine their accounts, I apply Judith Butler's theory of gender performativity to analyze the intimate relationship between gender and pregnancy. To say that gender is performative is not to say it is necessarily like a performance: it is not something you don

on a stage at will. Rather, Butler argues that gender is performative in the sense that it is a constant repetition of acts that create the illusion of an interior and organized gendered core (Butler, 1990: 186). By theorizing gender as such, gender can be said to be an “embodying of heterosexual norms”, in a compulsory practice, a practice that can never be fully carried out as expected, but that is nonetheless repeated (Butler, 1993: 176), thus producing subjects that are intelligible and constantly (re)institute a gender binary of two limited, oppositional options (Butler, 2004: 48) which determines which subjects are intelligible within these cultural parameters. Gender, in other words, is not necessarily something someone is or becomes, but rather something one does, constantly, repeatedly, in trying to copy an original gender one can never truly be. Or, as Butler says: “[*Gender is...*] the forcible approximation of a norm one never chooses, a norm that chooses us, but which we occupy, reverse, resignify to the extent that the norm fails to determine us completely.” (Butler, 1993: 86). Gender, in this sense, is constantly reproduced by this continuous performance, with the compulsory aim to maintain the illusion of a stable, heterosexual, binary, oppositional gendered frame.

Butler argues that this reproduction of binary, oppositional genders come from living in an institutionalized heterosexual matrix; coherent gendered identities are produced through the heterosexualization of desire, which requires asymmetrical oppositions between feminine and masculine (Butler, 1990: 24). Gender, sex, reproduction, and desire are, in her words, intimately linked to one another, regulated through their reproduction of distinctive gendered and sexual frames. Heterosexuality thus becomes institutionalized in most societies, a norm that regulates and constitutes (and limits) the ways in which we desire and act, and creates intelligible subjects based on these norms. Heteronormativity in this sense is the unseen, everyday heterosexual privilege and what upholds the rigid assumption that everyone is (naturally) heterosexual until proven otherwise (Barker, 2014: 858-859). The term cisnormativity is similar, as it denotes the regulatory ideal that sex and gender are normatively coherent and cisgender, until proven otherwise (Worthen, 2016: 31), and this is limited to binary, oppositional categories, namely male and female (Lampe, Carter & Sumareu, 2019).

While I in this thesis sometimes use the terms heteronormative and cisnormative interchangeably, I find it a helpful distinction to make at times, as the concept of cisnormativity is often used specifically in trans research to emphasize the regulatory norms that uphold cisgender identities and bodies as normal, normalize transphobia, and render transgender identities and gender-variance as non-normal and often as an “error” that should or needs to be corrected. It also emphasizes that cisnormativity is not something only cisgender people are affected by, but rather, it is an institutionalized norm that is embedded deeply in society and can result in what Staples et al. (2018) calls transnegativity: an internalization of negative societal attitudes about one’s transgender identity (Staples et al., 2018: 591).

I apply Butler’s theory of performative gender and its regulatory effects on the discursive production of sexual and gendered identities to examine the ways in which the participants of this study negotiate pregnancy and gender. Given that pregnancy was often discussed in relation to gender, Butler’s theory of gender performativity is fruitful in examining the ways in which the participants consolidate gendered identities through identifying the discursive practices they deploy in negotiating pregnancy.

Bodies that matter, the category of sex, and reproduction

"Bodies cannot be said to have a signifiable existence prior to the mark of their gender."
(Butler, 1990: 12)

Central to this thesis is not only the performative nature of gender, but the ways in which the discursive production of gendered norms regulate bodies and our interpretation of them. As Butler writes in *Gender Trouble* (1990), sex is often assumed to be natural, and prior to discourse. However, according to Butler, sex itself is a discursively produced category: For example, the distinction between biological and non-biological men posits sex as pre discursive and prior to their mark of gender with its underlying assumption that the "biological" man is a whole, natural man; the non-biological man is self-made, and redefining the truth of his gender, but not of his body or sex. According to Thomas Laqueur (1990), the dominant view of sexual difference has since the eighteenth century been that there are two stable, opposite sexes, and the cultural lives of men and women (as gendered roles) are based on the biological, ahistorical, stable sexed body (Laqueur, 1990: 6). His theory constitutes that instead of understanding the category of sex as ahistorical, it must be understood as situational and contextual, and discursively (re)produced through history (Laqueur, 1990: 16). Thus, the category of sex and the notion of sexual difference is discursively produced through the regulatory practices that govern bodies (Butler, 1993: xi), as opposed to a stable, ahistorical matter of material difference. Like gender, the materialization of sex is regulated through the regime of heterosexuality that constitutes sexual difference as natural and oppositional (Butler, 1993: xxiv-xxv), constituting what bodies ultimately come to matter, and which bodies become inconceivable within the heterosexual matrix. "Being" a gender or "having" a sex are, in other words, unstable affairs, constantly reiterated through the internalization of normative ideals that create viable bodies. Thus, Butler criticizes the sex/gender distinction where gender is often understood as the cultural interpretation of sex. Sex is, in other words, discursively produced as 'natural' and 'immutable' as well, and this notion serves the political notion of an imperative that regulates bodies into binary, heterosexual categories.

When the basis for an individual's gender relies on their sexed body, which includes their reproductive capacity, such as the ability to get pregnant, it asserts a normalcy with pregnancy being feminine and ascribed to women. This truth only exists when someone's body is attributed a sex (based on genitalia), and sex is considered a pre discursive entity. Transgender people especially are heavily scrutinized within a binary framework of gender. Butler (2004) suggests that transgender people especially are constructed as failures if they do not adhere to "a certain dominant fantasy of what existing norms actually are." (Butler, 2004: 77). Riggs (2014), in extension, suggests that a transgender man who wishes to become pregnant, then, becomes a failure of a man, as a pregnant man would fall outside the dominant fantasy of what a man should be and do (Riggs, 2014: 16). The failure, in other words, lies with the individual who does not conform, not with the cultural aspect. In this thesis, I apply this theoretical foundation when I examine the assumed unnaturalness of male pregnancy. Even if we acknowledge that gender identity is a cultural and social construct, we often maintain bodies as either male or female, based on reproductive capability. In this sense, I agree with Michael Toze's argument that the assumption that transmasculine people cannot or will not bear children is intimately linked with a medical interventionist approach to gender diversity, where the medical solution to 'non-normative gender identities' has traditionally been to "fix" bodies in line with

normative conceptions of male or female bodies (Toze, 2018: 201). Concerning transgender people, this has especially been the case with national laws that require the medical irreversible castration and “fixing” of transgender bodies to assume legal recognition of their gender identities (Sørli, 2016b: 279; More, 1998: 320).

The existence of a male or female body is not, in line with this theoretical framework, an immutable fact, but a discursively produced effect of gender that aims to materialize bodies into oppositional, heterosexually reproductive bodies. I use this theoretical foundation of the relationship between sex, gender, and reproduction to argue that there is nothing inherently unnatural about transmasculine pregnancy. Rather, this unnaturalness is examined as a culturally produced one, and in relation to what effects of power are maintained in this discursive reproduction. In the analysis, I examine the ways in which the participants speak about pregnancy with this perspective of sex in mind, because an analysis of pregnancy is often inevitably an analysis of different representations of sexed bodies. As discussed in this section, sex and reproductive capability are often normatively linked together, and this theoretical perspective is applied in the analysis to critically examine the (re)production and resistance to different descriptions of bodies the participants offer when talking of pregnancy.

Abject theory and unintelligible subjects

Lastly, I wish to discuss Butler’s concept of how we become intelligible subjects. “Being” a gender is often synonymous with being a human, as from the moment you are born, you receive your humanity when the midwife determines you a boy or a girl, depending on the shape and functionality of your reproductive organs. Or, in Butler’s words, one becomes a viable subject when they receive an intelligible gender (Butler, 1993: 177; Butler, 2020/1990: 50). Abject theory, first formulated and popularized by Julia Kristeva (1982), defines an abject as an identity or a body which is not culturally recognizable and therefore not acknowledged as a subject (Kristeva, 1982, in Pultz & Goldfinger, 2020: 571). Identities or bodies that are abject are not culturally recognizable and exposed to what Butler (2004) calls normative violence: the violence that the person experiences by not being acknowledged as a subject both socially and structurally (Butler, 2004, in Pultz & Goldfinger, 2020: 571). In response to this violence, people often adjust themselves to the norms that legitimize bodies and identities, and the legitimate subject positions that exist within these normative frameworks. This, however, reproduces the norms that made certain bodies and certain identities legitimate subject positions to begin with by further rejecting the abject position (Pultz & Goldfinger, 2020: 571).

Abject identities or bodies are not only structurally invisible within a given discourse; they can also be regarded as repulsive (Butler, 2004). In her book *The Cultural Politics of Emotions*, Sara Ahmed writes that: “When thinking about how bodies become objects of disgust, we can see that disgust is crucial to power relations. [...] The relation between disgust and power is evident when we consider the spatiality of disgust relations. [...] disgust at ‘that which is below’ functions to maintain the power relations between above and below, through which ‘aboveness’ and ‘belowness’ become properties of particular bodies, objects and spaces” (Ahmed, 2004: 88)”. Disgust or repulsion, in other words, becomes a discursive device to further abjectify certain bodies or identities. The subject, who produces and reproduces this disgust, constitutes the disgusting abject. This is a discursive process of repetition and relies upon *histories of articulation* which relates disgust to specific identities or bodies (Ahmed, 2004: 94). In her compelling essay *My Words to Victor Frankenstein*, Susan Stryker argues that the abjectification of transgender

bodies exposes the fragility of the normatively intelligible subject, and that attempts to stabilize transgendered identities into the naturalized heterosexual order ultimately fails to regulate people that resist cultural intelligibility. She calls this resistance transgender rage, as in new modes of subjectivity and redefinition of worthy, livable lives (Stryker, 1994).

While I do not use transgender rage specifically as a theoretical concept, I examine the ways in which the participants reproduce and resist unintelligibility, and the negotiation of abjection, especially in chapter six. The abject body or identity cannot be fully grasped within the normative framework of bodies, so it can expose the normative framework as culturally constituted. Transmasculine pregnancy has historically evoked something like the repulsion Ahmed writes of: David Letterman, for example, called Thomas Beatie an androgynous freakshow as a punchline, according to news website *Salon* (Rogers, 2008). The description of Beatie as a freak, less than human, is discursively produced through a heterosexual lens that cannot grasp the transmasculine body as reproductive and capable of pregnancy, exposing its own constructedness in defining the limits of what it cannot be. Thus, I examine the ways in which the participants negotiate agency when discussing pregnancy, and what positions become livable through the ways in which they talk of pregnancy. This is both deployed in examining the subject positions particularly that are available for the participants, but simultaneously, abject theory is used to discuss the ways in which alternative subject positions that challenge abjection of transmasculine pregnancies expose the discursive production of a stable heterosexual reproductive scheme not as a mirror to reality, but a socially constructed frame of understanding pregnancy.

3. Method & Analytical Process

In this chapter, I outline and discuss the method of choice in this thesis, the interview process, and the analytical approach and process. I also reflect on the ethical concerns and considerations that came up along the way, how these were solved, in its own section at the end. I end this chapter by discussing my own positionality as a researcher, and how this has affected the focus, shape, and process of writing this thesis. To examine the quality of the research, I use this chapter to evaluate the study's reliability and validity. In qualitative research, a study's reliability relies on a thorough examination of how data is developed, and being transparent about the research process, so the reader can gain insight into the choices that go into recruitment, theory, analytical strategy, and criteria, to name a few parts of the process (Thagaard, 2018: 188; Tjora, 2017: 248). Transparency also means discussing changes that happened during the process (Tjora, 2017: 248), which I have aimed to do throughout this chapter. Validity refers to the coherence between results and interpretation, which means to thoroughly discuss theoretical perspectives that influence interpretations, the analytical process, and by presenting empirical evidence (such as interview quotes) so the reader receives insight into the material being interpreted (Thagaard, 2018: 189; Tjora, 2017: 249). Through this whole chapter, I aim to reflect on the methodological and ethical considerations that have influenced the result, through examining the theoretical and analytical basis for the interpretations presented in the thesis.

This thesis makes use of a qualitative approach. I have chosen this approach because, as opposed to quantitative methods that examine larger quantities at distance, qualitative research methods can be utilized when the purpose of the project is to emphasize processes that cannot be measured quantitatively (Thagaard, 2018: 15). Qualitative research is thus helpful to explore some aspects of social phenomena, often through proximity with the research object(s). The most used qualitative methods are observation or interviews, which provide insight into the qualities of the social phenomena the researcher wishes to study (Thagaard, 2018; Ringdal, 2018; Tjora, 2017). Qualitative methods are also relevant, as Thagaard writes, when researching topics about which there exists little prior research. As mentioned in the introductory section, there has been conducted little significant feminist or cultural research on transmasculine negotiations of pregnancy or family planning. I have therefore chosen to conduct interviews with transmasculine people in Norway to center their negotiations in the development of this research area.

3.1. Interviewing as method, recruitment, and the interview process

Interviewing is the most applied method within qualitative research and is often helpful when the interest of the project aims to research how some people understand their situatedness, and the reflections or views certain groups of people have regarding the topic (Thagaard, 2018: 89). This thesis presents the views, reflections, and experiences of the participants I have interviewed. The experiences of my participants, however, cannot be used to represent transmasculine individuals as a homogenous group, given the limited number of people I have talked to, as well as the complexity of the lived situation of different transgender people in Norway. However, this thesis does give insights into the

perspectives and experiences of some transmasculine individuals, which is interesting as it can contribute to further understanding and nuancing the subject of transmasculine pregnancy. In other words, it would be reductive to argue that my participants are representative of thousands of people's experiences, thoughts, and opinions. Some common problems, reflections and similarities are analyzed, contributing to the growing amount of research regarding transgender people's experiences in the world.

As for why I have chosen interviewing as the preferred method of generating a corpus as opposed to other methods, it stems from the desire to be able to gain in-depth knowledge of some transgender people's lived situations. Furthermore, I find this especially interesting and necessary in doing research on (and with) transgender people. Initially, I did consider conducting a media analysis of how transgender pregnancy was covered in Norwegian media, or a textual analysis of official documents regarding gestating parents and gendered/symbolic language (such as policy documents on abortion, fertility clinics, labor, and delivery rooms). However, given that there has been little to no research on how pregnancy and fertility is negotiated by transmasculine individuals in Norway, I wanted to take the opportunity to discuss this with people who have firsthand experience on the subject.

Another aspect of interviewing as a method I find important to mention is the interactional aspect of interviews. According to Goodman (2017), there is a debate over whether data should be generated through interviews for the purpose of conducting a discourse analysis (Goodman, 2017: 146). Potter, for example, favors what he has called "naturally occurring talk" as opposed to the "contrived" and almost clinical setting of research interviews (Potter, 1997: 150, in Goodman, 2017: 146). The latter, he argues, is not a good starting point for a discourse analysis of people's everyday talk. However, Speer (2002) has pointed out that data cannot easily be divided into "naturally occurring" and "contrived", as interviews are also a form of social action, where people engage in conversation with the researcher (Speer, 2002, in Goodman, 2017: 146; Thagaard, 2018). In this sense, I consider the production of the knowledge represented in this thesis to happen through the dialogue between me and the participants, as opposed to distancing the researcher from the participant, and viewing the interviewer as an objective, non-participating listener. This can, according to Almklov (2008), positively impact the insights you receive through your material: for example, being accepted and "creating rapport" with your participant can give you access to knowledge that you would not have been privy to (Dahl, 2012: 15; Almklov, 2008: 45). This is closest to what Thagaard calls the interactionist perspective of interviews, which she writes is most resourceful when we want to seek knowledge about insights and reflections of experiences (Thagaard, 2018: 93). I, in line with the scholars I have cited, consider interviews to be a dialogue that can be a fruitful site for analysis and knowledge production.

The interview style chosen for this thesis was semi-structured interviews, which is the most common interview style in qualitative research. Overall topics and questions were planned out ahead of the interviews but were open to change according to what the participants talked about (Thagaard, 2018: 91). As Thagaard writes: "*The qualitative interview is a conversation between researcher and participant, which is ruled by both the topics we wish to gain insight into, as well as the topics that the participants bring up.*" (Thagaard, 2018: 91). I chose this style as I found it difficult to assert beforehand what types of experiences or reflections the participants would mention, especially considering the dearth of prior

research. Thus, I found it both necessary and helpful to keep the flow of the conversations flexible and open to change.

Recruitment Process - How to reach the right people?

When conducting interviews, the recruitment process is an important part of the research project. It is the researcher who decides what participants are included, explicitly granting the researcher the power to “pick and choose” what qualifications are relevant. These choices are not objective, but rather subjective, in that sense. (Kristensen & Ravn, 2015: 730). These choices, which can often be influenced by the researcher’s own biases and pre-established basis of knowledge about the group, affect the final material (Kristensen & Ravn, 2015: 735). Therefore, I find it necessary to discuss the recruitment process that took place for this project to happen. The recruitment process started in March of 2020. Initially, I was concerned with being able to contact people who fit the scope of the study and identified two major problems: (1) there is only a limited amount of people in Norway who fit the description of who I was interested in talking with, especially regarding gender identity (both as transgender and AFAB), and (2) it might be difficult to reach the relevant people. The first step of the process was to draft an informed consent letter, with the information the participants needed to decide as to whether they were willing to volunteer for this research project. The letter informed the participants of the research topic, the length of the interviews, what institution that is responsible for the thesis and that they were able to withdraw their consent at any given time until the thesis is published. The type of recruitment strategy used here is often called convenience sampling, which means that I recruited participants that represent the criteria I outlined, and who are conveniently accessible for me to reach (Thagaard, 2018: 56).

To reach relevant people, meaning those who fit the criteria I had outlined, I first used the strategy called the snowball method, which meant asking people who already fit the criteria you are in contact with to ask other relevant people to volunteer (Thagaard, 2018: 56) and get in touch with me. I did this by first posting information about the project on Facebook and Twitter on my own platform, and asked people to share the project with people they believe fit the criteria. On Twitter, it was posted on my personal profile to try to reach out to relevant participants. Ultimately, I received great interest regarding the project.

Additionally, I posted information in four Norwegian queer-oriented Facebook groups that were deemed relevant, and which I am part of. These include⁵:

- Queer Youth (13-25) (Private group, national, 3.1.k members)
- Queer Socialists - SVs network for gender and sexuality (Private group, national, 271 members)
- Queer Students Trondheim (Public group, local, 468 members)
- Transgender people in Trøndelag (Private group, local, 74 members) ⁶

⁵ Numbers collected in January, 2022.

⁶ The English translations are mine. Norwegian translations and original names of the groups are:
- Skeive Ungdommer (13-25) (Private group, national, 3.1.k members)
- Skeive Sosialister - SVs nettverk for kjønns-og seksualitetsmangfold (Private group, national, 271 members)
- Skeive Studenter Trondheim (Public group, local, 468 members)
- Transpersoner i Trøndelag (Private group, local, 74 members)

These groups were chosen because I assessed they would enable me to reach people that fit the set criteria. They were also chosen because they were the relevant groups, I were familiar with and a member of. It should be mentioned as a possible limiting factor that "Queer Socialists" is a political group limited to queer people who identify with the political party The Socialist Left Party⁷ in Norway. The age limitations to these groups should also be considered a possible limiting factor, as one of the groups have an age limit of 13-25, while the other is for students. Thagaard mentions that an ethical consideration to make is that with this method, I might end up with people who are connected to a specific community and end up representing a narrow scope of reflections (Thagaard, 2018: 56). According to Cromwell, many transmasculine people never contact support and/or queer groups (Cromwell, 1999: 13). I tried to avoid this as much as possible through posting in different groups and asking people who heard of the project to ask people, they knew who could be relevant to contact me directly. However, I also want to be wary of homogenizing phrases such as "the transgender community", as transgender lived experience is often plentiful and diverse. Given that I was looking for a very specific group of people with specific qualifications and life experiences, I found it important to reach relevant people through accessible channels.

Research recruitment through social media is becoming more and more utilized, as it has shown to be an effective way to reach research participants, as well as reaching relevant populations that can often be difficult to contact with more traditional "offline" methods (Gelinias et al., 2017: 3). I agree with Gelinias et al. (2017), who argues that research recruitment through social media should be approached with non-exceptionalism as the default attitude, as many of the same research evaluations as with off-line methods need to be considered, such as beneficence and respect for the people involved (Gelinias et al., 2017: 4). Before I posted in any of the Facebook groups, I contacted an administrator and asked for permission. I did not contact anyone in the group directly but left my contact information in the thesis advertisement post so people could volunteer by contacting me first.

As Kristensen & Ravn (2015) point out, selection criteria (which inform what participants fit the final sample) are often made according to what the researcher believes best will accommodate the scope of the study, and the recruitment process, including the choice of criteria, influences the result (Kristensen & Ravn, 2015: 724). In other words, the researcher has the power to enhance some voices while stifling others, when deciding who fits the scope of the study (and who does not). Therefore, I find it important to be transparent about the criteria from which the participants were selected, and of which they were informed in the advertisement. The criteria for joining this study included that they had to be between 18-35 years of age, must identify as transgender and be AFAB, and must live in Norway. The lower age limit was chosen to avoid complications with interviewing children. The criteria to be AFAB was selected because the participants would at some points have had the possibility to gestate - it was, at the time, deemed irrelevant whether or not they still could or wanted to. I discuss this in the next section, though will say that I do not consider this a limiting factor of the study. Rather, it illuminates the necessity for more and varied research.

⁷ The original English name of the Norwegian political party. The name in Norwegian is "Sosialistisk Venstreparti".

Final sample

The final sample of participants includes nine individuals. At first, I was interested in whether the changes in legal gender marker laws from 2016 had changed the ways in which transmasculine people spoke about pregnancy. However, through the interviews, I realized the potential in examining (in line with what the participants spoke the most about) how pregnancy was negotiated more overarchingly. It also made me consider that only speaking to people who wanted to become pregnant/had become pregnant at some point could have given me more insight to those reflections, as only two of the participants I spoke with considered a pregnancy, and none of the participants had any children prior to the interviews. However, I also found it very interesting (and necessary) to talk with people who did not want to become pregnant, and the reflections and negotiations that went into these decisions. Since none of the participants had children, everyone I spoke to was talking about imagined futures, and I find that my material was ultimately strengthened by opening up for diverse accounts of reflections surrounding transmasculine pregnancy, which is the basis for the analysis.

The individuals who participated in the study were all from different places in Norway and of varying educational levels. All the participants who reached out were between 20-30 years of age, relatively close in age. This was not something I anticipated in the study but had the potential to be a limitation to the final conclusions of the thesis. However, as Thagaard mentions, in qualitative projects where participants are chosen due to their social categorization into a specific group, the final selection cannot be said to accurately represent the whole population of transmasculine individuals (Thagaard, 2018: 55). This is because they are not necessarily randomly selected, but strategically selected due to their specific relevance, and drawing general conclusions about differences due to age from this corpus could be misdirected. Moreover, similarity in age does not necessarily represent homogenous attitudes or values.

All participants self-identify somewhere under the umbrella-term transgender, and I offer an introduction to all participants in chapter four. None of the people I interviewed had been pregnant before. Of the nine participants, two of them actively spoke of the wish to become pregnant (Alexander and Christian). The remaining seven did not wish to go through a pregnancy for various reasons; two participants were unable to, one due to having completed a hysterectomy (Edwin) and one due to assumed PCOS (Iben), some were unwilling and preferred/considered surrogacy (Daniel, Edwin, Felix) or adoption (Balder, Felix, Gabriel) and some did not want children at the time (Iben, Herman). There were also discrepancies regarding hormonal treatment and/or surgeries. As mentioned, only one participant had undergone a hysterectomy, while most participants had started HRT. All participants had been in contact with public health gender identity clinics. This, again, is not something I treat as a sign of homogenous representation, but rather, potentially relevant to their reflections around pregnancy.

Writing an interview guide

Half of the initial interview guide was tested in March 2020 on a friend of mine who fit the criteria. This interview was not used in the project, but it contributed to changing some of the questions and adjusting the guide. As a result, I added a section 3a and 3b (see appendix 3), because I had not initially differentiated between individuals who did not want to become pregnant, and those who did, and I found it beneficial to ask different questions here. More importantly, it gave me an opportunity to realize my mistakes and make necessary adjustments. Additionally, I added follow-up questions that focused more on

associations to gender and bodies (see question 1 in section 2 of the interview guide, appendix 3). The most major change to the interview guide was adding these follow up questions and creating specific categories depending on reproductive intent (section 3a and 3b). I also added a question under 3c, regarding their thoughts on how a pregnant man would be met in Norwegian society. This was because during the pilot interview, I realized that visibility and interaction in public/with family might be an interesting and important topic. All major revisions were made after the pilot interview, which was not used as data material, so the participants were asked similar questions, only varying on the direction of the conversation, which is not uncommon in semi-structured interviews.

Another change I made to the interview guide early on was adding section 3c regarding interaction with public or private healthcare institutions. It became obvious early on that healthcare interactions, especially NBTK, was an important topic (as especially shown in chapter six). All participants mentioned this, and therefore, I found it both ethical and respectful to include this during interviews, which proved to be fruitful in gaining insight into the topic.

Conducting interviews (both digitally and physically), and challenges

All nine interviews were conducted by me during the summer and early fall of 2021. The interviews lasted from 40 minutes to 1 hour and 45 minutes, depending on how talkative the participant was. Due to the COVID-pandemic, the first seven interviews were conducted over the video-conferencing application Zoom. The interviews were not video recorded due to the sensitivity of the topics discussed, but the audio was recorded on an external device outside of Zoom during the interview. According to Janghorban et al. (2014), online interviews are becoming more and more popular, and ethical issues are considered the same as in non-online interviews, and interaction is comparable to onsite presence when using a web camera (Janghorban et al., 2014: 1-2). Using Zoom allowed me to see the person I was interviewing, as well as them being able to see me. This was a conscious decision made to create a sense of trust and comfortability when talking. While this might be speculation on my part, at the time of the interviews, people were fairly used to restrictions of on-site interaction due to COVID, and conducting interviews online was a relatively smooth process.

Despite the unexpected situation of having to conduct the interviews online, it made it possible to interview relevant participants from different locations in Norway, without funding involved for travel, which Janghorban et al. mentions to be a positive effect of utilizing online interview methods (Janghorban et al., 2014: 1). This made it significantly easier to recruit participants in retrospect, as it would have taken longer to find relevant participants nearby. In addition, it made the project more accessible. The last two interviews were conducted in person in private meeting rooms at the university, and these interviews were similarly recorded on an external device. The recordings were deleted once the process of transcription was finished, as was agreed upon.

3.2. Transcribing and analytical process

Once the interviews were conducted, I transcribed them, the data material analyzed in this thesis. This means that I wrote down word-for-word (as well as sighs, laughter, etc.) what the participants said in the interviews, and what I said. This is important, since noting down what I have said as well can be important during analysis, as interviews should be

considered a dialogue - what I say influences the answers of the participants, and vice versa. According to Edley (2001), there is no set formula for conducting a discourse analysis informed by discourse psychology, but a familiarity with the data is important in noticing the discursive patterns utilized by the participants (Edley, 2001: 198). Transcribing thoroughly by yourself is one way of gaining this type of familiarity with the data (Goodman, 2017: 147). This includes transcribing (and analyzing) the questions and follow ups I ask as well, as discursive psychologists view the interview as a type of social interaction (Jørgensen & Phillips, 2002: 124), and the exchange between researcher and participant is fruitful for analysis.

Most of the interviews were transcribed during the fall of 2021. The process of transcribing all nine interviews was, as most researchers will tell you, long and testing, but did provide a necessary familiarity with the data.

Analytical process

This section describes the analytical process that has been conducted in this study, i.e., how the analysis has been conducted. A discourse analysis informed by discourse psychology is interested in the action oriented, or what is accomplished by people's talk (Goodman, 2017: 144). The next step was coding the material once everything was transcribed. Coding, as an early step in most qualitative research, is the process of reading and re-reading the material to identify themes, which are then placed into broader categories (Jørgensen & Phillips, 2002: 124). Instead of focusing on broader themes, I focused on arguments the participants made and generated a document with similar types of arguments. Discourse analysis differs from, for example, a thematic analysis in this sense, as I was not most interested in the different themes that came up, but rather, the different ways in which the participants argued for their understanding of pregnancy. In other words, I tried to identify the different ways in which the participants made an account of transmasculine pregnancy to locate the underlying assumptions of those constructions (Johannessen et al., 2018: 73), through looking for what Goodman (2017) calls discursive devices: "*These are ways of making arguments which may achieve (or can be seen at least as attempting to achieve) some kind of action orientation, that accomplishes something in the interaction.*" (Goodman, 2017: 148). There are a wide range of strategies to choose, but in this thesis, I have chosen to apply the strategies called interpretative repertoires, ideological dilemmas, and subject positions to examine the accounts. The theoretical foundation for these strategies was discussed in chapter two on theory.

As Johannessen et al. (2018) writes, discourse analyses are often critical of power structures and relations, and it is important to be critical of what types of relations of power different types of discourse challenges or reproduces, and what types of knowledge is empowered (Johannessen et al., 2018: 82-83). In conducting an analysis informed by critical discursive psychology, Edley (2001) notes that interest should be two-sided: first, it is interesting (and necessary) to examine the local deployment of discursive strategies in interaction with others. Secondly, they must also be examined as having a wider cultural significance, which makes it possible to say something about the broader ideological context in which such talk is done (Edley, 2001: 217). Therefore, I had both perspectives in mind when analyzing the data.

The interviews were conducted in Norwegian but are presented in this thesis in English. This is both to ensure consistency in language format, but also so readers who do not speak Norwegian will be able to read the quotes from the participants. However, I have

chosen to include the original Norwegian transcripts in footnotes, for those who wish to see the quotes before translation. The quotes were translated after the analysis was conducted, to ensure consistency with the material pre-analysis.

3.3. Ethical Considerations

An important pillar of conducting research is the researcher's duty to carefully consider ethical dilemmas that might occur during a research project and adhere to both formal and informal ethical guidelines. In this sense, any researcher needs to be careful, considerate, and wary of ethical norms when conducting research (NESH, 2021: 6). This is especially important in qualitative research where there is close contact between the participants and researcher, for example in interviews (Thagaard, 2018: 20). In this final section of the method chapter, I discuss ethical considerations and challenges that occurred during this research process, as well as offering an account on my position as a researcher.

Informed consent and anonymity

According to The Norwegian National Research Ethics Committee, or NESH, the researcher has a responsibility to inform all participants about what participation would mean and require through an informed consent letter (NESH, 2021: 17; Thagaard, 2018: 22). The consent to participate needs to be *voluntary*, meaning that the participant can withdraw from the project at any time. Participation should also be *informed*, and it is the researchers' responsibility to make sure the participants receive the necessary information to participate. It must also be *unambiguous*, and participation should be active, and preferably written. Before I could conduct any interviews, I had to receive approval for my project from the Norwegian Centre for Research Data, or NSD. All participants received an informed consent letter (see appendix 2) prior to each interview that they had to read through and sign. At the start of each interview, I also went through the most important information on the letter with each participant and clarified that they were able to remove themselves from the project until it has been published.

The right to anonymity when participating in a research project is another pillar of ethical research practice, and NESH emphasizes that identifiable information, such as name, age and other biographical information, should be anonymized in the published project (Thagaard, 2018: 24). All participants have had their names re-coded into pseudonyms. Age has not been included, but all participants have been placed between the range of 20-27. Anonymity was also a prerequisite for participation that all participants were promised and were informed of both in the informed consent letter, as well as at the beginning of the interview. The principle of anonymity is especially important when interviewing specific groups of the population, such as transmasculine individuals (Thagaard, 2018: 25), given that they are considered a marginalized population in society, and the fact that we discussed topics such as health and medical history, which is regulated by NSD as private information. Thus, I initially did a risk assessment in line with NTNU's⁸ guidelines on handling sensitive information. All data has been handled on a personal server connected to NTNU that only I have access to, and is password protected through a two-factor authentication with no connection to any cloud-based server.

⁸ Norwegian University of Technology and Science (NTNU) have stipulated guidelines for secure handling of sensitive information; thus I have followed these guidelines.

Ethical considerations when doing research on a marginalized group

In the NESH guidelines, they write that the researcher has an additional responsibility to protect the integrity and interests of the participants if they are part of a marginalized group in society (NESH, 2021: 26). Transgender people are, historically, a marginalized group of people in Norway and internationally, and are often the source of debate and delegitimization. This is especially true in two dimensions I find it important to mention and reflect on in this thesis: in research, and in medical history, which have often been linked together. As Cromwell (1999) writes, most major studies on transgender people prior to 2000 were published within the field of clinical psychology studies who often classified transgender people as a homogenous, pathological group, and their identities as problematic, promoting a born in the wrong body narrative (Cromwell, 1999: 15-16). NESH emphasizes that people in marginalized groups have historically been subjected to unethical research, and especially emphasize the importance of awareness of the power imbalance that, if not considered, can create research and interpretations that further stigmatize such groups (NESH, 2021: 26).

The people I have spoken with are part of a marginalized group not because they are unable to reflect over their own consent (which can be relevant when doing research with people with dementia, for example), but rather because they are part of a stigmatized group in society. Their experiences of being stigmatized in society and in the healthcare system was also something that came up often during the interviews. Dahl (2012) argues that in doing research with marginalized people, it is especially important to remind the participants that you as the researcher are not there to judge or stigmatize, but to hear their stories and examine them to gain a broader and richer understanding of the topic (Dahl, 2012: 22). I have reflected extensively on this during the interviews and when writing the analysis, and found it especially important to remind myself, again and again, what types of discourses/knowledge I could be enhancing while still being able to do a critical analysis of their talk. This is something I discuss in more depth in the section about my positionality as both a researcher and as a queer person. I have tried to follow Dahl's advice: "*Researchers must stay focused on what is being told, but also remain sensitive to how something is being told, who or what an utterance is directed at, and why it is directed there.*" (Dahl, 2012: 23, my translation). I read this as an attempt to respect the position of the people you speak with, familiarize yourself with the context of their reflections, and be able to write a critical analysis of their reflections and experiences without reproducing knowledge that further stigmatizes an already marginalized group in society.

These concerns also validate an examination of your own interpretations of the material, which means to be reflexive about the conclusions and interpretations of your data. As Jørgensen and Phillips (2002) note, many social constructivist and feminist researchers do not view their own studies or results as the only possible representation of discourses available in the social world, but rather, one possible version (Jørgensen & Phillips, 2002: 116). Reflexivity in qualitative research entails examining your own interpretation of data and being transparent of how a researcher's cultural, political, and financial background can influence the interpretations of the given data (Tjora, 2017: 251). Reflexivity is thus not simply being reflective of data, but rather, to examine your own positionality and how this may affect the conclusions you draw from said data. This is something I discuss in more depth, from a feminist point of view, in the next section about my positionality as both a researcher and a queer person.

Positionality and situated knowledge

In conducting a critical discourse analysis, I apply a social constructivist perspective on knowledge. This applies not only to the analysis of the data, but also to the continuous methodological and ethical reflections I must do as a researcher. Constructivist and feminist epistemology challenges and critiques the positivist epistemological position. Positivism is generally rooted in the principle of objectivity, which means to eliminate subjective judgment and interpretations, and base oneself of empirical observations as grounds of knowledge (Sprague, 2005: 32; Thagaard, 2018: 41). Constructivist positions of epistemology, however, challenge this position by arguing that our knowledge is socially constructed, as opposed to simply 'out there' to observe, and give meaning to our experience (and knowledge of those experiences) through cultural frameworks (Sprague, 2005: 36). This has especially been an effort to challenge and question the power imbalances in the production of knowledge, and to question whose interpretations become valid knowledge, and what positions certain types of knowledge favor or enhance. I find it helpful and necessary to mention Donna Haraway's concept of situated knowledge, in which Haraway argues that all forms of knowledge are situated in the sense that its production relies on context, and at some level, reflects the social identities and the location of knowledge of the producer (Haraway, 1988). In other words, according to Haraway, all knowledge comes from a position of situatedness and embodiment, whether it is situated culturally, historically and/or socially. Acknowledging my own situatedness is a reflexive tool I have tried to use in being transparent about the choices I have made during this research project, the interpretations of the material, and the final project as one type of knowledge, which can and should be contested.

Thus, I find it necessary and of good ethical research conduct to discuss my positionality in doing this research. My personal and academic interests have contributed to why I have chosen to research the topic. Thagaard writes that having similar experiences and social identities as the participants of the study does not automatically grant the research validity, as the interpretations can still vary (Thagaard, 2018: 191). Instead, I wish to argue for the validity of this research by discussing my own positionality, so that the reader can critically examine the influence of my situated knowledge regarding the interpretations of the study. As a queer, transmasculine person who is both an activist and an academic, I have garnered an interest in gender, discrimination, and power. When I decided to do research on this topic, I spent much time reflecting on my ability to take a step back from my own experiences and be able to approach the material with the respect, reflection, and humility it deserves. Doing so requires a reflexive, transparent approach to the material. I find it important to emphasize that while I have both personal, political, and academic experience with transmasculinity, transmasculine narratives are complex and various, and it would be arrogant of me to assume that my own experience automatically grants unique insight into the world and lives of transmasculine people, even if we share a label (and sometimes, we do not even do that). Being an 'insider' with the population represented in your research does not necessarily contribute to unique understanding, as an assumed affinity based on social identity can ultimately be misleading if one's interpretations are not under constant critical reflection of the context of these interpretations (Sprague, 2005: 65). As Linda Alcoff writes in her 1991 essay '*The Problem with Speaking for Others*', speaking from or within a group is complex; location should not be considered a fixed essence, and identification of this location cannot be correlative of truth and meaning (Alcoff, 1991: 16-17). This is not to say that insider perspectives are

not valuable, but rather, that they cannot neatly be described as privileged, thus implying that reflection of one's position is necessary.

Being an "insider" in this sense, as I see it, has also made me especially sensitive to the marginalization transmasculine people face, a power dynamic I have tried to be mindful of through my project, as not to contribute to reproducing knowledge that may further stigmatize transgender people's lives in Norway. As Cromwell (1999) notes in his book on transmen, many transgender people are wary of trusting cisgender researchers, as they risk having their stories misunderstood or delegitimized (Cromwell, 1999: 7), and earlier research shows that 'insider' researchers are more likely to generate trust, as the participants might be more inclined to believe the research is less likely to harm the community (Sprague, 2005: 63). I never explicitly stated to the participants that I am queer, and queer identities are not always visible, but given that I am a queer activist and on social media, it is not too difficult to look up my name. Additionally, I posted recruitment advertisements in groups for queer people, which could be an indicator for the participants of similar experience. It became implied through some of the interviews that some of them 'knew', in a sense, with small nods during our conversations like "*As you know, this process is hard...*". However, this might also have contributed to 'creating rapport' between me and the participants. As Dahl (2012) writes, given that the constructivist approach to interviews often considers it to be a dialogue, a researcher is not a neutral observer: instead, it becomes important to reflect over how the researcher's replies or utterances also contribute to the stories being told, and self-disclosure is a consistent dilemma for researchers who interview participants of marginalized groups, as the participants might be wary of what they say if they feel the researcher will judge them or misinterpret them (Dahl, 2012: 15-16). The impression I am left with is that it was meaningful to be interviewed and contribute for the participants, as several mentioned there existed too little research on the lives of transgender people in general. Some of the participants mentioned during the interviews that it was uncomfortable to talk about reproductive capability or organs, but still deemed it worth to contribute to this thesis. Several spoke of how "*there exists no research on us*", or how "*people don't care about us, they just think we're sick in the head, right?*". Underrepresentation and a desire for their voices to be heard with a lesser risk of misinterpretation likely affected their willingness to contribute, and my queerness likely affected the conversations we were able to have.

Personal experience does not necessarily grant me automatic access to otherwise inaccessible experiences and knowledge, and the concept of insider knowledge is more complex than so. However, Michael Toze makes an important point and distinction nonetheless, in writing about transmasculine pregnancy and hysterectomy: "*There is an academic convention that there is no need to cite what is common knowledge. However, my own "common knowledge" about trans masculine hysterectomy is almost entirely missing from academic literature.*" (Toze, 2018: 196-197). I have already discussed the early research on transgender people, which often served to pathologize and categorize in ways that, as I see it, leave several voices and experiences unheard and silenced in the face of heteronormative knowledge of gender variance or diversity. Being an insider, as much as this is a possible position to inhabit, has nonetheless enabled me to critically challenge these conventions with my prior knowledge and experience of living in a transmasculine body, and aim to fill in the gaps of missing research of transmasculine narratives - the voices of alternative common knowledge, so to speak. My point in making these reflections is not to argue that I have more right to study transgender phenomena than any other researcher, but rather, acknowledge and be transparent about the position

I inhabit as a researcher, and the ways in which the location of my knowledge has affected this research project and the conversations with the participants of this study.

4. Reproduction and Resistance: Discursive Constructions of Pregnancy among Transmasculine Individuals

The ways in which the participants spoke about pregnancy during the interviews was rich and far from coherent and unitary. As Wetherell & Potter (1988: 178) note, there are often more than one or two different repertoires at play when we talk about something. More often than often, there are several that we draw upon when giving an account of a phenomenon in interaction with others. The culturally dominant notion that pregnancy is reserved only for women serves as a distinct structural barrier which limits opportunities for transmasculine individuals who wish to become pregnant, but it was clearly restrictive for those who did not as well, as pregnancy was in some instances articulated to be incompatible with their masculine identities. However, this dominant narrative was negotiated and challenged as well by the participants, creating a diverse image of the cultural landscape the participants must navigate to legitimize their identities in a cisnormative society. In this chapter, I have thus identified three dominant repertoires that were at play when the participants spoke of transgender pregnancy: *incompatibility*, *pregnant man*, & *unisex pregnancy*. These have been identified through examining the different arguments the participants draw upon when conceptualizing pregnancy. These different interpretative repertoires show that not all transmasculine individuals speak about pregnancy in the same way, and they often fluctuate between different repertoires. Thus, this chapter aims to answer the question: *What different interpretative repertoires do the participants reproduce, create or challenge in the ways in which they negotiate pregnancy?* Moreover, during the interviews, all participants were critical of the notion that gender is necessarily binary and that pregnancy is inherently feminine, but in some cases their talk still ultimately served to reinforce a discourse of pregnancy as feminine.

First, I offer an introduction to the participants of the study. Then, I go on to examine the aforementioned repertoires, and how these different ways of talking about pregnancy intersect in the participants negotiations of different conceptualizations of bodies, identities, and gender.

4.1. Introduction to the Participants of the Study

In this section, I will introduce the participants of my study, while still being mindful of their right to anonymity. I have chosen to introduce them here with short descriptions to give the reader a familiarity with the people who have contributed to this study. I have chosen to do so to close the positivist gap between researcher and participant, and to acknowledge that even though I am the one writing this final paper, the participants in this study have contributed to the knowledge presented. By sharing their stories and reflections, they have made this thesis possible. I made it clear to all the participants that they could refrain from answer questions if they felt them to be too invasive, but my experience was that we were able to have insightful conversations. I did not always remember to ask for their preferred pronouns, which was an error on my part. All the names used in this thesis have been chosen randomly from popular Norwegian boy names in alphabetical order.

1. Alexander

Alexander is a transgender man from a small place in Norway, though he has been living in a bigger city for the past couple of years. He self-identifies as trans, queer and a transgender man. When I ask him about his gender identity, he humorously answered "*Det var det, da.*"⁹, implying the question was not an easy one to answer. At the time of our interview, Alexander was working and studying at the same time. Beside his studies, Alexander mentions that he is an activist, who is engaged in several activist and political organizations.

2. Balder

Balder is a transmasculine person from a small place in Norway, though he did not like living there and has since moved to a bigger city, where he lives with his transmasculine partner and their dogs. According to him, his gender has "*retired*", but he eventually told me that transmasculine non-binary was a good way to describe his gender identity. He told me that when he came out as a teenager, he felt a strong pressure to be hypermasculine, and went through what he calls a "*hetero-period, very masc for masc*". Right now, he is a student and works part time. He also told me about his experience from art and theatre, which has influenced how he views bodies as diverse and individual.

3. Christian

Christian is a transgender man who has moved around a lot in Norway. Moving around helped him come out, he said, as it was an opportunity for him to start over. He told me about what he calls his queer story, where he first discovered he was bisexual, and eventually identified as a man. He told me he considered the possibility of being non-binary, but eventually settled on a male identity. Notably, he mentions how it is easier for him to do feminine things now that he is no longer at risk of being misgendered as a woman. He is currently a university student.

4. Didrik

Didrik is a man who works full time and is a queer activist. When I ask about his gender identity, he says that he identifies as a more or less binary man, though he emphasizes that this is a simplification and that he does not necessarily believe that anyone is 100% binary when it comes to gender. He tells me he also likes to make music and develop games in his spare time.

5. Edwin

Edwin is a man who is currently a student. In our conversation, Edwin tells me he is not open about being transgender and lives full time as a man and is comfortable with that. He tells me that other people might not see him as the toughest guy around, but he considers himself to be just a normal guy.

6. Felix

Felix is a transgender man who grew up at a small, conservative place in Norway, but has moved out of the country to study. He mentions that he is a very creative soul and wants to work with art, and that he has a lot of ambition for his life and his future. He first found out he was a boy in his late teens, though he mentions he was never very gender-

⁹ This was kept in Norwegian as it denotes a very common saying in Norway. Directly translates to: "Ah, well, there's that." It often implies something you must do and a sense of exasperation.

conformative throughout his youth. He has recently started to transition socially by coming out to family and friends, and mentions that being in a new, creative environment has helped a lot, as he says people ask about pronouns.

7. Gabriel

Gabriel is a transgender man from a small, more densely located place in Norway, as he says. He does not speak a lot of his occupation or interests during our interview. Regarding gender, he says that he has known he was transgender for as long as he can remember. He started using he/him pronouns when he was in his early teens and came out then. He says he identifies as a transgender man and uses he/him pronouns.

8. Herman

Herman is a transgender man from a small, religious place in Norway, but has since moved to a larger city to study. He has identified as a transgender man since his late teens, on and off. He mentions that he identified as a lesbian for a while and that his view of gender identity has been informed by reading *Stone Butch Blues* by Leslie Feinberg. After some deliberation, he now identifies as a heterosexual transgender man, and did not like the idea of being someone's girlfriend. Through the interview, he tells me often how much he desires to be just some guy.

9. Iben

Iben is a transmasculine person who uses he/they pronouns, but says he finds it exciting when people use he/him pronouns. However, he mentions that his relationship to pronouns is ambivalent, but likes to avoid she/her pronouns. Right now, Iben is working after finishing a university degree. He likes to draw and would like to work with art one day. He tells me he is from a densely populated area of Norway, but he has family from elsewhere in Europe, which is an important part of his identity. About his gender identity, he says that he is "*pretty much a man, but like... in a very abstract way*" and says the closest would be non-gender but left boy, but ultimately that he does not like categories and binaries.

4.2. Incompatibility repertoire

The most central repertoire identified in the material was the one that often connected pregnancy with femininity and womanhood, making it incompatible or difficult to negotiate for several of the participants. A distinguishing characteristic of the repertoire was that pregnancy was spoken of as feminine and at odds with masculine identity. This repertoire was especially drawn upon when the participants spoke about interacting in public spaces or with others, or what role pregnancy played in relation to their sense of self. While it was most obvious among the participants that did not wish to go through a pregnancy themselves, this way of speaking of pregnancy was also identifiable with the participants who did. As Edley (2001) points out, when we talk, we often draw on terms already provided to us by history (Edley, 2001: 198). Historically, pregnancy has been prescribed to women, something that Edwin touches upon when I ask him what he associates with the word pregnancy:

"Isak: What comes to mind when I say the words pregnant or pregnancy?"

Edwin: I think it's a scary thought, but... the last few years, I haven't really had a relationship to it, except that I don't want to, don't want to do that. But... it doesn't feel natural, for me. But I get why other people might want it. But it's not me.

Isak: Could you tell me more about that, how it feels?

Edwin: I don't know, I have seen interviews with people who carry their own children and are happy and all that, and then I try to put myself in their shoes and just... the whole processes and the whole feeling of it. And... I don't know, I get a sort of distaste about it sometimes. It's hard to define, but it's a very uncomfortable thought, really. Kids are fine, but the whole pregnancy thing is something I connect strongly to the feminine and that feels very strange for me, really."¹⁰

It became obvious through all the interviews that the normative feminine standards for pregnancy was something all the participants had to negotiate in their ways of talking about it. While Edwin mentions during the interview that he would want biological children if he had the opportunity and is considering adoption, pregnancy is not something he feels fits with his sense of self; or, in his words, it "does not feel natural for me". The implication here, which Edwin confirms later in the quote, is that pregnancy is too feminine coded for it to be something he could consider as a means of creating a family. Instead, he distances himself from pregnancy to negotiate the femininity normatively ascribed to pregnancy. In line with Butler's theory of gender performativity, the idea of pregnancy being unnatural for a man/male relies on the discursive construction of pregnancy as inherently female, and stable, oppositional heterosexual gendered categories. Denying feminine actions, such as pregnancy in this instance, becomes an attempt to stabilize an illusion of maleness. Arguably, this repertoire relies on the discursive production of pregnancy as a signifier for womanhood, and the limitations that cisnormative ideals impose on bodies, where bodies are placed within two binary categories based on external genitalia, and what role certain bodies play in sexual reproduction.

I ask Edwin to elaborate on why he does not wish to undergo a pregnancy:

"Edwin: I think it's a feminine thing. It's always been women who carry children, traditionally. I don't know, I don't know if it's the social aspect of it, or... it might be a good mix [socially and internally]."¹¹

Following up, I ask him if a pregnancy was something he thought about while starting gender-affirming treatment. As shown in the quote, it was not:

¹⁰ "Isak: Hva tenker du når jeg sier ordene gravid eller graviditet?"

Edwin: Jeg synes det er en skummel tanke, men... de siste årene har jeg liksom ikke hatt noe forhold til det, utenom det at jeg vil ikke, vil ikke være det. Men... det føles ikke naturlig ut, for min del. Men jeg ser hvorfor noen har lyst til å gjøre det. Men det er ikke meg.

Isak: Kunne du sagt litt om det, hvordan det føles?

Edwin: Jeg vet ikke, jeg har jo sett intervjuer med folk som bærer frem sine egne barn og er lykkelige og hele pakken, også prøver jeg å sette meg i deres sko og bare ... hele prosessen og hele følelsen av det, da. Og ... jeg vet ikke, det bare kommer en sånn liten avsmaksfølelse innimellom. Litt udefinerbar, men, det er en veldig ubehagelig tanke, da, egentlig. Unger er greit det, men hele den der graviditetstanken knytter jeg sterkt opp mot det feminine og det føles veldig fremmed for meg, egentlig."

¹¹ "Edwin: Jeg synes det er en feminin ting. Det er jo tradisjonelt sett kvinner som har bært frem barn hele tiden. Jeg vet ikke, jeg vet ikke om det er det sosiale ved det, eller... det er jo kanskje en god blanding, da [sosialt og internt]."

"Edwin: No, when I've thought about kids, I haven't considered a pregnancy, to be honest. Barely given it a thought, almost none. It's not something I relate to my body, actually."¹²

During the interview, some of the participants mention that fertility concerns were not something they prioritized, or that it was not prioritized in conversations with NBTK and like Edwin, was not something they related to their own bodies or embodied identity. Or, as Herman says during the interview: "It doesn't even feel like there is a norm to think about it." Traditional hegemonic narratives of pregnancy often make pregnancy and sexual reproductive difference out to be the crux of what makes a woman, and these were both explicitly and implicitly mentioned as part of why pregnancy was difficult to relate to their embodied identities. As Edwin mentions in the quote, since women have been the ones to traditionally bear children, it becomes difficult for him to see himself in a scenario where his transmasculine body is pregnant. In this way of speaking of pregnancy, the ways in which we perform gender are intimately tied up to the heterosexual imperative that stabilizes sexual reproductive difference, where certain sexed bodies (such as bodies born with the ability to gestate) are expected to behave and sexually reproduce in certain ways. Someone with a masculine gender identity who has the ability to gestate, in this heterosexual narrative, does not comply with normative gendered behavior if they become pregnant.

For Balder, another participant who does not wish to become pregnant, pregnancy was something that felt unnatural for him. He describes pregnancy as "wrong" to his identity, and something that does not fit his image of himself and his body:

"Balder: Bodily changes, big stomach, what with changes to your face, having to stop going on testosterone, for example, is a huge change in itself. I feel that I fear that... would my breast tissue return, for example?"¹³

Here, Balder illuminates another part of this repertoire: speaking of discomfort and fear of the bodily changes a person goes through while undergoing a pregnancy. This was a concern for several of the participants, and that the changes in their body would take them a step back in the masculinization of their bodies that comes with HRT. A pregnancy, in this repertoire, could make their bodies change in ways that were uncomfortable for the participants, and it was especially the fact that a pregnancy would require them to temporarily stop HRT that was a stressor. In other words, it was not necessarily the pregnancy itself that was a stressor but having to have their bodies altered in ways that are normatively signified as female, such as growing breasts, plump cheeks, and a pregnant stomach. It raised the question of whether a pregnancy would delegitimize their embodied masculine identity.

In a society that deems pregnancy a feminine activity, undergoing a pregnancy could render a person more prone to physical violence or discrimination for being openly transgender (Butler, 2004: 9). The concern that their identities would be delegitimized is an example of what Butler calls normative violence, which is the violence an individual experiences when they are being structurally erased as a subject (Butler, 2004). This includes the fear of being misgendered, thus erased, and potentially becoming culturally

¹² "Edwin: Nei, når jeg har tenkt på barn så har det ikke vært graviditet, egentlig. Det er egentlig veldig lite, nesten ingenting. Det er ikke noe jeg relaterer til min kropp, egentlig."

¹³ "Balder: Kroppslige endringer, stor mage, det med endringer i ansiktet ditt, det å måtte slutte på testosteron, for eksempel, er jo en stor endring i seg selv. Jeg kjenner jeg har en frykt for at ... kommer jeg til å få tilbake brystvev for eksempel, da?"

unintelligible, which is explored further in chapter six. Nonetheless, I would argue this concern relies on an image of a pregnant body, and the changes that come with pregnancy, as inherently feminine, which accumulates as a repertoire that is informed by a heteronormative standard for bodies and the reproductive activities bodies should (or should not) perform.

In speaking about his relationship to pregnancy, Herman traces some of the discomfort to stories he heard as a child:

"Herman: For me, I could never go pregnant. It's not for me. For a long period of time, that was my most recurring nightmare. I think it might be about histories you hear back from kindergarten, like... 'Mom's go pregnant, that's just the way it is', right. That it sits so deep in my brain that it just doesn't happen, that's not how it works."¹⁴

In this account, Herman originates the source of his discomfort with pregnancy at a societal, but also at an interactional level, shown in the way he mentions having heard and internalized a feminized discourse of pregnancy from as early as childhood. Hearing this from a young age has, according to Herman, made it difficult for him to reconcile the idea of pregnancy with his masculine identity, implying that pregnancy is something ascribed to mothers and women. Later in the interview, he mentions that pregnancy feels like "something he would not be allowed to do". While Herman says that it is not something he wishes to go through, it arguably implies that the repertoire that perpetuates pregnancy as incompatible with masculine or male identity is formed through internalization of cisnormative ideals that are common in what Herman at some point dubs a "cisnormative society":

"Herman: It would mark me as a woman out among people. People would see it, right? I could only write it off as a beer belly for a period of time, it would mark me as a woman in public so fast, no matter how I'd look otherwise. It's like... I mentioned it earlier, but my ideal scenario is that I pass as a man without anything being off. I think that if I look like a man and I'm pregnant, that will look off for a lot of people. I kind of just want to be anonymous. Just 'some guy'."¹⁵

One underlying assumption in this repertoire is that a pregnancy opens for the possibility of misgendering and delegitimization of their masculine identities in public spaces. Or, in Herman's words, that it would mark him as a woman in public spaces. In this sense, being a man and pregnant becomes incongruous with normative cultural perceptions of masculinity, and could, according to Herman, make him susceptible to the risk of having his gender identity questioned. Nearly all participants spoke of being able to conceal the pregnancy as it could simply look like "a beer belly", something typically associated with masculinity, which would create an illusion of traditional maleness that would not risk the participants having to be confronted by transphobic norms and align oneself with

¹⁴ "Herman: I mitt hode så kunne jeg aldri gått gravid. Det er ikke for meg. I en lengre periode var det mitt mest gjentakende mareritt. Jeg tror det handler om historier du får høre fra barnehagen, sånn... «Mammaene går gravide, sånn er det», liksom. At det sitter så dypt i hjernen min at det skjer ikke bare, det er ikke sånn det funker."

¹⁵ "Herman: Ute blant folk så hadde det markert meg som kvinne. Folk hadde jo sett det, ikke sant? Bare så lenge man kan avskrive noe sånt som en ølimage, det hadde markert meg ute blant folk som kvinne så fort, uansett hvordan jeg hadde sett ut ellers. Det er jo... Jeg sa det jo tidligere, men mitt ideale er jo at jeg skal passere som mann uten at noe skurrer. Jeg tror at hvis jeg hadde sett ut som mann og vært gravid, hadde det vært noe som skurra for mange folk. Jeg har litt mer lyst til å være anonym. Bare «en eller annen fyr»."

cisnormative ideals. Balder, for example, mentions how he feels as if he would have to lie about who gave birth to the baby not to seem suspicious; something he says would cause him pain, as he would not want to lie about his child. The illusion of a beer belly, in this sense, becomes a way to negate the gendered frame of pregnancy and avoid normative violence. It is the pregnancy itself that could ultimately expose their “true sex” in public spaces, determined by a body’s ability to reproduce. This interpretative repertoire relies on this heteronormative naturalization of sexual difference. Pregnancy as a signifier for womanhood is so deeply engrained in society that it is simply out there as a readily available resource when making an argument (Goodman, 2017: 148). This, as I read it, enables a construction of pregnancy as incompatible with male or masculine identity for some of the participants.

The *incompatibility* repertoire reinforces and relies on the idea that transmasculine pregnancy is incongruous with a masculine identity, and reasserts that pregnancy is something culturally ascribed to cisgender women. It is especially words such as “unnatural”, “uncomfortable”, and “feminine” that make up this repertoire, as these descriptions rely on the discursive construction of normative configurations of bodies, pregnancy, and gender. The natural association between pregnancy and femininity serves to regulate the limitations of what a transmasculine body is allowed to do and relies on a conceptualization of gender that deems pregnancy unnatural to a transmasculine person. Genders and bodies are intimately interconnected and regulated on a cultural level, and often assumes that bodies must feel a certain way for a gender to work (Butler, 2004: 71). This regulation sets a premise of how gender is supposed to be exercised, or risk becoming culturally unintelligible as a subject. Pregnancy is presented as a key marker of sexual difference, which is in line with binary constructions of sex. The repertoire is, in other words, regulated by dominant norms of how gender should be performed, and serves to ultimately reinforce heterosexual assumptions of family creation and sexual reproduction.

4.3. Pregnant man repertoire

In contrast with the *incompatibility* repertoire, some of the participants subverted this standard by emphasizing their masculinity when speaking of pregnancy. In doing so, they were able to renegotiate the assumed femininity that normatively constricts pregnancy. This repertoire, which I have dubbed the *pregnant man* repertoire, was most prominent among the two participants that wished to undergo a pregnancy but was also alluded to by other participants. For participants who did not want to undergo a pregnancy, it was most prominent in statements such as “being pregnant does not make you less of a man”, often in an attempt not to gatekeep transmasculine people who wished to become pregnant. The “man” part of the repertoire is underscored to highlight the ways the participants emphasize male and/or masculine identity. The main characteristic of the *pregnant man* repertoire is that pregnancy can be part of a male identity, or at least does not delegitimize it.

In his article on transgender men who had gone through a pregnancy, More (1998) found that pregnancy did not feminize the participants sense of their gender identity, but in some cases made their masculinity more apparent (More, 1998). Another study from 2021 found similar results, where some participants described pregnancy as masculine and compatible with their gender identity (MacDonald et al., 2021). In our conversation, Christian speaks about how he wishes to become pregnant, and that seeing other transgender men going

through pregnancies has changed what he associates with pregnancy, as it has opened new opportunities for him:

"Isak: Earlier, you said that you've seen pictures of men that are pregnant and have bulging stomachs. But they were also quite clearly men, you said.

Christian: Yes. Beard, flat chests, and stuff.

Isak: Yes, right. Is that important, you think, to have seen that?

Christian: Yes, absolutely. It's very hard to imagine a possibility if you've never seen it before yourself. Seeing examples of men who are pregnant and have healthy children is important so it's possible for me to think that hey, I can do this too."¹⁶

In this repertoire, visual masculine traits become an argument for possibility rather than a site of impossibility. Traits that are deemed normatively masculine, such as beards and flat chests, are enhanced to solidify their masculinity as pregnant and men. They are, in Christian's words earlier in the interview, "very clearly men and very clearly pregnant". This supports the findings of MacDonald et al. (2021), where for some transmasculine people, pregnancy itself might not always be a cause of gender dysphoria, but rather that pregnancy can feel masculine (MacDonald et al., 2021: 26), where a transmasculine body is not necessarily at odds with the desire to become pregnant. This is also similar to the findings of Ryan's study conducted with transmasculine participants, where the pregnant men conceptualized themselves as normal men who had the unique opportunity to become pregnant (Ryan, 2009: 145). Another participant, Alexander, used the same type of argument when articulating his own desire to become pregnant. When asked if his relationship to his body would change if he decided to go through a pregnancy, Alexander replied:

"Alexander: I think it would be okay, since the effects that don't go away, like body hair and voice change... I don't think there are any effects that, like, it's almost a year but it's still a short period of time. I think it would be alright.

Isak: But it's important for you to still look like a man to other people, even if you're going through a pregnancy?

Alexander: Yes. I don't think, if I didn't look the way I do, if my voice wasn't as deep or if I didn't have as much of a beard, body hair, those kinds of things, then I don't know if I would have been able to go through it. I think the dysphoria would be much worse then."¹⁷

Masculinity in this sense is renegotiated in Alexander's account to include pregnancy, where the combination of normative masculine visual signifiers is what makes a pregnancy more comfortable for him. Passing socially becomes an important part of negotiating his

¹⁶ "Isak: Du sa jo tidligere at du hadde sett bilder av menn som er gravide og har bulende mage. Men det var også ganske tydelig at de var menn, sa du.

Christian: Ja. Skjegg, flate bryst og sånt.

Isak: Ja, ikke sant. Er det litt viktig, tenker du, å ha sett det?

Christian: Ja, absolutt. Det er veldig vanskelig å tenke seg en mulighet når man aldri har sett det før selv. Det å se eksempler på både menn som er gravide og som får helt sunne, friske barn er veldig viktig for at det skal være mulig å tenke at hei, dette kan jeg også gjøre."

¹⁷ "Alexander: Jeg tror det hadde gått fint fordi de effektene som ikke forsvinner, som hårvekst og stemme... jeg tror ikke det er noen effekter som, altså, det er jo nesten et år men det er jo en kortvarig periode da. Jeg tror det hadde gått helt fint.

Isak: Men det er viktig for deg å fortsatt se ut som en mann for andre mennesker, selv om du går igjennom en graviditet?

Alexander: Ja. Jeg tror ikke, hvis jeg ikke hadde sett ut som jeg gjorde, hvis jeg ikke

hadde hatt like mørk stemme eller like mye skjegg, hårvekst, sånne ting, så vet jeg ikke om jeg hadde klart det. Da tror jeg at dysforien hadde vært mye verre."

pregnancy, as he notes he would feel “much more dysphoric” if he did not pass well. Passing implies as Billard (2019) writes: “[...] *undetected membership in a social group into which they were not assigned at birth*” (Billard, 2019: 467), where the person who aims to “pass” often aims to “pass” as cisgender, visually. Passing “successfully” assumes a normative coherence between genitalia and gender identity. In that sense, “passing” as one gender is something everyone does, as the “truth” of genitalia is concealed to others (Billard, 2019)ⁱⁱ. During the interview Alexander mentions passing as important to him, as “the chance of someone not seeing you as who you are is much bigger [if you don’t pass]”. Many transgender men do not necessarily see living as a man as deceptive, but rather, as others seeing them as they see themselves (Cromwell, 1999: 39). Being read as a man while pregnant, in other words, becomes necessary and affirmative of their sense of selves.

Alexander’s quote illuminates another central aspect of the *pregnant man* repertoire, which is the legitimization of their self-identification as men, who happen to be able to get pregnant. Both participants speak of it as an opportunity, and aim to downplay the assumed uniqueness of their situation:

“Alexander: It does sound exciting to be pregnant. To have a being that’s growing inside of you, kind of. I don’t know, it’s just... It’s a very good possibility, and it’s a possibility I have, and I consider that to be something positive.”¹⁸

A pregnancy is spoken of not as something that disqualifies masculinity, but rather, relies on the argument that a pregnancy can also be masculine. This sort of talk can arguably be a way to renegotiate the non-normalcy often ascribed to transmasculine pregnancy. As Alexander argues, the possibility to undergo a pregnancy is a part of him and his embodied identity, and does not diminish his masculinity, and the possibility of becoming pregnant is a site of positive emotions for him. For Christian this was especially connected to his desire to have biological children and he wanted his first children to have his genes. During the interview, Christian also normalizes his desire for pregnancy by talking about “normal” pregnancy related issues, such as morning sickness and being tired. By referring to his imagined pregnancy as “not unnatural in that sense”, he aims to normalize and legitimize his pregnancy as just as normal as other pregnancies. Both spoke of it as an opportunity, or as something their bodies were simply able to do; it becomes mundane in a sense. As Toze (2018) writes, normalizing one’s pregnancy as a transmasculine person might at times be strategically desirable within a social context that often renders their experiences as shocking or unthinkable (Toze, 2018: 204). By arguing that it is a natural part of their embodied identity, it normalizes the configuration of identifying as a man and wanting to get pregnant. This way of speaking of bodies subverts the normative assumption that a body that can become pregnant is necessarily female. Instead, in this repertoire, the normalization of pregnancy outside of the binary narrative of sexual difference and reproduction challenges the normative conceptualization of sexed bodies and the cultural contingency of what bodies take what part in sexual reproduction. On a more localized and interactional level, this repertoire serves to legitimize their imagined pregnancies as possible while still maintaining their masculine identities in conversation with me.

¹⁸ “Alexander: Det høres jo spennende ut å være gravid. Å ha et vesen som vokser inni deg, på en måte. Jeg vet ikke, det er jo bare... det er jo en veldig bra mulighet, men det er jo en mulighet man har, og jeg tenker på det som noe positivt da.”

This repertoire, as I read it, is twofold; the participants are resisting normative gender-constraints of pregnancy and undermines the *incompatibility* repertoire, simultaneously as they are reproducing an ideal of a traditional, stable male masculinity. By dislodging the gender-conformity normatively ascribed to pregnancy, the participants are subverting the femaleness of pregnancy by redefining pregnancy as masculine. The masculinity, in their words, both relies on traditional masculine signifiers, such as flat chests and beards, that makes them specifically pregnant men. Further, this repertoire subverts the assumption of gender identity as following directly from sex, as their reproductive capacity is renegotiated to be masculine and thus natural for them. In other words, this repertoire is used to disconnect sexed bodies and reproductive organs from their normative understanding, as something that only cisgender women have and desire to use to have children.

However, gender in this repertoire also relies on the idea of stabilized masculine identities, recognizable through normative visual signifiers of masculinity inscribed on the body. Being a man, albeit pregnant, is no less performative, constrained by the exclusions of which it is not supposed to be, and ultimately strives for coherence and stability by continuous reiteration of a norm of a (masculine) gender (Butler, 2020/1990: 50-52). A possible non-conformity to this masculine norm would be a stressor, as the repertoire relies on the argument that man and pregnancy are not mutually exclusive categories. Being socially read as men, as the participants mention, is an important aspect of this way of speaking of pregnancy. In other words, this way of talking about transmasculine pregnancy upholds binary categorization of masculinity and femininity, and reconceptualizes pregnancy as part of their masculinity. The reiteration of a masculine norm is thus stabilized by expanding it to include pregnancy. However, this talk becomes necessary to negotiate their agency as a pregnant person in a world that, arguably, does not leave much room for pregnancy as detached from femininity and those who do not exercise their gender in a conformative fashion (Butler, 2020/1990: 50). This interpretative repertoire is used to redefine pregnancy as masculine and affirming of transmasculine identity, by reasserting a stereotypical notion of masculinity.

4.4. Unisex pregnancy repertoire

The last repertoire that I will outline and analyze is the coherent argument that pregnancy is not (or should not) be ascribed to a specific gender or body. All participants used this argument one point or another, although it was not mentioned often. It was often spoken of as an ideal that was hard to live up to in contemporary Norway, but still something they all argued, somewhat inconsistently.

Balder mentions this during our conversation about the relationship between pregnancy and gender:

"Balder: All this stuff with pregnancy has nothing to do with gender: if you're able, if you have the organs for it. After all, there are a lot of women who can't have biological children. So it's quite obvious that doesn't make you a woman. Then we'd have to exclude lots of women. That would be really unfair."¹⁹

¹⁹ "Balder: Alt dette her med graviditet har ikke noe med kjønn å gjøre; om du kan, om du har organene til det. Det er jo mange kvinner som ikke kan få biologiske barn. Så det er jo ganske tydelig at det gjør det ikke til en kvinne. Da må vi utelukke dritmange damer. Det er jo veldig urettferdig."

Here, pregnancy is posited as something practical and gender non-conformative. If it is something you have the reproductive organs to do, then you should be able to do it. The argument that constitutes the *unisex pregnancy* repertoire breaks with the normative perception of pregnancy as the ultimate signifier for femaleness. Balder asks the question: Does not being able to become pregnant make you less of a woman? The argument is extended to cisgender women who are unable or unwilling to conceive, where it is implied that pregnancy should not be a signifier to femininity. This differs particularly from the *incompatibility* repertoire, where femaleness is negotiated as part of why a pregnancy would be difficult. In studying young queer Norwegians talk of sexuality and gender, Svendsen et al. (2018) found that in some instances, fixed labels were not always helpful in articulating complex individual identities of sexuality and gender. The type of talk Balder divulges in serves to similarly undercut heteronormative and cisnormative discourses of pregnancy, and functions to destabilize normative constructions of what gender is.

Balder further touches upon a similar argument later in the interview and notes that perhaps he would have thought differently about considering a pregnancy if he had grown up in a world where anyone, regardless of gender, could get pregnant, if they had the ability to. The implication is that as of now, this is a difficult position to uphold, as regulatory ideals of gender uphold pregnancy as ascribed to women, primarily. However, this line of argument subverts this notion, by stating that pregnancy should not be a female-only thing: it does not need to be gendered at all. These constraints on diversity ultimately restricts everyone, exemplified when Balder mentions how normative conceptions of pregnancy not only limit transmasculine individuals, but cisgender women as well, into rigid expectations of what they should (or should not) do based on their gendered identities.

This way of talking situates pregnancy as a non-gendered biological process. This was something that several of the participants answered when I asked them of their associations to pregnancy and pregnant bodies, refusing to fall into deterministic language that often surrounds pregnancy. Several of them replied similarly to how Alexander replies here:

"Alexander: I think of a bulging stomach and a fetus.

Isak: Do you make any other bodily associations with the word pregnancy?

Alexander: Yes, well, I think about actually giving birth, like, a vagina and a head coming out."²⁰

I ask him if he associates pregnancy with any specific gender, to which he replies that he does not. Several other participants replied similarly to this question, by describing the process of being pregnant, such as having your stomach grow larger, or giving birth. I read this as a conscious refusal to gender pregnancy by instead focusing on the individual bodily process. Alexander's answer can also be interpreted as a subversion of where it sounds like I am asking him to admit that it is necessarily gendered, by asking him to elaborate. Instead of associating a pregnant body with traditional feminine signifiers, he subverts this in his statement by focusing on the biological process of giving birth.

²⁰ "Alexander: Jeg tenker på en bulende mage og foster.

Isak: Er det noen andre type kroppslige assosiasjoner du gjør ved ordet graviditet?

Alexander: Ja, altså, jeg tenker jo på selve det å føde, altså, en vagina og et hode som kommer ut."

These types of argument were, as alluded to earlier, often described as radical or idealistic, implying that it fell outside the purview of normative behavior. Iben mentions this when we discuss his associations with pregnancy:

"Iben: I obviously think of a body that can get pregnant, and that has the necessary functional body parts to become pregnant. But I am a bit too gender radical to associate it specifically with one gender. I know trans men who have been pregnant, and I know parents of people who have been kind of unsure about gender and feel they're trans, and I know that pregnancy is not connected to gender in that kind of way."²¹

Iben's response, as shown above, is a refusal to categorize bodies into binary gender categories based on reproductive capability, and instead relies on descriptions of bodies as a body that can gestate. Iben positions himself as gender-radical, in which the radical notion is that he disconnects the cultural connotations of pregnancy from sexed bodies, and instead introduces an alternative way to speak of pregnancy as a not necessarily gendered process some bodies can go through. In their study, MacDonald et al. (2021) found that some of their participants who had gone through a pregnancy noted that it never felt womanly, but rather, "ungendered", something their bodies were able to do that made them feel neither feminine nor masculine (MacDonald et al., 2021: 23). By saying that "pregnancy is not related to gender in that way", Iben speaks in similar terms by challenging the cultural gendering of pregnancy and rendering it as more of an ungendered experience. In doing so, Iben positions pregnancy outside of the gender binary by refusing to necessarily categorize it as feminine or masculine, but instead rendering it non-gendered and accessible for a variety of gender-variant people.

Pregnancy, in the *unisex pregnancy* repertoire, is spoken of in a deconstructive and destabilizing manner, and this type of talk presents a radical challenge to binary conceptions of sexual reproduction and family creation. As I read it, this repertoire is used in conversation to destabilize the idea that pregnancy must be gendered, and especially challenges the hegemonic idea that only women can get pregnant. While there exists possibility for overlap with the *pregnant man*-repertoire, the *unisex pregnancy* repertoire was utilized mostly as a challenge to binary constructions of sexual reproduction, and as seen with Balder and Iben especially, focused on bodily diversity as opposed to binary, dichotomous categorization of masculinity and femininity.

4.5. Summary

In this chapter, I have identified different ways in which transmasculine individuals conceptualize pregnancy, and examined the cultural implications baked into these negotiations. For most of the participants who did not wish to become pregnant, the cultural inscription of pregnancy as inherently feminine was often argued to be a barrier, both socially and personally. Binary ways of speaking of bodies and their reproductive capabilities were, in this sense, sometimes reproduced when participants spoke of the feminine aspect of pregnancy as incompatible with their identities, influenced by hegemonic discourses of pregnancy as a womanly activity. While the *incompatibility*

²¹ "Iben: Jeg tenker selvfølgelig på en kropp som kan bli gravid, og som har de nødvendige fungerende kroppsdelene for å bli gravid. Men jeg er litt for sånn kjønnsradikal for å knytte det spesifikt til ett kjønn. Jeg kjenner transmenn som har vært gravide, og jeg kjenner også foreldre av folk som har litt sånn usikkerhet rundt kjønn og føler de er trans, og jeg vet at graviditet ikke er knyttet til kjønn på den måten."

repertoire often reinforced a feminine connotation to pregnancy, the participants at times also challenged the definition of pregnancy as womanly by renegotiating it as something masculine and natural to the transmasculine body in the *pregnant man* repertoire. The third repertoire, *unisex pregnancy*, served mainly as a challenge to binary, normative narratives of pregnancy, especially by refusing to ascribe the pregnant body a specific sex or gender at all.

This chapter examines the diversity and richness of transmasculine engagements with pregnancy. As shown in the analysis, heteronormative conceptions of masculinity serve to make pregnancy structurally inaccessible for transmasculine individuals, emphasizing the cultural dominance embedded into the narrative of pregnancy as a signifier for womanhood. Cultural gender binarity serves to hold the participants accountable for the possibility of gender transgression, a transgression that it becomes apparent through some of their talk to ultimately reinforce the notion that masculinity is incompatible with pregnancy. Heteronormative configurations of gender, sex, and bodies, then, serve to render the pregnant transmasculine body culturally invisible through the reification of binary gender norms that categorize certain activities as womanly. However, as shown in the chapter, alternative configurations exist within transmasculine discourses, that subvert this notion and engage creatively and resistantly with hegemonic conceptions of pregnancy that ultimately diversify narratives of transmasculine pregnant bodies. In the next chapter, I further examine the dilemmas that occur when these different narratives clash

5. Individuality vs Binary Gender Configurations as an Ideological Dilemma

When we try to make sense of something, we often like to believe we are internally coherent when deliberating any phenomena in conversation. However, our attempts to make sense of certain phenomena can alternatively be viewed as an exchange of competing historical positions, as opposed to coherent, individuals sense making (Edley, 2001: 204). For the participants in this study, this type of exchange occurred when asked to discuss transmasculine pregnancy, constituting what in theoretical terms can be called an *ideological dilemma*. This chapter offers an in-depth analysis of one such ideological dilemma and the conflicts particularly six of the participants found themselves in when aiming to make sense of their decisions and actions. Ideological dilemmas are dilemmas that happen when conflicting ideals of a society's common sense clash. These dilemmas are part of a historical, argumentative exchange that both complicates and has the potential to change the ways in which we rhetorically construct different social objects (Edley, 2001: 204). The dilemma I analyze is an ideological one, as the dilemma occurs when the participants draw upon different common-sense values existing in contemporary Norwegian society. Particularly when talking about transmasculine pregnancy, a phenomenon that intimately links gender and reproduction, the participants find themselves in a conflict between what I argue is an individualistic position of bodily autonomy and choice, and an essentialist position informed by the historical and cultural contingency of feminized pregnancy informed by binary gender norms. The existence of this ideological dilemma and the struggle the participants face, I argue, points to an ideological shift away from the idea that pregnancy is a female activity, particularly in transmasculine narratives. This is a relatively new shift that contests the part of our lived ideology that vehemently posits that pregnancy is womanly, something the participants clearly struggle to reconcile with their desire for more bodily autonomy. In this chapter, I aim to answer the second research question: *Which ideological dilemma(s) arise in the participants' talk of pregnancy?* The dilemma discussed in this chapter emerges between the shifting, contradictory positions of transmasculine pregnancy as an autonomous choice, or as an impossibility. Three different aspects of the dilemma I have dubbed *individuality vs gender binary* dilemma is analyzed: the role of rhetorical disclaimers, the conflict between the political and the personal, and an examination of the conflicting mind/body dualism that emerged in our conversations. What is perhaps most unique about this chapter is the contribution it offers to examining the reflections of transmasculine people who do not wish to become pregnant, as most research on reproduction and transmasculine people has focused on transgender parents who give birth.

5.1. Ideologies of individualism and essentialism

As mentioned in the second chapter, Billig et al. (1988) make a separation between lived ideologies and intellectual ideologies (Billig et al., 1988). I focus primarily on the concept of lived ideologies as evident in social practice and part of a society's common sense but have here deployed some intellectual conceptions of ideologies to map out overarching themes that converge with and influence the ideologies examined in this section. These

are invariably part of our culture's common sense, for example through the common sense value of individual choice.

Everyone should get to choose for themselves: ideologies of individualism

"Man is the scale to all that exists and is also the center and the supreme possessor of all creation. The valuation of everything should be done by him." (Yousefi, Yousefy & Keshtiaray, 2015: 105)

One of the overarching ideologies drawn upon by the participants is best described as an individualist position, especially a human liberalist position. This type of positioning is arguably common in Western liberal democracies, where concepts such as individuality, freedom, tolerance, and personal autonomy are key (Heywood, 2017: 26). As Heywood (2017) writes: "*Liberalism strives to establish the conditions in which people and groups can pursue the good life as each defines it, but it does not prescribe or try to promote any particular notion of what is good.*" (Heywood, 2017: 26). It is the individual itself that has the right to choose their definition and accepting this exhibits *tolerance* towards individual lifestyles and choices. In relation to gender, this position views it as a fundamental right to self-identify and be who you are, thus emphasizing the importance of choice and individuality in its rhetorics. Individuals who align with these ideologies are often considered progressive (Allen et al., 2021: 5-6). This position has become common sense in Norwegian society today, as there is increasing talk of gender identity and the distinction between gender and sex. Pregnancy, in its more conventional forms, is presented as a woman's choice and a personal choice; and I write it as a woman's choice specifically, because while this individualist position accepts the self-determinacy of gender, pregnancy is still mostly talked about as a womanly act. However, for a transmasculine person, the right to choose to become pregnant if you want to would most likely be in line with this ideological position, as part of their individual freedom. In other words, it allows for emergent forms of concepts based on the ideal of individual freedom, without necessarily doing much to challenge systemic and structural discrimination and scrutinization of transgender identities and transgender bodies. I argue that this is a common-sense position to inhabit in society today, the common-sense notion that pregnancy, *regardless* of gender, is an individual choice (and burden).

Binary genders: ideologies of essentialism

"Men are from Mars, women are from Venus." (John Gray, 1992) ²²

In contrast to the ideologies of individualism, ideologies of essentialism uphold a gender binary that is more fixed in terms of what it allows for individual self-identification. It perpetuates the more traditional notion that gender is innate and that women and men are viewed as fundamentally different due to their biology and sexual difference. This perspective posits that there are essential, unchangeable gendered positions and qualities that are natural and dichotomous. In this perspective, men are considered to have inherent masculine qualities, while women have feminine qualities (Skewes, Fine & Haslam, 2018). This often positions gender not as something one can identify with socially, but rather something that is predetermined: sex is the summation of your biological features, and

²² From the 1992 bestseller book with the same title. The premise of the relationship counselling book relies on what Gray calls 'fundamental psychological differences between the sexes', and has become a staple in popular culture since.

your assigned sex determines your gender. In other words, gender essentialism often mistakes what is social and variable for an internal essence that is natural and fixed, and exists within everyone as a natural difference (Witt, 2011: 13-14). In everyday talk, this plays into the common sense notion that pregnancy is a heterosexual, cisgender female activity. That, in extension, makes male pregnancy an oxymoron, a contradiction in terms. A pregnant transgender man, in this case, becomes a transgressive act, or an impossibility, as a “true” transgender man would never want to “return to femininity” by becoming pregnant. I argue that this is part of our lived ideology in the sense that more broadly, this ideology can best be exemplified in how we are categorized into one out of two genders from infancy based on our sex and deviating from this essentialist categorization more than often results in pathologization and deviation from the societal norm.

This is not to suggest that the participants in this study advocate an essentialist narrative actively, as that would be reductive and a misinterpretation of their intentions (and entirely miss the point of a critical discourse analysis). However, as with most discourse analysis, these narratives are complicated, taken-for-granted truths and knowledge in a society that influence the way we talk, act, and interact. Dominant narratives are often reproduced inconsistently and flexibly, and as shown in this chapter, is a site both for reproduction of this knowledge, as well as disrupting them in different contexts. In the following analysis, I examine the ideological dilemma that occurs when the participants draw on these two competing lived ideologies when speaking of transmasculine pregnancy. The dilemma is analyzed in two ways; firstly, I examine the rhetorical purposes of dilemmas for the participants and how these dilemmas influence talk in interaction, and, secondly, the broader ideological implications of this kind of talk and sense-making of pregnancy.

5.2. “I don’t mean to be rude, but...” – Disclaimers as a site of dilemma

The dilemma emerged for Edwin when he spoke about his experiences with NBTK. He recounts having been asked by medical personnel if he wanted to carry his own children in the future, which he himself said he brashly denied. According to him, it felt like a threat, as if it would pull him backwards in the “process”²³. When asked during the interview if he agreed with that logic, that you are less of a man if you wish to carry your own children, he states:

“Edwin: Yes, it’s... I think so, absolutely. It’s not nice to think like that, but... people should be allowed to be comfortable with whatever they want to, or they can, but... I would feel a great distress with that.”²⁴

Although short, his reflection is dilemmatic in nature. Edwin notes that he agrees with the statement that it feels less manly to want to conduct a pregnancy. The dilemma first arises when he states that it is not nice to think like that, as if correcting himself and holding himself accountable for his mistake. This constitutes what Billig et al. (1988) call a disclaimer: they are used by people in conversations when they feel they have made claims that could be heard as prejudicial (Billig et al., 1988; Goodman, 2017: 149). A pregnancy, in this sense, can be read as a concern with a possible social demotion as a man by doing

²³ The individual process of receiving gender-affirming healthcare. A lot of transgender individuals in Norway call this “prosessen” in Norwegian, translated to “the process”.

²⁴ “Edwin: Ja, det... det tenker jeg absolutt. Det er jo ikke noe fin tanke å ha, men... folk skal jo få være komfortable med det de vil, eller det de kan, men... jeg hadde hatt et stort ubehag med det.”

something deemed normatively feminine. The presence of the disclaimer illuminates the underlying assumption that pregnancy could cause delegitimization of his masculinity.

Further, Edwin states that it is not nice to think like that as “people should be allowed to be comfortable with whatever they want to”, contradicting with his former position. He ends by attempting to explain why he agrees with the aforementioned position: because he himself would feel discomfort undergoing a pregnancy. By holding himself accountable, he is engaging in a deliberative exchange with himself, where the lived ideology of choice conflicts with his definitions of femininity and masculinity, exposing the opposing common sense values that cause conflict for Edwin.

“It’s not very masculine to be pregnant” - Avoiding gatekeeping

Felix, another participant, articulates similar dilemmatic feelings. When I ask whether he wants children or not, Felix states that he has always believed he does not want kids of his own. He notes that this has changed though, and that perhaps in 10 years time, he may reconsider. However, pregnancy was not a viable option. The solution for Felix is to consider adoption or “find himself a woman who wants to get pregnant”. Humorously, he notes he might as well just get a cat, emphasizing that children are not a priority for him at this time in his life. He mentions this after saying that he would visually dislike what he saw if he became pregnant, as he says it would feel like his body was taken away from him. This sparked the question if such an image made him feel dysphoric, which he affirms:

“Felix: [Sighing] It’s not very masculine to be pregnant. I don’t really want to say that men don’t get pregnant either, because pregnant men exist, and that’s okay. That has to be okay. But... for me, it’s not in line with my personal identity at all. That’s not how I want to appear to myself. That’s not how I want to appear to other people.”²⁵

Similarly, to Edwin, Felix initially spoke of discomfort with the prospect of a pregnancy. Furthermore, he also made the same connection that he found it difficult to connect masculinity with pregnancy. Felix emphasizes that pregnant men itself is not a concept he is uncomfortable with; rather, he shows support for it. The dilemma occurs when applying it to himself and his feelings towards it, and his own life. Pregnancy is presented as incongruous with how he views himself and how he wishes to present socially to other people. This constitutes another aspect of this dilemma, the dilemmatic feelings between the personal and the political, which I will discuss in the next section of this chapter.

Later in the interview, Felix states that reproduction has never been something he has thought about a lot, stating that it is in no way relevant to him. He mentions the word dysphoria, stating that it might be dysphoric to think about sexual reproduction and that is why he disconnects it from his own personhood. When asked to elaborate on this, he states:

“Felix: No, probably, it’s bodily, mostly. I don’t want to look like that, I don’t want to do that to my body. I don’t want to push out a new human into the world. I don’t want to feel like a woman, and I think that if I... I don’t want to say anything rude,

²⁵ *“Felix: [Sukker] Det er ikke veldig maskulint å være gravid. Jeg har heller ikke lyst til å si at menn ikke er gravide, for det finnes gravide menn, og det er ok. Det skal være ok. Men... for meg så henger ikke det i tråd i det hele tatt med min personlige identitet. Det er ikke sånn jeg har lyst til å fremstå for meg selv. Det er ikke sånn jeg har lyst til å fremstå for andre.”*

but I think that if I got pregnant, then it would feel like a damn long step backwards. That I would be forced into the role of a woman again. When I say this, though, I also want to say that you're not less of a man because you are pregnant. But I feel like that now, but that's because we live in a society where that's not okay. So there's a enormous social pressure, then, of expectations and prejudice and all that."²⁶

The emphasis that it is a bodily feeling to him that makes pregnancy impossible reads that it is something, to him, that he does not associate with his embodied identity. Felix explicitly makes the connection between undergoing a pregnancy and feeling like a woman. The role of mother and the role of pregnancy here are presented as a signifier for womanhood that he does not wish to return to. Felix offers another disclaimer after this statement, the exact same one that Edwin gave, that he does not want to appear impolite. It is presented as rude to make the connection he does between pregnancy and femaleness. However, he argues, once again right after making the connection between pregnancy and women, that "*you are not less of a man because you are pregnant*". The conflict re-emerges when Felix applies this logic, this lived ideology of individuality to his own experience, where being pregnant would make him feel like a woman. By using a disclaimer here, Felix engages in an argumentative exchange with himself, where he finds himself stuck between a rock and a hard place: the individualistic ideal that everyone should be allowed to choose themselves, regardless of gender identity, and the seemingly impenetrable common-sense notion that transmasculine individuals should not want to become pregnant, as it would return them to an association with femininity and womanhood.

At the end of his account, Felix seems to find it troubling to trace exactly what the origin of his discomfort is. The origin of his discomfort is presented as a sociocultural value that transmasculine individuals should not want to become pregnant. He states this when saying that he personally believes you are not less of a man if you become pregnant, but for him right now, it does feel like that because it is not in accordance with what he perceives as dominant values in society, where pregnancy is presented as a women-only activity. The essentialist narrative of pregnancy as inherently female is shown in Felix' account to be a source of distress; it is posed as a problem, and a source for the dilemma he faces. This implies that he wants the context to change, but that it would feel like "an enormous social pressure" for him personally. A pregnancy would constitute a transgression of gender that would be punished in society, and would undermine how others read him, specifically as a man, making pregnancy an impossibility within his current situatedness. This also implies that this, according to him, could (and should) change, hinting at the necessity of more systematic change beyond individuality and responsibility.

He, as someone who wishes to be "socially read as masculine", finds it difficult to unite the lived ideology of bodily autonomy and choice with the overarching narrative of pregnancy as a female signifier, which makes him resort to deploying an essentialist account of what is and feels (or is supposed to feel) masculine, as opposed to feminine. This essentialist

²⁶ "Felix: Nei, det er nok mest kroppslig. Jeg har ikke lyst til å se sånn ut, jeg har ikke lyst til å gjøre det med kroppen min. Jeg har ikke lyst til å tre ut et nytt menneske ut i verden. Jeg har ikke lyst til å føle meg som en kvinne, og jeg tror at hvis jeg hadde... Jeg har ikke lyst til å si noe frekt, men jeg tror at hvis jeg hadde blitt gravid, så hadde det føltes ut som et jævlig langt skritt bakover. At jeg blir tvunget inn i rollen som kvinne igjen. Når jeg sier det da, så vil jeg også si at man er ikke mindre mann fordi du er gravid. Men jeg føler det sånn nå, men det er fordi vi lever i et samfunn hvor det ikke er greit. Så det er et enormt sosialt press da, av forventninger og fordommer og hele pakken."

position, arguably, becomes a regulatory practice, mandating the discursive limitations of what is supposed to fit into his (self)-identity, and what is not. As Goodman (2017) writes, disclaimers alert us to the existence of an ideological dilemma (Goodman, 2017: 149), and the disclaimer here signifies where the dilemma is spoken into words as the participants struggle in everyday sense-making of transmasculine pregnancy. The participants recognize and advocate for the right to be a pregnant man, acknowledging this right as one part of society's common sense. However, this acknowledgement is not enough to quell the existence of the competing ideology, which is the common sense value that pregnancy is for women. The disclaimer ultimately alerts us to a negotiation of these competing lived ideologies, where it is presented as rude to say that pregnancy is a feminine aspect but is nonetheless presented as one in such talk. As I read it, both Edwin and Felix are wary of essentializing their own accounts and experiences and potentially gatekeeping others, which contributes to creating this dilemma.

5.3. "My personal philosophy is that everyone should be allowed to do as they please" - When the Personal Conflicts with the Political

The distinction between intellectual and lived ideology, as Billig et al. (1988) writes, itself suggests an obvious source of an ideological dilemma (1988: 32). For the participants in this study, this was presented as a distinction between the personal and the political: what they applied to themselves personally, as opposed to what they articulated as their political or philosophical beliefs. However, as Towns & Adams (2009) note, the distinction between intellectual and lived ideology is "likely to be messier than we think" and intellectual ideologies are themselves cultural constructions, which are open to subjective interpretation by individuals in society (Towns & Adams, 2009: 739- 740). Thus, this distinction can be hard to trace when examining everyday talk. I examine the conflict between personal feelings, often articulated as a discomfort with the cultural femininity of pregnancy, and political positions, more often articulated as the affirmation of individual choice regarding pregnancy.

"Passing as a man without any fuss" - Cisnormativity as knee jerk reactions

For Herman, this dilemma occurs first when he speaks of what he calls his personal philosophy. Herman does not wish to become pregnant, stating during the interview that "In my head, I could never go pregnant. It's not for me. For a long period of time, it was my most recurring nightmare". For him, he feels that getting pregnant would "mark him as a woman out among people". This conflicts with his personal philosophy:

"Isak: How does it feel for you to talk about pregnancy?"

Herman: It's difficult, but not personally, but rather because my knee jerk reactions don't coincide with what I think. That it's my knee jerk reaction that it's a lady thing doesn't coincide with what I know I think. My fundamental philosophy is that people should be able to do whatever they want. I won't get involved with what people do. That's actually none of my business. I'm not really gonna do anything more than work on my knee jerk reactions, but I realize how deep in me they are though... It feels stupid to call it the cishet-society, but I think you know what I mean. How deep what they think is ingrained in my brain, how fundamental those ways of thinking gender and pregnancy and stuff are in me."²⁷

²⁷ "Isak: Hvordan føles for deg å snakke om graviditet?"

To explain this conflict, Herman uses the word "knee jerk reaction". The use of this word implies that this is a response Herman does without thinking it through - it is an immediate reaction, something he does not truly have control over, rather than a measured or deliberate response. It is his fundamental philosophy, as he says, that people should be able to do what they want, implying that he does not agree with his own reflex. The dilemma is presented as something that happens reflexively, and furthermore something that he feels accountability for (he mentions during the interview that he must work through his reflexes). This, according to Billig et al. (1988), constitutes a conflict between an intellectual, more theoretical ideology and lived ideology; the conflict between how, ideally, society should operate based on the systematic ideas of intellectual ideology, as opposed to how the same individual conducts their everyday life, a lived ideology "which adjusts one to mundane life" (Billig et al., 1988: 32). Towns and Adams (2009) elaborate on this: "*Certain dominant ideologies may, for example, influence a person's social practices in ways that are not comfortable for a person who holds intellectually (that is in their own reasoning) an alternative possibility for practice within dominant ideology.*" (Towns & Adams, 2009: 739). This ideological dilemma presents a conflict for Herman: his immediate response, to feel uncomfortable about pregnancy or to immediately deem it a woman-only activity, introduces a dichotomy between what is instinctual and what is rational.

What feel like instincts can alternatively be interpreted as an internalization of the normative standard for pregnancy as female. However, it must be read as part of a lived ideology, as the rhetoric Herman uses is part of the common sense understanding that men do not get pregnant. What it tells us, however, by him presenting it as an immediate reaction, is that it is an unfavorable one, even if it does exist. It is this internalized cishnormativity that in this instance becomes the site of a dilemma for Herman when making an account of his relationship to pregnancy. Herman clearly also tries to position himself outside of this way of thinking about gender by stating that "they" think like that, in reference to the general public in Norwegian society. These ways of thinking of pregnancy have been ingrained in him, he says, as they are so fundamental in society, they become internalized.

When I ask Balder to reflect on why he feels uncomfortable, personally, with imagining himself as pregnant, Balder mentions this internalization of cishnormative standards:

*"Balder: This is something that obviously comes beside my trans identity. I don't know, there's probably some internalized transphobia here to be honest, but honestly, with my body, I would feel completely destroyed and broken down."*²⁸

The internalization of these normative standards become a source of trouble in this sense and result in what Balder calls *internalized transphobia*, which is similar to Russell & Bohan's concept of homonegativity: the internalization of wider societal homophobic norms

Herman: Det er vanskelig, men ikke på et personlig plan, heller fordi mine ryggmargsresponsene ikke passer overens med det jeg mener. At min ryggmargsrespons at det er en dameting ikke stemmer overens med hva jeg vet jeg mener. Min fundamentale filosofi er at folk kan gjøre hva de vil. Jeg skal ikke legge meg opp i hva folk gjør. Det er faktisk ikke min business. Jeg har jo ikke tenkt til å gjøre noe mer enn å jobbe med de ryggmargsresponsene, men det å kjenne på hvor dypt de ligger da... Det føles teit å kalle det cishet-storsamfunnet, men jeg tror du skjønner hva jeg mener. Hvor dypt hva de mener går inn i hjernen min, hvor grunnleggende de måtene å tenke på kjønn, graviditet og sånn ligger."

²⁸ *"Balder: Det er noe som selvfølgelig kommer ved siden av transidentitet. Jeg vet ikke, det her er nok litt internalisert transfobi, for å være helt ærlig, men jeg hadde, med min kropp, følt meg ødelagt og brutt sammen."*

everyone in a homonegative society incorporate, which should be viewed as an expression of collective experience, and not an individual, internal quality (Russell & Bohan, 2006: 346). In other words, the stereotypes that contribute to the (re)production of homophobia (and transphobia) are engrained in our society and language, as something we have been exposed to from a young age (as Herman also mentioned earlier), and that contributes to the reproduction of stereotypes and negative attitudes (Russell & Bohan, 2006: 350). According to the accounts presented here, the internalization of transphobic values, part of a society's common sense, conflicts with another part of society's common sense, which speaks to the lived ideology of individuality, and the right to autonomy regarding reproductive intentions. The internalization of transphobic norms, thus, creates a dilemma for the participants. Both of their quotes also signal that this is something they personally want to improve on, but that this becomes difficult due to how normalized these ways of thinking about pregnancy are.

It is also especially the accountability Herman holds himself to that proves the existence of a strong ideological dilemma. This should be understood as more than simple politeness; why did he feel the need to articulate this distinction at all, between his ideal philosophical views and the reflex comments he deems negative? This strategy, as examined earlier, is used when an individual says something that they feel can be recognized as morally inappropriate, like that of a disclaimer (Billig et al., 1988: 109). It strategically distances Herman from the view he implicitly deems to be wrong in conversation with me, the interviewer: that it is wrong of him to think that pregnancy is feminine.

"The ultimate f*ck you to the system" - Unlearning internalized transphobia

In the last part of this section of this aspect of the dilemma, between the political and the personal, I want to present a final quote from Herman:

"Herman: In my brain it's immediately associated with something womanly, which, again, I understand that... it's probably the political part of my brain, what I mean politically and personally. I get that men can go pregnant, 100%. I get kind of proud, deep down, every time I see pregnant trans men. It's honestly the ultimate fuck you to most of the system. But... no, it's so ingrained that it's ladies who go pregnant. That's just how it is. So I just have to unlearn that, because that's not what I really mean!"²⁹

This internalization of essentialist gender ideology in society, as examined earlier, becomes a source of a dilemma for the participants. As Herman states here, it makes it difficult for him to consider a pregnancy because this hegemonic narrative of pregnancy is so deeply ingrained, it becomes the normal way of life. However, transgender pregnancy becomes a site of contestation to this lived ideology, as it presents a competing lived ideology to the essentialist ideology; or, as Herman calls it, "the ultimate fuck you to the system". In doing so, Herman (and several other participants) negate the pathologization that often comes with transgender identity by (to some extent) pinpointing blame with societal conditions (Johnson, 2019: 523). Briefly put, they struggle with the cisnormativity of society, as restrictive gender norms limit what a transmasculine body is fit to do, such as pregnancy. Whether or not they would want a pregnancy if cultural norms were different is not my

²⁹ "Herman: I mitt hode blir det immediately assosiert med noe kvinnelig, som igjen jeg forstår at... det gjelder nok den politiske hjernen, hva jeg mener politisk og personlig. Jeg forstår jo at menn kan gå gravide, 100%. Jeg blir litt stolt hver gang jeg ser gravide transmenn, i sjela. Det er jo den ultimate fuck you til mye av systemet. Men... Nei, det er jo så ingrained at det er damer som går gravide. Sånn er det jo bare. Så jeg må bare prøve å avlære meg det, for det er jo ikke det jeg mener!"

place to discuss, but given their statements, I interpret that the internalization and existence of transphobic norms creates cultural barriers that normatively categorize transmasculine pregnancy as a transgression or deviation.

Several participants struggle with this aspect of the dilemma of *individuality vs gender binary*: the struggle between what they want to be the case (which is bodily autonomy and self-determination) and what feels like the actual situation (pregnancy is too feminine). Edley (2001) explains this as an essential feature of the dilemmatic positions lived ideologies can present: the desire to want one thing conflicting with feeling as if something else is right. In other words, a situation where someone finds themselves in "*a battleground upon which they struggle between opposing ideals*" (Edley, 2001: 208). These two positions constitute part of society's common sense and illuminate the conflicting accounts of sense-making that are involved when the participants discuss pregnancy. This is not just an individual conflict, but rather, these positions are influenced by the lived ideologies I have mapped out, which are the cultural and historical context that situates transmasculine pregnancy.

5.4. "I haven't even considered it, ever" - Minds, brains, and bodies

The assumed connectedness of bodies and identities was the source of a powerful and complex aspect of the ideological dilemma this chapter discusses. This aspect of the ideological dilemma of *individuality vs gender binary* was evoked when participants spoke of something like a traditional mind/body dualism, understood here as the philosophical notion that the mind (or the soul, as sometimes presented) and the body are separable, distinct areas. Instead of focusing on this philosophical debate, I instead compare it to the sex/gender model, which separates sex (biological) from gender (identity), which often serves to render the category of sex as pre discursive and a signifier for static "true" gender based on sexual difference. However, as Butler (1993) argues, sex is no less open to cultural (re)signification than gender, and thus can be understood as "*a process whereby regulatory norms materialize 'sex' and achieve this materialization through a forcible reiteration of those norms.*" (Butler, 1993: xiii). In other words, the assumption that our bodies are either male or female is performative, in the sense that it sorts bodies into two distinct options based on reproductive capability.

In this section I analyze another aspect of this ideological dilemma that became evident while reading through the material, namely a conflict between the concept that sex and gender are separate, and the unexplainable feeling of discomfort with pregnancy. On one hand, gender was argued to be separate from the constraints of the body and something that existed within the mind as autonomous, much in line with an individualistic argument for the separation of sex and gender. In other words: *if* gender is in the mind, then transgender men can get pregnant, as sex is separate from gender in the lived ideology of individuality. However, it became the source of a dilemma when the question of discomfort with pregnancy was discussed, and this discomfort was often considered incompatible with what their bodies allowed for them, thus giving the material body an essence that rendered pregnancy incongruous.

“It [the body] says no go to pregnancy” - Complex bodily feelings

Gabriel, one of the participants, initially spoke of pregnancy as a no-go for him and his body. Personally, he says it is “an absurd thought that a man should go pregnant”, or a premise that does not fit with his perception of himself. He emphasizes that this absurdness specifically applies to himself only. Whenever he has envisioned children as a part of his life, he has “been “the man”, so to speak”, where Gabriel emphasizes the word man in quotation marks before going on to emphasize that he would not be the one to carry the child, thus equating maleness with the non-pregnant partner in sexual reproduction in this instance. It is here he first spoke of what he calls *bodily factors* as the reason for finding pregnancy impossible. Recounting an experience from his childhood when he first started menstruating, he says that it simply felt wrong: “Since then, I have had monthly reminders of it being wrong, you are wrong, there is something wrong with you.” He articulated the desire to undergo a hysterectomy and is waiting to have the surgery approved the uterus is something that he says “I just absolutely absolutely do not want to have it, and did not ask to have it, and I don’t wanna sit here with it.” Gabriel tells me that this feeling is unexplainable. It is here that the outline of the dilemma becomes clear, as he cannot make sense of his own feelings about his discomfort with transmasculine pregnancy. After a conversation about this, he says that he has seen transmasculine people pregnant before and he has no problem with it. The conversation that follows outlines this aspect of the dilemma:

Isak: So, a pregnant man in itself... there’s nothing wrong with that?

Gabriel: No. I don’t really think much about that either, because I don’t have that kind of relationship to gender. It’s more that I couldn’t do it.

Isak: So if I understand you correctly... people need to decide for themselves, but for you it’s not right?

Gabriel: In regards to gender, I’m more inclined to think that gender is something that’s in the head, and has no connection to the body. My image of a man is very broad, because it’s up there [points to his head]. That’s why I don’t think about the body, necessarily, that there’s something special with men becoming pregnant, for example. Because... yes, they can, correct. So like, but for me, I know personally that I am a man and what kind of relationship I have to my body. And it says ‘no-go’ to becoming pregnant. But if other people have the same experience in their head but not that experience in their body, and they manage to carry a child, then I’m kind of... ‘wow, not bad’. Because I would never be able to do that. At all.”³⁰

In Gabriel’s account, the separation of mind and body is first presented as an argument for, as I read it, the complexities of gender as located in the mind, and bodies as disconnected from the mind, where bodies seem more malleable and open for interpretation. Further, it is this separation that makes transmasculine pregnancy a possibility for Gabriel, it is because of this separation that pregnancy becomes possible, by

³⁰ *Isak: Så, at en gravid mann i seg selv.. er det ikke noe galt med?*

Gabriel: Nei. Det tenker jeg ikke så mye over heller, for jeg har ikke et slikt forhold til kjønn. Det er heller det at jeg kunne ikke hatt det.

Isak: Så hvis jeg forstår deg rett... folk må bestemme selv, men for deg så er ikke det riktig?

Gabriel: Sånn i forhold til kjønn, så tenker jeg mer på at kjønn er noe som er i hodet, og har ingen connection til kroppen. Min tanke av mann er veldig diffus, fordi den er oppi der [peker til hodet]. Derfor tenker jeg ikke på kropp, nødvendigvis, at det er noe spesielt om at menn kan bli gravide, for eksempel. Fordi... ja, det kan dem, korrekt. Så liksom, men for min del, så vet jeg selv at jeg er mann og hvordan forhold jeg har til min kropp. Og den sier «no-go» til å bli gravid. Men hvis andre har samme opplevelse i hodet men ikke samme opplevelse med kroppen, og at de klarer å bære frem barn, så er jeg litt sånn... «damn. Ikke verst.» For det hadde ikke jeg klart. At all.”

denying an essentialist idea of gender as intrinsic to a body. Instead, his position is at first individualistic, and by separating the two (gender/sex) pregnancy becomes possible

He further elaborates on the ways the dilemma can occur for others who “have the same experience in their heads but not the same experience with their body”. The similar experience he speaks of here is the experience of being a man “in the head”. This can be read as a sort of a disclaimer, too, as analyzed earlier, guarding himself from gatekeeping other transmasculine experiences. It is when I ask him to clarify how he understands his relationship to gender that the contradictory elements of common sense are illuminated. When gender is situated in the mind, and not in the body but as separate entities transmasculine pregnancy makes sense. This, as I read it, coincides with a distinction similar to the sex/gender model, which separates the two as such: sex is biological, while gender is identity. However, when applying this logic to himself, the lived ideology shifts, and the body is ascribed some sort of rationale of its own. This becomes most evident when he says, “it says no-go to becoming pregnant”. It is the body, in this case, that dictates whether he can go through a pregnancy. This arguably plays into an essentialist position, by assuming a gendered experience within a body, which makes the body appear less malleable and with some intrinsic (gendered) values of its own, as if the body inhabits an essence that does not want to go through a pregnancy. The transmasculine body, in this sense, is incongruous with a pregnancy, perhaps especially exemplified in the last sentences Gabriel offers. By presenting transmasculine pregnancy as something impressive, Gabriel points to the deviation from the norm that it would entail to become pregnant. The impressive deviation, as I interpret it, is to have a masculine gender identity and be comfortable with going through pregnancy.

"What is gender identity and what is my body's needs?" - The discursive production of disgust

Similar to Gabriel, Didrik spoke of a feeling of unnaturalness with pregnancy, the origin of which he was unable to trace. During the interview, we discussed why he does not wish to go through a pregnancy. Didrik wants biological children, but he does not wish to be pregnant. It is here he brings up up that most people do not know that he is transgender. When I ask if this stems from a discomfort with having to explain yourself to people, Didrik agreed, but stated that this would only be a small part of the reason as the most prominent source of this discomfort for him is that “mostly that in my body it would feel wrong”. It is from this statement the following conversation occurs:

"Didrik: It's kind of hard to explain. It might be that I have a feeling, but I don't really know where it's coming from. The fact that it feels unnatural for me, the concept of being pregnant, it feels unnatural, but I don't really know where that feeling stems from. It feels uncomfortable. Icky. I don't think that the concept of a pregnant man is wrong, but for me it's kind of... it would feel unpleasant.

Isak: Are any of your thoughts here connected to, say, your gender identity? Or is it independent of the fact that you're a man?

Didrik: That's kind of difficult to say... It's kind of hard to make that connection. What is gender identity and what are my body's needs? But I think that this is more a bodily thing, because... After all, I've gone most of my life without knowing what gender identity is. I was first 18 years old when I realized it was actually allowed to be trans that way, right [Laughs]. Until then, I only thought transgender women existed. But nonetheless, despite that I knew of my own gender identity, the thought of pregnancy has been uncomfortable and unnatural for me. I don't think

it's connected to any association what with being a man, I don't think it's that because I'm a man, I can't go pregnant, because that's something women do. I think it's more that my body just doesn't want it."³¹

The question Didrik asks himself is truly where this dilemma is put into words: What is gender identity, and what are inherent bodily needs and desires? Didrik speaks of this aspect of the dilemma, as it is the body that initially becomes the source of the impossibility of pregnancy. It is something inside of his body that makes it feel wrong, and this something is unexplainable; it exists, but it is difficult to define it. The definition becomes that it is a bodily feeling, something intrinsic to his body. It is only when I ask him whether his thoughts are connected to his gender identity (or if they are independent of him being a man) that the outline of this aspect is mentioned. I should note, too, that I contribute to creating this distinction in this conversation, by asking the question the way I do.

The struggle to define the source of the unnaturalness can, as I read it, itself be an outline of the ideological dilemma of *individuality vs gender binary*. Not only is pregnancy unnatural for Didrik, but it is also, as he says, "icky". In *The Cultural Politics of Emotion*, Sara Ahmed (2004) argues that feelings such as disgust are not merely gut feelings; instead, they are culturally inscribed and "*mediated by ideas that are already implicated in the very impressions we make of others and the way those impressions surface as bodies.*" (Ahmed, 2004: 83). In other words, feelings of disgust, ickiness or otherwise, should not only be interpreted as intrinsic reactions; they occur in relation to the cultural significance of what disgusts us. For Didrik, the ickiness is connected to pregnancy, as something that is not intelligible for him as a subject. However, he also subverts this ickiness when speaking of others; it is not the concept of a pregnant man he is uncomfortable with, but rather pregnancy is presented as personal bodily discomfort. In discussing the embodiment of transgender identities, Salamon (2010) writes that: "*The production of normative gender itself relies on a disjunction between the 'felt sense' of the body and the body's corporeal contours, and that this disjunction need not be viewed as a pathological structure.*" (Salamon, 2010: 1-2). In other words, the bodily discomfort (or bodily gender dysphoria) should, at least to some extent, not merely be examined as an issue of unexplainable physiological nature, but of embedded culturally gendered norms that mediate what some bodies ought to be able to do.

According to Johnson (2019), the discomfort transgender people experience is often highlighted as individual experiences of bodies and gender incongruence, and rarely concerns itself with broader heteronormative conceptions of gender, transphobia, or cissexism in society, arguably much due to the medicalization and pathologization of gender identities that subvert heteronormative constructions of gender (Johnson, 2019: 519). Didrik draws a similar line, in that he argues that the discomfort he feels surrounding pregnancy is merely individual, and not connected to his embodied experience as a transgender man or conception of men in general. Instead, his body becomes the site of

³¹ "Didrik: Det er litt sånn vanskelig å forklare. Det er kanskje litt det at jeg har en følelse, men jeg vet ikke helt hvor den kommer fra. Det at det føles unaturlig for meg, det konseptet å gå gravid, det føles unaturlig, men jeg vet ikke helt hvor den følelsen kommer fra. Det føles ukomfortabelt. Icky. Jeg tenker ikke det at konseptet å være en gravid mann er noe galt, men for meg så er det litt sånn... det ville følt litt sånn ekkelt.

Isak: Er noe av de tankene her knyttet opp til, for eksempel, din kjønnsidentitet? Eller er det uavhengig av at du er en mann?
Didrik: Det er litt vanskelig å si... Det er vanskelig å trekke den linja. Hva er det som er kjønnsidentitet og hva er det som er liksom kroppen min sine behov? Men jeg tror akkurat det der, det er nok mer kroppslig, fordi ... jeg har jo gått størsteparten av livet mitt uten å vite hva kjønnsidentitet er for noe. Jeg var først 18 år gammel før jeg visste at det var lov å være trans den veien, liksom [ler]. Jeg trodde bare det fantes transkvinner til da. Men likevel, til tross for at jeg ikke var klar over min egen kjønnsidentitet, så har tanken om å være gravid vært ubehagelig og unaturlig for meg selv. Jeg tror ikke det er knyttet til noen assosiasjoner med det å være mann, jeg tror ikke det handler om at jeg tenker at siden jeg er mann, så kan ikke jeg gå gravid, for det er noe kvinner gjør. Jeg tror det er mer det at kroppen min vil ikke det, rett og slett."

discomfort with pregnancy. An alternative interpretation, which I offer here without the aim to delegitimize Didrik's embodied discomfort, is to consider the role cisnormative conceptions of pregnancy and bodies have in the discursive production of discomfort and ickiness.

Similar to the two other aspects examined in this chapter, transmasculine pregnancy is presented as an ideal that does not fit with the lived experiences of the participants. In this aspect, the body is ascribed a dual role: it is distinct from the mind and has no connection to gender, but it is also a source of discomfort and unintelligibility. Instead of analyzing this as a delegitimization of the lived experience of this discomfort, I read it as an embodiment of identity, as the body can be understood as not separable, but an important basis of subjectivity and self-expression (Chrisler & Johnston-Robledo, 2018: 3). Bodies are seldom only a private sphere. As Merleau-Ponty (1962) argues, they are never isolated from the world, but rather, a social entity that always engages in interaction with others (Merleau-Ponty, 1962/1945), a material visualization of who we are, informed by its cultural and historical context.

5.5. Summary

In this chapter, I have discussed a central ideological dilemma for particularly six of the participants of my study that did not wish to undergo a pregnancy: the individualistic ideology of choice conflicting with the culturally prescribed notion of pregnancy as a feminine signifier informed by a binary, dichotomous narrative of gender and reproduction. This examination of the participants' talks illuminates the existence of this dilemma, which can impact the ways in which the participants conduct their lives and negotiate their reproductive choices in the future (Edley, 2001: 208). It is interesting to note that the dilemma most often occurred when the participants discussed what they thought should be the case for others but was unattainable for themselves.

Ideological dilemmas are not always solved; rather, the existence of an ideological dilemma often proves to generate argument rather than solve it (Edley, 2001: 203), where multiple and contradicting solutions might be offered. One solution for the participants here is to simply not engage in pregnancy. However, instead of necessarily offering one solution, an investigating into the source of the problem was often noted by the participants; because pregnancy is so culturally feminized that it becomes unattainable. While this was contested by the existence of unexplainable bodily discomfort, I find that the participants raised important questions about culturally unattainable positions. Would it be different if pregnancy was not culturally ascribed to women only? Undoubtedly, it would not erase the lived experiences of (trans) people who do not wish to become pregnant, but it begs the question of the burden transmasculine individuals bear in negotiating their reproductive rights and the weight of the stigma faced by those who defy the normative assumptions of pregnancy by simply existing as a non-female identifying pregnant individual. This is also, as I see it, alluded to by the existence of the conflicting ideal of individual choice and the barriers the participants make an account of. I argue that their accounts of this dilemma outline what can be described as a major barrier to transmasculine pregnancy: the desire for choice and bodily autonomy in a society where only limited options feel and are available.

However, this ideological dilemma also posits the existence of a broader ideological shift from understanding pregnancy as an innate and exclusively female activity, by complicating this in the deliberative exchange the participants engage in, which I have mapped out here. This illuminates the existence of alternatives to the dominant narrative. The next and final analytical chapter offers an examination into this unattainability and its alternatives by analyzing the subject positions such talk makes (un)available for the participants. Moreover, as can be seen by the existence of this dilemma, pregnancy is not simply an unattainable activity for the participants: it is also a possibility, and for other participants, a reality.

6. Bargaining with Unintelligibility & Strategies for Achieving Personhood

According to a basic principle within discursive psychology, the creation of identity is not a stable, individual exercise; instead, identities are unstable, reflexive, and dynamic, created and recreated in interaction with the social world (Jørgensen & Phillips, 2002: 108). In other words, we position ourselves in interaction with others to become culturally recognizable subjects, whether it be to construct an account of yourself or others; or as Edley (2001) suggests, to make identities “relevant *by specific ways of talking*” (Edley, 2001: 210). This chapter examines the following question: *What subject positions are (re)negotiated by the participants, and what strategies do the participants use to create agency within the given subject position(s)?* During the interviews, the participants spoke openly about their relationship to pregnancy, which was more than often intimately tied to their sense of self and identity, fluctuating between a felt unintelligibility of pregnancy in relation to oneself, and accounts that seemed to try to subvert this unintelligibility, whether it be for themselves or when talking about others. Moreover, the conversations showed that this unintelligibility was heavily institutionalized within the public healthcare system, characterized by a presumed normative transgender experience³². However, these experiences were also spoken of at times as a site of resistance, creating a possibility for discussing subversive strategies to undermine this narrative and therefore opening alternate subject positions.

I have thus identified two common subject positions that I have dubbed *the non-pregnant transgender man* and *the seahorse dad*, as well as examining different strategies the participants draw upon to legitimize these positions in their process of subjectifying themselves or when speaking of others.

6.1. The institutionalized construction of non-pregnant transgender men

In Norway, NBTK is the only gender identity clinic within the public healthcare system, and transgender people who wish to medically alter their bodies to match their gender identity need to go through what can be experienced as a rigid process of essentially ‘proving’ that they are transgender enough to receive access to hormone treatment or other forms of surgery. The conversations with the participants made it clear that, in their experience, there was a standard for how transgender identity should be experienced; one that included a rejection of femininity, disgust towards your assigned gender and/or body (Kvarstein, 2019: 25), and the solution always being medical intervention (Johnson, 2015: 805). This discourse is like what Luca Espseth named the biology/medicine/law-discourse, which assumes that bodies are fundamentally gendered, where bodies that do not conform to their biological sex are considered deviant and ultimately pathologized (Espseth, 2017: 41-42). Espseth goes on to argue that this discourse on gender is heavily institutionalized and dominant in most of the healthcare sector today (Espseth, 2017: 42), often positing that transgender people are born in the wrong body. As Johnson argues, in line with

³² It should be noted that I have not been in contact with anyone from NBTK or other health care professionals. The experiences accounted for here are the retellings the participants of this study offered solely.

Espseth's proposed discourse, this conception of gender creates a normative accountability structure that "empowers trans people who fit the criteria and constrains those who do not." (Johnson, 2019: 520). These criteria often posit that: (i) all transgender people desire gender-affirming medical intervention, (ii) all transgender people are and feel born in the wrong body and desire to fix this medically, (iii) gender identity and sexed bodies are binary and relational, and (iv) non-binary people and gender variance is unintelligible (Johnson, 2019).

This institutionalization, according to Butler, contributes to constitutionalizing what identities are culturally intelligible (Butler, 1990), but also legitimize pathologization and the creation of diagnoses for the unintelligible and abnormal. However, as Pultz & Goldfinger (2020) argue, institutions can also normalize the abnormal through diagnosing it; identities that cannot be readily distinguished between normal or pathologic, then, become culturally unintelligible (Pultz & Goldfinger, 2020). The transmasculine person who fits the criteria, in other words, becomes viable in this discourse through their pathologization and diagnosis. Those who do not fit the criteria, however, risk becoming culturally unintelligible, or abject. In line with this, I offer a fifth dimension to the criteria: (v) transmasculine people should not desire or consider pregnancy and should prefer sterilization.

Balder mentions how he navigated this discourse in his interactions with NBTK:

"Balder: I think that if I said that yes, I actually want biological children, then they probably wouldn't understand a word that I say, and that I really just wanted to be a girl and stuff. I think that would become quite a mess real fast, sadly. So yes, it was brought up, and I was pretty dismissive of it, and they were happy, because they got the answer they wanted; and then we just moved on, kind of.

Isak: So you felt that you were giving them the right answer when you said you didn't want to give birth to a child?

*Balder: Yes. And that's a point, they kind of give you points if you say 'Yuck, that's gross'."*³³

Balder's experience with speaking of his reproductive intent is described as if he is being quizzed, where there exists a right answer to the question. The felt right answer, in this context, is rejecting pregnancy intentions and showing repulsion towards certain parts of the body deemed normatively feminine, such as the uterus. Not rejecting it would open for NBTK to question his gender identity. Similar experiences were mentioned by all participants that had been in contact with NBTK (seven). As for the two participants that had not yet had extensive contact with NBTK but desired gender-affirming healthcare (Felix and Iben), both mentioned similar worries, and Iben showed a concern during the interviews with "saying the right things" to receive the gender-affirming care he desired. Similar experiences have been noted in the previously cited research paper from Denmark, where transmasculine people speak of having to "play the game" and adjust themselves to normative standards of masculinity to receive gender-affirming healthcare (Pultz & Goldfinger, 2020: 578). Rejecting pregnancy intentions serves to reinforce the narrative

³³ "Balder: Jeg tror nok at hvis jeg hadde sagt det, at ja, jeg ønsker faktisk biologiske barn, så ville de nok ikke forstått noe av det jeg sa, og at jeg ville egentlig bare være en jente og sånn. Jeg tror nok det hadde blitt ganske krise ganske fort, dessverre. Så ja, det kom opp, og jeg var ganske avvisende til det, og de var jo fornøyd, fordi de fikk jo akkurat det svaret de ville ha; også gikk vi videre, på en måte.

Isak: Så du følte på at du svarte riktig når du sa du ikke ville føde et eget barn, da?

Balder: Yes. Og det er et poeng, det gir deg liksom poeng om du sier 'Æsj, det er ekkelt.'"

of a compulsory desire for complete bodily transformation away from a "female" body, where a transgender man with pregnancy intentions becomes culturally unintelligible and questionable. This discourse on gender, as I read it, contributes to creating the possibility for the subject position I have chosen to call *the non-pregnant transgender man*.

"A man in a woman's body" - Abjection of pregnant men

When I ask if Edwin would ever consider a pregnancy if he had the option, he replies as such:

*"Edwin: Not really [Laughs]. No, it's... I don't feel like I have that role. I can't really imagine that being me. That kind of unnatural feeling comes back again here, because... I want biological children, but I don't want to carry it."*³⁴

By speaking of pregnancy as a role, I understand Edwin as implicitly stating that as a man, he does not feel he fits the social role of a pregnant person, and in extension, traditional motherhood. It feels incongruous to be a man and inhabit the role of a pregnant person. In his interview, Edwin notes that he might have wanted to create biological offspring through surrogacy or mature oocyte cryopreservation (also known as freezing eggs), but due to a rushed hysterectomy, he no longer has the option. Pregnancy, in fact, was never on the table for Edwin. For him, it is not the idea of participating in the creation of offspring that becomes the issue; it is the role he would inhabit as a pregnant person, which he explains as an unnatural feeling that he cannot quite define. It creates a dilemma for Edwin: he wants biological children, but he does not deem his body fit for the part of pregnancy (even prior to his hysterectomy). This bolsters the hegemonic narrative that it is unintelligible for a transmasculine individual to want to go through a pregnancy, explained here through a subjective, unexplainable feeling of unnaturalness. It becomes impossible for Edwin to imagine a situation where he could inhabit the position of a pregnant person, in his own words. Implicitly, this makes it possible for him to assume an identity of a traditional father - the role that is opposite of the connection he makes between the role of pregnancy and motherhood. By rejecting pregnancy and the role of motherhood (and rejecting the possibility of coupling fatherhood and pregnancy), he adapts to a hegemonic ideal of a father, who has not given birth but is still a willing parent. This normative position relies on a discourse of men as the inseminator, not the inseminated, and more importantly, owning the reproductive organs to do so, such as a penis. It relies on the assumption of a "real" or "right" way to be a male parent, a performative act of doing gender by embodying heterosexual norms of how gender should be enacted (Butler, 1993: 176; Butler, 2020/1990), where his doing of gender relies on replicating the characteristics of an idealized, assumed original masculinity. Edwin further elaborates on the unnaturalness he speaks of:

*"Edwin: I would feel like a man in a woman's body again, returning to that. I don't really want to go back there, really. I associate that with a lot of discomfort, and I kind of just want to put all that behind me, and not return to that point in my life."*³⁵

³⁴ "Edwin: Egentlig ikke [Ler]. Nei, det... Jeg føler ikke jeg har den rollen. Jeg ser ikke for meg at det er meg. Der kommer det der unaturlighetsgreiene tilbake igjen, da, fordi... jeg vil ha biologiske barn, men jeg vil ikke bære det frem."

³⁵ "Edwin: Jeg hadde jo følt meg som en mann i kvinnekropp igjen da, og tilbake til det da. Det har jeg ikke lyst til å gå tilbake til, egentlig. Det knytter jeg så mye ubehag til at det har jeg lyst til å legge bak meg, og ikke gå tilbake til det."

In this narrative of pregnant men, being a pregnant man is not deemed a subject position that it is possible to inhabit. Instead, a pregnant man becomes the site of an *abject* body, or as Kristeva (1982) would call it, a culturally unrecognizable body and therefore not a subject (Kristeva, 1982). I read it as such that this applies to pregnant men in this discourse, as an abject body that it is impossible to inhabit and is reduced to an impossibility within the heterosexual matrix, where a pregnant body is a female one. As Edwin says here, it would feel like he was a man in a woman's body again if he were to get pregnant. Again, we see that pregnancy and man as oxymorons in this type of talk, a rhetorical impossibility of two contrasting words put up against one another. It is especially his rejection of the role of a pregnant person that reproduces this culturally unintelligible abject.

This sort of talk makes a limited number of positions available, and Edwin positions himself as a *non-pregnant transgender man*, adjusting himself to a legitimizing norm to avoid normative violence, as in not being acknowledged as a culturally recognizable subject (Butler, 2004). A pregnant man does not exist within this discourse, as it is excluded by rendering it something reserved for a woman's body. Positioning within this discourse calls for a rejection of a "womanly body" and, in extension, pregnancy. In doing so, Edwin positions himself as a *non-pregnant transgender man* to legitimize his identity and retain agency as a man, in what Edley would call an identity "made relevant by specific words of speaking" (Edley, 2001: 210). Identities are invoked in conversation to accomplish something (Goodman, 2015: 150), such as rejecting pregnancy to guard against being positioned as a woman and inhabiting a culturally recognizable position within a normative framework where individuals who identify as men do not get pregnant. This talk reinforces the dichotomous relationship between non-pregnant men and pregnant women by rendering the transmasculine pregnant body as abject, an uninhabitable subject position, and legitimizing a non-pregnant transgender body as the standard within a cisnormative framework of legitimate bodies.

"Alien inside of me" - The monsterification of pregnant bellies

Abject identities or bodies are not only structurally invisible within certain discourses; they can be regarded as repulsive (Butler, 2004). During the interviews, when asked about what associations the participants had to pregnancy, the pregnant stomach was discussed. For Balder, Felix, Gabriel and Herman, the pregnant belly evoked what I read as a repulsive response: it was regarded as being inhabited by an alien (all four) and being reduced to a host or a birthing machine (Balder, Felix and Herman). Herman discusses his association to pregnancy:

*"Herman: The first picture that pops up in my head is my aunt when she was pregnant. As I said earlier, it was kind of a recurring nightmare I had, pregnant but kind of alien-style. To me, it has very much a body horror association, like, worst case scenarios. Because... it's something very womanly, for the general public in society. It's the ultimate, the womanly. That's what she's supposed to be. She's supposed to be a mother, and pregnant, right. That's established from the beginning, and it kind of wasn't for me [Laughs]."*³⁶

³⁶ "Herman: Det første bildet som popper opp i hodet mitt er tanta mi nå hun gikk gravid. Det var som sagt et sånt gjentakende mareritt jeg hadde, gravid men sånn alien-stil. For meg så har det veldig body horror assosiasjoner, altså sånne worst case scenarioer. Fordi... det er noe sterkt kvinnelig, for storsamfunnet. Det er det ultimate, det kvinnelige. Det er det hun skal være. Hun skal være mor, og gravid, liksom. Det blir etablert ved første stadiet, og det var det liksom ikke for meg [Ler]."

This internalization of the pregnant stomach as inherently female is only possible within a cisnormative framework that legitimizes such a relationship. I will allow myself to analyze his comparison to pregnancy in the *Alien* movies and body horror. Body horror can be described as a trope within horror movies that involve disfigurement, mutilation, mutation, parasitism, or other unsettling configurations of the human body (Laman, 2021). At the heart of this comparison lies the internalized norm that pregnancy is female, making the pregnant stomach alien and grotesque for Herman. Pregnancy is described as a nightmare and the image of the chest burster scene from *Alien* (1979) comes to mind; an alien creature bursting open a cisgender male character's chest. Male pregnancy is a recurring element in horror movies, especially in the *Alien* franchise (Verlinden, 2012; Heggestad, 2021). However, the horrific aspect of this relies on the shock and scandalization of an impossibility, where a cisgender man becomes pregnant against his will. Fictional representation of pregnant men tends to focus on impossibility and nurture the horrific aspects that this possibility would entail (often taken to extreme lengths, of course, such as in *Alien*).

This begs the question: why is male pregnancy played for effect in horror and speculative fiction? With the horror at its core being that a man could get pregnant, which relies on the assumption that the men in the movies are cisgender and otherwise unable to get pregnant, eradicates transgender experience in the cinematic context of male pregnancy (Verlinden, 2012: 107). As I read it, for Herman, the true horror is not pregnancy itself: it is the erasure and invisibility of his gender identity, and the consequences of the abjectification of pregnant transgender individuals as less than human. Opposing pregnancy legitimizes agency within dominant discourses, as it shields him from the concern of being associated with terms such as mother and pregnant. He becomes a subject, in his retelling, by adjusting himself to heteronormative standards for what a man's role in a reproductive setting should be, avoiding the abject pregnant man. The nightmare is not, in other words, pregnancy: it is cultural unintelligibility. Centering the pregnant belly as something horrific serves to create a monstrous image which must be understood as discursively produced in context of the structural invisibility of pregnant transgender individuals, as this repulsion towards (and abjection of) pregnant men relies on its non-normalcy.

"An impossible position to inhabit" – Resisting heteronormativity

It is important to stress that, when discussing the abjectification process, none of the participants vehemently rejected the concept of pregnant men; all the participants showed, to some extent, how they wished it was socially possible and acceptable, as discussed in chapter five. The participants tried to negotiate the dominant norm of pregnancy in society but inhabiting it for the self was often impossible. When asked about how he would feel being pregnant, Balder mentions that internalized transphobia 'probably' affected how he relates to it:

"Balder: I love seeing pregnant trans men, I think it's really great and I become really happy when I see that, so it's not something I hate on a general basis. In some ways, I wish I was more comfortable with it, because I think it's a nice thing and I think we need representation and visibility on this. There are way too many people who are like, 'No, that's the worst thing that could happen to me, I would

*have jumped into the ocean immediately!'. Sadly, I'm kind of one of those people [Laughs].*³⁷

The pregnant man as structurally invisible is contested, but the pregnant man is still spoken of as a position it is impossible to inhabit. Balder contests this invisibility, as it is something he says he wishes he was more comfortable with and something that should be celebrated. The "others" he speaks of who would jump into the ocean if it happened, are presented as a problem or at the very least an obstacle to being culturally recognized as legitimate in his gender identity while pregnant, without the discomfort he speaks of. However, in the last part of his account, he positions himself as part of that group, as someone who becomes an obstacle. In other words, it is ideal that the convergence of pregnancy and male gender identity should be possible, but the internalization of heteronormative and cisnormative discourses regarding pregnancy makes this position abject and impossible to inhabit. Herman articulates similar concerns when I ask if he wants to add anything regarding his relationship to pregnancy:

*"Herman: Obviously I know that there are people that want that, but for me it doesn't even feel like an option. Both for me personally, but also for me in society. Both of those. I feel like it would be something I'd have to fight for, and I don't want to fight for that, on any level. It just feels like there doesn't even exist a norm to think about it."*³⁸

These restrictions uphold the subject position of *non-pregnant transgender man* in the sense that there are specific restrictions on what identity constructions becomes possible as opposed to others. In other words, such talk aims to legitimize a subject position where pregnant transgender men are possible, but the position remains restricted and unavailable as it is presented as an ideal rather than a possibility. Being pregnant and a man, as Herman says, would be something he would have to fight for, as he could risk having his pregnancy and life sensationalized due to its cultural non-normalcy, much like Thomas Beatie did. However, in this account, Herman also speaks of it as an internalization of heteronormative and cisnormative values, as opposed to it constituting some objective truth (Butler, 2004). The use of words such as "sadly" and identifying a norm that is deemed the source of what Balder earlier calls internalized transphobia, implies contestation of the cultural illegitimacy of pregnant men, that creates a framework for which positions the participants feel they can occupy, and which they cannot.

6.2. Seahorse dads and the Pregnant Man as Subject

In a discourse informed by cisnormative standards of identities and bodies, pregnant men are often rendered abject and invisible. However, in accordance with discursive psychology, people are not only slaves to language where people simply adhere to established identities, but masters of language as well (Edley, 2001: 210). In other words, positions in society are not predetermined by a discourse and people have the ability, in interaction

³⁷ "Balder: Jeg elsker å se gravide transmenn, jeg synes det er sykt fint og jeg blir veldig glad av det, så det er ikke noe jeg hater som en generell ting. På en måte skulle jeg kanskje ønske at jeg var kjempekomfortabel med det, fordi jeg synes det er en fin ting og jeg synes at vi trenger representasjon og synlighet rundt det. Det er altfor mange som er sånn, «Nei, det er det verste som kunne ha skjedd meg, jeg hadde hoppa i havet med en gang!». Jeg er dessverre litt en av dem [Ler]."

³⁸ "Herman: Jeg vet jo at det er folk som vil det, men for meg så føles det som det ikke er et alternativ engang. Både for meg personlig, men også for meg samfunnsmessig. Begge deler. Jeg føler det hadde vært noe jeg måtte kjempe for, og jeg har ikke lyst til å ta den kampen, på noe nivå. Det føles bare ut som det ikke er norm for å tenke på det, engang."

and talk with others, to negotiate new positions and renegotiate more traditional ones. In this section, I focus on another subject position articulated by the participants that makes the pregnant man intelligible and a possible subject position to inhabit, and rejecting the abjectness produced in dominant narratives of transmasculine pregnancy.

“Becoming a seahorse dad” - Renegotiating fatherhood and pregnancy

Seahorse dad is a term within the transgender community that directly relates to pregnant transgender people. The term comes from the fact that male seahorses carry their children for a period, and also give birth. This term, arguably, works as a renegotiation of what pregnancy can look like, by adopting the term as something positive and trans-specific. In our conversation, Alexander does not mention the community-specific term (Christian and Balder were the only participants who mentioned it), but speaks of his wish to possibly become pregnant at some point and start a family:

“Alexander: I’ve always wanted kids. I consider it more of an opportunity I have, if I can get pregnant, that is. I have a uterus and I’ve always thought it’s a natural part of who I am, because I have the opportunity to do it, regardless of whether I’m a man or not. That’s an option I’d like to go with.”³⁹

To Alexander, pregnancy is not spoken of as a disqualifying characteristic for his gender identity. Pregnancy is spoken of as a possibility, and a natural part of who he is, as it is presented as a biological function his body is capable of. Pregnancy, in his definition, is renegotiated to be something he should be able to do regardless of his gender identity. Speaking of it as an opportunity he might have serves to legitimize his choice in this matter, as it is presented as a natural part of his body and something he is able to do, regardless of whether he is a man or not. His opinion of what a pregnancy is, or can be, depends on its rhetorical context (Jørgensen & Phillips, 2002: 112), and in Alexander’s retelling, the phrase “natural part of who I am” is used to justify the argument that he can be a pregnant man, because it is something his body is capable of. This justification only becomes possible within a discourse that does not limit pregnancy to women, but rather, embraces it as part of his embodied identity, such as the *pregnant man* repertoire. In doing so, Alexander positions himself as a subject with agency, where his body is discursively constructed as a site of possibility as opposed to impossibility, which subverts the normative ideals of what a transmasculine body should be able to do. The subject position made possible within this repertoire has been dubbed *the seahorse dad*.

For Christian, seeing other transgender men pregnant was important in creating similar possibilities for himself:

“Christian: I think of pictures of trans men who have carried their own children where you see that yes, they’re very clearly men and they’re very clearly pregnant, for example.”⁴⁰

³⁹ “Alexander: Jeg har jo alltid hatt lyst på barn. Jeg tenker mer at det er en mulighet jeg har, hvis jeg kan bli gravid da. Jeg har livmor og jeg har alltid bare tenkt at det er en naturlig del av hvem jeg er, fordi jeg har mulighet til det, uavhengig av om jeg er mann eller ikke. Det er den muligheten jeg helst vil ta da.”

⁴⁰ “Christian: Jeg kommer også på bilder av transmenn som har båret egne barn hvor du ser at ja, de er veldig tydelig menn og de er veldig tydelig gravide, for eksempel.”

Christian's description of pregnancy is different from previous accounts, which have described the idea of pregnancy as uncomfortable or stigmatizing. This is fundamentally different from a discourse that constitutes that pregnancy would feel like "going back to being a man in a woman's body". It functions as a reconstruction of what a transmasculine body can do, as opposed to what it cannot. The term seahorse dad was important to Christian, as it showed him that pregnancy was a possibility for him as a transgender man. Becoming aware of the possibility through having role models and social medial/documentaries has in earlier qualitative research of pregnant transgender men been noted to combat the erasure of pregnant men (Hoffkling et al., 2017: 11), and to create alternative subject positions, such as *the seahorse dad*.

For both Alexander and Christian, looking masculine and passing was important. They both voiced concerns regarding having to stop HRT during their pregnancy, the reason being a worry that some of the masculinizing effects would recede. The emphasis on normative masculine traits was not only apparent in relation to physical traits, such as beards or flat chests. Both Alexander and Christian speak about the importance of being a father to their children, and Alexander mentions his role as a parent:

"Alexander: I don't want to be the mother. It would be dad that's natural, although I understand that it would say mother because that's usually who people think gives birth, but it would be wrong for me."⁴¹

Alexander mentions this after we discuss what would be printed on the birth certificate of the child. He first mentions he is worried about how he would be categorized after giving birth, and how he would feel uncomfortable if he was listed as a mother to his child. In his case, it would be natural, as he says, to be the father. Whereas he mentions that he understands that normatively it is often mothers who give birth, it would be unnatural for him to be listed as a mother, as this would delegitimize his identity as a man. The argument that being listed as a mother would be wrong emphasizes the importance of being listed as a father after giving birth, and in further extension, the importance of retaining their masculine identities in a system that has made gestating fathers invisible. This sort of talk aims to renegotiate by naturalizing pregnancy as part of an embodied masculine identity. The identity construction made possible by this kind of talk specifically outlines the convergence of the identity as a man and a pregnant person to make possible the subject position *the seahorse dad*. The role of the father in a normative heterosexual relationship is contested here, as in their accounts, the father can be the one giving birth. In other words, the accomplishment made within the local context of the production of this subject position (Edley, 2001: 2016) is to create a subject position that allows for the convergence of the father, or the man, and the pregnant person.

According to Edley (2001), it is also interesting to discuss the broader ideological implications of the context in which this type of talk is done. I read this subject position as a challenge to the cultural dominance of the invisibility of pregnant transgender individuals, as it offers alternative, subversive positions. In an even broader context, the subject position *the seahorse dad* challenges dominant cultural perceptions that romanticize female

⁴¹ "Alexander: Jeg har jo ikke lyst til å være mor. Det blir jo far som blir det naturlige, samtidig som jeg skjønner at det står mor fordi det er det man tenker som fødende, men det blir jo feil for meg."

cisgender pregnancy and motherhood within the heteronormative framework I have discussed earlier.

The pregnant man & the seahorse dad

The figure of the pregnant man, introduced early in this thesis, has a complex history in media, whether it be fictional or sensational accounts of transgender men's pregnancies (Verlinden, 2012: 106-107) or the sensationalism of transmasculine pregnancy that ultimately frames it as different from "normal pregnancy", the origin of its spectacularism (Koch-Rein et al., 2020: 4; Riggs, 2014: 13-14; Toze, 2018: 204). I find it necessary here to clarify a difference between the figure of the pregnant man and the subject position I have analyzed, *the seahorse dad*. Whereas the pregnant man can be a subject position transgender men can evoke (like Thomas Beatie did when he was named "the first pregnant man"), *the seahorse dad* is a specifically transgender subject. The main difference, as I read it, is the normative oxymoron created by the pregnant man: the assumed impossibility of pregnant and man being the same subject. It is only possible through its perceived impossibility. This impossibility, however, exists within a sex/gender paradigm that relies on the assumption that everyone is cisgender until proven otherwise, and the pregnant man as he has been represented in media often relies and thrives on the unnaturalness of pregnant men. Or as Danny DeVito says in the movie *Junior* to the pregnant (cisgender) character Arnold Schwarzenegger plays: "*Everything is perfectly normal: except for the fact that the mom is also the dad.*"

Historically, transgender pregnancies have been erased from the storytelling of pregnant men, as this figure relies on the normative assumption that male-identifying people do not get pregnant. *The seahorse dad*, however, is specifically a transgender figure, and has since been claimed by transgender people who get pregnant and give birth. As I read it, the pregnant man is historically a cisgender fictional figure that has also been evoked to (more recently) include transgender men in mainstream media, which can in some cases ultimately erase transgender pregnancy due to its cisnormative framing, where the transgender pregnant man is rendered novel and shocking (Toze, 2018: 204). The pregnant man is thus incomprehensible within heterosexual, binary-gendered notions of reproduction. *The seahorse dad* as a transgender subject, however, I read as a position of empowerment and a shift away from the historic erasure of transgender pregnancy in reclaiming the position and creating agency by redefining cultural norms ascribed to pregnancy.

"F*cking" with the gender roles" - Subversion of normative subjectification processes

The seahorse dad was not only invoked as a site of possibility, but also as an ideal, a possibility that should be, or that could be inhabited to expose and challenge the normative framework that connects certain reproductive functions (such as pregnancy) with gender. Iben was perhaps the participant who voiced this the strongest:

"Iben: It's almost as if I'd rather be pregnant as a man just to show... [Laughs]. I feel like I almost on principle want to be a man that has kids just to fuck with norms and expectations. But I also know that I don't want to do that to myself.

Theoretically, there's many things I want to do as a man rather than as a woman, just because I gain pleasure from fucking with gender norms and expectations."⁴²

Even if pregnancy was not something he had a desire to go through for several reasons such as suspected PCOS, not wanting children, or reflections that it would be a lot of work he necessarily did not have the desire to go through, he voices a hypothetical desire to challenge norms and expectations. Pregnancy in this sense becomes a site of active subversion and resistance, a possibility for challenging the norms and exposing the cracks in the wall. I read this as what Butler (2004) calls a subversive performance: actions that break with the culturally constituted framework, and actively challenge the culturally acknowledged subject positions (Butler, 2004). It is through these acts of transgression that we can truly expose the construction of normative frameworks, which never neutrally mirror reality (Pultz & Goldfinger, 2020: 572). As I read it, *the non-pregnant transgender man* only becomes an abject within a hegemonic framework that positions pregnancy as culturally female and feminine and legitimizes some transgender men as intelligible especially by refraining from pregnancy. The contestation of this, however, emphasizes the agentic potentials of alternative subjectification processes, that fall outside of the hegemonic narrative, but function to expose the hegemonic as not an objective truth, but rather, a constructed truth that could potentially be different, in which a person has the potential to negotiate alternative subject positions (Edley, 2001: 210). Subversive performances, such as Iben's hypothetical subject position, create a possibility for agency outside of the normative framework and emphasize the agentic potential of identities and bodies that do not fit within a constructed heterosexual, cisgender reality.

6.3. Becoming Human: Strategic Engagements with Transmasculine Pregnancy

The first part of this chapter shows that the participants negotiate their identities differently and inhabit different subject positions dependent upon the context of the talk, and what their goals are. In this section, I wish to focus on some strategies that the participants employ to inhabit these different subject positions. These strategies are how the participants talk about achieving personhood within a subject position in interaction with others. This serves to answer the latter part of the question I ask in this chapter: *What strategies do the participants use to create agency within the given subject position(s)?*

"Sticking to the status quo" - Legitimizing oneself within the dominant discourse

A site of impossibility was spoken of when the participants talked of how being a pregnant man would be viewed in interaction with other people. The fear of rejection and being subjected to othering made it difficult to legitimize an already illegitimate identity:

"Edwin: Even if there are old geezers out there that are totally like 'oh, a pregnant man, what's this, those kinds of people don't exist'... I think that if there was more openness around it, then I think that would be really positive. A little less shameful, really. For myself too, there's not a lot of positive reactions I see from people. It's mostly weird, right. But... I don't know, I don't like being open about it in general,

⁴² "Iben: Det er nesten mer som at jeg ville heller blitt gravid som en mann bare for å vise ... [Ler] Jeg føler nesten jeg har prinsipielt lyst til å være en mann som har barn bare for å føkke med normene og forventningene. Men jeg vet jo også at jeg ikke har lyst til å gjøre det mot meg selv. Sånn rent teoretisk er det mange ting jeg vil gjøre som mann enn som kvinne, bare fordi jeg får stor glede av å føkke meg kjønnsroller og forventninger."

*but if people had been more open when it came to this, then it would be easier not to feel ashamed, if it was more normalized.*⁴³

The strategy in interaction here, for Edwin, is to play along, as he says:

*"Edwin: Yes, I don't want to be excluded, socially. I kind of play along, to put it like that. You play along with the circumstances."*⁴⁴

When speaking of "being more open about it", Edwin is referring to being open about being a transgender man. In the interview, he often reflects on how he feels uncomfortable telling people of his gender identity and prefers to pass without any suspicion surrounding his gender. This fear, as I read it, centers around a fear of being deemed illegitimate and questioned, maintaining the illusion of a stable gender identity (Butler, 2020/1990). Being pregnant would heighten the risk of this illegitimacy happening in society, due to what Edwin speaks of as shame and being considered strange. Normalizing it, as he says, could contribute to reducing this shame. This shame is only necessary within a discourse that delegitimizes pregnant men, making them structurally invisible. The strategy to create agency is to "play along" and maintain the status quo.

For Didrik, the feeling of pregnancy being unnatural is the dominant reason for him not considering a pregnancy. It would also affect his daily life and how he interacts with others:

*"Didrik: I don't know if I have much more to say other than that it feels unnatural. I think it's also the social aspect surrounding it, because in some parts of my life, I'm still not out. At work, for example, most people don't know I'm trans. So if I suddenly ask for maternity leave, then I don't know what the guys at the office would say [Laughs]."*⁴⁵

Explicit in this lies a fear of being different from the majority of other men, who do not need to ask for maternity leave due to a pregnancy. The result would be uncomfortable reactions from his co-workers. Being pregnant would mean being visibly trans, or visibly different, as Didrik speaks of it here, and would create a situation where he would have to come out to his colleagues. This visible difference could put into question his identity as a man. This othering is only possible within a discourse that solidifies and reproduces the "fact" that men have penises and women have vaginas, and men cannot or do not want to get pregnant. In analyzing this, an important question is what identities different kinds of talk of pregnancy opens for in interaction with others (Jørgensen & Phillips, 2002: 130). By drawing on the repertoire *incompatibility* that I discuss in chapter four, this discourse legitimizes a specific way of being trans, one that adheres to a normative standard of what

⁴³ "Edwin: Selv om det finnes sånne gubber der ute som er helt sånn «åh, en gravid mann, hva er dette her for noe, det finnes ikke sånna folk»... Jeg tenker at hvis det hadde blitt mer åpenhet rundt det, så tror jeg det hadde vært veldig positivt. Litt mindre skambelagt, egentlig. Hos meg selv også, det er veldig lite positivt jeg ser av reaksjoner fra folk. Det er for det meste rart, liksom. Men... Jeg vet ikke, jeg liker jo ikke å være åpen om det generelt, men hvis jeg hadde vært mer åpen om det så hadde det vært lettere å slippe å skamme seg da, hvis det var litt mer normalisert."

⁴⁴ "Edwin: Ja, jeg vil jo ikke bli utestengt fra det sosiale aspektet. Jeg spiller jo med da, hvis man kan si det sånn. Man spiller jo med det rundt seg."

⁴⁵ "Didrik: Jeg vet ikke om jeg har så mye mer å si enn at det føles unaturlig. Jeg tror det er litt det sosiale rundt det også, fordi i noen deler av livet mitt så er jeg fortsatt ikke ute. Som for eksempel på jobb så er det mange som ikke vet jeg er trans, for eksempel. Så hvis jeg plutselig skulle ta sånn fødselspermisjon så vet jeg ikke hva gutta på kontoret hadde sagt [Ler]."

a man should look like, act like and be able to do. Pregnancy becomes unintelligible as “normal men” (like the guys at the office) assumedly cannot get pregnant. By rejecting pregnancy, which is spoken of as feminine, womanly, and uncomfortable, the participants create agency for themselves and a perceived stability in their gender identity. This production of meaning, and in extension, identity construction, depends on the range of the discursive resources they have available in any given historical and/or cultural context (Jørgensen & Phillips, 2002: 112). The legitimization of oneself as a man and a subject, where pregnancy is unintelligible, is only possible within a historical and cultural context in which pregnancy and man is an unintelligible combination, an abject body and abject identity.

All participants spoke of structural and cultural barriers they worry they would face if they became pregnant. Didrik, for example, mentions how he would potentially expose himself to misgendering. Gabriel says he thinks a pregnant man in Norway would experience hatred and unwanted attention in the media. Balder says he would feel like a zoo animal, with all the questions he would be asked. Herman sums up this fear of normative violence when he says:

*Herman: "I think a pregnant man in Norway in his right mind would isolate himself from the general public the moment it becomes obvious they're pregnant [Laughs]."*⁴⁶

Not being pregnant, in this sense, would avoid a risky subversion of normative behavior that could be punished in society. Inhabiting the subject position of a pregnant man could, in other words, serve as a cultural transgression that could be punished, thus rendering the position inhabitable within this discourse. The strategy, as I read it, becomes to adjust oneself to traditional frames of normative masculine behavior to avoid inhabiting an abject position in society.

“To be trans enough” - Lying to medical practitioners

When discussing reproductive intent with NBTK as part of his assessment for medical treatment, Christian was one of the participants who struggled with navigating what he felt was a restrictive framework of what a transgender experience should look like. As a person who wishes to undergo a pregnancy at some point, Christian speaks of feeling like he must lie to medical providers:

"Christian: I haven't told them that I want to carry a child myself, but that I want children. That was because we talked about freezing eggs. I have been very, very careful in regards to how I talk to them about reproduction.

Isak: Okay. Why's that?

*Christian: Because I've been scared that I won't be considered trans enough, that they would think that because I want to carry my own child, then I'm not a trans man, so I don't need or deserve treatment."*⁴⁷

⁴⁶ "Herman: Jeg tror en gravid mann i Norge i sitt beste vett hadde isolert seg selv fra storsamfunnet med en gang det blir tydelig at de er gravid [Ler]."

⁴⁷ "Christian: Jeg har ikke fortalt de at jeg ville bære barn selv, men at jeg vil ha barn. Det var på bakgrunn at vi snakket om nedfrysning av egg. Jeg har vært veldig veldig forsiktig om hvordan jeg har pratet med dem om reproduksjon.

Isak: Okei. Hvorfor det?

Christian: Fordi jeg har vært redd for å ikke bli ansett som trans nok, at de kommer til å tenke at fordi jeg ønsker å bære et eget barn, så er jeg ikke transmann, så jeg trenger ikke eller fortjener ikke behandling."

In his retelling, Christian positions NBTK as a *gatekeeper* of transgender experience regarding reproduction. Admitting that he wishes to become pregnant would put him at risk of not receiving access to treatment. Christian, in this specific context, seemingly complies with the transmasculine ideal by leaving out that he desires to become pregnant, keeping up an illusion in conversation with NBTK as someone who considers sterilization. In other words, in conversation with NBTK, he inhabits the position of a *non-pregnant transgender man*. The alternative is to be considered “not trans enough”. However, I read this as a way for Christian to create agency for himself as well, where he strategically lies about his reproductive intent to receive the gender-affirming treatment he desires. The unintelligibility of the pregnant man is kept intact in contact with *the gatekeeper*, but on the outside, in his daily life, Christian creates agency for himself as a potentially pregnant man and speaks of his plans of conceiving in our conversation. To appear as a congruous whole and a legitimate subject within the normative model for transgender experience, Christian must lie to medical providers. However, this is a discursive strategy employed to retain subjectivity within the given framework, as Christian creates agency through lying about his reproductive intent. In doing so, the seahorse dad becomes an inhabitable subject position. This strategic acting in interaction with NBTK allows Christian to inhabit *the seahorse dad* position in his everyday life (and plan it for the future); however, in this interaction, the binary understandings are reproduced and further institutionalized, reproducing the abject pregnant man in institutional practice.

“They don’t know anything about us” - Seeking expertise from the LGBT+ community and saying the right things

Earlier research on how transmasculine people navigate encounters with the treatment system has found that queer communities often play a big role in shaping expectations and knowing what the “right things” to say are to be deemed congruous (Pultz & Goldfinger, 2020: 578; Seelman & Poteat, 2020: 355-356). Similar experiences were noted with the participants of this study, where a strategic action was to turn to other transmasculine people to share experiences and question the validity of the expert position NBTK has acquired:

“Balder: Pregnancy and trans people in general, we don’t have any research done with us because no one cares about us except the fact that we’ve been sick in the head, right? [Sighs]. Yeah, no, I.. even now, I trust the experiences of other transgender people more than healthcare professionals who try to pretend they know stuff they don’t really know anything about.”⁴⁸

While NBTK (according to the participants) positions itself as an expert on gender incongruence, which validates its position as a gatekeeper of transgender experience as well, Balder questions the validity of this expertise. His strategy is to turn to other transmasculine people for insight into their experiences. Instead of being described as medical experts who help people, Balder positions NBTK as gatekeepers who contribute to the pathologization of transgender people. Often in the interviews, the general public and NBTK were often represented as holding traditional, heteronormative views, which were often presented as problematic by the participants. However, within queer communities according to these accounts, their individual experiences are validated as opposed to

⁴⁸ “Balder: Graviditet og transfolk generelt, vi har jo ingen forskning på oss fordi ingen bryr oss om oss utenom at vi har vært syke i hodet, ikke sant? [Sukker]. Ja, nei, altså jeg.. til og med nå av og til stoler jeg mer på erfaringer fra andre transpersoner enn helsepersonell som prøver å late som at de vet noe de egentlig ikke gjør.”

contested and questioned, opening the possibility for intelligibility of normatively unintelligible subject positions, such as pregnant men and non-binary identities. This is emphasized through most of the interviews through challenging NBTK's expertise, talking about the importance of diverse queer representation and different bodies, and directing blame at hegemonic binary ideas of gender and pregnancy, as well as the internalization of these norms, similar to the former chapter's discussion about knee jerk reactions and recognizing what feels like internalized transphobia.

6.4. Summary

The talk examined here exhibits the different ways in which some transmasculine individuals bargain for their personhood by either reinforcing culturally dominant perceptions of masculinity and male identities, or by renegotiating these and creating alternative options. The conceptualization of pregnant bodies as feminine served to further normalize the materialization of bodies into two opposite categories based on reproductive capacity (Butler, 1993: xii), where a pregnant body is presented as a woman's body. As discussed in this chapter, the cultural abjectification of transmasculine pregnancy relies on this cisnormative framework, by neatly categorizing bodies into two binary, normatively comprehensible categories. The barriers faced by transmasculine people in negotiating this seemingly unshakeable foundation is exhibited in this chapter; a pregnancy would, for some, feel like a stepping back into this woman body, where pregnancy becomes synonymous with a female body. To avoid being rendered abject, it becomes strategic (and necessary) to adjust themselves to cisnormative perceptions that they meet in interaction with other people, but especially in encounters with healthcare personnel, where their identities may be delegitimized or questioned if they diverge from the normative framework, thus limiting the possibility for agency if they wish to stay culturally intelligible as subjects. The lack of knowledge regarding transmasculine health, and the binary, pathological approach to transmasculinity, as Balder mentions, is reinforced in the heterosexual matrix. As Edley (2001) notes, the availability of some subject positions over others exhibits the broader ideological context of talk (Edley, 2001: 217), and the *non-pregnant transgender man* is arguably most available, perpetuated by the cultural framework that maintains transmasculine bodies as non-gestating, as a pregnancy may risk deviation from the perception that people with masculine identities have penises, and thus do not, cannot, or will not become pregnant.

However, the narratives some participants offer also serves to challenge this convergence of bodies and reproduction, by redefining and normalizing a masculine body as a possibly pregnant one. The subject position *seahorse dad* serves such a purpose. Such a position, as I read it, is invariably a subversion of the idea that transmasculine experience is necessarily homogenous, and some transmasculine people desire to become pregnant, or wish it were a more available option for themselves and others. The political implication of such findings exhibits the existence of alternative discourses regarding transmasculine pregnancy that challenge the medical interventionist approach that aims to fix bodies into stable, heterosexual opposites. Thus, subversive subject positions ultimately serve to challenge the cisnormative framework that aims to render certain identities and bodies abject and creates subject positions that do not posit pregnancy as a female-only activity.

7. Discussion and Conclusion

In this thesis, I have examined the ways in which transmasculine individuals negotiate the gendered embodiment of pregnancy in their everyday talk. The research question I presented in the introductory part of this thesis emphasized that my interest lies with examining transmasculine experiences and reflections on pregnancy. In conducting a discourse analysis of these reflections, I have been able to examine the accounts of my participants as being more than mere individual reflections of feelings and desires. Rather, I have examined their stories and experiences in their cultural and historical context, giving primacy to language. I have done this through identifying the interpretative repertoires, ideological dilemmas and subject positions that are expressed and negotiated in everyday talk. In the fourth chapter, I have conducted a detailed analysis of the interpretative repertoires I have called *incompatibility*, *pregnant man*, & *unisex pregnancy*. A central finding here is that normative conceptions of pregnancy and its cultural relationship to womanhood and femininity are deeply ingrained in talk of pregnancy and reproductive intent. However, alternative narratives (such as the two last repertoires) complicate and contest this and provide alternative repertoires of pregnancy to the culturally dominant one that renders pregnancy incompatible with (trans)masculinity.

In the fifth chapter, I have examined the ideological dilemma that was most prominent among six of the participants who did not wish to go through a pregnancy. The central finding examining this ideological dilemma illuminates the complicated relationship between navigating binary conceptions of gender with an ideal of choice and bodily autonomy in relation to pregnancy. This complicates the sense-making transmasculine people must go through when discussing their reproductive choices and it emphasizes the dilemma between negotiating the femininity often prescribed to pregnancy (often in relation to their own conception of themselves) with an outspoken acceptance of transmasculine pregnancy and critique towards cisnormative standards that limit other transmasculine people's choices.

The sixth chapter is an examination of the subject positions the participants negotiate in their different conceptualizations of pregnancy. A central finding here, primarily utilizing abject theory, is that the cultural unintelligibility of pregnant men makes it difficult for some of the participants to articulate pregnancy as part of their embodied identity, as a pregnancy may ultimately render them culturally unintelligible, or abject in society, and rejecting this position often lends itself helpful in legitimizing a masculine identity in line with dominant narratives of maleness. The position of a pregnant man, as shown in the analysis, is also analysed in its historical and cultural context, as several of the participants mention that the barriers to achieve that position without rendering their embodied identities as men unintelligible are ultimately restricting in a cisnormative society. However, the narratives I examined were by no means unitary, and offered alternative positions, such as the *seahorse dad* position, a specific transmasculine subject, which also contests the unintelligibility the participants at times ascribed the pregnant man.

As is shown in the analysis, the negotiations of pregnancy that the transmasculine individuals I have spoken with articulate, are complex, nuanced and often inconsistently

drawn upon. While the *incompatibility* repertoire was most prominent with those of the participants who did not wish to become pregnant, there was considerable overlap between repertoires, and the quotes I have included in the analysis are those who best illustrate similar reflections. However, their accounts and stories were rich and complex, and this thesis ultimately illustrates the diversity, fluidity, and subversive possibility of some transmasculine discourses. While some ways of speaking reproduce normative conceptions of pregnancy, others express creative potentials for producing new, alternative discourses and subject positions. These nuances, as I read it, are even more important to examine in a Norwegian context that is increasingly becoming aware of its transgender population, and the specific struggles transgender people face. The reproductive rights and negotiations of opportunity for transmasculine people are key among these.

The remainder of this chapter is a reflection around the necessity for further research, and an examination of limitations, and, lastly, a discussion of the findings of this study. I especially point to what this thesis offers for future research on transmasculine accounts of pregnancy.

7.1. Further research and limits of this study

First, I want to flag the necessity for more qualitative research on the lived experiences of transmasculine people in Norway today regarding reproductive health. There exists little interactional research that examines these narratives, and it became obvious through the interviews I conducted that the participants agreed to this. During the interviews, several of the participants talked about experiencing stigma as a transmasculine person in encounters with healthcare providers, not limited to pregnancy intentions or reproductive rights, but also having their identities invalidated, being misgendered and lack of knowledge on transgender specific healthcare. There exists research on this internationally, cited in the introductory chapter, but not much prevalent in Norway. As this is something that was mentioned in all interviews, but ultimately fell outside of the purview of this thesis and would be too broad to explore properly, there exists a gap in research on the stigma transgender people face in encounters with healthcare providers in Norway.

Secondly, while a critical discourse psychology approach has been invaluable for examining the gendered relationship in different discourses about pregnancy in interaction with others, I find it necessary to discuss one possible limitation of the analytic approach I have used. Since I have conducted a discourse analysis, the focus of this thesis has been on the different representations of pregnancy the participants offer, and the repetitive production of knowledge through interaction with others. Thus, language and power have been at the center of this thesis. However, through the process of writing this thesis, I have become privy to the alternative interpretations that the chosen method of discourse analysis and theory cannot neatly account for. In line with Butler's theory of gender performativity, a discursive perspective on gender is interested in the ways in which gender is constructed, negotiated, and reproduced in the social world, and challenges the idea of a stable core identity that exists pre-discursively (Butler, 2020/1990: 47). An alternative reading, which does not focus on language and is much more common in trans studies, would be to put embodiment at the center of an analysis of transmasculine experience. Centering embodiment, as opposed to language, would sow the seeds for other interpretations, as it emphasizes the dynamic nature of social identities, but does not undermine the importance of lived experience in ontological questioning or examining the nature of the self. Linda

Alcoff writes beautifully about the importance of embodied experience in her book *Visible Identities*: “Social identities may be relational, then, as well as contextually variable, but they remain fundamental to one’s experience of the world and to the development of one’s capacities.” (Alcoff, 2006: 92). As trans scholar Katrina Roen argues, queer theories in their abstract nature can risk neglecting the lived realities of transgender people’s lives (Roen, 2002: 253), and a purely social constructivist perspective on gender risks “denying the sense of self that comes from a body that continues to exist as a seeming self between the social performances of gendered behaviors.” (Nagoshi & Brzuzy, 2010: 435). In other words, embodiment is important as the emphasis lies on embracing the multiple and contradictory experiences of real people (Hines, 2007: 24), because embodiment has material consequences.

I mention this as a limitation as I found myself at a crossroads several times while doing my analysis: is there something I am missing? Something I cannot account for within a discourse analytical approach? This is not to say that Butler’s framework for gender is not fruitful; I think this analysis shows its potential by examining the discursive construction of different accounts of pregnancy and critically examining the possibilities and limitations such discourses create, both in its local and cultural context. However, by centering language and power in the analysis, I have not given primacy to extensively examining embodied experiences and affective dimensions. In future critical research of transgender pregnancy, I believe that an approach that focuses on embodiment would be interesting to gain further (and alternative) insights into the possibilities and limits transmasculine people face today, as well as the subversions that are made possible through multiple transmasculine narratives.

7.2. Discussion of findings

This critical analysis of the negotiations some transmasculine people make concerning pregnancy emphasizes the culturally gendered frame of sexual reproduction and exposes a normative configuration of sex/gender/reproduction that renders some dispositions intelligible within the framework, and others not. The performative aspects of gender, sex, and bodies (and the hetero-/cisnormative configurations thereof) thus maintain an illusion of normalcy and stability through the reification of performatively gendered acts of maleness and femaleness as a mirror to a coherent core self (Butler, 2020/1990: 46). However, there exists power in language as an organizing, regulatory principle of what is assumed to be normal (and by extension, what is not), which can and continues to be disrupted and challenged by the alternative discourses and subject positions the participants creatively draw on and produce, which illuminates the agentic potential in transmasculine engagement with pregnancy outside of normative conceptions of reproduction.

The idea that pregnancy and gender are intimately linked to one another culturally is not at all a new finding. However, examining transmasculine accounts of pregnancy is a new perspective, and as shown in this thesis, highlights the cisnormative assumptions that make woman and pregnant interchangeable terms. A central finding in this thesis is that this assumed natural link between womanhood and pregnancy makes it difficult for some transmasculine people to make pregnancy compatible with their sense of self, and at times with masculinity overall. As shown in the repertoire I have entitled *incompatibility*, pregnancy is so normatively ascribed to women it often becomes incongruous with

masculinity, and the dominant image of binary, oppositional reproductive sexes is reproduced in this way of speaking through an internalization of heterosexual norms. A pregnancy could cause their embodied identities as men or masculine presenting to be questioned and rendered illegitimate. I want to stress once more that the feminization of pregnancy does not represent causality as to why several of the participants do not wish to go through a pregnancy. However, the non-normalcy ascribed to transmasculine pregnancy is in this thesis examined through the reinforcement of pregnancy as feminine, which has been shown to be reproduced in the conversations between myself and the participants. As Edley (2001) writes, some ways of understanding the world become so dominant they become normalized or naturalized (Edley, 2001: 190), and the understanding of pregnancy as feminine is so normalized in society it often renders other configurations of gender/sex/reproduction culturally unintelligible. In treating these accounts of pregnancy as discursively produced, this thesis outlines the ways in which cisnormative standards for reproduction and pregnancy are continuously normalized in everyday speech. I think Herman especially exemplifies this well when he talks about how ever since he was a child, he always heard of moms who got pregnant. The constant, continuous reification of heterosexuality and cisgenderism as the norm relies on its cultural dominance and intelligibility, and the culturally incoherent only becomes incoherent when it disrupts these regulatory gender norms (Butler, 1990: 23). Pregnant men are thus only unintelligible in a society that, through specific discourse, naturalizes pregnancy as womanly, and solidifies a normative standard for what a 'coherent' male identity is.

One major reason why a critical discourse psychology approach to this material has been fruitful is that it favors the negotiation of identities, concepts, and phenomenon in conversation. Thus, it requires a flexible approach to analyzing discourse and acknowledges that people are not only subject to discourses, but rather embraces the paradoxical and nuanced relationship between discourse and the speaking subject (Edley, 2001: 190), and the possibility for subversion and challenge to hegemonic discourse. Moreover, it also emphasizes the complexity of the relationship between discourse and the speaking subject, and that people are not always coherent in their accounts, but rather, can fluctuate between different repertoires and subject positions, given what they are trying to accomplish in conversation. The stories and reflections shared by the participants in this study show that the normative feminine connotations of pregnancy are contested and challenged by alternative transmasculine discourses. At times, some of the participants reject a model of pregnancy that renders it feminine and challenges the normative conceptions of gender and reproduction. That there exists an ideological dilemma at all for the participants who did not wish to become pregnant exemplifies the discursive tensions between traditionally gendered reproductive discourse, and self-identification that might not always normatively fit with binary conceptions of gender. A central disruption of the traditional hetero-/cisnormative framework is especially highlighted by the two participants who wish to become pregnant. They re-organize the cultural script for pregnancy to include their own gendered experience and embrace their imagined pregnancies as part of their masculinity.

The pregnant man as a transgender subject is a subject made possible within a discourse that rejects sexual difference (or, reproductive capacity) as an issue of material difference; instead, it exposes the normative framework that aims to naturalize a pre discursive sexed difference as opposed to treat it as formed through discursive practices (Butler, 1993: xi). The pregnant man is only an oxymoron within a discourse that naturalizes sexed bodies a priori. In this line of argumentation, sex is not understood as pre discursive, prior to

culture, nor inherently natural; instead, the sexing of bodies, based on sexual difference such as reproductive capacity, reinforces the regulatory heterosexual scheme that characterizes bodies into sex categories based on their reproductive functions (Butler, 1993: 126). While using a term such as pregnant man can itself serve to ultimately reestablish an idea of fixed, stable identities, I argue, however, that it also serves to subvert the fundamental rule of law, that women get pregnant and that it is an inherently female characteristic, if not a biological maternal drive as opposed to a culturally constructed compulsion that serves to constitute the illusion of a "true sexed body" prior to discourse. Becoming a pregnant man, by its very nature, subverts the notion that pregnancy is an inherently sexed phenomena, and exposes the regulatory scheme that renders pregnant men monstrous or abject.

As Stine H. B. Svendsen writes in her preface to the first Norwegian translation of Butler's work, gender is often a question of life or death; finding yourself in between, in the cracks of legitimate gender expression or identity, can be dangerous. Discursive norms that consolidate safe, livable lives, that make us human, are simultaneously what ultimately serves to render others monstrous and abject, and rob them of their humanity (Svendsen, 2020: 13). Herman speaks about this well at the end of his interview, where he tells me this about considering a pregnancy: "*It doesn't even feel like there exists a norm to think about it.*" The regulatory effects of the construction of a naturally sexed body thus consolidate the unnaturalness with transmasculine pregnancy, which in this thesis have been examined as a discursively produced one. However, in challenging the legitimate definition of an intelligible human, and intelligible gender, the cracks also threaten to expose the framework for what it is: constructed. The construction of incongruence begs the question of what makes the congruous conceivable in the first place, and the discursive reification of such cultural legitimacy. Cultural inscriptions of legitimate bodies and legitimate personhoods have lived consequences for those who must ultimately bargain to gain personhood within the hegemonic framework. Perhaps what this thesis ultimately exhibits is that words matter, not only in a cliché manner, but in the sense that with language comes power, and the ways we use it bears meaning. It bears meaning, ultimately, into what is deemed a livable life, how those lives are constituted, and what bodies ultimately matter.

However, with language comes the possibility for resistance as well, and possibilities for alternative truths, subversive configurations and central disruptions of the discursive production that materialize conceivable bodies. The accounts examined in this thesis ultimately emphasizes the diversity of transmasculine engagement with gender, bodies, and reproduction, and how they position themselves both in relation to dominant discourse, but also resist and create new ones. Further illuminating these voices and their subversions will hopefully take us a step further in the ongoing political discussion of how to ensure reproductive and bodily autonomy for transmasculine people.

8. References

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9. Appendices

9.1. Appendix One: Abbreviations

These abbreviations are used regularly through the thesis.

NBTK: Nasjonal Behandlingstjeneste for Kjønnssinkongruens

HRT: Hormone Replacement Therapy

GID: Gender Identity Clinic

FTM: Female to Male

AFAB: Assigned Female at Birth

9.2. Appendix Two: Informed Consent Letter (English translation)

Do you want to participate in the research project

"Experiences concerning bodies and pregnancy among transmasculine individuals in Norway?"

This question is directed at you in asking for your participation in a research project, where the purpose is to explore transmasculine individuals and their reflections and experiences concerning bodies and pregnancy in Norway. In this letter, you will receive information about the goals of this project and what participation would entail for you.

Purpose

This project will result in a master thesis at the Institute for Interdisciplinary Culture Research at NTNU. The material will consist of between 7-10 interviews with Norwegian transmasculine individuals, where the interviews are expected to last between 45 minutes to 1 hour. The purpose of this project is to collect transmasculine individuals' thoughts, experiences and reflections concerning reproduction and pregnancy, especially regarding understandings of bodies and differentness. The material will be collected with this preliminary research question: What influences reproductive choices regarding pregnancy for transmasculine people in Norway? The project will finish in June 2023.

What influences reproductive choices regarding pregnancy for transmasculine people in Norway?

All data material and information obtained for this project will not be used for any purpose other than this study.

Who is responsible for this research project?

The research project is part of a master thesis at NTNU, and is therefore responsible for the research project. The supervisor of this master thesis is named Mari Haugaa Engh, and retains final responsibility for this project. Contact information: mari.h.ENGH@ntnu.no, +47 41554894.

Why are you being asked to participate?

In this study, any young Norwegian individual who identifies as a transgender man or transmasculine can participate: in other words, anyone who is assigned female at birth (AFAB), but identifies with a gender that does not correspond to the one you were assigned at birth. There is no requirement for having gone through medical treatment for gender incongruence for participation, but you have to identify as a transgender man or transmasculine. You fit the criteria for participation whether or not you want to become pregnant. The most important aspect of participation is that you are willing to speak about your thoughts and experiences regarding being a transgender man/transmasculine and pregnancy. The criteria to be Norwegian means individuals who have lived in Norway for an extended period of time. The criteria to be young means anyone who fits the preassigned criteria of age between 18-35. This is to ensure that all participants are of legal age. You are being asked to participate because you fit the criteria of this study.

Information about this project has been shared through both the snowball method (participants found through acquaintances, and acquaintances of acquaintances, etc.), and posters have been put up in areas where people who fit the study are likely to see it (high schools, university campuses, etc.).

What does participation mean for you?

If you choose to participate in this project you will be interviewed. The interview will take between 45 minutes to an hour of your time. The interview will consist of questions regarding your relationship to your body and your thoughts surrounding pregnancy. The interview will be recorded on a tape recorder and stored in a secure and safe place. More information about this can be found further down in this letter.

It is voluntary to participate

It is voluntary to participate in this project. If you choose to participate you can change your mind and withdraw your consent at any time without any reason. All your personal information will then be deleted. Withdrawing from the project will not bear any negative consequences for you.

Your privacy - how we store and use your information

We will only use the information we have obtained of you for the purpose you have been informed of in this letter. We handle your information confidentially and in compliance with privacy policy.

Recordings and transcriptions of your interview will only be available and processed by the student who will submit the master thesis, and their supervisor.

Recordings of the interview will only be temporarily stored on hardware which belongs to the institution in charge of the process.

When the recording has been transcribed all identifiable information will be removed. In the final master thesis, all data will be anonymized, and it will not be possible to recognize you as a participant nor what you have said in confidence.

What happens to your information when we finish the research project?

Your personal information will be deleted when the project is submitted/approved, which is planned to be in June 2023.

What gives us the right to handle your personal information?

We are handling your information based on your informed consent.

NSD - Norsk senter for forskningsdata AS has appraised the handling of personal information in this project and deems it in accordance with privacy policy, requested by Institute for Interdisciplinary Culture Studies.

Your rights

As long as you are identifiable in the data material, you have the right to:

- insight into the information on you that we handle, and receive a copy of said information
- correct information about you that is wrong or misleading
- have your personal information deleted
- send a complaint to Datatilsynet if the treatment about the handling of your personal information

If you have any questions about the study, or wish to redeem said rights, please contact:

Institute for Interdisciplinary Culture Studies, NTNU by project coordinator Mari Haugaa Engh.
Contact information: mari.h.ENGH@ntnu.no, # 41554894.

Institute for Interdisciplinary Culture Studies, NTNU by master student Isak Løberg Jacobsen
Contact information: injacob@ntnu.no, # 94431212.

Our privacy representative: Thomas Helgesen.
Contact information: thomas.helgesen@ntnu.no, # 93079038

If you have any questions for NSD's assessment of the project, you can contact them here:

- NSD – Norsk senter for forskningsdata AS at email (personverntjenester@nsd.no) or # 55 58 21 17.

Regards

Mari Haugaa Engh
(Researcher/supervisor)

Isak Løberg Jacobsen

Statement of Consent

I have received and understand all information about this project [insert title], and I have been given the opportunity to ask questions. I consent to:

- participate in this project.
- that recordings of the interview and my information will be stored until the project is finished (01.06.2023).

I consent to the handling of my information until the end of the project.

(Signed by participant, date)

9.3. Appendix Three: Interview Guide (Norwegian original)

Informasjon

Velkommen og takk for at du tar deg tid til å delta på dette intervjuet. Jeg setter pris på at jeg får bruke av tiden din for å få innsikt i mitt tema. Intervjuet vil bli tatt opp elektronisk, men vil bli transkribert snarest mulig etter det er gjennomført. Deretter vil lydfilene bli slettet. Det skriftlige dokumentet vil bli oppbevart i samsvar med gjeldende regelverk og deretter slettet. Som nevnt i samtykkeskrivet kan du trekke deg på hvilket som helst tidspunkt. Deltakelse er helt frivillig. Jeg forventer at intervjuet kan vare mellom 45 minutter og 1 time. Vi tar ikke pauser med mindre det blir behov for det. Vi kommer jo til å snakke litt om personlige temaer, som kropp og graviditet. Først snakker vi litt om kropp og det å være trans generelt, før vi går over til reproduksjon og graviditet. Hvis det er noen spørsmål du ikke ønsker å svare på, så bare si ifra underveis. Jeg håper at vi kan snakke åpent om det meste, men det er så klart lov til å si at du ikke vil svare på noe. Har du noen flere spørsmål før vi starter?

Innledning

Jeg er student ved NTNU i Trondheim og holder på med min masteroppgave i Likestilling og Mangfold. Dette intervjuet vil være del av datamaterialet for masteroppgaven min om opplevelser og erfaringer rundt kropp og graviditet hos transmaskuline individer i Norge. Jeg kommer derfor til å spørre spørsmål rundt dine tanker og refleksjoner rundt reproduksjon og graviditet, som en transmaskulin person.

Spørsmål

1. Bakgrunnsinformasjon og oppvarming

- Kan du fortelle meg litt om deg selv?
- Kan du fortelle litt om egen kjønnsidentitet?

2. Informant sitt forhold til kropp og transhet

- Hva tenker du når du hører ordet 'mann'? Hva tenker du når du hører 'kvinne'?
- I forhold til kropp, hva tenker du på som en mann?
- Kan du kort forklare meg hva å være trans er?
- Hva betyr det for deg? Snakk gjerne litt i henhold til forhold til egen kropp.
- Er kjønnsbekreftende behandling noe du ønsker/noe som var viktig for deg?
- Hvilke tanker og følelser har du knyttet til kroppen din før
- Og nå?
- Hva tenker du om medisinsk behandling? Ser du på det som nødvendig for å 'være trans' eller ikke?
- Var det/er det nødvendig for deg? Hva tenker du rundt det?
- Følte du på noe tidspunkt at du måtte velge mellom å få egne biologiske barn og å være komfortabel i din egen kropp?

3. Informant sitt forhold til reproduksjon og graviditet

- Har du lyst på barn?
- Hva tenker du når jeg sier 'graviditet'?
- Hva slags type kropp tenker du på da?
- Kunne du tenkt deg å bære frem et eget barn? Hvordan har du kommet frem til dette valget?

- Har det valget endret seg iht kjønnsbekreftende behandling?
- Hvordan føles det for deg å snakke om graviditet?

3.a: For de som ikke ønsker å gå gjennom en graviditet.

- Ønsker du barn uten å gå gjennom en graviditet?
- Kunne du fortalt meg litt om hvorfor du ikke ønsker å bli gravid?
 - Kan du fortelle litt om dette i henhold til tanker og opplevelser rundt din egen kropp?
- Hvilke følelser får du av tanken om å være gravid?
- Har de vært øyeblikk i livet ditt hvor du har villet hatt barn eller vurdert en graviditet?

3.b: For de som ønsker å gå gjennom en graviditet.

- Kunne du tenkt deg å få barn på en annen måte enn å gjennomføre en graviditet?
- Er det noe du har tenkt mye på?
 - Hvilke refleksjoner har du gjort deg opp om dette i forhold til kroppen din?
- Hva tenker du rundt det å være gravid?
 - Hvilke refleksjoner har du gjort deg opp om dette i forhold til kroppen din?
- Hvilke følelser får du av tanken om å være gravid?
- Hvordan tenker du å gå frem?
- Hva kan føles som en barriere for deg iht å bære frem et eget barn?

3.c: Sosialt og helsehjelp

- Har de du har møtt i helsevesenet snakket med deg om reproduksjon og graviditet?
- Hvordan føles det å snakke om reproduksjon og graviditet med helsepersonell?
 - Rikshospitalet?
 - Fastlege?
 - Gynekolog?
- Hva tenker du om å være en gravid mann i Norge?
 - Positivt?
 - Negativt?

4. Informant sitt forhold til lovendring fra 2016

- Presenter lovendringen
- Hva tenker du om denne lovendringen?
- Har lovendringen påvirket dine tanker rundt reproduksjon eller å bære frem barn?

5. Avsluttende spørsmål

- Har du noen flere ting du ønsker å si før vi avslutter? Noe jeg har glemt å spørre om?

9.4. Appendix Four: Interview Guide (English translation)

Information

Welcome and thank you for taking the time to participate in this interview. I appreciate you offering your insights to this topic. The interview will be recorded digitally, but will be transcribed as soon as possible after the interview. After that, the recording will be deleted. The transcription of the interview will be handled in accordance with privacy policy and regulations, and deleted afterwards. As mentioned in the informed consent letter, you may withdraw at any given time. Participation is voluntary. I expect the interview to last between 45 minutes and 1 hour. We will not be taking any breaks unless you need one. During this interview, we are going to talk about personal subjects, such as bodies and pregnancy. First, we'll talk about bodies and being transgender in general, before we move onto reproduction and pregnancy. If there are any questions you do not feel comfortable answering, please tell me. I hope we will be able to talk as openly as possible, but of course, you are always free to not respond. Do you have any more questions before we start?

Introduction

I am a student at NTNU in Trondheim and I am currently writing my master thesis in Equality and Diversity. This interview will be part of the data material for my master thesis on transmasculine experiences and reflections of bodies and pregnancy in Norway. I will therefore ask you questions about your thoughts and reflections surrounding reproduction and pregnancy.

Questions

1. Background information and warm up

- Please tell me a little bit about yourself?
- Can you tell me about your gender identity?

2. Participant's relationship to body and being transgender

- What comes to mind when I say the word 'man'? What comes to mind when I say the word 'woman'?
 - Regarding bodies, what do you consider a man?
- Can you briefly explain to me what being transgender means?
 - What does it mean for you? Please talk in regards to your relationship to your body.
- Is gender affirming treatment something you want/something that is important to you?
 - What thoughts and reflections do you make regarding your body before?
 - And now?
- What do you think about medical treatment? Is it necessary to 'be trans' or not?
 - Was it/is it necessary for you? What do you think in regards to this?
- Did you feel at some point that you had to choose between having your own biological children and being comfortable in your own body?

3. Participant relationship to reproduction and pregnancy

- Do you want children?
- What do you think about when I say the word 'pregnancy'?
 - What type of body do you think of?

- Do you want to carry your own child? How did you make that decision?
- Has this choice changed in relation to gender affirming treatment?
- How does it feel to talk about pregnancy?

3.a: For the participants who do not want to become pregnant.

- Do you want kids by other means than a pregnancy?
- Could you please elaborate on why you do not want to become pregnant?
 - Can you elaborate on this in regards to your thoughts and experiences of your own body?
- What sort of feelings arise when you think about being pregnant?
- Has there been any moment in your life when you have considered a pregnancy?

3.b: For those who wish to go through a pregnancy.

- Could you consider having children by other means than pregnancy?
- Is it something you think about often?
 - What reflections have you made about this in regards to your relationship to your body?
- What do you think about being pregnant?
 - What reflections have you made of this in regards to your relationship to your body?
- What feelings arise when you think of being pregnant?
- Have you considered how you wish to conceive?
- What can possibly feel like a barrier for you in regards to carrying your own child?

3.c: Relationship to healthcare

- Those you have been in contact with in the healthcare system, have they asked you about reproduction and pregnancy?
- How does it feel to talk about reproduction and pregnancy with healthcare personnel?
 - Rikshospitalet? (NBTK)
 - General Practitioner?
 - Gynecologist?
- What do you think about being a pregnant man in Norway?
 - Positive?
 - Negative?

4. Participant relationship to the 2016 law

Present the new law

- What do you think about this new law?
- Has this change in the laws influenced your thoughts regarding reproduction or pregnancy?

5. Final questions

- Do you have anything else you would like to add before we finish? Anything I forgot to ask you about?

ⁱ This is a very brief overview of a long history of medical sterilization of transgender people in Norway. For a thorough historical overview, I recommend reading the cited chapter in "Frihet, likhet og mangfold" by Sigrid Sandal; Or alternatively, the whole book.

ⁱⁱ Passing as a concept has a long history and has been defined differently. It does not only apply to gender, as the concept finds its origin in racial passing. However, divulging into a long discussion about the concept of passing falls outside of the purview of this thesis. For more in-depth analysis on passing as a concept, see Billard (2019), Hobbs (2014), Halberstam (2001) or Ahmed (1999).

Isak Løberg Jacobsen

"You are either a man or a woman - you can't do both."