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Transgender Men's Self-Representations of Bearing Children Post-Transition

Damien W. Riggs

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Introduction

Since reports of Thomas Beatie's pregnancy appeared in the media in 2008, the visibility of transgender men having children post-transition has increased considerably. Whilst this visibility, it may be argued, has attracted negative attention to transgender men who choose to bear a child (and transgender men more broadly), it may also be argued that representations of transgender men bearing children have usefully drawn attention to the complex negotiations that transgender men undertake in having children. At the heart of these negotiations lies what is often framed as a competition between transgender men's masculinity, and their undertaking of a role historically undertaken by people who identify as women (i.e., child bearing). Yet what is repeatedly demonstrated in transgender men's own self-representations of their pregnancies post-transition, is that they are very much men, even if their masculinity is placed in question by a society that equates child bearing with women.

The present chapter takes transgender men's self-representations as its starting place in seeking to elaborate how such men reconcile their masculinity with child bearing. In so doing,

the chapter seeks to bring the social scientific literature about transgender men who bear children post-transition together with the public self-representations of such men in order to begin the work of mapping out the unique experiences of men who undertake a pregnancy. Whilst transgender men become parents in a multitude of ways (i.e., when still living as their natally-assigned sex, through their partners bearing children, and through forms of non-genetically related kinship such as adoption), it is argued here that, given the non-normative account of masculinity that is produced by transgender men who bear children, this specific mode of family formation requires closer attention. In the following sections the chapter first outlines the two main challenges expressed by transgender men who bear children in previous social scientific research, before going on to explore how transgender men who bear children account for their masculinity and pregnancies to the media. Exploring public representations of men who undertake a pregnancy are important for the ways in which they both highlight and discount the alleged dissonance that is thought to exist in the case of transgender men who bear children, as Currah outlines so well:

Some bodies are modified through hormones, various types of gender reassignment surgeries, or both, to produce bodies culturally commensurate with gender identities. In those cases, the perceived incongruence comes only from knowing the *history* of that individual's body. Other bodies, however, have unexpected configurations in their particular *geographies* – for example, breasts with penises for some, male chests with vaginas for others – that produce a dissonance. (This dissonance, to be clear, belongs not to the trans body but to those gazers who have conventional gender expectations) (331).

As Currah suggests, many transgender people are able to live their lives without other

people knowing their transgender status. Transgender men who bear children, by contrast, are *a priori* treated as bodies requiring an explanation. That such men are faced with an injunction to explain their masculine embodiment is, as Currah so rightly points out, very much a product of cisgender bodily norms. Yet understanding how transgender men account for their embodied experiences is nonetheless important for offering guidance to those who engage with transgender men who bear children, in addition to recognizing the experiences of transgender men themselves.

Previous Research

There has to date been very little research undertaken with transgender men who bear children post-transition. This may be for any number of reasons, but likely includes 1) the relative recency of public awareness about transgender men bearing children (and this includes awareness amongst transgender men that this is an option), 2) the willingness (or otherwise) of transgender men to speak publically about their pregnancies, and 3) the relative infancy of non-pathologising transgender studies. The research that does exist suggests two main areas where transgender men who bear children must negotiate issues associated with their embodied masculinity, as outlined below.

Pregnancy

Pregnancy brings with it for transgender men two challenges that are primarily the product of the normative assumption that only women carry children. The first of these relates to how transgender men understand themselves *as men* whilst they are pregnant. Previous research suggests that some transgender men reconcile their pregnancies through the notion of simply

being a ‘host’ for the child. Thus as one participant in More’s research suggested: “I didn’t regard the unborn child as a part of my person, rather as a guest” (Matt in More 321). Making a distinction between the unborn child and themselves, it would appear, allows some transgender men to maintain a line between the role their body is playing, and their identity as a man.

The second challenge faced by transgender men in terms of carrying a child is in regards to having to interact with doctors, as clearly illustrated in the following example:

Having to be examined pelvically repulsed me to an exaggerated degree, I thought.

Sitting in the docs office who delivered me, and my mom, and Zac was also humiliating in an (en)gendered way: that space was woman’s space and fundamentally at the surface of my skin I didn’t fit in (Del in More 322).

Here Del speaks of how engaging with doctors forcibly brought him back into his own body, one normatively marked by the medical profession and society more broadly as female by the fact of his pregnancy.

Ryan’s research with transgender men who bear children post-transition, however, suggests that “[Men who had born a child] conceptualized themselves as men who had the unique opportunity to become pregnant” (145). Rhetorically this type of conceptualization constructs transgender men who bear children as *unique men*, rather than as men with female bodies. This, it could be argued, provides an important counter to the challenges experienced by men in the previous two examples.

Breastfeeding

Once transgender men have given birth, a subsequent challenge identified in previous research is breastfeeding. Interestingly, previous research suggests that transgender men adopt a

pragmatic or utilitarian approach to breastfeeding, where breastfeeding is seen as serving a purpose (and thus that breasts have some use). Participants in Rubin's research suggested that, for them, breastfeeding was the only time in which their breasts did not seem like an unwanted part of their body (as they were serving a purpose), a point also made by one of More's participants:

When I was alone I had no problems breastfeeding, it was very natural, animal-like. But when company was present they related to me as female, even when they didn't say it. It was extremely uncomfortable (Matt in More 325).

As Matt suggests, breastfeeding was fine unless it involved company, in which case, like the previous example from Del, Matt is forced back into a body that is treated as female, rather than simply a unique male body. Yet despite the challenge presented by other people's views of their bodies, More suggests that in general her participants, when viewing breastfeeding as a 'technical' or functional aspect of their embodiment, could accept it as a "gender-neutral' activity which had been chosen out of anatomical necessity" (326).

Transgender Men's Self-Representations

This section reports on five instances where transgender men have spoken publicly about their experiences of pregnancy. These instances were identified through a Google search for the key terms 'transgender pregnancy', 'trans man parent', 'transgender parenting', and 'trans father'. It is of course recognized that, as with any media report, only particular questions are likely to have been asked, and the framing of media reports typically aims to generate reader interest through sensationalism. Nonetheless, in the documentaries, news reports, and blogs examined here, it can be argued that much of what appears are transgender men's own accounts

of their pregnancies, accounts that very much echo what is found in previous research.

In terms of carrying a child, some of the self-representations identified repeated the idea that men who carry children are simply ‘hosts’:

I’ve never felt like his mother. I breast fed for 11, almost 12 months of his first year, but as far as a mother I don't feel like it, I just feel like wow, guys can have babies. I’m like, I guess, an incubator or something” (Terry in Rosskam).

“It really didn't occur to me that [the pregnancy] was actually happening to me. It was me looking at this another person being pregnant. It was like handling it by remote control from some control room somewhere (Jarek in Rosskam).

Whilst it could be argued that in some instances such distancing rhetoric may place some transgender men at risk for not addressing pregnancy-related issues (i.e., by ignoring physiological responses), this did not appear in any of the self-representations examined. Rather, the men appeared to use distancing techniques to cordon off certain aspects of the pregnancy from their identity as men. In other words, they very much considered themselves as responsible for the pregnancy, yet the pregnancy was not their own *per se*.

In terms of breastfeeding, one of the self-representations identified appeared in a blog written by Trevor McDonald, who writes explicitly as a transgender man who breastfed the child he carried, despite having had a mastectomy:

The word "breastfeeding" doesn't bother me. Both men and women have breast tissue and can, unfortunately, get breast cancer. We all have nipples and breasts, to a certain extent. Furthermore, breastfeeding is not about sex - it is about feeding a baby. It doesn't make me feel feminine or female to feed Jacob. I do also use the term nursing frequently though (FAQ).

Here McDonald clearly orientates to an account of breastfeeding premised upon utility: that breastfeeding doesn't compromise his masculinity, as 'breasts' are not gender specific, and as he argues more broadly throughout the blog, he believes breastfeeding is important for babies and thus it was something that had to be done.

As was the case with previous research, some men identified challenges that arose from engaging with clinics in their journey:

It is truly magical to watch what happens when a trans person produces an [Ontario Health Insurance Policy] card at any medical visit. The 'F' on the card miraculously erases any existing effects of testosterone, top surgery, dress, and name choice. According to the Government of Ontario, I *was* a woman. The receptionist at the intake desk simply following the silent directive printed on my OHIP card, and told me 'Miss, there is a long wait today so go with the technician to get changed and then have a seat with the other women at the end of the hall' (Ware 69).

This example highlights the fact that regardless of transgender men's own negotiations of masculinity in the context of pregnancy, they must also contend with how other people treat them (and indeed misgender them). This point is of particular note given that the issue raised by Ware is not necessarily transphobia *per se* (though this is not to say that transgender men who bear children do not encounter explicit transphobia from health care professionals), but rather that the mundane imposition of gender norms upon transgender men can exacerbate the challenges they already face in negotiating pregnancy (see Riggs).

Despite the challenges of negotiating public perceptions of their pregnancies, a recurrent theme in the self-representations examined here was a sense that pregnancy allowed transgender

men to view their bodies as having a purpose, as Moore elaborates:

I really do think that I was lucky to be able to carry Miles. I think, for the longest time my body, and being transgendered, was such a negative thing for me, and made me so uncomfortable. And even though the process of being pregnant and giving birth isn't the most comfortable thing, it made me appreciate what I have more, and realize that even though it's not the ideal of what I'd like to be, it's still beautiful" (Moore).

Echoing a point made by Ryan in previous research, then, Moore's account of his pregnancy emphasizes that the unique experience of being a pregnant man in some ways counteracts the marginalizing and for many people distressing experience of living in a body that does not match with their identity. A similar claim was made by two participants in the documentary *TransParent*, who suggest "That time during the pregnancy was the only time, absolutely the only time I felt right being in a female body" (Alex in Roskam) and "That's the only time in my whole life I've felt right in my body. When I was pregnant and nursing for almost nine months, my body was doing what it was supposed to be doing, it was doing it by itself, and it felt absolutely right" (Joey in Roskam). This logic of pregnancy paradoxically contributing to, rather than undermining, a stable trans masculine identity, is highlighted in the following and final quote from Thomas Beatie:

How does it feel to be a pregnant man? Incredible. Despite the fact that my belly is growing with a new life inside me, I am stable and confident being the man that I am. In a technical sense I see myself as my own surrogate, though my gender identity as male is constant.

What it appears pregnancy does for some transgender men, then, is rather than making

them feel *less* like men, instead vindicates for them that they *are* men precisely because they don't feel like a woman carrying a child.

Conclusion

Of course the final point made in the above analysis begs the question of whether transgender men's accounts of pregnancy are always already reliant upon a normative binary of what a woman is and what a man is, and the role that each is expected to play. Halberstam summarises this well in saying:

Beatie, as many of the stories about him confirm, was a beauty pageant participant in his early years in Hawaii, and so the spotlight is not an uncomfortable place for him to find himself. He dealt well with the glare of the cameras in general, but, rather than promoting a queer narrative about difference and gender shifts, his story ultimately came to rest upon an all too familiar narrative of humanity and universality—it is universal to want a child, it is only human to want to give birth. The Beaties just wanted, in other words, what supposedly everyone else wants—the good life, reproductive potential, a bit of extra cash, and some publicity to boot. Beatie's very public pregnancy certainly afforded him and his family a nice slice of fame and fortune, but we would be very mistaken if we imagined that any political agenda had been advanced by the smiling, comforting image of the male Madonna, cradling his full belly and assuring U.S. viewers that everything is still in its right place (78).

At the same time, however, this chapter highlights the fact that it is indeed possible for

pregnancy to be detached from its normative relationship to particular embodied identities (i.e., female), and to instead reconceptualise pregnancy as a role that can be fulfilled by any embodied identity (albeit one that occupies a body capable of bearing a child). What the men reported here are negotiating, then, is a script for being a father in a society that does not view fathers as child bearers, and moreover that labels particular behaviours as maternal (i.e., child bearing, breastfeeding) and others as paternal (i.e., everything that the maternal is not).

As such, the transgender men whose self-representations appear in this chapter engage with the central question addressed by Doucet in her book-length study on whether or not men who are primary parents mother or indeed become mothers. Whilst Doucet's research focused on cisgendered men, the findings are arguably applicable to transgender men as well, namely that given all of the attributions made about the category 'mother' (which is tightly regulated in relation to gender norms), men (cisgendered or transgendered) cannot be mothers. That some men do bear children, then, is a physiological fact. But we can impute nothing from this fact about the identity of such men (i.e., that they are not men). Rather, the experiences of transgender men reminds us that biology and identity are two separate issues, and that supporting and recognizing transgender men who carry children requires an approach that engages both with the body itself (i.e., the specific issues that pregnant bodies experience), but which does so in conjunction with an engagement with the person who occupies the body (i.e., in this case a man). This requires recognition of the fact that health care professionals must acknowledge how gender norms shape individual health care needs, and that whilst there may be some similarities between pregnant men and pregnant women (i.e., carrying a child), there will also be vast differences according both to the individual's experience of their gendered body, as well as the differences in their physiology at a hormonal, physical and psychological level. Engaging with trans men who

bear children, then, requires a specific approach that recognizes such men *as men*, and does not default to norms for pregnancy defined historically by the experiences of women.

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