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# Embodied Experiences of Trans Pregnancy

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## Abstract

Drawing on interview data from the international project ‘Pregnant Men: An International Exploration of Trans Male Experiences & Practices of Reproduction’ this article explores embodied experiences of transmasculine and nonbinary pregnancy. Moving beyond the spectacle of the ‘pregnant man’, our analysis builds on existing literature on gendered embodiment to develop a deeper understanding of corporeality and the lived, bodily complexities of trans pregnancy. We consider the strategies trans men and nonbinary people engage in to manage gender presentation during pregnancy and the degree to which pregnancy disrupts the ability to control the presentation of gender. Our analysis contributes to the deconstruction of normative readings of the relationship between gender and embodiment within a sociology of the body and feminist scholarship on the body.

## Keywords

embodiment, pregnancy, reproduction, transgender, transmasculine nonbinary

## **Introduction**

There is nothing new about the ‘pregnant man’. Indeed, he is to be found throughout literature, folklore and mythology (see Zapperi, 1991). However, in more recent times, the figure of the pregnant man has intensified in the cultural imagination. While it might be premature to say that, in the early 21st century, pregnant men are ‘everywhere’, their cultural presence in the Westernised world over the past decade has undeniably accelerated. Yet this visibility masks a deeper sense in which their possibility, their realness, is continuously denied. Either these subjects are not ‘really’ men, have suspended their masculine status, or are legally defined as ‘mothers’ and thus coded as women. The spectacle of the ‘pregnant man’, then, seemingly reaffirms its impossibility. The cultural debate this produces has tended to focus on whether or not a man can be pregnant, should be pregnant, or why they would want to be pregnant in the first place. Hence the pregnant man has become a cypher for discussions about gender, sexuality, bodies, corporeality, queerness, technology and transition. Not only do these discourse reproduce the assumption that pregnancy is a quintessentially female experience, equated only with cis women’s bodies, but it directs the focus onto the ‘man’, rather than the pregnancy.

Drawing on interview data from the ESRC funded project ‘Pregnant Men: An International Exploration of Trans Male Experiences & Practices of Reproduction’, a qualitative project on male, transmasculine and nonbinary<sup>1</sup> reproduction, the aim of this article is to explore embodied experiences of trans pregnancy beyond the ‘pregnant man’. The article is influenced by feminist post-structuralist scholarship, which understands gender identity and practice as socially produced and culturally contingent, thus asking how (and what form of) gender is produced through the body (Ahmed, 2017; Butler, 1990, 1993, 2006; Grosz, 1994; Hines, 2013). It is also shaped by sociological work on body projects wherein the body is seen as a site of identity construction that is subject to flux, and by subsequent work on a sociology of the body, which grounds embodied agency through its focus on the relational dimensions of corporeality (Featherstone, 1991; Gill et al., 2005; Newen, 2018; Shilling, 2012). In this context, we consider the strategies transmasculine and nonbinary people engage in to manage gender presentation during pregnancy, and the degree to

which pregnancy disrupts the ability to control the presentation of one's gender in accordance with discourses of body malleability and dualism central to trans corporeality and pregnancy more broadly. The article is indebted to, and builds on, work on the body in transgender (trans) studies, and in particular on studies of trans reproduction, bodies, corporeality, and embodiments (Booth and Spencer, 2016; Dixon, 2015; Eger, 2018; Fischer, 2021; Heinz, 2018; Jones, 2020; MacDonald et al., 2021; Miller, 2015; More, 1998; Preciado, 2021; White, 2014, 2020). Work in this field is central to the deconstruction of normative readings of the relationship between gender and the body, as well as to highlighting the need for improvements in trans and nonbinary reproductive healthcare.

With the goal of contributing to empirical sociological and feminist work on gendered embodiment, the article first explores the central ways in which reproduction, gender and bodies have been theorised. The article then examines the ways in which participants in our research negotiated their gender identity and presentation in relation to the traditionally cisnormative 'female' signifiers of pregnancy. Our aim is to offer new reflections on embodied subjectivities through transmasculine and nonbinary reproductive corporeal states, relational and social contexts, and to offer an original empirical contribution to scholarship that complicates a straightforward reading of sex, gender and the body.

The first section of the article thus examines the various ways in which reproduction has been theorised from a gendered perspective. The article moves on to set out the context and the aims of our project. Subsequent sections consider research findings in relation to three themes: private bodies, public bodies and invisible bodies. In conclusion, the article reflects on the implications of our research for future understandings of gender and the reproductive body.

## **Theorising Pregnancy, Genders and Bodies**

### *Feminist Politics of Reproduction*

Across feminist perspectives, conception, gestation, childbirth and child-rearing have been variously theorised as deeply political sites through which dominant notions, practices and experiences of gender are reproduced, negotiated and resisted. The linking of cisgender (cis) women's subjugation to their reproductive capacity and experience is

evident in 20th-century feminist scholarship, characterising a range of feminist texts on the body by writers who argued that (cis) men's control over (cis) women's bodies through reproduction was the beating heart of patriarchy (Bordo, 1993; Brownmiller, 1984; de Beauvoir, 1949; Dworkin, 1987; Rich, 1980; Rubin, 1996). Subsequent feminist analyses extend this early scholarship to consider not only cis men's control of cis women's bodies through reproduction, but control over the bodies of those with less privilege through practices connected to gendered, classed, and racialised reproductive injustice, exemplified across scholarship connected to sterilisation of people of colour (Roberts, 1997), transnational gestational surrogacy in the context of global capitalism (Fixmer-Oraiz, 2013) and social movement activism in service of reproductive justice (Luna, 2020).

Feminist scholarship has been pivotal in untying essentialist ideas whereby reproduction is understood as both the instinctive urge and the natural responsibility of women, but the focus of these feminist re-imaginings has largely reflected – and therefore reproduced – a gendered model of pregnancy wherein conception and gestation are firmly tied to the cis female body (Bordo, 1993; Martin, 1989). Despite a long history of theorising reproduction as a feminist issue, there is thus very little talk of the reproductive practices and experience of people who are not cis women. At this juncture it is helpful to turn to work on the body that has homed-in on gender difference and embodied diversity.

### *Genders and Bodies*

Work by West and Zimmerman (1987) on the 'doing' of gender – whereby gender was understood as something that is 'done' rather than something that simply 'is' – was foundational for the development of post-structuralist feminist theory and queer theory. In seeking to problematize a naturalised correlation between sex, gender identity and sexuality, or, as Judith Butler (1990) termed it, the 'heterosexual matrix', this work illuminated the construction and artifice of gender per se; gender is 'real only to the extent that it is performed' (Butler, 1990: 278) and cemented through repetition. Here we see the impossibility of reading corporeality, identity, and sexuality outside of discourse – or as external to politics and culture. Furthermore, through this framework, sex, as well as gender, became denaturalised as the distinction between

the two categories was unpacked: ‘if gender is the social significance that sex assumes within a given culture [. . .] then what, if anything, is left of “sex” once it has assumed its social character as gender?, asks Butler (1993: 5). While some feminist scholars worked to unpack the distinction between sex and gender (Delphy, 1984; Grosz, 1994; Moi, 1999), others sought to emphasise the nonbinary nature of corporeality itself (Dreger, 2000; Fausto-Sterling, 2000; Kessler and McKenna, 1978; Roughgarden, 2004). These bodies of work provide vivid accounts of the diversity of gendered bodies as they exist on a spectrum, thus contesting dualist readings of nature/culture – or of sex/gender.

Transcending the nature/culture binary was also central to the development of what has broadly become known as a ‘sociology of the body’. Here, the body is understood as central to the making – and remaking – of the self (Featherstone, 1991; Shilling, 2012). Work on the body as an unfolding ‘project’ ‘attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, particularly the body’s surface’ (Gill et al., 2005: 40). This field is adjoined to theories of trans embodiment and corporeality in the centring of a certain malleability of the body that is also key to dominant understandings of trans subjectivity – physical transition understood as a project of self-reflection played out in/on the flesh (Wickman, 2003).

While the primacy of the body for (cis) women’s everyday lives, identities and social practices has a long history in feminist work, the significance of the body in the construction of masculinity is a more recent development. Empirical studies of the embodied nature of masculinity and masculine corporealities are diverse, encompassing topics such as the economy and the workplace, consumption, health, the media, education, sport and interpersonal violence, as sites of the construction of hegemonic (Connell, 1995) or hybrid modes of masculinity (Bridges and Pascoe, 2014). However, work on masculinity and embodiment has largely concerned the experiences and practices of cis men, leaving transmasculine, not to mention nonbinary, bodies less accounted for within the social sciences.

### *Trans Embodiment*

As Edelman and Zimman (2014) point out, ‘historically, trans-specific research on the body has focused on medical or surgical

procedures rather than critically examining the relationships between gender identity, sexuality, and genitals' (p. 676; see also Nataf, 1996; Roen, 2001; Stone, 1991; Stryker, 1994). Work by Jack Halberstam (1998), Jay Prosser (1998) and Jason Cromwell (1999) broke new ground in exploring lived trans male and masculine corporealities and embodiments. Studies on trans embodiment have also sought to theorise the wide range of intersecting experiences within trans communities, evident in work on race (Ellison et al., 2017), transmisogyny (Serano, 2007), social class (de Vries, 2012), body size (White, 2014, 2020) and disability (Baril, 2015). A review of literature that can be clustered under the interdisciplinary field of Trans Studies suggests that while the field is relatively new, it is acutely aware of the importance of an intersectional analysis. As de Vries (2012) writes: 'transitioning throws the multi-dimensionality of intersected identity frames into sharp relief against the background of intersecting social and cultural structural arrangements' (p. 50).

Work from the social sciences and humanities examines the interactive and discursive elements of trans corporealities and embodiments. This involves analysis of how they are socially 'read', interpreted, managed, and produced through both active (Zimman, 2014) and passive (Booth and Spencer, 2016) signs, communication, and interactions among people, systems, and organisations (Capuzza and Spencer, 2015; Dixon, 2015; Eger, 2018; Heinz, 2018; Jones, 2020), as well as how trans embodiments and corporealities are produced and experienced in relation to medical and legal discourse and practice wherein bodily technologies are key to citizenship rights (Aizura, 2006; Grabham, 2007; Halberstam, 2005; Hines, 2009; Irni, 2017; Monroe, 2003; Stryker, 2008; Spencer, 2019; Sullivan, 2008).

As Edelman and Zimman (2014) argue, 'technologies, such as hormone treatment and surgery, serve as "correction" in terms of both the political demands of trans subjects to be "normal", as well as the very real discomfort felt by many trans subjects' (p. 677). Moreover, routes to social citizenship are highly gendered, racialised, classed, heterosexualised, and cisnormalised (Aizura, 2006; Grabham, 2007; Halberstam, 2005; Hines, 2009; Monroe, 2003; Plemons, 2018; Stryker, 2008). Transmasculine and nonbinary bodies – like other marginalised bodies – cannot, then, be considered outside of medical, political, economic, and social systems underpinned by 'sets of rules valorizing whiteness, (re)production, consumption, depoliticization,

and only the most privileged, normative forms of gendered and sexed embodiment' (Edelman and Zimman, 2014: 678). Our project on trans pregnancy was thus designed through a framework in which the corporeal body is always a deeply political body, as we illustrate by moving now to contextualise the project within recent social and cultural shifts and as we outline our methodology.

### **Trans Pregnancy: An International Exploration of Transmasculine Practices and Experiences of Reproduction**

Trans parents and families are receiving increasing attention in social, cultural, legal, policy, and medical fields. Of particular significance to questions around gendered embodiment and reproduction are the experiences of men, transmasculine and nonbinary people who become pregnant and give birth. Current legal and policy debates concerning the rights and recognition of trans people also concentrate on the issues of health and family life. For example, in the United Kingdom, there is ongoing contested debate around gender recognition law, the remit of the Equality Act, and the provision of hormone blockers for trans youth, while at European levels, legal cases are ongoing in relation to trans men who are seeking to change their parental status from that of 'mother' on their child's birth certificate. These issues matter not only in terms of social and cultural understandings of contemporary practices of gender, sexual and intimate diversity, but also in terms of their normalising effects, making possible what might be unthought-of for others.

Attempts to quantify pregnancy and birth among trans/masculine and nonbinary people point to rapidly increasing visibility among trans populations worldwide. For example, in a US study of sexual and reproductive health among trans and gender-expansive people assigned female or intersex at birth, 12 percent of 1694 respondents reported having been pregnant (Moseson et al., 2020); in Australia, Medicare figures record 295 men giving birth between July 2012 and June 2023 (Medicare Australia, 2024); and in England, 136 participants in the 2022 National Maternity Survey indicated that their gender differed from their registered sex at birth, totalling 0.65 percent of respondents (Care Quality Commission, 2023). An international Facebook group for trans birth parents and their allies has attracted

over 5700 members since its inception in 2015. First-person accounts of being pregnant as a trans man (Beatie, 2009; MacDonald, 2016; Ware, 2015) and the limited existing academic literature on trans parenting and pregnancy (Charter et al., 2018; James-Abra et al., 2015; Lampe et al., 2019; Light et al., 2014; Obedin-Maliver and Makadon, 2016; Tornello and Bos, 2017) also indicate that increasing numbers of trans men are seeking to become pregnant. This work signposts the sociological importance of trans reproduction, and it is from this juncture that our project emerged.

The project sought to provide an in-depth understanding of the feelings, experiences and health care needs of trans people who wish to or become pregnant, including transmasculine and/or nonbinary people. We are a team of cis, trans and nonbinary researchers who, over the past decade, have undertaken research in the fields of sociology, psychology and trans studies with trans and nonbinary people and/or their family members. Our focal areas include but are not limited to feminist theory, citizenship and recognition, family formation, parenting, intimate relationships and healthcare. As a team we are comprised of cis, trans, and nonbinary people, of a diversity of genders and sexualities, one of whom has conceived and carried a pregnancy. All of us are white and we have written about the role of whiteness in shaping our research and research process (see Riggs et al., 2023).

The project gathered original qualitative data across three participant groups: young trans men and nonbinary individuals, health practitioners and professionals, and trans men or nonbinary individuals who have been pregnant and/or given birth. This article draws on the latter dataset, wherein 52 one-to-one semi-structured interviews were conducted between 2018 and 2020. Participants were recruited through social media or circulated via researcher networks and community members. Inclusion criteria were to identify as male, transmasculine, and/or nonbinary, to have had at least one pregnancy after beginning some form of social and/or physical transition, to be over the age of 18, and to live in the European Union (including the United Kingdom), Australia, the United States, or Canada. Ages ranged from 21 to 47 years old at the time of interview, with the majority of participants being in their 30. All of the interviews were conducted in English.

The majority of participants were white, although some identified as Black, Hispanic or mixed-race. Most participants in the project as a whole identified as middle class, though 50 percent of UK participants and 27 percent of US and Canadian participants identified as poor or working class. Most lived in urban locations, although we did interview people who lived in small towns or rural areas. When asked what term they used to define their gender, participants used a variety of terms including man or male, trans man, transmasculine, nonbinary, genderqueer, and genderfluid. The majority of participants used he/him or they/them pronouns, although a small number used other non-gendered pronouns such as xie/xir, or preferred she/her. A range of terms were also used to define sexuality including gay, queer, pansexual, bisexual, and straight or heterosexual. Participants were in relationships with either cis, trans, or nonbinary partners. The majority of participants had one child, several had two, and some had three or four children.

The research was granted ethical approval by participating universities, but also followed best practice in conducting sensitive, reflective and ethical research with trans people and communities (Adams et al., 2017). Participants had the opportunity to choose their own pseudonyms, and the interviews were recorded and transcribed. Transcripts were coded through thematic analysis. As Braun and Clarke (2006) set out, this entailed repeated readings of the data; first to familiarise ourselves with the data and then to identify repeated topics, or codes, across the data until thematic saturation was reached. Following a constructionist framework, thematic analysis allowed us to identify key themes across our interview data. Since pregnancy is so strongly socially coded as a (if not *the*) signifier of cis womanhood, we were interested in how transmasculine and nonbinary research participants experienced their pregnant bodies. Hence, the analysis that follows centres around questions of embodiment, specifically how participants talked about their pregnant bodies and the ways in which their bodies were read and reacted to by others while pregnant. In the following sections, participants' accounts of the pregnant trans body are considered at individual and social levels through the themes of 'private bodies', 'public bodies', and 'invisible bodies'.

## **Pregnant Trans Bodies**

Existing literature on male and transmasculine pregnancy has often, with good reason, focused more on the healthcare needs of this population (Obedin-Maliver, 2015), resulting in less work on the embodied experiences of trans pregnancy. This is especially the case for people who fall outside dominant narratives of the ‘pregnant man’ that carry expectations of stable male/masculine gender identity and presentation, physical/medicalised hormone transition and, prior to pregnancy, a high degree of ‘passing privilege’. Our participants may have shared a common experience of non-identification with womanhood, but they did not universally experience the disconnect between ‘maleness’ and ‘pregnancy’ that is often thought to be the ‘problem’ at the heart of trans pregnancy. Nor were their embodied experiences determined by how they identified. To approach this analysis, then, we did not assume in advance any particular gendered identity/body, but instead asked how, and what possibilities for, gendered embodiment pregnancy produced for participants.

### *Private Bodies*

In speaking about their bodily experiences while pregnant, participants often distinguished between embodied experiences in private and public spaces. For many, the home was a space in which to enjoy their pregnant body, be it alone or with partners, family members and friends. In this way, Jonathan, who at the time of interview was age 30, described his gender as male and his sexuality as gay, is white and lived in the United Kingdom, said:

I ended up leaving work fairly early [. . .] once I was at home and I was in my own bubble, I really lived it, it was a really nice experience. And I thought that probably that made the experience a bit better for me because I think if I’d probably been trying to engage with the world once I was further along in the pregnancy I probably would have struggled socially a lot more than I did. But I got to spend the end part at home [. . .] and it was nice. I really did think that my body was going to be my biggest source of dysphoria around anxiety and all that kind of stuff, but actually once I was left to my own devices, I was more than happy. I enjoyed having a bump. I enjoyed, yeah, I mean obviously I didn’t enjoy having back pain and that kind of stuff that

came with it, but yeah, there was no part of it that I was uncomfortable with when I was in my own bubble.

Similarly, Pyxl, who at the time of interview was age 30, described their gender as androgenous and their sexuality as pansexual, is white and lived in Canada, spoke of the familiar issues related to the physical discomfort of pregnancy, saying: 'it was more of a nuisance in the way that it's a nuisance to anybody who's pregnant. Just various bodily discomforts'. In likening the experience to 'anybody who's pregnant', Pyxl suggests being pregnant, in private at least, was not an exceptionally 'trans' experience.

Many of the participants talked at length about enjoying their pregnancy and spoke of the pleasures they experienced in their pregnant bodies. For Evan, who at the time of interview was age 30, described his gender as male and his sexuality as gay, is white and lived in the United Kingdom, reflected on a sense of embodied congruence accompanying the experience of pregnancy:

I felt great. I was really excited. I was on the verge of doing something I had always been told I couldn't do, and it felt like the most right thing my body had ever done. There are so many times I've sort of struggled with my gender or how my body looks or feels or works, and all of that was irrelevant.

Evan's sentiments were echoed by other participants. For example Luke, who at the time of interview was age 34, described his gender as transmasculine and his sexuality as gay, is white and lived in the United States, talked about pregnancy bringing a time of embodied peace that was in contrast to some of the complexities he had previously felt in relation to his body and gender:

I felt more like a trans man than ever before because my body was doing something that if I had been born biologically male it definitely wouldn't have been doing, but I felt . . . I felt actually more connected to it [. . .]. My body wasn't letting me down like it had let me down through childhood when I finally realised I wasn't going to wake up one day and be a boy. My body was doing something that it was biologically intended to do.

The feelings of 'rightness' reported by both Evan and Luke indicate a subjective experience of pregnancy in sharp contrast to dominant

discourses that construct it as a basis of femininity (see also MacDonald et al., 2021). Rather, the pregnant body was experienced by many participants as decidedly un-feminine and in alignment with their masculinity. These themes are expressed by Travis, who at the time of interview was age 43, described his gender as male and his sexuality as heterosexual, is Eurasian, and lived in the United States, said he ‘never felt conflicted, or felt female, or anything like that. When I looked in the mirror, I saw a pregnant man’. Jay also located pregnancy explicitly with masculinity. Thus Jay, who at the time of interview was age 33, described his gender as a trans man, and his sexuality as queer, is white and lived in the United States, said:

I didn’t feel like pregnancy was feminine. Even though some people are like, ‘pregnancy is the height of femininity’. For me, that’s not true because I was pregnant, and I am not feminine. So that can’t be true, right?

However, while these participants spoke of the pleasures of de-coupling pregnancy from the female body and expressions of femininity, other participants found this more difficult, especially in relation to unwanted physical changes as a result of being pregnant. Of particular concern, especially for participants who had not had top surgery<sup>2</sup> and stopped binding during pregnancy, was the changing size and shape of their chest. Charlie, who at the time of interview was age 33, described his gender as transmasculine and his sexuality as pansexual, is white and lived in the United Kingdom, told us: ‘I had a massive chest anyway and it just got bigger and you couldn’t hide it at all’. Yet, while disliking his growing chest, Charlie, like other participants, also spoke about the pleasure of chestfeeding<sup>3</sup> his baby: ‘I absolutely loved it’, adding that ‘I literally thought of them as udders. That was it. It was not “they’re tits” or “they’re breasts”. [. . .] Their sole purpose is for my infant to suck on, that was kind of it.’ Charlie, then, was able to adopt a pragmatic view of his body through disaggregating parts of his body used to feed his child from gendered cultural signifiers attached to ‘breasts’, an aspect illustrated by common use of the term ‘chest’ rather than ‘breast’ feeding among many (but not all) participants. Denver had two feeding infants at the same time. Denver, who at the time of interview was age 39, described his gender as transmasculine and his sexuality as undefined, is white and lived in Australia, went beyond Charlie’s pragmatism when speaking of the pleasure of feeding:

Yeah, so, breastfeeding, I really enjoyed that. I really like . . . I valued my breasts at that time, and that I could sustain my children and feed them and have the bonding and the closeness. And for all of them, I long-term breastfed. Publicly breastfed, even exposing my breasts in public to feed them.

The complexities of these experiences of pregnancy are particularly palpable in how participants often simultaneously spoke about the same body parts in quite different ways – as a source of discomfort *and* of pleasure. Here our findings connect with Akrich and Pasveer (2004), who urge scholars to attend more carefully to how multiple bodies, minds, and medical technologies engage, negotiate, and intersect with one another in complex ways during extremely private experiences that take place in public and medicalised spheres.

We might also theorise feelings of discomfort as loss of perceived control over one's body, or a failure of a body project (Gill et al., 2005), particularly when public readings of one's gender are inaccurate due to bodily signs outside of one's personal control. This lies in stark contrast to the distinct pleasure derived from taking back private control of the meanings of one's body as participants engage in pragmatic, public, and sometimes surprising body projects that renegotiate pregnancy and chestfeeding, transmogrifying them as manly or masculine corporeal activities. These sorts of renegotiations also align with findings from Akrich and Pasveer (2004), who describe birth experiences involving rejection of medical providers' instructions to 'connect' with one's own body, seeking comfort in technological translations of confusing or ambiguous bodily sensations, and finding reprieve from one's own private panic or extreme bodily sensations through jarring and surprising public intrusions (for example, a slap of the face) or suggestions (for example, to stop trying to hold back pain) from others. As the next section shows, there was, though, much contrast in how participants understood and experienced their pregnant bodies in private and public spaces.

### *Public Bodies*

In public spaces the loss of control over how one's body was read in terms of gender and other status markers was less easily resolved for participants. In general, a very different account was given of being pregnant in public, which for many participants, was spoken about negatively. Some participants spoke explicitly about this public/

private distinction in assessments of their corporealities. Chris, who at the time of interview was age 21, described his gender as transmasculine, his sexuality as bisexual, is of Egyptian and German heritage and lived in Germany, explained: 'I don't have a problem with my body at all. Not at all. I have a problem with other people'. Stevie, who at the time of interview was age 30, described their gender as nonbinary and their sexuality as queer, is white and lived in the United Kingdom, echoes this, stating: 'when I'm just at home with [partner], I feel fairly comfortable but then I feel like people are looking at me when I'm walking down the street'. This echoes existing research in trans studies (Prosser, 1998; Roen, 2001; White, 2020) that illustrates how experiencing the physical body is always a social endeavour as well as an embodied experience. It is both contingent on space and place, and is as much, if not more, related to how others view the body as it is connected to individual feelings about the body itself. Having the gender of one's body misrecognised by others can thus be seen to have a direct impact on how the body is subjectively experienced.

One significant theme in the participants' accounts of navigating public space was clothing. Clothing emerged as a site through which participants attempted to control readings of their pregnant bodies and as a tool to navigate the social world more smoothly. Once again chests were a prominent focus and, for many participants, top layers of baggy clothing were important to hide – or, more specifically, to divert public attention away from body parts that were so heavily coded as female. In this way, Lou, who at the time of interview was age 28, described his gender as transmasculine and his sexuality as queer, is white and lived in the United States, said: 'If I was going somewhere where I felt like I might be less comfortable with someone noticing that I was pregnant, I would wear like a bigger hoody or something like that'. For some participants, the difficulty in disguising their chest was exacerbated by not being able to wear a binder, due to discomfort and/or health reasons, during the pregnancy. Yet the problem most often encountered was the stereotypically feminine design of pregnancy clothing. This was experienced as both stylistically, practically and politically troubling for participants. To return to Pyxl:

I had a real hard time finding, well anything pregnancy related that wasn't, not just feminine but ultra-feminine, which I found really aggravating from a feminist perspective because I mean come on,

there's plenty of cis women that don't want to wear flowers and pink and lace just because they're pregnant.

As Pyxl notes, many cis women are also aggrieved by the hyper-femininity of pregnancy wear, as research on clothing, fashion and pregnant bodies has indicated (Longhurst, 2005). However, the participants in this study experienced other issues at the nexus of clothing, gender and pregnancy. James, who at the time of interview was age 34, described his gender as transmasculine and his sexuality as pansexual, is white and lived in Australia, recounts:

The tits were a big negative experience for me. I had giant tits and I couldn't, and none of my clothes fit either. [. . .] I ended up having to buy giant fat man board shorts and I spent the entire last four months of the pregnancy wearing Hawaiian board shorts everywhere, like beachwear – it was tragic, it was fucking tragic – and some big singlets. So I want you to imagine this fat man Jessica Rabbit tits in a singlet and Hawaiian board shorts everywhere.

The sense of disgust James feels towards his body is palpable, connecting both to his altered physicality and to the clothing he was forced to adopt, and its implications go beyond the gendered presentation of his body. He describes his body as out of (his) control, positioning it as exceeding its usual boundaries, spectacularised, ridiculous, and 'tragic', exemplifying the class-based stigmatisation and feminisation of fat men (Monaghan and Malson, 2013). Similar framings were reflected by some of the other participants, usually within narratives of despair concerning the limited range of men's clothing able to accommodate the pregnant body. Mostly, participants described wearing men's leisurewear in larger sizes, and while this worked in terms of comfort, some participants bemoaned the lack of stylish or professional attire at their disposal. Harley, who at the time of interview was age 33, described his gender as transmasculine and his sexuality as pansexual, is white and lived in Australia, remarked: 'I didn't look nearly as sharp as I would normally look'. Pete, who at the time of interview was age 37, described his gender as male and his sexuality as queer, is white and lived in the United States, struggled with finding clothes suitable for the workplace: 'buttoned up shirts don't translate well to having a bump, even if you buy them in bigger sizes. It was hard to not be able to go to

any professional settings'. In this way, lack of access to appropriate pregnancy attire for men translated to lack of access to the professional workspace itself, expanding possibilities for trans workplace exclusion (Dixon, 2015; Eger, 2018).

The experiences of dressing the pregnant trans body reveal not only the ongoing oxymoronic (More, 1998) status of the 'pregnant man' in the public sphere (absence of non-feminine maternity wear), but also the loss of control over gendered and classed corporeal presentations that these, mainly trans, men were used to exerting in their everyday lives. Loss of control is significant in that experiences of misrecognition (Pfeffer, 2014) and stories of misgendering<sup>4</sup> were prevalent in participants' narratives. Pregnancy represented, for many participants, a time in which their ability to present an authentic sense of self to the world was threatened and often erased. Many participants had long-been socially read as male and this could sometimes change with pregnancy. Remarking on this, Lewis, who at the time of interview was age 39, described his gender as trans and his sexuality as undefined, is white and lived in Australia, said: 'I lost my passing privilege'. Meanwhile James, who at the time of interview was age 34, described his gender as transmasculine and his sexuality as pansexual, is white and lived in Australia, talked about how the deep social association of breasts and femaleness re-emerged surprisingly in interactions with people close to him:

The real thing that was a big problem was everyone who had mastered my pronouns and been really good with gender and stuff before I got pregnant, once I got to that point where I had to stop wearing binders and I had giant tits [. . .] the misgendering got really frustrating, even from people who were previously really, really good.

While the private space of the home was frequently spoken of as a site of identity security – a place where participants could feel at ease and enjoy the changes in their bodies – for other participants, being read as a woman in public spaces brought embodied anxieties, emotional distress and fears around safety. In this way, Rubin, who at the time of interview was age 33, described their gender as non-binary and their sexuality as queer, is white and lived in the United States, said:

What was really challenging was the constant gaze on my body as if I was a woman because of my pregnancy, instead of having any

validation anywhere I looked for how I felt about my pregnancy. So, I think that probably contributed to a lot of my feelings. And . . . lack of safety . . .

The discussion here has concerned instances where the visibility of pregnancy in social situations brought anxiety and discomfort for participants. Because pregnant corporealities are so deeply tied in culture to cis women's bodies, the actual gendered identities and presentations of participants were often negated and, accordingly, they were, then, misgendered. This detrimental impact of coercive femininity in pregnancy contexts is also reflected in Epstein's (2002) research on the pregnancy experience of butch lesbians, in the interviews Ryan (2013) carried out with masculine identified lesbians about their future desire (or not) for pregnancy, and in interviews conducted by Fischer (2021) with nonbinary people with pregnancy experiences. What is clear is that the discomfort for pregnant transmasculine and nonbinary participants in our research was not primarily caused by pregnancy itself but through the social and cultural contexts. As Noam, who at the time of interview was age 30, described his gender as transmasculine and his sexuality as bisexual, is Jewish and lived in the United Kingdom, succinctly states: 'It was really hard to explain myself to society, but it wasn't hard to explain myself to myself'. As the next section explores, the social incomprehensibility around transmasculine and nonbinary pregnancy led to feelings of embodied invisibility.

### *Invisible Bodies*

While some participants struggled with being visibly pregnant and its misgendering effects, others spoke about how their pregnancy was not recognised because they were socially read as men. Joseph, who at the time of interview was age 33, described his gender as transmasculine and his sexuality as bisexual, is white and lived in the United Kingdom, highlights the theme of invisibility during his pregnancy: 'there was no concept to people that I was anything other than male. So therefore, they couldn't click that that was a pregnancy'. Similarly, Mo, who at the time of interview was age 35, described his gender as transmasculine and his sexuality as queer, is white and lived in the United States, said:

People don't read pregnant trans people as pregnant in the world, which actually had always been a source of comfort to me because it was a way of escaping the scrutiny. Both without boobs and dressing in a more masculine way, people just don't see a pregnant trans body as pregnant.

Here, Mo's experiences speak to the cultural unintelligibility of masculine pregnancy (see More, 1998; Riggs, 2014; Toze, 2018). Rather than being seen as pregnant, many participants who continued to be socially read as male throughout pregnancy were perceived as fat men. To return to the narratives of Joseph and Evan:

There was a little boy who I overheard, and I was like 39 weeks at this point, but I heard him say, 'Mummy, why is that man's belly so big?' You know? And I was in KFC or something. We'd gone for lunch and we're leaving and this guy was properly giving me like, 'Why the fuck's that guy so fat?' looks. I really protectively held my belly and like smiled at him, like. (Joseph, UK)

I ran a 5k when I was 39 weeks pregnant, which was kind of hilarious because I passed. My best friend from childhood and I were running, and we were sort of laughing because people would look at me, but it was almost like a fatphobic, 'Why is the chubby guy running?' People, just in general in public, people did not read me as pregnant at all ever. (Evan, US)

In contrast to those participants previously discussed for whom fatness was, in some way, threatening to their gender presentation, for most participants, being socially read as a fat man was not experienced problematically. This is not necessarily a contradiction. As White (2020) argues, fatness is perceived both as an obstacle to *and* a resource in producing desired gendered embodiments. For some participants, then, their fatness was celebrated as masculinising. Indeed, frequently, the pregnant belly was positively referred to as a 'fat belly'. To return to Stevie (UK): 'it's [their belly] like a fat man's belly. My uncle has the same belly. [. . .] And the belly, I enjoy in a way [. . .] Just be like oh look at my big belly'. There is a marked contrast in how most participants talked positively about fatness during pregnancy compared to research with women about body size during pregnancy (see Earle, 2003; Nash, 2012). This reflects the relatively stricter societal requirements around slenderness for

women, and the association of bigness with masculinity and/or spoiled femininity (see Bergman, 2009; Monaghan and Malson, 2013; White, 2014, 2020) For some participants, though, the invisibility of their pregnancy caused problems as they moved through the world as someone perceived as male (and, therefore, not pregnant). Paul, who at the time of interview was age 37, described his gender as transmasculine and his sexuality as gay, is white Jewish and lived in Germany, reflects this as he relates a specific incident when travelling on public transport:

No one offered me a seat on the bus, it was once that I asked for a seat, because it was very crowded and I was very tired. And it was a catastrophe what happened [. . .] I said ‘I’m pregnant, I want to sit down’. So one person offered me a seat, but another person had ear plugs, did not hear that this seat was for me, that I asked for a seat. So this person took the seat, and I was like, oh what shall I do? Should I dare to ask a second time? And then the other person, next to this person, stood up and offered me the seat. That was so embarrassing to me, that two people offered me a seat, for me asking for a seat. So I never asked again, I was just scared. Because the person with the earplug didn’t understand that I was pregnant, so that was very embarrassing for me.

Far from engendering feelings of safety or comfort, Paul’s invisibility as pregnant not only placed them in a precarious and potentially dangerous situation, but also exposed the painful cultural unintelligibility of trans pregnancy. Often, then, a pregnant body is either female, or it is not pregnant, which, as the concluding section of the article posits, has important ramifications for future scholarship on gendered embodiment.

## **Conclusion**

This article has drawn on original empirical data from international research on trans reproduction to consider embodied experiences of transmasculine and nonbinary people who have experienced pregnancy. Since pregnancy is so heavily coded as a cultural signifier of the female body, we have explored how participants negotiate their changing pregnant bodies with their gendered subjectivities. Our findings indicate how transmasculine and nonbinary people experience their corporealities while pregnant. Participants articulate difficult juxtapositions between sociocultural visibility, scrutiny, and invisibility as pregnant men and

nonbinary individuals. While the vast majority of participants report pleasure in both being and feeling pregnant, pleasures may be tempered through social context. In this way, many participants distinguish between the pleasures they experience in their bodies privately – when at home, alone or with partners, family, and friends – and difficulties they encounter when in public, where meanings of their pregnant bodies are less under their control. Central to this are moments where pregnant corporealities produce ‘wrong’ readings of participants’ gender and, in some cases, class status. While many trans and nonbinary people endure frequent misgendering in public, for pregnant participants it is experienced more as a shift in the intensity or consistency of being misgendered. For some participants, misgendering leads to negation of their gender as they are socially (mis)read as women; for others, their pregnancy is invisible as they are socially coded as, sometimes, fat, men. Both forms of misrecognition mark moments in which the majority of participants had to negotiate the troubling terrain of cultural unintelligibility.

The embodied challenges of transmasculine and nonbinary pregnancy can consequentially be seen as a *social* problem, rather than an individual one. Our findings thus resonate with work on abject bodies from disability/crip, queer, fat, postcolonial, and trans studies and theory, which seek to illuminate corporealities and embodied experience of those who are socially marginalised. The intervention here is political insofar as it requires denaturalising dominant discourses wherein some bodies are granted the status of normalcy while others are branded as deviant, defective, and deficient. Moreover, as this article has, we hope, underscored, the taken-for-granted assumption of the pregnant body as representative of a cis female body requires problematising. At a substantive level, we thus recommend that policy makers recognise that fathers give birth too; at a conceptual level, we argue for the need for theories of embodiment, gender and reproduction to pay attention to those bodies that are positioned outside of dominant discourse.

As the meanings, experiences, and practices of gender continue to diversify, the social meanings, cultural understandings, and embodied states of reproduction shift too. Trans and nonbinary reproduction, then, raises, crucial questions for feminist theories of the body and activism on reproductive rights, justice, and bodily autonomy more widely. We therefore hope that this article contributes to, and expands, the literature on gender fluidity and gendered embodiment. We also hope that it offers a strong endorsement of, and contribution to, politics of trans recognition and bodily autonomy.

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## Notes

1. In this article, we use the term ‘men, trans/masculine, and nonbinary people’ to refer to those who were coercively assigned female at birth, but report their identity as, for example, male, man, trans, masculine, transmasculine, nonbinary, genderqueer or agender.
2. Surgical procedures carried out on the chest.
3. Chestfeeding is used as a more inclusive term than breastfeeding.
4. Misgendering describes being mistaken for another gender than that with which one identifies.

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