Doing Un/Troubled Subject Positions as a Transgender Woman with Autism: The Case of Vera

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Abstract

This paper aims to capture in/exclusion processes in the life of a transgender person who is also diagnosed with autism. We use Staunæs' (2005) concept of *troubling subjectivities* to explore how Vera negotiates her identities as a neurodiverse transgender woman. We pay particular attention to how the categories of transgender and autism intersect and which in/exclusion processes they set in motion. We unfold how identifying as transgender and being diagnosed with autism spectrum disorder shape Vera's life. Specifically, we aim to unveil how these social categories shape her degree of agency in her private social relations and in institutional settings of education and healthcare. This is important because: a) research shows that a significant number of transgender people also inhabit the clinical category of autism; and b) the intersections of multiple social categories change the conditions under which someone is allowed to do their particular personhood in different social settings. We show that while Vera is able to perform identities related to the categories of transgender and autism in personally empowering ways, she is also obstructed by *identity overwork*. That is, others' positioning of Vera as *troubled* repeatedly requires her response on multiple social levels and in various contexts.

KEYWORDS: Transgender, Autism, Troubled Subject Positions, Identity, Intelligibility, Intersectionality

Introduction

In classic social psychology, *bias* is often depicted as an individual's belief held about a social group, which then motivates discriminatory behavior toward a member of this group (Rudman and Glick 2010). This approach often suggests a rather simple causal effect where biased belief *A* leads to discriminatory action *B*. However, more importantly, it suggests a rather un-dynamic, or at least, unidirectional understanding of the discriminatory relation. Take, for instance, the transphobic belief that cis[1] women are "real" women, while transgender[2] women are "deceptive" about their gender. This belief is of course important to document because it *is* very likely to result in discriminatory behavior. However, the exclusive focus on how A leads to B tends to overlook that discrimination is not just a unidirectional mechanism. Rather, it is often a more complex social interaction carried out in dynamic relational exchanges with the intention, or the effect, of positioning the target as *less than.* When someone claims that "realness" belongs to cis women, they are in effect defining a social norm and positioning transgender women as falling short of that norm. However, the reception of this iteration of the norm will depend on the person the claim is addressed to, as well as the *cultural master narratives*[3] or contexts that they are both situated in and draw upon. This complex social interaction, set in play through discrimination, can be captured by Staunæs' (2003, 2005) Butler-inspired understanding of the Foucauldian subject. For Staunæs and Butler, the subject "becomes a subject [in] a process (…) of simultaneous mastery and submission" (Davies 2006, 425). It is through this paradoxical dynamic of mastery and submission that subjects have the potential to achieve *intelligibility* (Butler 2004b) or *the status of viable subjecthood* (Davies 2006, 427). In this sense, we are all dependent on people's un/doings of us in our process of becoming. However, some people, more often than others, have to actively take up, renegotiate, or even reject these un/doings by others in order to achieve viable subject positions. That is, some people must put in *identity overwork* (Herold 2016) in order to achieve *viable subjecthood.*

In this article, we strive to avoid the same pitfall that trans scholars have critiqued Butler's early work for, namely using the example of the transgender person to prove a theoretical point about the constructedness of gender without engaging more deeply with the lived experiences of transgender people (Namaste 2009). In order to avoid this pitfall, we aim to focus on one persons' lived experiences of the in/exclusion processes that mark her life story, including the *doings* and renegotiations that are integral to these experiences.

Meeting Vera in a Scientific Context

The first author of this article was introduced to Vera in 2013 through a research colleague who specialized in autism.[4] The research project in which Vera was first engaged was experimental. The research team had particularly striven to recruit (cis) women diagnosed with autism because (cis) men are overrepresented in this group. However, when Vera showed up as a representative of the category woman, she intentionally challenged the cisnormative assumptions of gender in the research design. By showing up as a participant, she spurred discussions among the research team about the taken-for-granted and implicit cisgendered norms. Thus, Vera, who explicitly defines herself as a gender activist, was quite successful at *troubling* the cisnormative research practice.

Vera's proactive approach furthermore led her to take charge of our research agenda before the first interview had even taken place. When the first interview was scheduled in December 2013, Vera, unprompted, sent her CV and what she labeled her "Life Story," which was an autobiographical written account of important events in her life, marked by many experiences of discrimination. Hence, Vera conveyed her story partly in written form, partly in two in-depth face-to-face interviews[5] with the first author. The interviews lasted approximately four hours in total. Both interviews were transcribed for later analysis.

In her CV, Vera lays out her educational background, including lecturing and leadership experiences. In her written "Life Story," Vera describes herself as a lonely and socially isolated child who had a sense of being different from everyone else. In order to validate Vera's decision to share this personal information, and inspired by *participatory action research* (Singh, Richmond and Burnes 2013), the first author constructed the interview guide on the basis of Vera's written "Life Story," which meant that Vera significantly shaped the research agenda. After the first interview, which emphasized experiences with discriminatory processes directed at Vera's gender, we sent notes and interpretations of the first interview to Vera to allow her to offer feedback on our interpretation of her. Vera's feedback led to some changes, mainly due to anonymity concerns, but not to any major re-interpretations of the emerging analysis. The second interview itself, however, refocused the project and placed Vera's autism diagnosis more at the center. This re-focus was driven by a law change regarding transgender rights for people with diagnoses such as autism, which was implemented a few months after the first interview.[6] This change led Vera to reflect on how this might directly influence her life and agency going forward.

The processes of in/exclusion captured in the analysis are primarily the ones identified as important by Vera herself. Thus, inspired by *participatory action research* as well as Namaste's (2009) reflections on *collaborative transformative intellectual practices*, we situate Vera as *the* expert of her own life story, valuing her *subjugated knowledge* (Foucault 1980) as a transgender person. A participatory and collaborative approach requires that research about marginalized groups involves these marginalized groups throughout the research processes (Singh, Richmond and Burnes 2013). It also requires that one avoid using minorities to make a purely theoretical point (Namaste 2009; Prosser 1998; Raun 2014; Stryker 2017). Therefore, our aim is to capture how Vera experiences the subject positions she is placed in, picks up herself, and seeks to renegotiate in various everyday contexts. We explore Vera's *doings* both

on an interactional level with her mother, educational personal, and healthcare professionals, as well as on an institutional[7] level with the educational and healthcare systems. In doing so, we align our approach with Namaste (2009) by working with an empirically grounded approach to theory that addresses the political and intellectual priorities of the collaborator Vera. This approach stands in contrast to how transgender lived experiences have often been rejected as invalid forms of knowledge (Enke 2012; Holm 2017; Namaste 2009; Raun 2014). We aim to "conduct trans analysis with respectful curiosity" (Raun 2014, 13).

Cultural Context—Conflicting Social Categories?

In order to set the stage for Vera's identity work and the renegotiations that she repeatedly needs to engage in, we need to outline the cultural context in which her identity work takes place. Denmark is often portrayed nationally and internationally as a "liberal haven" for transgender and other Lesbian, Gay, Bisexual, Queer, Intersex or Agender (LGBQ+) individuals, which is largely due to the early historical and institutional inclusion of gender and sexual minorities (Raun 2010). Transgender people are, in theory, able to access hormone replacement therapy and gender-affirming surgeries paid for by the tax-funded welfare state if they meet certain clinical criteria and requirements. However, state clinics have been critiqued as cisnormative (Occhino and Skewes 2020).

Despite Denmark's "liberal haven" image, discrimination against transgender people is still widespread. According to the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe) survey, 70% of transgender people living in Denmark reported experiencing one or more of the following types of harassment in public: a) comments; b) verbal abuse; c) threatening behavior; d) physical abuse; or e) sexual abuse directed at or driven by their gender identity (Turner, Whittle and Combs 2009). Overall, there is still a general lack of recognition of what it means for transgender people to live in a society that is

fundamentally shaped by cisnormativity.[8] To understand the discriminatory challenges that Vera experiences in her everyday life, it is important to know that in 2014 (after our first interview with Vera), a reduction in rights for transgender people with mental illnesses was implemented with the following law:

> [A] person may apply to be allowed to be castrated as part of sex change if the applicant has been diagnosed with transsexualism, has a persistent desire for castration, and is able to grasp the consequences (*Law on the amendment of the Health Law 2014, our translation and emphasis*).

The addition "is able to grasp the consequences" in praxis excluded transgender people if they were diagnosed with psychiatric disorders that would be perceived to affect their ability to fully comprehend the consequences of their decision[9], and in this regard, an autism diagnosis was considered as an expression of a "mental illness" which conflicted with access to trans-specific healthcare (Amnesty International 2014). This meant that transgender people, like Vera, who were diagnosed with autism risked their gender identity being considered unintelligible. This was in spite of the fact that an autism diagnosis, according to the World Professional Association for Transgender Health's (WPATH) Standards of Care, should not result in limited access to trans-specific healthcare. According to WPATH's Standards of Care, clinicians should only screen for issues such as autism in order to incorporate any concerns such a diagnosis may raise for the overall care and treatment plan (Coleman et al. 2012, 24).

The fact that the Danish healthcare system, at the time, limited access to trans-specific healthcare for people with an autism diagnosis conflicted with growing recognition that a significant number of transgender people also inhabit the clinical category of autism—something which Vera also explicitly stated was mirrored in her own social context. Research backs up her perception by showing that the diagnosis rates of autism are higher among transgender children and adolescents than in the general population (De Vries et al. 2010; Glidden et al. 2016; Shumer et al. 2016; Van Der Miesen, Hurley and De Vries 2016). However, the degree of overlap between the categories of transgender and the autism diagnosis varies greatly across studies. While Shumer et al. (2016) report an overlap of up to 23.1%, De Vries et al. (2010) report an overlap of 7.8%. This variation demonstrates that the degree of overlap between these two categories is still up for debate, yet even the most conservative estimate of 7.8% covariance suggests a significant association between the two categories, especially since the base rate of both is so low (both the autism diagnosis and the diagnosis of gender dysphoria is estimated to apply to around 1 pct. of the population).

Analytical Tools

Passionate about queer theory, Vera herself perceives gender as a socially negotiated category. She says:

> "I usually say that I understand gender as a relational phenomenon or a dynamic group process and when I'm not in relation to others I don't experience the challenges that come with being attributed a gender which does not align with my gender identity" (Interview 1).

Thereby, Vera captures that the challenges of inhabiting a transgender identity arise in interaction with others. To capture the social dynamics of the in/exclusion Vera experiences, both due to her gender identity and her autism diagnosis, we draw on Staunæs' (2005) intersectional concept of *troubling subjectivities* to help us frame Vera's life story and experiences.

Inspired by Butler's *performative* take on gender, Staunæs considers both gender and intersectionality a form of *doing* (Staunæs 2003). This entails that intersecting categories are understood as *non-additional* (Staunæs 2003, 102)—and thus that belonging to multiple social categories (as we all do) will not necessarily have the same consequences for interactions with everyone or

across institutional settings. In short, categories are relational; therefore, we need to understand complex social negotiations in order to understand discrimination and its effects. The stigma and *troubling* that emerge from different social categories vary from person to person, situation to situation, and from context to context. Staunæs' concept of *troubling subjectivities* captures how identifying or being identified with more than one social category that is culturally devalued might intensify the possibility for stigmatization in social interactions. That is, the relationship between social categories can create and enforce hierarchies (Staunæs 2003, 2005). *Troubled subject positions* emerge from this congealment of asymmetrical power relations. Staunæs' work contends that no individual is born into a particular essence of *troubled* subjectivity. Rather, all subject positions can—at least in theory—become *troubled* through different interactions. However, Staunæs, at the same time, emphasizes that some individuals are more likely than others, *repeatedly* and *across situations*, to be positioned as *troubled* and therefore unintelligible (Staunæs 2005). Staunæs' conceptual framework fits well with Vera's own articulations and understandings of her gender as a relational phenomenon (shown above). Staunæs' framework also helps us capture how the two different social categories are forefronted in different contexts in different ways. For example, Vera worries that being neurodiverse as a transgender woman reduces her chances of being granted access to trans-specific healthcare. But at the same time, she experiences that the autism diagnosis grants her access to benefits in other institutional contexts, namely support in an unemployment context (which will be spelled out later). This captures how being diagnosed with autism affords Vera both positive and negative negotiation positions depending on who she is interacting with and how the *cultural master narratives* position everyone in relation to each other.

To further underline Vera's efforts to renegotiate both her gender and her autism diagnosis in an empowering manner, we also employ the concept of *identity overwork* (Herold 2016). People who are not always easily recognized within a cisnormative framework are often forced to repeatedly explain and validate their gender positions. That is, in order to avoid or minimize the effects of *troubling* experiences related to how she prefers to *do* gender, she has to take on *identity overwork*. If one furthermore is (or is perceived to be) neurodiverse, one's identity workload is further increased, adding to the efforts it requires to achieve a viable subject position.

We argue that our theoretical framing assists us in unpacking complex and dynamic discriminatory processes in which Vera must invest heavily in challenging the *cultural master narratives* in order to carve an intelligible space for her *counternarrative*. We aim to capture multifaceted and diverse discriminatory dynamics that enforce cisnormative and neurotypical standards in Vera's life, but we also hope to underline that intense investments in *troubling* these norms can lead to changes that allow for greater agency for Vera and other transgender-identified people. By striving to see the world through Vera's eyes, we are exposed to an uphill battle with many multifaceted discriminatory experiences, but Vera's perspective and story also offer hope for both greater inclusivity and more agency for people belonging to, or identifying with, multiple stigmatized social categories.

In our analysis, we strive to show the multifaceted discriminatory processes Vera navigates in her everyday life. We bring this forth by structuring the analysis in three main sections: a) discriminatory processes at the intimate or relationship level (the micro level); b) discriminatory processes in institutional settings such as the educational and healthcare systems (the meso level); and finally, we aim to capture c) discriminatory processes set in motion at political levels through national laws (at the macro level). This structure enables us to capture how Vera is positioned, by herself and others, in *un/troubled subject positions* related to the two categories: transgender and autism. It also enables us to reveal the potential stigma that often emerges from these dynamic processes and how Vera manages this stigma. Finally, the theoretical framework and our micro-, meso- and macro-level structure analysis help us to bring forth when and how Vera manages to increase her

agency and lay claim to *intelligible subject positions* in spite of resistance in different contexts and at different levels.

In the analysis, we aim to give room for Vera's articulations of how she navigates, is *troubled* by, but also makes use of her identification with the two different yet entangled and often *troubled* identities.

Analysis

In Vera's case, *troubled subject positioning* arises in different social contexts, and at both micro (intimate), meso (institutional) and macro (structural) levels. Overall, our analysis aims to show how the *troubling* of Vera's gender identity and autism unfolds across social levels, and how they sometimes, but not always, add up to *troubled subject positions*. We follow Vera as she engages in *identity overwork* (Herold, 2016), for example, through frequent renegotiations of her gender positions in attempts to create new and more empowering subject positions that are in line with how she experiences herself as a gendered and neurodiverse being. This overwork becomes necessary due to the intense *troubling* Vera experiences in various contexts. As her life story unfolds, we see how Vera's mother measures her against cisgender norms and emphasizes that she should stop deviating from them. Vera also explains how something as basic as obtaining an education can involve juridical *troubling* because of how she expresses her gender identity both in clothing and name. Finally, we explore how Danish legislation concerning transgender people's access to trans-specific healthcare shapes the degree of agency Vera can claim with regard to accessing gender-confirming healthcare technologies. We show how Vera often aims to renegotiate the conditions for *doing* that she is offered in various social interactions and contexts. So, while her childhood involves few empowering narratives of renegotiation, her adult life is tightly packed with activist interventions all designed to reduce stigmatization and increase her own and other transgender people's agency.

The analysis is structured in three sections, each of which addresses the significant social levels of Vera's everyday life: a) intimate relationships; b) institutional settings in which Vera interacts with different types of professionals and institutionalized norms; and c) a political level that dictates the national laws and norms concerning Vera's rights as a neurodiverse transgender woman.

Un/Troubling in Intimate Relationships

Vera's relationship with her mother takes up a large part of her life story. Vera describes how her mother, throughout her life, explicitly and continuously has positioned her as "deviant and hard to understand for others [i.e., cisgender people]." Vera provides several examples of how her mother wants her to adapt her gender identity to cisgender standards, even prompting her to seek medical help to get "cured" and embrace a male gender identity. In fact, her mother expresses this preference regarding both peer relationships in childhood and educational choices in Vera's adult life. For example, when Vera tells her mother that she wants to pursue a nursing degree, her mother encourages her to become a doctor instead because this is "more fitting for a man"—thereby not only misgendering Vera but also gendering her educational choice. To try to accommodate her mother, Vera takes several educational detours trying out different male-typed education. However, Vera finally commits to taking on nursing, while at the same time beginning hormone replacement therapy.

Taking a deeper look at how the categories of transgender and autism intersect on an intimate-relational level in Vera's life story, we find that this intersection makes Vera's positionality precarious. For example, in her written "Life Story," Vera emphasizes how, as a child, she was constantly struggling to make meaningful social contact:

"I was a distinctly quiet child, and I did not draw attention to myself. I remember back

in the day how my mother would take me along on shopping trips and just place me by a counter or in a shop and ask me to stay put until she came back. I would just sit there nicely for several hours and wait." (Written "Life Story").

Looking back at these experiences as an adult, Vera frames these experiences as follows:

"That we [neurodiverse people] function differently often means that our needs are neglected. I am thinking of the times I was placed at the counter during shopping, right? Even though I was not able to show my needs for contact in a way my mother understood, and even though I was not a child who cried and drew attention to myself, I still had the need for contact. But because I signaled on a different wave-length, my needs were not met. There was an empathy gap" (Interview 1).

Vera's neurodiversity placed her at risk of not having her emotional needs met by her primary caregiver. Not expressing her needs in a neurotypical fashion was interpreted as her not having those needs at all. Vera expresses how her social situation was further *troubled* because both children and adults misgendered her as a boy and encouraged her to play with boys even though she felt she did not belong in this group:

"Without being able to put it into words, I felt that I belonged with and longed to be among the girls. Unfortunately, neither the girls nor the adults allowed me this [access], because they could not see who I was deep down. This probably contributed to my isolation" (Interview 1).

This uncovers that Vera's premises for *doing* gender as a neurodiverse child have contributed to her social isolation, albeit in different ways. In both cases, others have struggled to recognize her and her social needs because of the concurrence of these two often stigmatized categories. Thus, not performing neurotypically and not fitting society's

cisgendered script has resulted in *troubled subject positions*, and consequently both social and emotional exclusion for Vera as a child. Not being seen and met caused her to withdraw from social interactions. Vera's social withdrawal, or "isolation strategy" as she labels it, is driven at least in part by other people's misreading of her, or their need to regulate her *doing*. This means that the social awkwardness that she experiences as being integral to her neurodiversity is strengthened by the *troubled* positionings and *unintelligibility* she is subjected to as a transgender child.

While Vera describes how she has suffered socially because of both her transgender identity and her neurodiversity, she also forefronts the rich intellectual path she associates with the latter. When asked what it means for her to be on the autism spectrum, she answers:

"It means that I am a unique person—and that I have been unique throughout my childhood. It means that I have a growth potential in certain areas that I have now achieved a greater understanding of, that I can reflect on and work with to the extent I want to. It also means that I have some unique strengths that I can use constructively" (Interview 1).

One of the strengths Vera explicitly attributes to autism is her scientific interest and skills. Vera explains how she was fascinated by science from an early age, which positioned her positively as "the little professor" in her family. This position as scientifically knowledgeable and competent is carefully enacted by Vera in her adult life as well. One example is in the interview situation, where Vera breaks with the traditional position of the interview subject both before and during the interview by positioning herself as a co-researcher throughout the process rather than a passive research subject submitted to a researcher's predefined framework. Throughout the interviews, she contextualizes her personal experiences with scientific findings, often comparing her own experiences with a larger scientific sample to strengthen her claims. She also presents some statistical analyses she has carried out on psychological test scores she

has found online. In other words, she gains agency in the research context by utilizing scientific language. This is just one example of how Vera gains personal agency by employing the traits she attributes to her autism. She also attributes many other positive abilities to autism: a) her ability to focus on academic, complex issues; b) her lack of fear of "putting herself out there" in her transgender activism; and c) her autism network is the first space that has offered her symmetrical friendship relations. In other words, Vera feels at home in the category of autism and the traits she thinks of as arising from her neurodiversity. In contrast, in the context of her childhood, she finds no obvious advantages of being perceived as a boy while identifying as a girl. Adults and other children saw her through cisgendered and gender-stereotypical norms and kept positioning her differently than she experienced herself. In childhood, this led to social isolation and a negative self-understanding as "being off". In adulthood, however, Vera strives to counteract this experience and the associated stigma by engaging in transgender activism.

Un/Troubling in Institutional Settings

While Vera grew up with what she describes as a "normalizing discourse" in her family, this is far from the only setting where she is negatively perceived as someone who transgresses norms. Throughout her life, interactions with and in institutions have very often resulted in *troublesome* experiences of stigmatization, where Vera has been positioned as someone who needs to be dealt with or interpreted through judicial or medical texts—a subject marked as different or deviant from the norm. In this way, Vera is often interpolated by the cisgendered and neurotypical majority as a challenge to, or even a burden for, them.

One institutional context in which Vera's gender identity becomes particularly *troubled* is the obligatory internship she had to take on in order to complete her nursing degree. During several internships, Vera experienced explicit verbal and structural transphobia. For example, in her first internship, she was told that she had to wear a

uniform designed for the male nursing staff and a nametag with her assigned male name. The institutional justification was that she needed to:

> "…*ensure credibility with the patients. I could not pass myself off as a different gender than I in fact was. I should not create an unnecessary distance in the relation [to the patients]"* (Interview 1).

The reason why Vera cannot wear clothes and a nametag that align with her gender identity makes clear that there is a perceived "right" and a perceived "wrong" way of *doing* gender in this institutional context. Vera is positioned as being not only "wrong" but also "deceptive" based on how she does gender. Vera's way of *doing* gender is considered so deceptive that it is assumed to threaten the relation to the patients she is meant to help. However, it is worth noting that this concern is raised *before* any patients have actually interacted with Vera—revealing that the concern reflects the staff's gendered expectations rather than concrete objections to her as a nurse.

Because of these institutionally enforced challenges in her first internship, the legal counselor at Vera's nursing school contacted the next institution to emphasize that they could not legally prevent Vera from wearing the uniform designated for the female staff. This is obviously an action intended and perceived by Vera as a helpful gesture. However, it reveals that even basic acts like wearing uniforms involve interventions on an institutional and judicial level. The second hospital decided to comply with national laws, which in this particular case protected Vera's right to choose how to express herself through clothing. However, they did not accept her choice of pronouns, but insisted on referring to her as "he/him" throughout the internship and encouraged the patients to do the same.

The Sexology Clinic is another institution that measures Vera against cisgendered norms. The clinicians at the Sexology Clinic have spent years assessing the degree to which Vera fits the supposedly pathological "transsexual" category. That is, the clinic measured Vera's gender identity

against a pathologically defined category, and if she had not been deemed fit for this diagnosis, she would have been denied access to trans-specific healthcare anywhere in Denmark at the time. However, the clinicians did position her as "transsexual", and she was granted access to hormone replacement therapy. It is important, however, to emphasize that Vera does not identify as transsexual but as transgender. Capturing that categories are a form of *doing* with agentic potential, Vera explains the important difference between the effects these two categories produce for her:

> *"[Transsexual] is a concept that I consider less empowered than transgender because if you in the law offer rights for transgender people and if you advocate politically for transgender people, then you offer rights for the whole group—and then it is up to the individual to decide which rights they feel they need covered—like which procedures one would like to go through. However, if you only offer rights to transsexuals, it [limits] who can benefit. Furthermore, if you apply the concept of transsexual, then it is no longer the individual who chooses [but the clinicians]" (Interview 2).*

By identifying with and forefronting the category of transgender rather than "transsexual", Vera feels that she can be more inclusive as a transgender activist. She also associates this category with empowerment and individual choice to define her own needs. She thus situates this social category in opposition to the clinical term "transsexual", which she interprets as limiting the agency of people by privileging medical categories over people's own articulations of their identities. In this way, her choice of terminology draws attention to the asymmetrical relations between the clinical gatekeepers and people seeking gender-confirming procedures at the Sexology Clinic.

Vera is further *troubled* in the clinical setting because she has been assigned the clinical label of autism within less than six months of our first interview. Vera explains how she did not want to be assessed for the diagnosis of autism

but was encouraged by an unemployment officer to do so in order to assess which kinds of jobs she would be able to master. She eventually yields to the unemployment officer's request. However, while the diagnosis offers her access to resources within the unemployment system, she worries whether this will be yet another reason to *trouble* her as a subject in the medical system because autism, at the time, was assumed to be counter-indicative of being "transsexual". Asked directly whether she has been told that her autism diagnosis will prevent her from accessing gender-affirming surgeries in the future, she answers:

> *"You can say that there is a fear [that this might happen when I tell them about the autism diagnosis], and that it is a soundly founded fear because other autistic people have experienced being rejected at the first interview [at the Sexology Clinic] because of autism, or simply have not been accepted for a first interview" (Interview 2).*

This means that even though Vera has already been diagnosed as "transsexual" and therefore has been on hormones for years, she now worries that her new diagnosis of autism will make the Sexology Clinic reluctant to accept her for further gender-affirming procedures. She speaks openly about how she does not want to lie to the Sexology Clinic, but at the same time, she is worried about what the price of her truthfulness will be (Interview 2).

Un/Troubling on a Political Level

Vera's gender identity is also *troubled* at a macro level, as Danish politicians at the time had granted the Sexology Clinic a de facto monopoly on all treatment options for transgender people. Throughout both interviews, Vera is critical of the Sexology Clinic's approach to transgender people and the norms she feels that they enforce, so she actively strives to renegotiate them. She describes how societal gender norms sneak into the Sexology Clinic's interpretation of what it means to be

transgender in ways that remind her of her mother's gender normativity:

> *"We had worked [towards having the clinical diagnosis of "transsexual" removed from the list of mental illnesses] with the focus on natural variation and room for diversity. And have an expectation that because transgender is categorised as a mental illness, it leads to stigmatisation, which cues all sorts of stereotypes in the screening process (…) It reflects that there are norms in society in general that are similar to my mother's: 'Can't you just be cured?'" (Interview 1)*

In this way, Vera sees a connection between the kind of *troubled subject positioning* she experiences in her relations with her mother and the way the Sexology Clinic casts her as an individual in need of a clinical diagnosis and management.

If we stopped the analysis here, it might paint a picture of Vera primarily as a victim of deep and multi-layered stigmatization. However, the picture is more complex than that, because Vera responds to other people's *troubling* of her. She does not just passively accept others' positioning of her. She actively uses her unique gendered position to try to *trouble* the cisgendered norms that limit her agency—that is, she strives to renegotiate her conditions for subjecthood. Vera explicitly states that she understands gender as "an inter-relational phenomenon or a dynamic group process" (Interview 1). According to Vera, gender is a social practice in which she is actively engaged in renegotiating through activism. Therefore, traditional social psychology cannot capture Vera's *life world* sufficiently. To capture her *life world*, as she sees it and reports on it, a unidirectional understanding of discriminatory relations does not suffice. Other people clearly do *trouble* her gender (and her neurodiversity), but Vera pushes back on their *troubling* of her. Their discriminatory actions shape her degree of agency, but they do not determine it. She voices her critique of other peoples' *troubling* of her both in the interviews and publicly. Drawing on academic discourse, in particular queer theory, she poses the question: "Who

has made the decision that society ought to function in this way?" With this question, she invites a rethinking or renegotiating of stereotypical gender expectations.

In contrast to her childhood interactions in which she was often positioned as *unintelligible*, Vera now aims to create empowering subject positions for herself and other transgender-identified individuals through gender activism. She has successfully repositioned herself so that she is approached as an expert by both LGBTQ+ activists and national politicians. In fact, her activism has been the driver behind some of the progressive changes regarding transgender people's agency in Denmark. In this way, Vera has succeeded, to some extent, in changing the macro-narrative of how transgender can be *done* in Denmark. Vera attributes this achievement to her autism. So, while the Danish medical practices struggle to grasp that being transgender and having an autism diagnosis is an *intelligible* position to inhabit, Vera explicitly links autism with how she *does* transgender in empowering ways:

> *"I usually say that this [autism] is super practical because so many are afraid that people will look at them the wrong way. Some of the people I talk to who are transgender are anxiety ridden. They might be scared of catching the bus. Afraid that a fellow passenger will look at them in the wrong way. That is, they might fear—because they assess other people's facial expressions—that they recognize them as their biological sex. And all of that I have largely been spared because I just do not notice it if anybody looks at me funny" (Interview 1).*

Here, Vera captures how cisgendered norms of assigning biology primacy over gender identity can make navigation in the public sphere *troublesome*. She also points out how the fact that she does not automatically perceive other people's social cues functions as a form of social shield or protection. Indeed, by not automatically reading other people's faces and body language, she is spared their potential judgment. In this sense, Vera understands

her neurodiversity as a protective shield against transphobia. She explains that this shield enables her to be a public advocate for transgender rights. She explains that she can claim and negotiate greater degrees of agency exactly *because* she is not affected by social judgment to the same degree as neurotypical people.

Summing up, it stands out that Vera does not passively accept the *troubling* of her that she is exposed to. She fights back. Vera might be *troubled* repeatedly at micro-, meso- and macro-levels, but through her activism, she holds up a mirror to us all and shows us how our *troubling* of her can be *troubled* right back. She leaves us to answer the question: "Who has made the decision that society ought to function in this way?"

Conclusion

When we follow Vera's life story from childhood to adulthood, we see how her transgender identity and autism intersect in different ways. Throughout her life, Vera has repeatedly been precariously placed by others who have marked her as *unintelligible*. This *unintelligibility* is brought about in interpersonal relations, institutional settings, and at the level of the Danish state's judicial regulations. Vera is repeatedly positioned as conflicting with cisgendered and neurotypical expectations and asked to adapt to the majority view of "normality". Importantly, this experience is commonplace for her—and as we show—this occurs regularly at micro-, meso-, and macro-levels.

Staunæs' (2003, 2005) intersectional concept of *troubling subjectivities* offered us a way in which to frame Vera's articulations of the in/exclusions processes set in motion by different people, institutional norms, and *cultural master narratives*. We used this framework to explore what conditions or possibilities were created or suppressed for and by Vera. This helps us to explore in which situations, and under which conditions, Vera was afforded *intelligible* or *viable subject positions*. Throughout the paper, we have illustrated the *identity overwork* (Herold 2016), which Vera is burdened by at all levels of life. We capture how Vera fights

back against the *troubling* of her, claiming greater degrees of agency for herself. For example, she achieves this by positioning herself as a co-researcher by using "scientific language" in the research setting (a skill that she attributes to autism). Through this repositioning of herself, she can shape this case study in significant ways. Even more important, Vera makes clear that her neurodiversity does not always hinder her negotiation skills, but in fact, sometimes facilitates them, and because of this, she has successfully reshaped transgender rights in Denmark and earned recognition for this achievement at all levels of society.

By retracing Vera's lived experiences, we show that even though the two categories of transgender and autism sometimes strengthen each other's stigmatizing effects, in other situations, the two categories interact in ways that enable Vera to perform *identity work* that has agentic effects. It is clear, however, that the latter dynamic requires a lot of energy and effort managing stigma at an individual level, as well as specific relationships and contexts that enable this empowerment. Thus, gaining a socially *untroubled subject position* when one is neither cisgendered nor neurotypical requires extensive *identity overwork*.

Vera's "Life Story" illustrates how some subjects are consistently positioned as *troubled* at multiple levels: in personal interactions, institutional settings, national law, and *cultural master narratives*. In this way, Vera's experiences make explicit how we all carry "enigmatic traces of others" (Butler 2004a, 46), but that some people are burdened more by this social interdependence than others. As Butler formulates it:

> *"[A]t the most intimate levels, we are social, we are comported toward a 'you,' we are outside ourselves, constituted in cultural norms, that precede and exceed us, given over to a set of cultural norms and a field of power that conditions us fundamentally" (2004a, 45).*

When subject positions clash with cultural norms, extensive *identity overwork* is necessary in order to obtain *intelligibility* or *viable subject positions*—and sometimes even basic human rights. Importantly,

this is not unique to Vera's life, but also captures other marginalized people's life experiences. For instance, Clare (2017), who employs a disability studies approach, states that

> "Some of us are granted personhood as our birth right, but others are required to prove and defend it every day" (28).

This resonates very well with Vera's experiences—*viable subjecthood* requires *identity overwork* in order to be obtained.

Staying with Clare's (2017) disabilities studies framework, they *trouble* an understanding of diagnosis (and the ideology of cure attached to this) at an individual level:

> "cure requires damage, locating the harm entirely within the individual human body-minds, operating as if each person were their own ecosystem" (Clare 2017, 15).

Instead, Clare's framework (similar to Staunæs') encourages us to look at the whole *ecosystem* rather than just the individual *body-mind*. They particularly encourage us to pay attention to what purpose a diagnosis serves, whose interests are upheld through diagnostic labels, and how these labels serve the function of attributing more value, privilege, and power to some lives compared to others. Vera captures this dynamic when she speaks about the clinical diagnosis of *transsexual* as not only privileging clinicians' interpretation of gender identity over transgender people's self-identification but also feeding into *troubled subject positions*. Both Clare's and Staunæs' frameworks support Vera's personal experience that diagnosis (or *troubled subject positions)* can play into existing power dynamics and contribute to empowering some while disempowering others.

At a meta-level, our case study shows how social categorization entails a possibility for stigmatization that creates, congeals, and enforces hierarchies and asymmetrical power relations between people. Some *subject positions* are associated with *troublesome* meanings and are therefore deemed by our cisnormative, neurotypical society to be in need of intense normative, clinical, and judicial management. Often, this *troubling* of certain subject positions is entangled with diagnosis (such as "transsexuality" and autism). This underlines that diagnoses are never neutral tools (Clare 2017, 42). Diagnoses have interrelational effects for both the people who employ them, and in particular, the people who are labeled with them. As Clare (2017) put it,

> "[D]isorder means not only dis-order, but also wrong, broken, in need of repair. Disorder is used to constrict and confine, devalue and pathologize" (43).

Vera experiences this value judgment from multiple levels in her life, for instance, her mother's "normalizing discourse" and her mother's explicit request for a "cure" for Vera's gender identity. But importantly, the healthcare professionals Vera meets *also* share her mother's perception of this need for a cure at an individual level, rather than at a societal or social justice level. Exactly because of the discriminatory effects that diagnosis can set in motion, it becomes urgent that we strive to answer Vera's question:

> "Who has made the decision that society ought to function in this way?" And we might add: "[W]hich realities are defined as trouble by whom and for whose benefit?" (Clare 2017, 72).

Both these questions can facilitate us in uncovering who currently is empowered and privileged in and by particular *cultural master narratives*—and both questions underline how important it is to bring the lived experience of marginalized groups to the forefront in order to counter an asymmetrical congealment of power.

Notes

1   We use Enke's definition of cisgender as naming the "characteristic of staying with or being perceived to stay with the gender and/or sex one was assigned at birth" (Enke 2012, 20).

2   We use the term *transgender* throughout because our case study person Vera prefers this term.

3   Inspired by Herold (2015) we use the concept of *cultural master narratives* to capture that viable subjecthoods are constructed through a culturally informed storyline that invites for certain forms of doing, while unwelcoming other forms of doing. Here we aim to offer a case story of one person who strives to increase her own agency by contributing to a counternarrative that differs from the one which the *cultural master narrative* invites her to tell.

4   We use the terms *autism* and *neurodiversity* because Vera uses these terms to describe herself.

5   The follow-up interview took place approximately eight months later in 2014.

6   See the Cultural Context section for more information on the relevant law change.

7   Inspired by Ahmed (2017) we understand institutions dynamically as a place in which habits and norms become cemented through repetition.

8   A highly significant marker of cis-normativity in Denmark is the fact that social security numbers are binarily gendered. This system literally makes non-binary people unintelligible.

9   See Dietz (2016) and Occhino and Skewes (2020) for further discussion of the legislative changes.

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