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## **Digging beneath the Surface: When Disability Meets Gender Identity**

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### **Abstract**

This article presents the results of a community-based participatory action-research conducted in the province of Quebec with 54 trans youth (15-25 years old). It describes the difficult reality faced by youth who are both trans and disabled and who live at the intersection of cisgenderism (or transphobia) and ableism. The research project, which uses the grounded theory methodology, was conducted in two phases of data collection between 2016 and 2019. In total, 39 of the 54 youth interviewed in person (72.2%) self-identified as disabled. This article therefore focuses on the experience of these young people. We begin this paper with a review of the literature on the theme of “transness and disability.” Then we present the core concepts in our research, including intersectionality, as well as the methodological framework that guided the project, grounded theory. In the following section, we present and discuss the research findings. After showing that, for trans youth, disability has implications at all levels in their lived experience and cannot be separated from their trans identity, we explore the intersections between transness and disability in the lives of trans youth through two main axes. We demonstrate how, on the one hand, impairments and ableism sometimes become obstacles to the realization of gender identity, and how, on the other hand, gender identity and cisgenderism can sometimes become disabling.

### **Keywords**

Trans people – disabled people – youth – intersectional analysis – Quebec – gender identity – dis/ability – cisgenderism – ableism/sanism – grounded theory

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## 1. Introduction:1 Living at the intersection of cisgenderism and ableism

It makes me so upset because we are infantilized. I get the impression [...] that I will never be a real person. [...] [B]ecause of my mental health, because of my trans identity, because of my sexual orientation [...]. [...] I have not had legal access to hormone therapy, uh, because of my status as a person living with mental health issues (Addison, 25, transmasculine/genderfluid/nonbinary).<sup>2</sup>

The above quote, from a trans youth<sup>3</sup> interviewed during a community-based participatory action-research project involving 54 trans youth conducted in Quebec, astutely describes the difficult reality faced by those<sup>4</sup> who are both trans and disabled<sup>5</sup> and who live at the

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<sup>1</sup> Alexandre Baril (pronoun he) is a trans and disabled man and professor specializing in trans and disability studies. Annie Pullen Sansfaçon (pronoun she) is a cis woman who holds the Canada Research Chair in transgender children and their families. Morgane A. Gelly (pronouns she/they) is a nonbinary person who holds an MA in sociology and specializes in gender and health issues.

<sup>2</sup> In this article, the names of participants have been replaced by pseudonyms, and the terms describing their gender identity are those used by the participants to describe themselves during the interviews. We have decided to keep these terms, in their diversity, unchanged to respect the identity of each person.

<sup>3</sup> The term *trans* is used in an inclusive sense and refers to multiple gender identities (transsexual, transgender, nonbinary, genderfluid, bi-gender, agender/without gender, two-spirit, etc., people); in short, all non-cisgender identities. Cis people are non-trans people.

<sup>4</sup> [TN: *Celleux* in French]. In order to respect the diversity of gender expression, we prefer inclusive language, alternating between what the *Office québécois de la langue française* (Quebec's Office of the French Language) calls gender-neutral and bi-gendered language, the latter of which juxtaposes the two genders in gender-neutral pronouns, like "*iel*" to combine *il* (he) and *elle* (she), or "*celleux*" (them), to combine *celles* (them, feminine) and *ceux* (them, masculine). [TN: While in English, use of the pronoun "they" to refer to a person who doesn't identify with one of the gender binary pronouns (he or she) has been increasingly common, there is no such equivalent in French, which has necessitated the creation of gender-neutral pronouns. In this article, gender-neutral pronouns such as *iel/celleux* have been translated as "they/them" unless otherwise specified.]

<sup>5</sup> Like many disability studies authors, who theorize disability as a social construct in societies not adapted to various dis/abilities, we use the term "disabled person" to put emphasis on the fact that people are disabled in large part by institutions, structures, and social norms and because it is a term used by communities themselves (Clare, 2009; Withers, 2012; Davis, 2013; Kafer, 2013; Marshall and Ware, 2014; Parent, 2017). The concept of disability seeks to include multiple impairments, such as physical, motor, sensory, cognitive, environmental and mental/psychological/emotional impairments (or what are also called "mental health issues"), chronic illness, etc. We use the term *disability* in the singular form to refer to the complex phenomena of disability, and *disabilities* for what are sometimes called "handicaps" in the plural form in French. Alternatively, we also use the term *impairments*.

intersection of multiple systems of oppression,<sup>6</sup> cisgenderism,<sup>7</sup> and ableism.<sup>8</sup> Addison denounces the delegitimization, as a result of the marginalized identity he inhabits at the intersection of his mental health (he is bipolar and schizophrenic) and his transness,<sup>9</sup> of which he is a victim, and the harmful effects of the intersecting oppressions he experiences, such as being denied trans-affirmative care. While it is possible to believe that Addison's reality represents but a tiny fraction of that of the trans population, his comments nevertheless resonate in many testimonials of youth in our study, which did not initially focus on the intersections between transness and disability, but rather on the various factors affecting the well-being of trans youth. After having observed that 17 of the 24 youth (70.8%) self-identified as disabled during the first interviews, we decided to include several follow-up questions about disability in the second set of interviews, during which 22 of 30 youth (73.3%) self-identified as disabled,<sup>10</sup> for a total of 39 of 54 youth (72.2%).

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<sup>6</sup> The term *youthism* is used to refer to oppression based on age, although the term *ageism* is more common. We choose the first rather than the second because the concept of ageism, while not exclusively reserved for oppression experienced by older people, is routinely associated with the field of gerontology and studies on aging (Ansara, 2015). We would also like to make it clear that the space limitations of this article prevent us from conducting a more focused analysis of the three intersections of identity and oppression that include age. Therefore, throughout our analysis, we focus on gender identity and dis/abilities, while keeping in mind the category of age and the youthism experienced by these trans and disabled youth that shape their daily lives. For example, many of these youth still live with their parents, attend educational institutions, have not reached the age of legal majority for the purposes of exercising certain rights, etc., which results in them living their transness and disability differently than if they were adults.

<sup>7</sup> Ansara (2015: 15) distinguishes cisgenderism from transphobia: "Unlike 'transphobia,' which emphasises individual hostility and negative attitudes, the cisgenderism framework incorporates both unintentional and well-intentioned practices. Cisgenderism often functions at systemic and structural levels [...]." Baril (2015c: 121) defines cisgenderism as follows: "Cisgenderism is a system of oppression that affects trans people, sometimes called transphobia. It manifests itself on legal, political, economic, social, medical, and normative levels. In the latter case, it represents cisgendernormativity [or cisnormativity]. I prefer the concept of cisgenderism to that of transphobia, as it moves away from the pathological and individualized origins of the 'phobia.'"

<sup>8</sup> In order to refer to the system of oppression with respect to disabled people, which operates on multiple levels, we have chosen to use the term *capacitisme* [ableism], which is becoming more and more popular in the Francophone-Canadian context, while in France, the term *validisme* ["handicapism"] is more common. As Parent (2017: 184) indicates, "The concepts of ableism and disablism are well-known in disability studies and are used more and more by activists and artists. Yet, they are only beginning to appear in francophone literature. Until now, these important concepts were translated a number of ways (*capacitisme*, *handicapisme*, *incapacitisme*, and *validisme*) without a single translation taking root."

<sup>9</sup> Baril coined the term *transitude* in 2014, which he defines as follows: "The neologism *transitude* in French is the equivalent of 'transness' in English. Comprised of the term 'trans' and the suffix '-itude,' describing a state, *transitude* refers to the state of being trans" (Baril, 2018: 22).

<sup>10</sup> It is important to note that of the 8 people not self-identifying as disabled in this second cohort of trans youth, two (Ludo and Louis) have disabilities (physical or mental), which are reported during the interviews. If we add

This large proportion of disabled trans youth — nearly three quarters of our sample — does not seem to be a result of a bias in recruitment, nor of a small number of participants, nor is it an isolated phenomenon. Indeed, quantitative studies in Canada and the US conclude that a significant percentage of the trans population is disabled: 55% of the trans population of Ontario and 39% in the US live with a disability or chronic illness (Bauer et al., 2012) (James et al., 2016: 57).<sup>11</sup> Furthermore, forms of oppression such as ableism or heterosexism exacerbate the difficulties experienced by trans youth (Pullen Sansfaçon et al., 2019). It is significant that the evaluation of the well-being of the 22 disabled trans youth in the second phase of interviews in our study is lower than of those who did not report disabilities, with an average of self-described well-being rating 5.56/10 compared to 7.94/10. While these results and figures are significant, work that focuses specifically on these intersections is rare and, for the most part, theoretical. Empirical studies seeking to analyze the realities of disabled trans people have been rare in English and non-existent in French. This article aims to fill this gap.

We begin the article with a literature review on the theme of “transness and disability” and note the gaps in literature on the subject. We then present the core concepts in our research, including intersectionality, as well as the methodological framework that has guided the project — grounded theory. Then, we present and discuss the research findings. After having shown that, for trans youth, disability has implications at all levels in their lived experience and cannot be separated from their trans identity, we explore the intersections between transness and disability in the lives of trans youth through two main axes. We demonstrate how, on the one hand, impairments and ableism sometimes become obstacles to

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these 2 youth to the 22 others self-identifying as disabled, 24 of the 30 youth (80%) in this cohort are disabled. During their interviews, these two youth talked about experiencing certain forms of ableism, which is why their comments also appear in this article.

<sup>11</sup> An extensive review of North American literature also concludes that more than one in two trans people (52%) lives with a disability, including higher rates of mental/psychological illness (Davidson 2015: 43).

the realization of gender identity, and how, on the other hand, gender identity and cisgenderism can sometimes become disabling. We conclude with a discussion of some limitations of this study.

## **2. Literature Review: Trans *and* disabled — an (im)possibility?**

In his work on the intersections between transness and disability, Baril (2015a; 2015b; 2018) concludes that four factors have hindered and continue to impede alliances between trans and disabled people and between trans and disability studies. First, the lack of a holistic vision of the body has allowed for the development of two distinct disciplinary fields — trans versus disability studies — with an interest in parts of the body and identity often treated independently (Baril, 2015a: 37–38). It is impossible, however, to separate sexual and gender characteristics from the rest of the body. Second, while disability studies sometimes focus on impairments or illnesses that affect sexual and gender characteristics, this is not generally the case when such conditions stem from transition, illustrating the cisnormative nature of disability studies (Baril, 2015b: 64). Third, following other authors like Clare (2009; 2013; 2017) or Withers (2012), Baril (2015a; 2015b: 64) demonstrates that trans movements and studies are ableist, whether through passive forms of ableism, such as the lack of disability theorization or accessibility, or through active forms, such as in campaigns around the depathologization of trans identities where the latter are distinguished from impairments or mental illness, thus perpetuating forms of othering of disabled people. Fourth, Baril (2018: 8–10) argues that the fields of trans and disability studies maintain certain contradictory discourses about the body; in short, they adopt different ontological and normative positions on the notion of embodiment. He writes:

In disability studies, [...] an emphasis is put on the acceptance of the body as it is [...]. This is conveyed by the well-known aphorism “Change the world, not our body-minds” (Clare, 2017, 181). [...] In trans studies, the emphasis is put instead on possibility and freedom, for those who wish to do so, to change their bodies to live in

accordance with their gender identity (Baril, 2018: 9).

In addition, while there is much research addressing the negative impacts of cisgenderism on the physical and mental health of trans populations (Bauer and Scheim, 2015; Davidson, 2015; James et al., 2016; Veale et al., 2017), these studies do not directly focus on the intersections between transness and disability.<sup>12</sup>

In disability and mad studies,<sup>13</sup> very few authors have taken up gender identity, as illustrated by the relative absence of trans issues in the table of contents of works in these fields (Davis, 2013; LeFrançois et al., 2013; Burstow et al., 2014). As Withers points out (2012: 100), “Disability politics often re-establish whiteness, maleness, straightness and richness as the centre when challenging the marginality of disability.” Nevertheless, a recent interest in issues of gender and sexuality has emerged in disability studies (McRuer, 2006; Siebers, 2008; McRuer and Mollow, 2012; Martino, 2017; Brasseur and Nayak, 2018). However, as Riggs and Bartholomaeus (2017: 67) note, much of the research that focuses on questions of gender does so from a cisnormative perspective. In trans studies, despite the frequent deployment of intersectional analysis to explore the entanglement of gender identity with other dimensions of identity and oppression, such as in the *Transgender Studies Readers* (Stryker and Whittle, 2006; Stryker and Aizura, 2013), only three chapters out of the one hundred in the two volumes tackle the intersections between transness and disability.<sup>14</sup>

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<sup>12</sup> It is interesting to note that one of the disciplinary fields where intersections between transness and disability have been more thoroughly addressed is legal studies. This is explained by the fact that, historically, in Canada and the US, several cases of discrimination against trans people have been struck down using laws designed to protect disabled people. While it would be interesting to examine this research, the analyses of legal studies scholars on these intersections fall beyond the scope of this article. See, in particular, the articles by Wahlert and Gill (2017) and George (2019) for more information and references on the subject, as well as Withers (2012: 102).

<sup>13</sup> Mad studies, or studies of madness, is a disciplinary field grounded in the demands of the mad movement. Much like the word *queer* for queer movements/studies, mad movements/studies have allowed for the re-appropriation and resignification of the insult “mad” to promote respect for psychiatrized or ex-psychiatrized people. For more information, see LeFrançois et al. (2013) and Burstow et al. (2014).

<sup>14</sup> It would be possible to add that numerous studies or publications on trans health, such as the very recent work of Ruth Pearce (2018), often ignore disability, although disability is at the heart of the notion of health. This

However, we can point to the pioneering work of several authors at the intersection of trans and disability studies, such as that of Clare (2009; 2013; 2017), Withers (2012), Marshall et al., (2014), Marshall and Ware (2014) and Baril (2015a; 2015b; 2016; 2017; 2018). Likewise, over the past few years, there has been a growing interest in this subject (Adair, 2015; Brown, 2017; Durban-Albrecht, 2017; Kattari et al., 2017; Puar, 2017; Wahlert and Gill, 2017; Chin, 2018; Slater et al., 2018; Slater and Liddiard, 2018; George, 2019; Thornton, 2019). Despite this development, empirical research projects remain marginal. Moreover, this scholarship, which points out the absence of research on the connections between transness and disability and between cisgenderism and ableism, discusses the impacts of these inextricable dimensions on one another, as well as the importance of analyzing these aspects simultaneously. Many tackle the similar history of pathologization experienced by trans and disabled/mad communities, as well as the advantages of building better alliances between these groups and fields of study. Several publications provide relevant reflections on accessibility, notably with respect to the question of accessible and gender-neutral washrooms (Kafer, 2013; Adair, 2015; Baril, 2015b; 2016; 2018; Slater et al., 2018).

Within the body of empirical work, the article by Riggs and Bartholomaeus (2017) on the reality of trans men living with mental health issues makes important findings with respect to this (im)possible consideration of the intersections between transness and disability. On the one hand, trans men tend not to discuss their mental health issues with health professionals for fear that their transition will be slowed down or stopped (Riggs and Bartholomaeus, 2017). In other words, a phenomenon of self-censure is at work. Many authors, for example Pearce (2018: 75-78, 131-137) or Bauer and Scheim (2015), have

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omission of disability is evident in the comprehensive indexes of these publications, like that of Pearce, which cover a range of concepts related to health without once dealing with disability per se.



documented this mistrust felt by trans people toward health professionals. On the other hand, when they do agree to discuss their mental health issues, three distinct scenarios arise. First, the professionals tend to see everything through the prism of gender identity, forgetting the mental health issues, as if they were nothing more than secondary effects of a gender dysphoria (Riggs and Bartholomaeus, 2017: 76–77). Second, they have a tendency to neglect the impacts of cisgenderism on mental health (Riggs and Bartholomaeus, 2017: 77-78). Third, when the mental health issues are considered, they become so central that they obscure gender identity; the desire for transition is interpreted as a symptom of mental illness and delegitimized (Riggs and Bartholomaeus, 2017: 78). In all these cases, the overlap between transness and disability is ignored, which makes it harder for the needs of this population to be met.

### **3. Core Concepts and Methodology**

Put forward by Glaser and Strauss in 1967, grounded theory is a qualitative and inductive research methodology particularly useful for understanding little-studied phenomena or processes. This methodology generally uses systematic data collection to allow for reaching a more theoretical understanding, while remaining solidly grounded in data and participants' experience. In keeping with grounded theory, we have employed core concepts rather than a theoretical framework. As such, ethics of recognition (Honneth, 1995) and intersectionality (Crenshaw, 1989) have enabled us to develop research tools and to guide analysis.

Intersectionality highlights the importance of acquiring a diversified sample in terms of gender, age, racial and cultural origin, and to consider the interaction of these components in the lives of trans youth. Ethics of recognition guides the research by suggesting an understanding of the notion of well-being conditioned by acceptance on the emotional, social, and legal levels (Honneth, 1995).

The project was developed in partnership with community organizations in the greater areas of Montreal and Quebec City, but was aimed at youth throughout the province.

Recruitment took place using announcements on social media and through partner organizations. The youth interested in participating and selected based on criteria aimed at diversifying gender identity, age, geographical location, and ethnic origin met with a trans research assistant, who conducted a detailed interview. The first wave of interviews involved meeting 24 youth. The data was transcribed, coded, and analyzed, and used to build the second interview template.

Before beginning the second wave of interviews, a consultation with the youth was organized to verify the validity of the analysis. Next, the same process of recruitment was employed, with particular attention being paid to geographical location and cultural origin; 30 additional interviews were conducted. The data was analyzed using axial and then selective coding.

The participants of the two waves were also invited to fill out a sociodemographic questionnaire for us to better understand their different identities. Questions about disability, age, race, Indigenous status, and social class were asked. The participants were invited to self-identify all disabilities, be they physical, cognitive, mental/psychological, or other. Analysis through grounded theory has highlighted the diversity of experiences articulated across the participants' different social locations. This article refers to all data collected in the project, but focuses specifically on the intersections between transness and disability, relying particularly on data supplied by 22 of the 30 youth (72.2%) who self-identified as disabled during the second wave of interviews.

Table 1: Sociodemographic Data

Reported disabilities	15 people report one or more mental disabilities 1 person reports a physical disability 6 people report both physical and mental disabilities 6 people do not report a disability 2 people do not report a disability but refer to a mental and a physical disability during the interview
Reported gender identity	6 trans/transmasculine men 2 women 22 nonbinary
Sex assigned at birth	19 people assigned female at birth 10 people assigned male at birth 1 person answers “not applicable”
Reported ethnicity	20 White people 2 Arab people 2 Asian people 6 Latinx/Métis/Indigenous people
Age	Age group: 15-25 years old Average: 21 years old
Total number of participants	30 people

#### 4. Findings and Discussion: Complex intersections

While our research project does not deal primarily with the connections between transness and disability, the core concept of intersectionality and the data collected has allowed for the emergence of rich material on the complex intersections of these elements in the lives of the youth. Four themes, presented in the following four sub-sections, emerged.

##### 4.1 Disability and its Various Implications

The majority of the youth reported that disabilities impact all aspects of their lives, including interpersonal, love, familial, educational, social, and personal. Confirming the findings of certain disability studies scholars (Siebers, 2008; Withers, 2012; Davis, 2013; Kafer, 2013), their impairments, whether they be physical, mental, cognitive, etc., create specific realities (exhaustion, increased anxiety, chronic pain, fatigue) that have an impact on various parts of life, such as school, in which fatigue or pain can interfere with concentration. As many participants reported, impairments can also complicate socialization between peers, as it can be more difficult for a person with an impairment to go out to socialize with others (e.g., pain

caused by movement, anxiety about meeting new people). As Jim explains, “[...] Asperger’s plus the social anxiety makes it hard, [...] that’s why I haven’t really gone to any like trans events. [...] Cause like going to a place by myself is not a thing that I do” (Jim, 22 years old, nonbinary/demiboy). This can cause much isolation and loneliness, as Greta, an agender person with multiple disabilities, reports: “I’ve gotten a little bit used to just walking through the pain, but it’s hard to not really be able to fully appreciate the time I spend walking with my friends because they’re doing fine and I’m kind of trying to connect with them through this veil of pain.”

The impairments themselves are neither the only nor the main sources of restrictions experienced by these youth. If, for example, accessibility measures would not be sufficient for some youth to carry out certain activities, others experience limits and disabling effects that could be easily abolished by social, political, economic, communicational, or architectural measures, as Dakota, a neuroatypical<sup>15</sup> person living with chronic pain, explains, “Everything is inaccessible. All the subway stations are so inaccessible it’s unbelievable. Many of the buildings here have just stairs” (Dakota, two-spirit/nonbinary trans woman).

While the youth spoke little about barriers to accessibility in trans spaces and at trans events — one possible explanation is that the research asked few questions about this subject — it is reasonable to think that they are confronted by a lack of accessibility in general, that this is also true in trans spaces and environments. As Lydia X. Z. Brown indicates, disabled people experience much violence, even at the heart of trans and queer communities: “And although queer and trans spaces often aim to transgress social norms or expectations for sexual and gender expressions, they nevertheless are sites of violence for many disabled

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<sup>15</sup> The term *neuroatypical* refers to people who are categorized as living on the autism spectrum. Neuroatypicality and neurodivergence are concepts put forward by people categorized as autistic who tend to distance themselves from the medical and psychiatric definitions of autism, to insist on neurological diversity (Brown, 2017).

queer and trans people who still find themselves excluded and isolated [...]” (Brown, 2017: 165). In short, lack of accessibility and ableism reproduced in certain trans circles can also contribute to the isolation of disabled trans people in relation to the communities, resources, and spaces that could be key factors of resilience against cisgenderism. It is therefore important, as Tina, a deaf person living with severe anxiety, reminds us, to remain aware of the privileges of able-bodied people and to not presume “that everyone hears, that everyone sees [...]” (Tina, 17 years old, nonbinary trans person). This is important considering the fact that several impairments are invisible, as pointed out by Ludo, a trans/FTM man who, while not self-identifying as disabled, spoke during his interview about forms of ableism he experiences with respect to his chronic pain, notably when people expect him to accomplish certain tasks he is unable to perform, perceiving him to be a “youth [...] in good health.”

Ultimately, the comments of the youth confirm what many disability studies scholars report, which is that they experience many forms of ableist violence (McRuer, 2006; Siebers, 2008; Withers, 2012; Davis, 2013; Kafer, 2013; Parent, 2017). Many have suffered forms of ridicule, harassment by peers, exclusion, marginalization, and delegitimization. This has an enormous impact on their fulfillment and their personal well-being.

## 4.2 Inextricable Identities and Oppressions

I have always experienced discrimination because I am autistic, I have BPD,<sup>16</sup> I’m not white, I’m Latinx, I have Black ancestors, I was assigned female at birth, I am nonbinary, I am biromantic, I am asexual — in terms of gender identity, self-identity, rather, there are a lot of things that put me in minority categories (Clay, 19 years old, genderfluid).

It [the disability] affects, it interacts [...] with the trans issues, and when people see me. Because they don’t just see a crippled person or they don’t just see a tranny, they see a crippled tranny, so it’s like double the dehumanization (Dakota, 24 years old, two-spirit/nonbinary trans woman).

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<sup>16</sup> BPD refers to a diagnosis of borderline personality disorder.

Clay and Dakota's comments illustrate how oppressions combine in a unique way to put individuals in difficult positions. Many youth reported that there is a "cumulative" effect between transness and disability; that is to say, living at the intersection of the two marginalized identities is experienced as an additional difficulty: "My physical health and being trans... It just feels like another drop in the bucket of having a hard time" (Greta, 21 years old, agender). As Baril (2015b: 71–72; 2017: 37–38; 2018) points out, the connections between transness and disability, and between cisgenderism and ableism, are multidirectional. He indicates, for example, that anxiety can heighten the fear of being misgendered<sup>17</sup> that is already present for trans people, and that the fear of being misgendered can be the source of acute anxiety, triggering emotional crises: "Then, there is also my anxiety, someone who is going to misgender me, like, I'm capable of managing my stress but if you push too far, you're going to get me all worked up, and then the fact of getting all worked up, that I'm being melodramatic about it or that my BPD kicks in" (Emily, 20 years old, demigirl).

These experiences underline the importance of considering these identities and oppressions in an intersectional manner, as a non-intersectional approach positions people living at the intersection of various oppressions on the margins of groups that could support them in resisting these oppressions, as Addison explains: "When I am with cisgender people, I confront their relationship with binarity and gender, then when I am with queer people that don't live with mental health issues, well, I confront their relationship with reality" (Addison, 25 years old, transmasculine/genderfluid/nonbinary). In conclusion, disabled trans youth show the extent to which, on the one hand, their identities and the oppressions they experience are inseparable and, on the other, the importance of grasping these interwoven

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<sup>17</sup> For example, Tina says, "My anxiety [...] I would say that it comes into play more when it comes to that, because it stresses me more than usual to be misgendered [...]" (Tina, 17 years old, nonbinary trans person).

realities within social movements, institutions, services, and in reflections on the subject.<sup>18</sup>

### **4.3 When Disability and Ableism become Obstacles to Realizing Gender Identity**

#### **4.3.1. Questioning trans identity**

Scholarship in disability studies has shown that a phenomenon of delegitimizing the voices of disabled people is at work in ableist/sanist<sup>19</sup> societies. This is particularly true when disability is invisible, not “objectively” measurable, and is based on a person’s narrative, as it is for certain chronic (e.g., chronic pain) or mental (e.g., anxiety) conditions (Kafer, 2013; Riggs and Bartholomaeus, 2017: 78). With respect to mental health issues, disability itself is used to invalidate trans disabled people, under the pretext that these people are incompetent in terms of judgment or irrational when it comes to making decisions (LeFrançois et al., 2013; Burstow et al., 2014). This invalidation is evidenced in the comments of several participants, like Dakota: “People treat me like I’m a lesser human being because of it. People think that they know better than me [...]” (Dakota, 24 years old, two-spirit nonbinary trans woman).

Since a majority of youth in our study present with invisible or mental disabilities (such as schizophrenia, bipolarity, ADHD,<sup>20</sup> BPD, or severe anxiety or depression), they are particularly at risk of experiencing this kind of ableist/sanist invalidation. While experiencing this form of violence is difficult, it takes a particular form in youthist and cisgenderist spaces, where the voices of youth are invalidated on the pretext that they are too young to decide for themselves and where the voices of trans people are delegitimized in favour of those of health

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<sup>18</sup> It is important to note that not everyone interviewed saw the connections between transness and disability. In fact, of the 22 people who self-identified as disabled, 5 (22.7%) indicated they did not see the connections between the two realities. It is possible, in their cases, that no connection exists between these facets of identity and oppression, or that the presence of these connections is not perceived, developed, or conceptualized, due, in particular, to certain factors hindering the interlinked theorization of transness and disability presented in the literature review.

<sup>19</sup> Sanism is defined as “the systematic subjugation of people who have received mental health diagnoses or treatment. Also known as mentalism [...], sanism may result in various forms of stigma, blatant discrimination, and a host of microaggressions (LeFrançois et al., 2013: 339).

<sup>20</sup> ADHD refers to a diagnosis of attention-deficit/hyperactivity disorder.

professionals (Clare, 2017; Baril, 2018; Pearce, 2018).

The youth reported experiencing forms of delegitimization, particularly from their families: “My parents always said my opinions didn’t matter because I have Asperger's” (Anabelle, 23 years old, female). Many youth also told us that health professionals delegitimized their transness because of their mental health and questioned their transition by interpreting it as a symptom of mental illness. This is the case for Addison, who, because of his schizophrenia, feels that his opinions are delegitimized and his capacity to consent to receive care is brought into question. He tells us that the professionals “invalidate [his] trans identity” and that the healthcare system and its “functionality are not created for people like [him] [...]” (Addison, 25 years old, transmasculine/genderfluid/nonbinary).

Finally, it is important to note that this invalidation may have repercussions on the way these youth experience their own gender identity. The fact that their transness is often suspected to be a symptom of mental illness may cause some youth to question the validity of their transness. Greta says, “I also recently got the diagnosis of bipolar, which has been really confusing for me and makes me question everything about myself ” and adds “Sometimes when I’m in a really bad place, I start to think that maybe I’ve made up being trans, which is a really, really, horrible experience” (Greta, 21 years old, agender). Youth with borderline personality disorder, such as Louis, talk about how they feel easily influenced and how their identities (gender or other) seem unpredictable and easily shaped by their friends, which may cause them to doubt their transition. This is the case for Anto, who describes how, at times, he questions everything: “There was a lot of doubt in my identity crisis. [...] [H]aving anxiety definitely affects my identity. And it’s definitely a daily thing where I doubt my pronouns and I’m like, ‘Is it really those things?’ [...] [A]m I making this up?” (Anto, 17 years, nonbinary male).

In these situations, it becomes difficult to determine whether it is the disabilities



themselves or rather internalized ableist/sanist discourses or both that cause the doubts.<sup>21</sup>

Regardless, many youth shared this questioning of their gender identity, an issue rarely discussed in studies on these issues.

#### **4.3.2. The complexification of the experience of transness and of transition**

Impairments and ableism may sometimes also become barriers to the realization of gender identity because they complexify the experience of transness and of transition. First, when the youth have succeeded in defining their gender identity, disability can then have implications for the affirmation of that identity. Some youth reported that depression, anxiety, or paranoia interfered with their ability to come out and affirm themselves. Arthur explains how coming out, a stressful event for trans youth, is more anxiety-producing for people living with mental health issues; the fear of judgment and rejection sometimes becomes invasive to the point of slowing the process of identity affirmation, as it was in his case. Many youth also reported that anxiety generates additional stress with respect to misgendering; what are already experienced as micro-aggressions by trans people become a fertile breeding ground for anxiety before and after the misgendering; the person constantly worries about being misgendered and has more difficulty recovering from this stress when it occurs. In addition, once the identity has been affirmed, the youth also report that the intersection between cisgenderism and ableism makes other peoples' acceptance of their identity more difficult.

Second, some impairments may prevent youth from accomplishing certain steps in their transitioning process, be they linguistic (pronouns), social, legal, or medical. As Marlie, who lives with depression, anxiety, and BPD, explains, the fear of making mistakes and being

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<sup>21</sup> For example, Anabelle seemed to indicate that it is her neuroatypicality itself that delayed her awareness of her gender identity: "And it took me a little bit longer to realize I'm trans. 'Cause it's hard for me to understand things that I... like, people with Asperger's tend to have trouble expressing themselves" (Anabelle, 23 years old, female).

judged impedes action. Arthur, who lives with multiple impairments, indicates that his anxiety prevents him from moving forward with certain steps, like making appointments: “Sometimes, well, I’m not able to call. It’s really, really tough for me to call to make my appointments [...]” (Arthur, 17 years old, demiboy). Many youth also spoke of facing difficulties in affirming their identity and making their transition happen and of lacking energy or motivation to adopt an appearance consistent with their felt gender, as a result of their level of pain or fatigue. Severe depression can cause a state of fatigue and lack of motivation that makes accomplishing tasks or personal-care routines difficult, as Sophie testifies:

With respect to my trans experience, negative thoughts affect my view of myself for sure, and often [...] I really don’t have any energy [...] I will never be able to (pause), dunno, find the energy to take care of myself and then become bit more cis-passing [...]. [...] I don’t have the energy to shave, but that really gives me dysphoria [...].” (Sophie, 24 years old, nonbinary trans woman).

Other youth have spoken about the difficulty for people living with ADHD in getting organized and dealing with the different aspects of their life, which complicates the steps related to their transition, such as taking their hormone treatment regularly.

Furthermore, difficulties caused by disability in the steps toward transition can accentuate the feeling of gender dysphoria. Indeed, being unable to or having difficulties with affirming and expressing one’s gender identity or carrying out actions to put in place one’s transition can result in feeling less at ease in one’s body and identity. In return, this dysphoria can increase anxiety and depression, creating a vicious circle. Besides, mental health issues may trigger a greater feeling of gender dysphoria, as noted by Greta, who speaks of sometimes being disgusted by their gender identity during certain periods of vulnerability, or by August, who indicates that their physical dissatisfaction has increased because of depression and anxiety.

Finally, let us remember that ableism often becomes the basis for justifying

cisgenderism (Baril, 2015a; 2015b; 2016; 2018; Kattari et al., 2017; Riggs and Bartholomaeus, 2017; Pearce, 2018). Indeed, impairments become the pretext for greater control and gatekeeping of trans peoples' identities, as is the case with many youth in our study. Under the pretext that the person is not physically able to undergo transition or lacks the mental capacity to determine if they are trans, certain health professionals put up roadblocks on the path to transition. Even worse, the eradication of trans identity sometimes becomes a marker of success in mental-health treatment. In sum, impairments and ableism/sanism have profound impacts on the daily lives of these youth, including on their gender identity.

#### **4.4. When Gender Identity and Cisgenderism become Disabling**

##### **4.4.1. Transness, gender dysphoria and physical and mental health**

While transness is no longer considered a mental health issue in and of itself, many youth note that it can be disabling in certain contexts or that it can complicate their experience of disability. For example, experiencing gender dysphoria can increase symptoms of anxiety or depression or have repercussions on other aspects of mental/physical health, such as in the case of Emily, who is anorexic: "The other day, I was angry, I hadn't done my homework because I had to deal with my dysphoria so much that I didn't do my homework, and then I was like, 'Well, you didn't do your homework, so you don't eat'" (Emily, 20 years old, demigirl). The guilt of not having done her homework as a result of her dysphoria has caused Emily to inflict punishment on herself, depriving herself of food. Other individuals report that gender dysphoria can sometimes be a difficult process, bringing them to the point of not being able to leave their house.

Then, for some youth, the physical reality of transition becomes disabling. Colin describes how using certain prostheses, like a chest binder, inhibits him from doing certain

activities at school:

Well, the binder is invisible, but physical, because you don't have a choice as to whether or not to wear it. [...] [So, it harms almost everything that I do [...]] It's not known as a disability but, for some, it becomes a disability (Colin, 18 years old, man).

Colin's comments confirm some discussions in the literature claiming that transness, transitions, and the diverse technologies involved, whether it be prostheses, hormone treatments, or surgeries, can become disabling or be at the origin of iatrogenic impairments (Baril, 2015a; 2015b; 2018; Puar, 2017; Pearce, 2018). Complications arising from taking hormones, surgeries, wearing certain prostheses, or the injection of industrial silicone experienced by some trans people may occur and/or turn into impairments or chronic health issues (Namaste, 2015). However, we can not overlook another crucial factor affecting the health of trans people: cisgenderism.

#### **4.4.2. Cisgenderism and physical and mental health**

Work on trans health has shown that cisgenderism is “disabling” and has “disabling” consequences (Ansara, 2015; Davidson, 2015; Riggs and Bartholomaeus, 2017; Veale et al., 2017). A majority of youth in our study indicated that the forms of discrimination and violence they experienced had impacts on their mental health and increased their emotional distress, be it their depression, anxiety, or general mood. For people living with schizophrenia or BPD, such as Emily, this cisgenderist violence is sometimes a trigger for major crises.

Beyond documented effects on mental health, the cisgenderism and cisheteronormativity that derives from cisgenderism and that influences institutions and their architecture (e.g., gendered washrooms) have serious physical consequences for some youth. Jim, living with bladder pain syndrome, describes that he often must refrain from going to the toilet because it is difficult to find gender-neutral washrooms. This reoccurring situation has even caused urinary infections. Meanwhile, if he cannot contain himself, he is forced to use the first

bathroom he finds, which usually does not correspond to his gender identity. The dilemma Jim finds himself faced with is not unique. As studies have shown (Bauer and Scheim 2015; James et al., 2016; Pearce, 2018), several trans people develop habits of avoiding these cisnormative public spaces, which has an impact on their health. For example, 32% of trans people in the US avoid drinking or eating when they go out in public spaces to avoid having to deal with problems accessing washrooms, and nearly one in ten people (8%) report having urinary or kidney issues resulting from systematic avoidance of toilets (James et al., 2016: 229). In short, for trans people, cisgenderism, cisnormativity, and their configuration of social spaces result not only in disabling effects, but also in impairments, illness, and chronic conditions. As some authors have shown (Kafer, 2013; Marshall and Ware, 2014; Adair, 2015; Slater et al., 2018), it is thus necessary to begin broadly considering questions of accessibility in trans and disability studies. Indeed, just as the number of washrooms accessible for disabled people and accessible in terms of gender for trans people is often very limited, the two groups experience significant barriers to accessing locations that are necessary to meet their basic needs, which has significant consequences on their physical health and well-being.

## **5. Conclusion: A Labyrinth of Identities, a Labyrinth of Oppressions**

When oppressions are discussed [in disability studies] in [*sic*] an intersectional road, it is commonly treated like a country road: two, and only two, separate paths meet at a well-signed, easy-to-understand location. [...] Intersectionality is a multi-lane highway with numerous roads meeting, crossing and merging in chaotic and complicated ways. There are all different kinds of roads involved: paved and gravel roads, roads with shoulders and those without and roads with low speed limits, high speed limits and even no speed limits (Withers, 2012: 100).

This quote warns us of the dangers of conceiving of identities and oppressions in silos and putting into place a “practice of over-simplifying intersectionality” (Withers, 2012: 100).

Even though we subscribe to an intersectional approach to identities and oppressions, we

were unable to avoid this trap. Indeed, in this research project and its publications, including this article, one limitation is the difficulty in theorizing more than two or three facets of identity and oppression. Yet, our data collection tools, our data, and our frameworks of analysis allow for more complex reflections. While it would be impossible to name all the factors contributing to this limitation here, one of them is the publication format of articles in journals that often have a limit of 6,000 to 8,000 words. While an in-depth intersectional approach could be developed in a monograph, the conditions imposed on articles, which must consider many components within a limited space, make it difficult to take more than two or three facets of oppression into consideration.

Even though we are dealing with disabled trans *youth*, the category of age and of youthism, while in the background throughout our analysis, seem absent from our article.<sup>22</sup> Age is only one example among many. Indeed, 8 of 22 youth self-identifying as disabled in our second cohort are racialized. While the categories of race and racism should be at the heart of our intersectional analysis, space constraints do not allow us to expand on the impacts of racialization and racism experienced by these youth.<sup>23</sup> Recognizing the racist biases that permeate several health professionals' practices, it would be pertinent to examine how living at the intersection of cisgenderism, ableism, and *racism* influences the life experiences of these youth.<sup>24</sup>

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<sup>22</sup> However, the fact that a disabled trans person is an adolescent, living with their parents, and depending on them for their needs, is relevant. When we become aware of the paternalism, surveillance, and control that disabled youth are often subjected to by their parents, but also by the educational, medical and other systems, it is possible to ask ourselves how ableism expresses itself differently when this person reaches the age of majority and may no longer lives with their parents.

<sup>23</sup> In our research project, we have published elsewhere some articles linking cisgenderism and racism.

<sup>24</sup> For example, some racialized or migrant disabled trans youth told us that they sought to avoid formal mental health diagnoses, unlike others who sought them out in order to access certain rights, financial compensation, or accessibility measures, because in being trans and racialized, the effects of pathologization and discrimination are so intense that an additional diagnosis would have significant negative consequences. For example, Gabriel says, "Well, I have, like, social anxiety. Even if it hasn't been diagnosed and all 100% validated by a psychiatrist, it's, it's when you're a trans migrant, you just can't just rack up mental health diagnoses because you will, like, just lose, never make it through" (Gabriel, 19 years old, nonbinary). See, in particular, the following works, which address the question of racism related to cisgenderism and ableism: Brown (2017), Chin (2018), and Durban-Albrecht (2017).

Therefore, we think that intersectionality as a core concept must not only *shed light* on the multiplicity of identities and oppressions experienced by trans youth, but also serve to *raise awareness* in the readership and editorial committees to rethink norms of publication. *In other words, intersectionality should not only be a tool for rethinking the content of published work, but also the medium.* Trans or disability studies journals that promote intersectionality should rethink the format imposed on authors in order to allow for intersectional analyses to be developed in a complex and nuanced manner. Despite the limitation of our article, we hope the analysis of two key elements in the experience of these youth helps to initiate necessary discussion on the overlap between cisgenderism and ableism. In sum, the “intersectional potential” of the rich data of this project was only lightly touched upon, which points to a whole series of possible avenues for exploration.

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