Negotiating compounded stigmatised identities: An examination of contemporary trans-disability

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By

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Abstract

In this dissertation I examine trans-disabled individuals' lives and communities to argue that trans-disabled individuals have a shared sense of stigma which is compounded by having dual marginalised identities.

This qualitative research deploys theories of intersectionality and of stigma, bringing these together to further explore how trans-disabled individuals strategically navigate ableist and transphobic spaces within wider society. The theoretical perspective I use within this dissertation is "symbolic interactionism," combining Erving Goffman's theories of stigma and strategic interactionism with intersectionality. My research methods include twelve semi-structured interviews with trans-disabled individuals, and autoethnography. The spatio-temporal context of this dissertation is queer and disabled spaces in the UK that are both physical and virtual, and the period in question is 2019-2020 (before the COVID-19 pandemic). I analyse data using thematic analysis. I explore a number of themes that I identify within the data including intersectional fear; in/visibility (including coming out); identities (including feeling "othered"); and lack of support. Through this work, I aim to highlight and explore the specific kinds of stigma felt by trans-disabled individuals, both within and outside of their own communities, and the resilience that shines through in the face of these stigmatised experiences.

Using humour, resilience, the evasion and embracing of stigma, and the strategic negotiation of complex identities, trans-disabled individuals continue to push through societal boundaries. This research shows how trans-disabled individuals strategically navigate a society from which they experience dual marginalisation. This project's original contributions to knowledge are twofold. I demonstrate that an intersectional framework is applicable to an analysis of the difficulties of accessing health care or necessary support whilst being trans-disabled, which is a key and original finding. Secondly, my use of a trans feminist framework when analysing the intersection between transgender identity and disability is unique.

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Chapter One: Introduction

Trans-disability

Before I open my mouth
I think
Is it safe?
Can I mention
that I'm trans and VI

If I say I have a wife
I'm the assumed lesbian
That's not right
Dare I mention
that it's much worse
I'm trans

When I stand with a cane
where there are seats
it's not allowed
whether I want to or not
I am instructed to sit

When people talk to me

They raise their voice

Or patronise me

If I revolt or retaliate

I’m ‘angry and disabled’

If I disclose a trans identity

I become she (glare) he

Never he without intervention

Which isn’t always safe

In this context they does not exist

I don’t fit with the trans community

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I don’t fit with disabled folks

Horizontal hierarchies

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So I withdraw

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For who knows what

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Shhh
We mustn't talk about the disabled

Yet I know my disability
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I'm an alien in multiple ways
Trans-disabled folk exist
If nothing else

We crash the cis-tem
Break people's minds
And confuse the world
Yet we survive
My trans-disability is a super power[1]

Resilience is key

1.1 Motivations and Self-Reflections

How do trans-disabled individuals connect with others? How do they transition with so much confusion over medical conditions and intersecting illnesses? How can

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[1] It is important to note that the use of the term "super power" is ironic here.

trans-disabled individuals exist within the narrow parameters that the trans community reproduces?

These are the questions that I not only asked on behalf of other people but which I have continually asked myself. This thesis began years before my PhD candidature, when I came out as transgender whilst studying in rural Oklahoma. My disability had partially alienated me from campus activities, friendships, and my cohort (if it weren't for my British accent, I'm sure I would have been completely rejected),[2] however when I came out as trans that was too much for my peers, teachers, and most people I met. Seeking solace in a gender support group and books was my way to cope with the ways in which my trans-disabled identities isolated me from mainstream society. This thesis, and in particular the proposal and literature review notes that I made, became my focus for the remainder of my time in Oklahoma. This helped me to finish my undergraduate degree and understand more fully what I wanted to focus on in my PhD.

The idea for this dissertation was sparked by the discrimination, confusion, and general prejudice that trans-disabled individuals face. Many of my interview participants shared similar experiences and recounted times of feeling marginalised, alienated and alone. As a trans-disabled individual who is trans masculine non-binary, neurodiverse and has a severe visual impairment, I have deployed

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[2] This is because in a place where many people shared an accent, an accent like mine stood out and was a novelty. Many people asked me a lot of very strange questions about the UK, England, etc. There was a lot of curiosity about me and being visually impaired in addition to that added many more layers. Being AFAB (assigned female at birth) could have also had an impact as in Oklahoma's dominant culture gender roles are very distinct.

autoethnography as part of my methodology. This has enabled me to share my own experiences – some of which are similar, and some are different from my participants'. Including autoethnography as a research method also gave me a way to manage the intensive emotional labour that I was undertaking for my community. This thesis is my form of activism, by showing how trans-disabled individuals exist and that we are valid within society.

1.2 Language and Definitions

I begin with a note on language because language is incredibly important. It is used to describe ourselves and others, and the ways in which individuals use language within different contexts impacts greatly on others. Language is an ever-evolving phenomenon and has "social, cognitive and emotional significance" (Andrews *et al*., 2019, p. 1; see also Chandler, 1994; Hunt and Agnoli, 1991). As such many of the terms that are used in this dissertation will have a shelf life and may fall out of public vernacular. This is particularly true when focusing on language shifts within marginalised communities, much like the word queer has been reclaimed by the LGBT+ community (Brontsema, 2004), and the word cripple has been reclaimed by the disabled community (Sherry, 2004). There are words and signifiers that should only be used by those who identify with one or other of these identities, which creates complexity around language use, and the definitions of terms. Everyone has the right to self-define and there is a need to respect this, even when the terms used are not conventional or expected. For example, there are some trans individuals who use the pronoun "it", a term that has often caused hurt and offense to transgender individuals by people being transphobic. The phenomenon of being able to use certain words to self-define if you are in a particular community is not something that is unique to the transgender and disability communities but has been taken up in numerous minority communities. Language across communities does not change in an instant, as such some terms used may not reflect every experience or identity.

Throughout this dissertation, I have endeavoured to remain respectful of the language that I have used, explaining in footnotes when I have used potentially unexpected terms to describe myself. However, I am aware that no matter how socially conscious I am, I still have old biases that I need to overcome, much like the internalised ableism and transphobia that is often experienced by trans-disabled individuals. It is important to also note that I have respected and used the terms that my participants wanted me to use at the time, which may or may not correspond with the current language in use.

1.3 Research Aims and Questions

The primary aim of this research is to highlight the challenges faced by trans-disabled individuals when navigating intertwined dual marginalised identities. A secondary aim is to analyse the resilience that develops in the face of oppression when trans-disabled individuals navigate and negotiate life. When beginning any PhD dissertation, the topic that is chosen is often carefully picked to fill a gap in the research. In this regard, I had a broader choice than many because of the lack of research on trans-disability. The need for this research is clear from the gap in literature to date, and from the problematic political climate regarding both disability and transgender identity.

The specific focus of this research is to highlight trans-disabled experiences of society and show how trans-disabled individuals navigate society. In so doing, this dissertation offers several original contributions to academic knowledge as outlined later in this chapter.

The central research question for this study is: “Is there an intersection between transgender studies and disability studies that is bridged by theories of stigma?” A further research question here is: “How do people who are both transgender and disabled negotiate these different yet intertwined subjectivities?”

I have responded to the research aims through the analysis of interview data alongside autoethnographic narrative. The ways in which the aims of this research have been met and research questions answered is explained further in Chapter Nine: Conclusion.

1.4 Context and Unique Contribution

Trans-disability constitutes a unique intersection of identities: both transgender individuals and disabled individuals are marginalised in different ways, as demonstrated by this dissertation, however at that intersection there is joy and resilience. In Chapter Five I show that the advice most often given by my participants to others is to find other trans-disabled people in order to exist fully as they wish to. In 2019, before the pandemic, Parapride held the UK’s first disability pride, celebrating all LGBT+ disabled individuals. As someone who had been involved in various other Parapride events, I went to Parapride looking for a place to belong, a space to exist and somewhere I did not have to apologise for either my queerness in all their glory (yes, my queerness is an enby)[3] or my disability. Finding that space even once was incredible, and I have since been at events for Parapride and felt the same – an ability to fit in which is something I have never felt before. One of the most unique aspects of Parapride and the events I have participated in there has been the fact that even though we have many disabilities, and many LGBT+ identities, there's an understanding and resilience there. At Parapride, having a particular disability or LGBT+ identity doesn't exclude you, and people ask what you need and don't treat you like you're either going to break (because of your disability) or have a breakdown (because of your LGBT+ identity). It is this understanding and resilience that this dissertation aims to show, along with the idea that as trans-disabled folks, we are still human and deserve to exist as the valid homo sapiens that we are.

This dissertation's unique contribution to knowledge is multiple. Firstly, the notion of intersectionality between difficulties accessing health care or any support whilst being trans-disabled, and an explanation and analysis of how compounding that can be, is a focal point and original finding of this research. I show this through the interview data in which participants discussed the many different loops they need to jump through before being given support and how often these barriers often prevent

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[3] Enby is a popular shortening of the word non-binary, which I use to define myself. The term enby (a phonetic way of spelling N.B.), however this is not a term that is used across all non-binary individuals and much like many terms for marginalised groups, it is a term we as non-binary folk can use to describe ourselves rather than something binary folk can use to describe us.

them from accessing the support they need. This is compounded by austerity measures which have impacted many of my participants as there is often no funding available for support due to funding cuts.
Alongside this, the use of a trans-feminist theoretical framework to analyse these intersections is unique.

The argument running throughout this dissertation is that there is an intersection between transgender identity and disability which is bridged by theories and experiences of stigma. In my research I have found that trans-disabled individuals walk the tight rope of identity when navigating everyday society and in doing so use one identity to mask the other as they strategically interact as trans-disabled individuals. This is an important finding of this research as it shows how difficult it is for individuals to be seen as both trans and disabled as well as how each situation is judged separately on a case-by-case basis. The need for trans-disabled individuals to use ‘strategic interactionism’ (Goffman, 1963) in everyday life illustrates the attitudes and hostilities that there are for transgender and disabled individuals which is often compounded by being both transgender and disabled.

1.5 Timeliness of the Research

The timeliness of this dissertation can be seen in the ways that both transgender people and disabled people are used as scapegoats within the media. Capuzza argued that “news media have the power to regulate social identities and they play a key role in advancing cultural understandings of gender diversity” (2016, p. 92). The power that is wielded by news media is complex, but the portrayal of transgender individuals is reductive and harmful.

As with LGBT+ individuals and more specifically transgender individuals being scapegoated by the media, disabled individuals are also impacted by this practice. Scapegoating is where a “person is being blamed for something more than he or she deserves and that some blame could or should in all fairness be directed at others” (Mellema, 2000, pg3). Hersh furthers this definition by suggesting that “scapegoats may be individuals or groups and scapegoating includes both the ‘approved’ enemies of large groups of people and the scapegoating of individuals by other individuals” (2013, p. 369). Rather than playing on the fear factor as with transgender individuals; when scapegoating disabled individuals the focus tends to be on dependency, and economic austerity (Hughes, 2015). Disabled individuals are portrayed by the media as dependent, parasitic and fraudulent (Hughes, 2015). Whether targeted or occurring through ignorance or fear, scapegoating can have a significant impact on the lives of individuals.

For many transgender, disabled and trans-disabled individuals, growing up encountering these negative representations of disability can lead to internalised ableism[4] and transphobia which can be confusing and can even have a devastating effect on your life. I found growing up amidst this barrage of misinformation difficult; “I used to identify as just weird because to me, I could not see anyone who was even

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[4] Internalised ableism refers to the way in which society has ingrained “ableism” (“an attitude that devalues or differentiates disability through the valuation of able-bodiedness equated to normalcy” (Campbell, 2009, p. 5; see also Ho, 2008), as an everyday viewpoint which is “normal” or “natural” (Campbell, 2009).

remotely like me" (Mitchell, 2020, n.p.). This impacted my own ability to accept myself and come out to my family which I only managed to achieve once studying abroad as I was able to experiment with my identity and presentation.

As society and in particular the mainstream media discriminates and demonises trans and disabled individuals, the need for information, clear research and more understanding is very evident. This dissertation meets that need by centring trans-disabled voices and providing information that can be used to further the understanding and acceptance of this doubly marginalised group. The autoethnographic account given throughout this dissertation is a powerful reminder of "nothing about us without us" (Charlton, 1998) and of the need for trans-disabled research by trans-disabled researchers.

1.6 Transgender[5] Identity

Until the release of the DSM-5 in 2013, transgender individuals have been categorized in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) as having a mental disorder and as such thought of as deviant (Green *et al.*, 2011). Despite the change being made from 'gender identity disorder' to 'gender dysphoria', the DSM-5 still counts being transgender as a mental health condition (Beek and Cohen-Kettenis, 2016). Kraus (2015) argues that whilst the diagnostic terms have changed, the components within the category of gender dysphoria within

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[5] Within this thesis I use the terms transgender and trans often interchangeably.

the DSM-5 needed for the diagnosis remain the same, if not slightly different in wording.

“Trans identities were one of the most written about subjects of the late twentieth century” (Whittle, 2006, p. xi), whether in academic texts or when being demonised in the media. Transgender identity can be defined as “an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth” (Stonewall, 2019, n.p.). Although in contemporary society this is what transgender is now understood to mean, the concept was coined around 1980 by Virginia Prince, who used transgender as a middle ground between the concepts of “transvestite” and “transsexual” and defined transgender as someone who socially transitioned but did not have gender reassignment surgery (Stryker, 2006). Leslie Feinberg in 1992 began to use the term in much the same way the transgender community do today, using transgender as a rallying point and a call to arms, a political alliance between all those who had been oppressed by societal gendered expectations (Stryker, 2006).

Today, transgender identities are in continual flux, ever-evolving and changing as the transgender community grows and diversifies. The term transgender can mean different things to different people, which can cause fractions within the community. For example, some binary transgender individuals believe that to be valid as a transgender person, there is a need for an individual to medically transition, whereas others do not agree with this. The concept of being “trans enough” and the impact this has on both transgender individuals and the wider trans community is discussed further in Chapter Six.

Having a “fluid” gender identity, can mean that transgender identities can last “five minutes, a week or as much as a life-long commitment to reconfiguring the body to match the inner self” (Whittle, 2006, p. xi). This knowledge of transgender identity does not detract from the prejudice, discrimination and hostility that transgender individuals still face in wider society.

The above section has given an introductory overview of how I understand and am theorising transgender identities in this dissertation. I will develop this with deeper and more nuanced analysis of the concept and its complexities in Chapter Two: Literature Review.

1.7 Transgender Studies

Transgender studies is an interdisciplinary field which emerged in the early 1990s (Bettcher and Garry, 2008), making transgender issues and identities a public matter rather than a private one (Stryker, 2017).

Initially, scholarship that would now be categorised within transgender studies was grouped together with gay and lesbian studies, which made sense as transgender societal progression has somewhat mirrored that of gay rights, particularly when it comes to activism.

Activism for some trans individuals is seen as part of their trans identity, and it was this understanding of a relationship between activism and trans identity that sparked the creation of transgender studies as a field. As Susan Stryker, a leader and pioneer in the field, writes:

> Transgender studies, as we understand it, is the academic field that claims as its purview trans-sexuality and cross-dressing, some aspects of intersexuality and homosexuality, cross-cultural and historical investigations of human gender diversity, myriad specific subcultural expressions of "gender atypicality," theories of sexed embodiment and subjective gender identity development, law and public policy related to the regulation of gender expression, and many other similar issues (Stryker, 2006, p. 3).

Some terminology has changed – for example, we tend to no longer use "cross-dressing"[6] as this is an outdated way to perceive transgender individuals. More than this, cross-dressing does not equate to transgender identity. This change of terminology reflects how times have evolved. As the field of transgender studies shapes and defines its boundaries, it also expands. The additions of two organisations: the Center for Applied Transgender Studies in Chicago and the Transgender Studies Centre at the University of Victoria in Canada, have enriched the field of transgender studies. These organisations have impacted the field through visibility, inclusivity and safe spaces, for example, if something is connected or endorsed by either of these two organisations, a trans person knows it is likely safe to for example attend that event, engage with that academic, or use or endorse that

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[6] Merriam-Webster online defines cross dressing as "the wearing of clothes designed for the opposite sex" (2022). It is important to note that cross dressing can be undertaken by both transgender and cisgender individuals and can be a part of or not part of transgender culture.

product or company. The journals which are dedicated to trans studies include: *Transgender Studies Quarterly, International Journal of Transgender Health,* and *Bulletin of Applied Transgender Studies* amongst others.

1.8 Disability Identity

Disability can be defined as “a barrier to participation of people with impairments or chronic illnesses arising from an interaction of the impairment with discriminatory attitudes, cultures, policies or institutional practices” (Booth, 2000, quoted in Murugami, 2009, p. 1). Whilst this definition of disability is fairly clearcut (although the definition and public perception are two separate matters), disability identity is a culturally complex concept.

Disabilities are a spectrum of difference and vary greatly. Some disabilities vary as much as hour to hour or day to day because disabilities are often complex and can depend on factors including level of sleep, the weather, energy levels, and tasks completed previously. This contrasts with how society views disability, as societal ideas of disability tend to be very fixed. For example, I take a one day a week course which, no matter how much I enjoy it, depletes my energy levels due to my disabilities. I find that I need at least one day to recover my energy levels and, in some cases, if I over-exert I become too tired to sleep and am not able to reclaim that energy back for a few days. Because disability is a spectrum, many individuals who have disabilities may deny theirs or downplay the effect that they have on their lives. This can be linked to internal ableism and is explored further in Chapter Six.

1.9 Disability Studies

In the 1970s, disability studies began to emerge, born out of empowerment and rallying against ableism and oppression (Barton and Oliver, 1997). The initial aim of disability studies was to push back against the "medical model" of disability and the "disability as tragedy" model. However, disability studies gave birth to the "social model" of disability which, whilst still flawed, offers a more holistic view of disability. The medical and social models of disability are explored further in the literature review chapter.

More recently, the move to develop disability studies to critical disability studies has meant a further encompassing of intersections of other identities and oppressions which impacted the ways in which people interact and are perceived.

> Disability studies, at least in Britain, were conceived as a modernist project to challenge capitalist conditions of alienation. Critical disability studies build upon these insights but acknowledge that we are living in a time of complex identity politics, of huge debates around the ethics of care, political and theoretical appeals to the significance of the body, in a climate of economic downturn that is leading yet again to reformulations of what counts as disabled (Goodley, 2013, p. 632)

Critical disability studies therefore extends the field to explore the different ways that multiple marginalisations can be felt. "Critical disability studies start with disability but never end with it: disability is the space from which to think through a host of political, theoretical and practical issues that are relevant to all" (Goodley 2011, p. 157). This statement speaks to both disability studies and transgender studies: both fields cross over into many other disciplines and embodiments. Many disabled individuals have co-morbidities, either other medical conditions or other forms of societal oppression. Much like a domino effect, once a person has a disability, this affects many other tenets of life. For example for me as a visually impaired person, I am unable to drive so I rely on public transport. Therefore, any schedule changes or delays that occur impact me at a higher rate than my able-bodied counterparts who might have other transport options. Another aspect of disability which is often discussed is the disability tax. This is the idea that being disabled is much more expensive than being able-bodied (Mitra *et al.*, 2017). This is generally because items related to disability are often specialised technologies which are expensive, and frequently need to be made to order. Another factor is that many accessible items are more expensive. For example, pre-prepared meals, which for some disabled individuals are essential and the only way that person will be able to eat, are often a less affordable way to eat and they can come with the added social stigma of being regarded as an "easy option".

1.10 Trans-Disability and Trans-Disabled Identities

Transgender studies and disability studies are both interdisciplinary fields which emphasise intersectionality.

Trans-disability as an identity has recently begun to enter societal dialect, mainly through the emergence of LGBT+ disability charities and movements such as Parapride which were born out of necessity and through activist and/or grassroots organisations. The complex navigation of trans-disabled individuals' dual marginalised identities is central to this dissertation. For many, their transgender identity is responded to with prejudice, discrimination and hostility and their disability attracts ableism and discrimination. It is important to note that transgender and disability are both umbrella terms and as such encompass an incredible and expansive list of possible identities and disabilities. This means that the possibilities of trans-disabled identities are incredibly wide, which will become more apparent through this dissertation. This is shown within Chapter Four which spotlights Robert and Jamie who despite both having a visual impairment, have different experiences of visual impairment and of dealing with their disability.

1.11 Trans-Disability Studies

One of the biggest contributions that this dissertation makes is to trans-disability studies, which has often been sub-categorised into trans studies, disability studies or trans-disability studies, in such a way that does not account for the intricacies of trans-disabled culture and existence. This research focuses on these intricacies, and on how trans-disabled identities are interwoven, creating a unique identity experience within wider society.

Research more historically about the transgender community has focused more on trans women (Bakker, et al., 1993; Garrels et al., 2000; Olsson & Möller, 2003, this could be due to transmisogyny (Nair, 2022), and within that the concept of hypervisibility. Barrios Dugenia defines hypervisibility as "as a social discomfort associated with a fear that they might be targeted, with verbal, physical or sexual violence” (2024, pg57). This when coupled with the experiences of erasure and dismissal (Namaste, 2000), both of which are felt by trans masculine individuals shows how complex navigating society as a transgender person is.

Similarly, most disability focused research surrounds the visible disabilities and, in some cases, completely ignores invisible disabilities (Hirschmann, 2013). For example, the universal sign for disability is a wheelchair, which is why many able-bodied individuals are not acquainted with other symbols of disability, let alone invisible disabilities. This means that when trans-disability studies brings these two existences together, the expectation is often a visibly[7] trans female wheelchair user, which is further a perpetuation and expansion of stereotypes for both trans and disabled individuals. This again makes trans-disabled individuals with invisible disabilities and/or invisible transgender/non-binary identities invisible within wider society, but also within their own communities. This is especially true when you consider concepts such as “gender policing” and “horizontal hostilities”, which are concepts I discuss further in Chapter Two.

1.12 Methodology

The methodologies employed in this research include semi-structured interviews, autoethnography and a pilot study. The pilot study was an important way to trial out the interview questions and allowed me to evaluate the questions I initially devised

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[7] I add the word visibly here. In reality, trans women like all women have different characteristics and do not fit within prescribed stereotypes. Trans individuals are still trans whether they pass or not, and if they choose to go stealth.

and make necessary adjustments. The semi-structured interviews were conducted in the participant’s choice of location. This was particularly important as regards safe spaces for participants and to ensure all accessibility needs were met). The autoethnography adds an additional layer of nuance to and understanding of the issues at hand.

My research methodology revolves around a trans-feminist (trans inclusive feminist) framework which understands the shared identity of the researcher and participants as particularly important (this is discussed further in Chapter Three). When initially writing my dissertation proposal I had noted that I would interview individuals who were either LGBT+ (specifically trans) or disabled, given access difficulties and that trans-disabled individuals face many barriers in society. I was astounded when so many trans-disabled individuals responded to the call for participants that I put out on social media, thus enabling me to change my interview criteria to trans-disability specifically. A big part of why I was able to do this was through networks that I have been a part of for a long time, particularly online. When I was posting the call for participants in social media groups, respondents already knew me as a trusted trans-disabled person who had been an active member of those groups for many years prior to undertaking my research.

1.13 Scope

The scope of the research participants was defined as transgender/non-binary/gender diverse research subjects who had a disability. For the purposes of this study, I limited disabilities to sensory impairments (including visual impairment and hearing impairment), and different kinds of neurodiversity (including but not limited to autism spectrum disorder (ASD) and ADHD). I decided to narrow the range of disabilities included in the research to those categories I have experience of myself – although it is also important to note that even for people who share a disability or disabilities in the same category, their experience of that disability might be different. Disability is a broad spectrum involving many varied experiences. As someone with first-hand experience of sensory impairments and who is neurodiverse, it made sense for me to curtail my focus given the centrality of autoethnography to the research. I have direct experience and understanding of sensory impairments as someone who is VI and on the ASD spectrum.

Neurodiversity and neurodivergence are included in my disability category even though it is becoming “increasingly separated from disability” (Jones and Orchard, 2024, pg456). I have done this, partially based on my own experiences and identities but also because “(for at least some people) autism is clearly a disability” (Den Houting, 2019, pg271). The conversation around neurodiversity and disability encompasses the argument of neurodiversity as a cultural identity rather than a disability (Jaarsma and Welin, 2012). When explored under the social model of disability, it’s suggested that “disability results not from autism itself but instead from living in a society which tends to be physically, socially and emotion- ally inhospitable towards autistic people” (Den Houting, 2019, pg271). Different models of disability are discussed further in the literature reviews.

1.14 Dissertation Overview and Structure

Chapter Two: Literature Review surveys the literature which is most relevant to this dissertation. The theorists I draw from most include Goffman (1959, 1963, 1969, 1990, 1997); and Shakespeare (1996a, 1996b, 1997, 1998, 1999, 2006, 2013). This chapter develops these theories in response to the research questions and aims. In this chapter, I separate the transgender literature (including a history) and the disability literature (including a history) into two distinct sections, and I then bring trans and disability literatures together in a third trans-disability section. This chapter structure models my approach to trans-disability throughout the dissertation – where I treat transgender identity and disability as two different but intersecting categories and experiences that come together in specific ways within trans-disabled identity.

Chapter Three: Methodology explores and explains the methods I employ in the research. I detail the original methodological framework used in this study in section 3.2.4 Trans Feminist and Feminist Frameworks. This chapter also outlines the ethical issues that arose and how I mitigated these alongside giving information on data collection and analysis, and a section explaining the shared identity between researcher and participant which is a central aspect of this study.

Chapter Four: Identity is the first of a series of analytical chapters that constitute the core of this study. In this chapter, I argue that identity is highly complex and that to have dual marginalised identities requires skilful negotiation of different contexts and situations, "passing," and the construction of identities strategically. This chapter discusses how my participants negotiated their multiple intersecting identities. It also explores common stereotypes and analyses different ways in which trans-disabled individuals are able to strategically deploy these stereotypes, as well as how these stereotypes are used against them. The main theorists here used include Goffman (1959, 1963, 1969, 1990, 1997); Bagatell (2007), and Shakespeare (1996a, 1996b, 1997, 1998, 1999, 2006, 2013).

In Chapter Five: Community, using Goffman's theory of stigma (1963), I argue that trans-disabled people have their own community in which they can reveal their self-image rather than having to present their public image. I suggest that community is part of an intersectional bridge between the two identities. This chapter includes the community analysis which elaborates the ways participants drew upon and felt connected to their community. A focal point of this chapter is *advice and shared support*, where participants shared advice that they would give other trans-disabled individuals. In a section surrounding representation and visibility I use Goffman's theories of stigma and strategic interaction (1959, 1963, 1969, 1990, 1997) to discuss the complexities of managing stigma across dual marginalised identities.

Chapter Six: Attitudes and Stigma Analysis focuses on attitudes and stigma. I argue that even though stigma may be felt in different ways by different trans-disabled people, the intersectionality of being trans-disabled always compounds stigma and therefore impacts the ways in which individuals navigate their identities strategically. A large focus of this chapter is on the ways that trans-disabled individuals often fall into the gap between the trans and disability communities. I explore the concept of being "trans enough" and/or "disabled enough" and the consequences of gender policing within and outside of the trans community. This chapter builds on Chapter Four's argument that identity is highly complex and requires skilful and strategic negotiation across contexts. The main theorists used to develop this argument include Campbell (2001, 2009, 2019), and Monro (2019).

The subject of Chapter Seven: Humour Analysis is on jokes and humour within the trans-disabled community. I argue that jokes told by trans-disabled individuals about trans-disability are subversive, and can challenge and even overcome boundaries. Whether or not these jokes are experienced by others as funny, the response to them tends to be either of acceptance or alienation as listeners decide whether they can respond to subversive jokes that push social boundaries. This chapter develops an analysis that highlights the ways that trans-disabled individuals use humour as a form of resilience. The main theorists used in this chapter include Goffman (1959, 1963, 1969, 1990, 1997); Lockyer (2001, 2008, 2015); and Weaver (2010, 2011, 2016).

One of the strengths of this research is the unusual and creative form of the written dissertation. Rather than following a more conventional route when writing up, much like the contents of this research, the dissertation is not uniform. The lengths of the chapters is led by the data. Therefore, the chapter lengths are not uniform; some – like the chapter addressing attitudes and stigma – are long, whereas for example the chapter on trans-autism intersection analysis is short.

1.15 Themes Weaving Through the Dissertation

Throughout this dissertation there are many themes that are woven throughout the chapters. These include: intersectional fear; in/visibility (including coming out); identities (including feeling othered); lack of support; austerity; and intersectional feminism.

Whilst fear is not a crucial focal point, there has been a need to highlight the ways in which fear has impacted my participants. The fear of being transgender or becoming disabled is discussed within Chapter Two, and the fear felt by trans-disabled individuals is explored within Chapter Six.

When discussing fear, one interview is etched in my mind, not simply because of the spoken words but also the body language and tone of voice. The participant said “I’m a trans guy, constantly afraid of being assaulted”. When explaining this to me, Anthony’s body language and tone made it clear that he thought this was extremely obvious and therefore a daft question. This moment led me to recognise the true impact of visibility and invisibility.

As such, in/visibility is another theme that runs through this dissertation. I engage with the push and pull of stigma as this relates to being both invisible and visible, and with how this exemplifies the constant strategic negotiation that trans-disabled individuals contend with. For some, the choice to be “closeted” or “pass” as able-bodied or cisgender is an option, whereas for others it is more complicated. The choice to “come out” as transgender or disabled is a subtheme of in/visibility which I explore. One finding of this study is that trans-disabled individuals are strategic in the ways that they present themselves, often shielding their disability with their trans identity or vice versa in response to a particular situation. The dynamics of this changes based on how in/visible their disabilities and transgender identities are. For example, Anthony was visibly trans, but his disability was invisible. The specific combinations of trans-disability make a huge difference to how stigma is felt and how power is wielded. I also realised that whilst I was aware of “hiding”[8] behind (or shielded by) my very visible disability, I never fully appreciated how much the pity often elicited in response to my cane might act as a form of protection in various

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[8] For lack of a better word.

scenarios. For other participants such as Robert, whose visual impairment does not require a cane, he fears being seen as a fraud, and fears not being able to access what he needs. These serious concerns offer a sharp reflection of societal stigma.

Identities is another theme: the juxtaposition of the many possibilities of intersecting disabilities and transgender identities speaks to this study's research questions. The feeling of being "othered" is a thread that connects the participants, including myself, together as is evidenced in the interviews and noted in Chapter Five. A feeling of abnormality and being outside of society is a result of being at the intersection of two marginalised communities and affects how trans-disabled individuals interact with others both inside and outside of their own communities. Feeling othered and marginalised, alienated or isolated from wider society creates a need for safe spaces, where there is no expectation to be or act a certain way and where disabilities and transgender identities are not questioned, they are simply accepted.

Lack of support is another prominent theme which runs through the transgender community, the disabled community, and the trans-disabled community. This is predominantly explored in Chapter Six, although in Chapter Four I discuss the austerity cuts to state welfare programmes which fuelled stereotypes of disabled individuals as dependent and/or fraudulent, which acts as an example of the horizontal hostilities I discuss in Chapter Two.

As an overarching theme, feminism draws together many of the subthemes that run throughout the dissertation. I draw from a range of theorists including Heyes (2003), Crenshaw (1989, 1991), Stryker (2004, 2006, 2013, 2017), and Hirschmann (2012, 2013). Intersectional feminism (Crenshaw, 1991) in particular is a dominant analytical lens within the dissertation and is one which spans trans studies and disability studies to enable a trans-disability studies analysis.

Conclusion

The experiences of trans-disabled individuals and their resilience shines through these themes that weave together to create a rich and varied tapestry of trans-disabled existence, which is often hidden by societal stigma and strategic negotiation.

This introductory chapter has provided an overview of the dissertation as a whole; highlighting key themes and arguments within the chapters, and explaining the autoethnographic method and related challenges and experiences that I had whilst conducting this study. The next chapter surveys the relevant literature, elaborating on the research which is most relevant to this dissertation.

Chapter Two: Literature Review

Introduction

Transgender studies and disability studies are both established academic fields; however, their intersection is underdeveloped. The intersection I am exploring in this dissertation hinges on stigma and social experience across transgender identity and disability. I develop this analysis by drawing upon symbolic interactionism and Goffman's (1969, 1990) theories of stigma and strategic interaction. This chapter brings these theories of stigma into focus by examining themes shared between transgender studies and disability studies, thus exploring trans-disabled existence.

This chapter will outline a range of different theories and areas of scholarship that have resonated with and informed this PhD. In the first parts of this literature section each theory or area of scholarship will be examined separately, focusing on its own history, meaning and core literature. In the latter part of this literature section these theories and areas of scholarship will be discussed with relevance to this specific thesis, examining how they have been applied to trans disabled experiences, and how they will be drawn upon through this thesis. This chapter is split into three sections. The first section entitled Symbolic Interactionism, Goffman and Austerity focuses more on the theoretical perspectives drawn upon in this dissertation and how they pertain to trans-disability. The second section: Transgender Studies and Disability Studies looks at transgender studies and disability studies separately across the themes used. The third part: Trans-disability Bridging the Gap weaves together the literature pertaining to trans-disabled existence. The second and third parts of this chapter mirror each other, with the sections in the trans-disability part adding depth and clarity for the need for research into trans-disabled lives.

2.1 Symbolic Interactionism, Goffman and Austerity

2.1.1 Symbolic Interactionism

Sociologist Herbert Blumer coined the term “symbolic interactionism” in 1937, defining it as “a micro-level theoretical framework and perspective in sociology that addresses how society is created and maintained through repeated interactions among individuals” (Carter and Fuller, 2015, p. 1). Goffman’s theory of symbolic interactionism has three core premises detailed below.

The first premise is that human beings behave in certain ways towards certain people, objects or things based on what those people, objects or things mean to them (Blumer, 1986). For example, teachers and educators have historically held disabled students to a lower standard because of a negative perception of their capacities (Thurlow and Quenemoen, 2019). Therefore, they are not challenged as much as their non-disabled counterparts and as such risk achieving less, without being pushed beyond “satisfactory” standards.

The second premise focuses on the effects that occur due to social interaction, how they arise and why (Blumer, 1986). For example, if someone had a negative interaction with a transgender person, they could then expand that experience to shape their view of transgender people in general.

The third premise revolves around the processing (both on a social and on an individual level) that is undertaken, how feelings and viewpoints are modified and how the interpretative process is derived and implemented (Blumer, 1986). For example, when people encounter each other across multiple interactions over time, their initial impression of each other could change, in response to each interaction.

All three of these premises work together to form a multi-layered system. The first premise acts as a base showing how symbolic interaction occurs, with the second and third premises building on one another. When individuals socialise, confusion can occur when interpreting actions and behaviours due to differences in social norms across cultures. This can disproportionately impact the interpretation of marginalised individuals' actions due to their rejection of norms and expectations of mainstream cultures.

However, as a complex concept, Blumer explains that "to bypass the meaning [that an individual has towards a person, object or thing] in favour of factors alleged to produce the behaviour [in response to that person, object or thing] is seen as a grievous neglect of the role of meaning in the formation of behaviour" (Blumer, 1986, p. 3). I interpret this to mean that individuals derive meaning from objects and other individuals as well as from previous situational experiences – whether an individual cares about the process of meaning behind the behaviour or simply the end result.

This view of symbolic interactionism encompasses both the meaning a person, object or thing has for an individual and the behaviour the individual exhibits towards that person, object or thing and as such gives them equal weighting. As discussed above, symbolic interactionism is a complex theoretical approach which encompasses the nuance between whether behaviour or meaning is the most important aspect of an interaction. Considering both factors as equally important strengthens the analysis.

Although Blumer coined the term, George Herbert Mead is credited with the theorising the basis of symbolic interactionism. As Blumer explains, “Mead identifies two forms or levels of social interaction in human society. He refers to them respectively as “the conversation of gestures” and “the use of significant symbols”” (Blumer, 1986, p. 8). This analysis by Mead is very important as “he sees it as a presentation of gestures and a response to the meaning of those gestures. A gesture is any part or aspect of an ongoing action that signifies the larger act of which it is part” (Blumer, 1986, p. 9). Blumer then goes on to explain “Mead’s triadic nature of meaning”:

> the meaning of the gesture flows out along three lines: it signifies what the person to whom it is directed is to do; it signifies what the person who is making the gesture plans to do; and it signifies the joint action that is to arise by the articulation of the acts of both (Blumer, 1986, p. 9).

Mead then argues that “if there is confusion or misunderstanding along any one of these three lines of meaning, communication is ineffective, interaction is impeded, and the formation of joint action is blocked” (Blumer, 1986, p. 9). Therefore, all three aspects of the “triadic nature of meaning” must be attended to in order to create effective communication. I argue that conforming to this method of effective communication as a model of meaning - whereby it is important to address the right person, communicate effectively the action that follows and then articulate how that action occurs in a way that includes the person addressed then there is the potential to lead to disruption, empowerment and social change.

At the time that Blumer was writing about symbolic interactionism, it was predominantly being taken up in the fields of philosophy and psychology. However, as Blumer says, “symbolic interactionism views meaning as having a different source than those held by the two dominant views[9]” (Blumer, 1986, p. 4). Symbolic interactionism offered a different way to interpret society, it focused attention outward, towards meaning and behaviour and interaction, rather than inwards at internal processes as tends to be the emphasis in psychology and philosophy.

The meaning an individual has towards a person, object or thing is formed in the context of social interaction and is also derived by the person from that interaction. It is a mistake to think that the use of meaning by a person is but an application of the meaning so derived (Blumer, 1986, p. 5). It is far more complex than this, culture, for example, also plays an integral role:

> culture as a conception, whether defined as custom, tradition, norm, value, rules or such like, is clearly derived from what people do. Similarly, social structure in any of its aspects, as represented by such terms as social

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[9] In this context I would state that the dominant views would be defined as mainstream views, suggesting that anything outside of these dominant views would be within the margins.

> position, status, role, authority, and prestige, refers to relationships derived from how people act toward each other (Blumer, 1986, pp. 6-7).

With so many factors in play, it is no wonder that symbolic interactionism has been misinterpreted over the years. Symbolic interactionism has historically been misunderstood and criticised heavily within and outside of sociology (Huber, 1973; see also Mullins, 1973 and Gonos, 1977). A central criticism levelled against symbolic interactionism is that it “cannot adequately take account of the phenomena of power and social structure, and that it necessarily leads to a neglect of ‘institutional analysis’” (Dennis and Martin, 2005, p. 194). Although this is viewed as a criticism, it could be that this is a misunderstanding and misrepresentation of symbolic interactionism.

Symbolic interactionism encourages a more holistic approach to society, meaning and the interpretation of human behaviour, which shows the depth and breadth that it has as a theoretical approach. This is visible through further studies by Huber that argued that “the SI tradition is related to a number of other approaches and techniques such as labelling theory, sociological phenomenology and existentialism, participant observation, qualitative sociology, and naturalism” (Huber, 1973, p. .274). The layering of these techniques and theories shows the depth and breadth of SI as a theoretical perspective. Symbolic interactionism also focuses on communication and meaning in a qualitative context, which is highly relevant to this project. The combination of these many characteristics makes symbolic interactionism an appropriate choice for my research.

In the context of this study, I define symbolic interactionism as an approach that focuses on understanding and interpreting the meaning someone attaches to a person, object or thing; it is less about what is being said or done but what the meaning behind those actions are, the way in which those actions are interpreted and how the social agent responds to those actions. There is also a status component surrounding this: class, race, gender, sexuality, disability, educational level and other such characteristics are all statuses that affect meaning and interaction between groups and individuals. The intersections of these components are discussed across the dissertation, particularly in the identity analysis chapter, where the interrogation of master statuses and stigma are a central focus. From symbolic interactionism, we now move to Goffman's strategic interactionism which develops a theory of meaning by attending to situational factors and behaviours relating to stigma.

2.1.2 Goffman and Strategic Interactionism

Introducing Goffman

Erving Goffman was a sociologist and social psychologist who studied social interaction. His main theoretical contributions relate to stigma and "strategic interaction". Goffman's work on stigma is foundational to many fields. "Although Goffman (1963) focused on individual-level stigma, scholars have built on this foundational work to examine stigmas at different levels of analysis" (Aranda *et al.*, 2023, p. 1340). For example, scholars in fields including industries (Aranda *et al.*, 2020; see also Durand and Vergne, 2015; Khessina *et al.*, 2021; and Lashley and

Pollock, 2019) or organisations (Hudson, 2008) have explored how Goffman's work on stigma can be applied to their discipline.

Defining Stigma

The term stigma dates back to ancient Greek society, where it was used to identify those who were deemed to be "bad" or "unusual" (Goffman, 1963, p. 11) and because of this had been physically branded (either by burning or cutting the skin). The term has evolved over time, retaining its original meaning, but without the bodily element of branding. Today, stigma refers to both visible and invisible parts of a person.

Goffman defined stigma as "an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed" (1990, p. 3). This definition of stigma highlights the relational nature of stigma rather than stigma being static and purely about certain attributes. Stigma is a complex structure which evolves with societal and cultural changes in norms and values. This means that stigma is highly contextual, because what is stigmatising in one context may not be in another. For example, the use of a white cane may be stigmatised in wider society but in visually impaired/ blind circles it is viewed as a norm. Another element of this is that norms of social acceptability can shift across generations, meaning that an aspect of a person may be simultaneously stigmatising to one person and not stigmatising to another depending on their age, amongst other factors. The complexity of this concept means it needs to be navigated strategically by individuals.

As stigma is such a deeply entrenched component of society, it requires a more detailed definition:

> an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated. We and those who do not depart negatively from particular expectations at issue, I shall call the normals (Goffman, 1990, p. 15).

This suggests that in every context an individual encounters, their attributes are considered, and a judgement is made about them. In different scenarios, the “normal” attributes may outweigh the “stigmatised” attributes and vice versa. The implications of this are that the stigma (or the perception of the stigma) fluctuates situationally. Some individuals may have the ability to conceal their “stigmatising” attributes depending upon whether the perceived stigma is visible or not. The management of stigma requires a lot of strategic negotiation on the part of the stigmatised person, and understanding of how social contexts work.

Goffman gives a more detailed account of stigma by breaking it down into three strands. He begins with the most obvious: what can be seen upon the body is the first level of stigma (for example, if someone had a white cane it would mark them out as disabled). The next level constitutes the “blemishes of individual character” (1990, p. 14) defined as “perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour" (1990, p. 14). The third and final strand of stigma outlined is "the tribal stigma of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family" (Goffman, 1990, p. 14).

These different strands of stigma can be interwoven, compounding the complexities that those who strategically navigate situations and spaces face. Goffman suggests that whilst these are three different types of stigma, the ways in which the stigmatised are treated by the "normals" is the same in each scenario. Goffman argues that the immediate reaction to each of these types of stigma is avoidance, based in fear rather than confrontation, and tends to be a routine response to stigma in general. However, subsequent reactions may be different depending on the type of stigma being encountered. For example, transgender and disabled people may both be responded to with avoidance, but this can play out differently. Transgender individuals often face abuse such as violence or discrimination (Nadal *et al.*, 2014).

Goffman's Stigma Theory

Goffman argues that stigmatised people are believed to be "subhuman" by the "normals" which leads to a degree of discrimination that reduces the stigmatised person's chances within society. Goffman theorises this stigma as "an ideology to explain [the stigmatised person's] inferiority and account for the danger he represents, sometimes rationalising an animosity based on other differences, such as those of social class" (Goffman, 1990, p. 15). This explains how within a given situation, an individual may feel justified in their discrimination of another individual based upon how they perceive both themselves and the other individual. The juxtaposition and posturing that this requires of the stigmatised person, shows how much stigma is based on factors such as context and individual perception. For Goffman stigma is apparent in everyone, there is not a simple or fixed dichotomy between those who are deemed "normal" and those who are "stigmatised". Rather than designating categories of "the stigmatised" and "the normal", stigma involves a complex set of categorisations which occur based on which individuals are present in any given interaction, what their attributes are and how those attributes relate to those of others present. The "normal" and "stigmatised" do not refer to persons but rather to perspectives (Goffman, 1990, pp. 163-164).

In Goffman's analysis, everyone contains characteristics that could be deemed "stigmatising" in a certain context. What draws this stigma out and makes it apparent is the context of the social interaction which is occurring. Another relevant factor is that of the relationship between the individuals in that social interaction which will impact how individuals behave. Goffman argues, "It is a fact that persons who are ready to admit possession of a stigma (in many cases because it is known about or immediately apparent), may nonetheless make a great effort to keep the stigma from looming large" (1990, p. 125). It is understandable how people may distance themselves from aspects of themselves that they or others perceived to be stigmatised and could perhaps draw attention to the stigmatised characteristics of others around them to make them seem more superior.

As well as those who distance themselves from stigma, there are those who almost embrace the stigma – these individuals lean into their difference rather than try to conceal it. The embracing of stigma is strategic: the strategies used to manage stigma "[shift] from the eradication of the stigma or trying to render it opaque to recognition or embracing the stigma—accepting it and making it part of their identity" (Aranda *et al.*, 2023, p. 1353; see also Coslor *et al*., 2020). For example, someone might transform their use of a mobility aid into a fashion statement, perhaps by adding jewellery to a hearing aid, drawing away the focus from its function as a hearing aid and towards the aesthetic of the jewellery.

The exposure of a stigma has varied effects. Once a stigma is made apparent it can be instrumentalised by those who do not have a (or the same level of) stigma to exert some power over the stigmatised person. Conversely, having a visible perceived stigma could be empowering for the person and make others feel uncomfortable. This would enable them to have a certain level of control in the situation. This can happen when an individual either cannot or does not want to conform to the social expectations around stigma. As Goffman suggests,

> it seems possible for an individual to fail to live up to what we effectively demand of them, and yet be relatively untouched by their failure; insulated by their alienation, protected by identity beliefs of their own, they feel that they are a full-fledged normal human being and that we are the ones who are not quite human (Goffman, 1990, p. 17).

This ability to have self-belief that evades stigma is an interesting way to negotiate spaces that would otherwise be difficult to navigate.

Sympathetic Others and Impression Management

Goffman suggests that impression management occurs unwittingly, arguing that these are unconscious responses to those existing outside of “normality” in more obvious or even extreme ways. Shared stigma becomes important when individuals are unable to mask or hide their stigma, with Goffman referring to those who are supportive of one another’s stigma as “sympathetic others”. He says:

> The first set of sympathetic others is of course those who share his stigma. Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade, and with a circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person (Goffman, 1990, pp. 31-32).

A contemporary example of this would be the way that visually impaired individuals share information ranging from what to ask for in terms of disability access support from a local council or educational institution to where to find the most accessible cultural spaces (such as theatres or museums for example).

In addition to the “sympathetic other,” another response to stigma is “passing[10]”. For Goffman, “traditionally, the question of passing has raised the issue of the ‘visibility’ of a particular stigma, that is how well or how badly the stigma is adapted to provide means of communicating that the individual possesses it” (Goffman, 1990, p. 64). Some decide that it is better to withhold certain aspects of themselves to make their stigma invisible, although this isn’t possible in all situations and may impossible at any time for those with physical and/or visible disabilities. Similarly, some trans people are not able to conceal their transness, they are always visibly trans, and as such are also unable to go under the radar or “pass”.

Strategic Interactions

As well as his stigma analysis, Goffman’s theory of strategic interactions is also intrinsic to symbolic interactionism. Goffman suggests that we “exude expressions” (1969, p. 5): whether intentionally or unintentionally we reveal our emotions through the ways in which we express ourselves. These expressions are then decoded within the context in which they are experienced by an observer them and this constitutes the beginning of what Goffman calls “the expression games.” These expression games can help individuals perceive others, as well as to communicate, providing “information about sex, age, social class, occupation, competencies and intent” (Goffman, 1969, p. 5). With so many details available to help the observer decode the possible intention behind a transmission of information, the meaning taken from the interaction has a higher chance of matching the intended meaning. Goffman suggests that his notion of the strategic interaction develops symbolic interactionism

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[10] It is important to note that Goffman’s use of the term passing here is distinctly different from passing in the sense of being transgender.

through its insistence on the role of interdependence when considering outcomes, alongside the mutual awareness of this interdependence between all individuals when communicating (1969).

Goffman suggests that within the expression games, there are four basic “moves” that can be “played”. The first three are as follows:

> the unwitting move, whereby the subject acts mindlessly relative to impression management; the naïve move, whereby the observer draws information from what he takes to be an unwitting move; the covering move, through which the subject attempts to influence the conclusion that the observer comes to (Goffman, 1969, p. 17).

A final fourth basic move is that the observer may be suspicious as to whether an “unwitting move” is in fact a purposeful misrepresentation on the part of the person they are observing, suggesting an attempt at manipulation. In this situation the observer might attempt to confirm whether the move was in fact false by pressing the point to try and uncover the real meaning, as such performing “an uncovering move” (Goffman, 1969, p. 18). These four moves within the expression games show how much interpretation and subtext there is within different interactions. Goffman rationalises the need for these four moves by suggesting that individuals will consider the consequences of their actions before undertaking any course of action, and therefore can modify the action to some extent to attempt to manipulate the outcome (1969). Therefore, individuals approach interactions with a strategy. This strategy will change according to a given situation; depending on the desired outcome the interaction and on their interpretation of situational factors.

Whilst Goffman argues that strategic interaction advances the theory of symbolic interactionism, I understand strategic interaction as more two-sided than symbolic interactionism. Symbolic interaction focuses on meaning within an interaction, for example, analysing the way someone speaks or their body language alongside the content of what is being said. It emphasises the surrounding context of the meaning more than an analysis of the interaction itself. I draw these two approaches together to create a more holistic interpretations of the interaction. The merging of these two approaches allows me to hone in on the meaning and context of situations and communications as in symbolic interaction analysis *alongside* considering the consequences of actions on a situational basis as in strategic interaction analysis.

Discussing the diverse landscapes of both disability studies and transgender studies requires a more holistic approach. This is because each of these disciplines is complex and intersectional in their own right, and to analyse them in relation to one another requires an approach that can navigate nuance and complexity. The complexity of trans-disabled identities can be shown using symbolic interactionism and strategic interactionism. Trans-disabled individuals must consider what to reveal, what to shield and how to navigate spaces within society where they are heavily marginalised. The strategic navigation of how trans-disabled individuals interact, communicate, and navigate daily life is not just a tool for social progression but also a method employed for survival – enabling them to limit and protect themselves against the violence, prejudice and discrimination that they face within society. An important intersection between disability studies and transgender studies and the experiences of trans-disabled individuals is austerity and the austerity measures that have been enacted (especially within the UK). The prejudice and discrimination faced within UK society by trans-disabled individuals is compounded by austerity measures, which further intensified the already-existing politicisation and weaponisation of disability and transgender identity.

2.1.3 Austerity

Austerity measures are a series of economic policies (usually restrictions) put into place by governments (Tyler, 2020) to reduce public spending. Usually, these measures involve cuts to welfare budgets, disproportionately impacting those at the margins of society. Austerity is often figured as a “bitter pill to swallow”, metaphorically suggesting that austerity is medicinal and therefore something that is not optional and not pleasant. The association here is that austerity is like a medicine which might taste bad but which ultimately helps to aid a problem. This kind of euphemistic language does not fully mask the negative feeling of austerity, but links austerity to medical advice in a way that suggests it is non-negotiable, inevitable and ultimately for a common good – as such making it more difficult to criticise actions taken by politicians.

Austerity is a political measure that acts in two ways; firstly it targets those who are the most vulnerable or most precarious in society, by removing different kinds of support, funding, and help available. Secondly, governments instrumentalise these austerity cuts to create the false impression that the support was never actually needed because everyone should be able to be independent. Through euphemistic and discriminatory messaging, those who were accessing welfare support are turned into a social scapegoat, often being branded as “scroungers” or “fraudulent” (Carastathis, 2015; see also Cohen, 2011).

The transformation of those accessing benefits and other social support into social scapegoats enables able-bodied cis heteronormative individuals to push already marginalised individuals further from social discourse and social acceptance, in turn placing them in more precarious and vulnerable states. It also allows for stigma to be wielded by those who have the privilege not to be reliant on government schemes or support. Austerity is closely connected to belonging, having the potential to both bring communities together (Hall, 2020; see also Hall and Jayne, 2016; Holmes, 2018) and push them apart (Courtney and Hickey, 2016). An outcome of these austerity measures is the impact they have on concepts such as horizontal hostilities[11] perpetuating friction within the trans/disabled and trans-disabled communities. An example of this would be the way that disability benefits rank disabled people which then turns being disabled almost into a competition as disabled individuals fight for scarce resources. The creation of this kind of hierarchy of disability where the ‘most disabled’ are at the top and the ‘least disabled’ are at the bottom is referred to as ‘oppression Olympics’. Oppression Olympics can be defined as “unidimensional constructions of oppression compete with each other” (Yuval-Davis, 2012, p. 52). During times of austerity, many of those who feel alienated by these conditions turn to other sources of support, albeit scarce.

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[11] which is a term used to describe how friction can be created across marginalised identities.

Social hierarchies play a central role in creating and embedding structural power, and these hierarchies reinforce and are reinforced by austerity. The structural inequalities that are experienced by many different marginalised groups, but particularly by trans-disabled individuals, are powerful and are effects of the ways in which society groups individuals into the categories of human and subhuman. These groupings are based on the stigma that becomes attached to the individual. This stigma is placed upon the individual by society through the implementation of these power-based structural inequalities. Carastathis argues that "the regime of austerity relies upon a form of necropolitical sovereignty, figured as the state's capacity to determine 'who is disposable and who is not'" (2015, p. 75; see also Mbembe, 2003, p. 27). Society places a heavy premium on productivity, which has a profound impact on how a person should behave, look, sound and even shapes some of the ways in which they think. This allows for society to create a structure, a powerful hierarchy which can stigmatise, alienate, and dispose of individuals who do not fit or who do not wish to fit. It is important to note that austerity and elitism are also interconnected through power relations and stigma (Thomas, 2021), enabling broader structural inequalities to be reproduced within marginalised communities as they are also shaped by the toxic power/stigma balance within wider society.

Within this dissertation, I use austerity as a lens to analyse how trans-disabled individuals navigate a society in which they are alienated and marginalised. This framing shows the depth of the prejudice and discrimination that faced by those with both disability and transgender identities and is felt in duality by trans-disabled individuals. Thus, the politicisation of transgender (Hines, 2007), disabled (Oliver and Barnes, 2006), and subsequently, trans-disabled individuals is heavily tied to the political landscape as transgender identity and disability are both used as political tools to be weaponised by all on the political spectrum vying for power.

Having moved from stigma, through symbolic interactionism and strategic interactions to austerity, the next section focuses on intersectional feminism.

2.1.4 Intersectional Feminism

“Intersectional feminism examines the influence of interacting variables (e.g., race, gender, and sexuality) that affect one’s experiences and behaviors, rather than focusing on a single factor, such as gender” (DeFelice and Miller, 2019, p. 831). Any approach which uses a multiple axis analysis builds on Crenshaw and her work emphasising the intersection of race and gender, focusing on the multidimensionality of the experiences of black women (1989). Crenshaw’s work specifically looked at understanding the experiences of black women that are differently impacted than just by sexism and just by racism but by the unique intersection of the two identities. Later, Crenshaw suggests that her work “highlights the need to account for multiple grounds of identity when considering how the social world is constructed” (Crenshaw, 1991, p. 1245). The notion of intersectionality (Crenshaw, 1991) originated within race and gender in Crenshaw’s work and has since been applied more widely, to a broader range of identities, including to transgender identity and disability. It is crucial to acknowledge the origins of this term and that the intersection at its original focus was between race and gender. Intersectionality addresses the ways that different identities interact to impact a person’s whole experience (DeFelice and Miller, 2019), developing an intersectional feminism that provides a holistic view of a person and their experiences. Crenshaw's (1989) argument that it is necessary to consider all variables from an interplay of identities (including race, gender, sexuality, class). This draws on Dewey's (1925) theory that there is no way to categorise behaviours as humans can differ in so many ways and therefore a single explanation for all human behaviour is overly simplistic. Using intersectionality as a lens through which to study the two seemingly unrelated identities of disability and transgender gives us a framework for breaking down each identity into component parts, which then shows ways to consider how they are interconnected and how there is shared oppression between the two. Much like with Crenshaw's work, my work focuses on the intersections of oppression that impacts uniquely at the intersection of transgender and disability, discussing how transphobia and ableism compound experiences across the two identities.

Within transgender studies, Simpkins argues that "intersectionality's onto-epistemological framework is based on a complex multiplicity that works to undo normative categorizations and promotes the mutual imbrication of categories" (2016, p. 228-229). Stryker suggests that intersectional feminism is important within transgender studies as it encapsulates all these intersecting aspects such as "race, class, nationality, religion, disability, sexuality, citizenship status, and myriad of other circumstances that marginalize or privilege them including having transgender or gender-nonconforming feelings or identities" (Stryker, 2017, p. 5). Transgender studies as a discipline is often very intersectional in its approach, which Stryker suggests is also true of disability studies: "transgender studies resonate with disability studies and intersex studies, two other critical enterprises that investigate atypical forms of embodiment and subjectivity that do not readily reduce to heteronormativity" (Stryker, 2004, p. 214). Disability studies as a field similarly lends itself to an intersectional lens, although I argue that more can be done to make disability studies truly intersectional. "Disability intersects with all vectors of identity since disability affects people of all classes, races, ethnicities, and religions, male and female, straight and gay" (Hirschmann, 2012, p. 397). This mirrors how transgender studies draws upon intersectionality as a framework and methodology.

In some ways the progression of disability studies particularly in reference to intersectionality, reflects that of feminism, particularly as it highlights and critiques the ways in which those with disabilities are perceived as weak, incapable, and intellectually unsound of mind. Similarly to feminism, "being 'just like men' is not the goal, any more than the disabled want to be able bodied" (Hirschmann, 2012, p. 399). Another way that disability studies and feminist analysis overlap is through their engagement with the precarity of the line between fitting within dominant societal views and breaking through them. An example of this is the juxtaposition between being disabled and being independent: if one is disabled and independent then they might be deemed not to be disabled, and therefore fraudulent. However, if one is disabled and dependent then they are deemed to be a burden. Disability studies highlights the fragility of the divide between these two categorisations. Here, there is a blurring of the boundary between being a success and becoming a tragedy.

With this critical view of disability studies have come arguments that suggest that disability studies is not rigorous enough and does not adequately theorise with intersectional aspects of disability such as race (Stuart, 1993), gender (Jenny Morris

(1996; 2014), Carol Thomas (1999), Simi Linton (1998), and Rosemary Garland-Thompson (1997; 2005), sexuality (Shakespeare *et al*., 1996) and social class (Gallagher and Skidmore, 2006). My argument addresses a lack of intersectionality in disability studies, responding to this gap in the literature and as such further diversifying the field.

I will now focus on trans feminism, adding an additional layer of complexity to the research.

2.1.5 Trans Feminism

“Transfeminism is primarily a movement by and for trans women who view their liberation to be intrinsically linked to the liberation of all women and beyond” (Koyama, 2003, p. 244). It is also open to other queers, intersex people, trans men, non-trans women, cis men, and others who are sympathetic to needs of trans women and consider their alliance with trans women to be essential to their own liberation (Koyama, 2003). Bettcher notes that the trans feminist movement is important for several reasons, including that “the invalidation of trans identities is a central issue in trans politics, and the analytic work of feminist philosophers may be able to shed valuable light on it” (2017, p. 1). Enke extends this by describing the relationship between feminist studies and transgender studies as having a “productive and sometimes fraught potential” (Enke, 2012, p. 260; see also Kunzel, 2014). This summarises the relationship well: if feminist theorists include transgender women (or simply transgender people) in their remit, there is the potential to powerfully develop the important work that they do. When feminists exclude transgender women, they are simply recreating and exacerbating the kinds of marginalisation they purport to critique.

Trans feminism simply means a feminism that allows people to understand that their gender experience (within or outside of the binary) is a “very idiosyncratic personal matter, related to many other attributes of our lives” (Stryker, 2017, p. 5). Transgender studies has grown rapidly and organically over the past five decades or so, which is a relatively short amount of time (around five decades). Trans feminism is a logical progression from transgender studies. The trans feminist movement encompasses all third wave feminist themes including “diversity, postmodern identities, body image/consciousness, self-definition, and female agency” (Hill, 2000, p. 2). This demonstrates how trans feminism is a “progression” from earlier feminisms, even though it has been noted that the trans feminist movement “is not merely about merging trans politics [with] feminism, but it is a critique of the second wave feminism from third wave perspectives” (Hill, 2000, p. 2). Having a feminist perspective that includes other gender minorities seems to be a logical progression and through this, trans feminism can be viewed as “bridging the gap” between transgender studies and gender studies.

The first part (2.1) of this chapter laid the broader theoretical foundation for the dissertation. In the next part (2.2), I focus specifically on theories in transgender studies and disability studies and on the different themes that have appeared through my research.

2.2 Transgender Studies and Disability Studies

2.2.1 Transgender and Disability Studies as Academic Fields

Transgender studies is an academic field of research that has expanded in the past fifty years. One of the founding voices of transgender studies is Stryker who Currah established the *Transgender Studies Quarterly* journal with Stryker. This formation of this journal in 2014 cemented transgender studies as an established field of study. Stryker argues that “being trans is like being gay: some people are ‘just that way,’ though most people aren’t” (2017, p. 7). A key concern in trans studies is that “trans issues touch on existential issues” (Stryker, 2017, p. 10): trans issues make people reconsider aspects of their lives that they perhaps had never thought about previously, which may challenge the way they have been socialised. Many academics in transgender studies are themselves transgender, and activism plays a large role in transgender studies with many contributing scholars being involved in activist movements. The transgender movement began to gather momentum in the 1990s:

> A more single- issue political focus on transgender-specific needs, such as changing gender designation on personal identification documents or gaining access to medical and psychological services related to changing sex, has blossomed into a multifaceted movement, one that increasingly addresses structural social inequalities and finds powerful and creative ways of linking transgender issues with those of other groups (Currah, 2008, p. 96)

The development of this movement alongside the emergence of transgender studies as a field has added to the strength of transgender issues across both the personal and the political. As the transgender movement continues to grow, many scholars contribute scholarly research which acts as a kind of literary or academic activism.

Transgender studies and disability studies share a link to autobiographical or identity-based activism. Disability studies emerged from activist roots in the 1970s, beginning as a single course offered by the Open University in the UK (Barnes *et al*., 2002). This drew attention to disability studies as a nascent field, and out of this and in combination with activist organising in this period the disability movement became a political force (Barnes and Mercer, 2001), which led the rapid growth of disability studies as a field.

Theorists such as Shakespeare (1996, 1999, 2006), Oliver (2002), Barnes (2001, 2002), and Mercer (2001), are regarded as the founders of the field.[12] Disability studies as a field focuses on the consequences and meaning of disability; as Barnes *et al.* argue, “disability studies, like ethnic, women’s, and gay and lesbian studies, has developed from a position of engagement and activism rather than one of detachment” (2002, p. 2). As disability as a concept is increasingly expanding, this

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[12] Mike Oliver was the first Professor of Disability Studies in the world and was central to the emergence of the “social model of disability” alongside Tom Shakespeare. Shakespeare is a disability theorist who also researches LGBT issues, particularly the intersection between being gay and having a disability. Geof Mercer is a disability theorist whose research interests revolve around disability, independence, user led services and policy. Colin Barnes (2001, 2002), similarly to Mercer researched policy, work, education and independence within the context of disability.

It is important to note here the lack of diversity across the founders of the field.

has meant that there are many different interpretations and definitions of what disability is. Similarly to transgender studies as mentioned above, those who research within the field of disability studies often have first-hand experience of disability. This first-hand experience of disability breathes life into the discipline, pulling the discipline out of the doom and gloom negativity and pity that is often thought of when disability is mentioned. It also focuses on the positive intricacies and nuances that are celebrated within the disability community, which changes the dominant societal narrative:

> Disability theorists maintain that disability is not a disadvantage; it is a difference, shifting from the more traditional medical model to the social model of disability. We argue that what makes something a disability is not bodily difference itself – not impaired vision, or weak or missing limbs, or cognitive impairments – but rather the social contexts in which they exist. For instance, using a wheelchair does not itself constitute a "disability": rather, the built environment, with its curbs and stairs disabled some bodies from moving freely (Hirschmann, 2012, p. 398).

This follows the "social model of disability", first defined by Mike Oliver, which shows how it is the environment that is disabling rather than something inherent to the individual. This theory and the debates surrounding it can be traced back to the beginnings of disability studies as a field (c. 1975) as a challenge to the normalised and then-socially dominant understanding of disability as something natural, biological, and specific to the individual.

Disability studies and transgender studies are both interdisciplinary fields and intersect with not only each other but other disciplines such as feminism (Stryker and Bettcher, 2016; see also Hines, 2019; Garland-Thomson, 2005; Hall, 2015), race and ethnicity (Roen, 2013; see also Kattari *et al*., 2015; Bell, 2010; Schalk and Kim, 2020), and education (Meyer, 2022; see also Hafford-Letchfield *et al*., 2017; Baglieri *et al.,* 2011; Taylor, 2006).

2.2.2 History of Transgender Studies

"Transgender studies is an interdisciplinary critical project that takes up the subjectivities of transgender people to theorize a host of relations among gender, culture, science, knowledge production, and power" (Keegan, 2020, pp. 67-68). Transgender issues, identities and language existed long before the field of transgender studies was established in the 1990s (Valentine, 2007). Schilt and Lagos state that this emergent field in the 1990s "centered transgender people as the subjects of study" (2017, p. 426; see also Devor, 1997; Namaste, 2000; Rubin, 2003; Vidal-Ortiz, 2002). Stryker argues that before transgender studies as a field came into existence, transgender issues and identities were seen as personal and private rather than societal issues (2017). Schilt and Lagos (2017) suggested that transgender studies came about in two distinct ways, arguing that in the first instance (mainly from the 1970s to the 1990s) that transgender individuals were seen as objects to study and in the second way, that transgender individuals were seen as subjects. As transgender studies has progressed, applied transgender studies has been formed which is about "building our field around a pragmatic focus on the improvement of the conditions of transgender existence" (Billard et al, 2022, pg4).

Historically, transgender issues have been confined to the personal and private spheres due to stigma. This has exacerbated the perception of stigma placed upon the individual in response and has made it harder for trans people to talk about their lives and experiences. This has created a perpetuating cycle of oppression with no way to progress the issues within society.

The distinction between the academic discipline and the individual in transgender studies can be fragile because the debates surrounding transgender identity are often so personal. This could be due to the discipline being so young; as the field has grown and broadened, the distinction between the discipline and the individual is growing more definitive. Whilst this is not necessarily a good or bad thing, the potential outcomes that autoethnography offers to the field show how important it is as a method. Autoethnography provides a greater personal depth to the materials within the field, which is useful as the discipline continues to grow and develop.

Transgender studies by its very nature:

> disrupts, denaturalizes, rearticulates, and makes visible the normative linkages we generally assume to exist between the biological specificity of the sexually differentiated body, the social roles and statuses that a particular form of body is expected to occupy, the subjectively experienced relationship between a gendered sense of self and social expectations of gender-role performance, and the cultural mechanisms that work to sustain or thwart specific configurations of gendered personhood (Stryker, 2013, p. 3).

Transgender studies as an interdisciplinary field boasts intersections with many different fields such as disability studies, sexuality studies and others. *The Transgender Studies Reader* was not published until 2006, years after the field's emergence in the 1990s as discussed above, and the first issue of *TSQ* was not published until 2014. In the introduction to this inaugural issue of *TSQ*, Stryker and Currah explain the ambiguity which sits at the heart of transgender studies. They say: "although we retain transgender in the full, formal title of the journal, we invite you to imagine the T in TSQ as standing in for whatever version of trans- best suits you" (2014, p. 1). The versatility, ambiguity, and even slipperiness of the nature of transgender studies is highlighted here. As a term, transgender has been used since the 1960s (although it was not widely used until the 1990s) and Currah and Stryker argue that as a field, transgender studies does not specify or define a "correct" term from the list of transgender, trans, trans*, and/or trans- (2014).

Keegan suggests that transgender studies has grown "out of the strategies of resistance and self-fashioning by which trans people have existed both within and against the systems that have classified us" (Keegan, 2020, p. 66). This is another example of a mirroring between disability studies and transgender studies, as both fields have been borne out of necessity, activism and sheer resistance.

2.2.3 History of Disability Studies

Disability studies had a somewhat unusual beginning within academia. "In its broadest terms, then, disability studies might initially portray itself as the interdisciplinary study and representation of the concepts, cultures, and personal experiences of disability in all its variations" (Ferguson and Nusbaum, 2012, p. 70). Disability studies began with self-advocacy, activism and protests (Shapiro, 1993), and was a space in which mainly disabled scholars conceptualised the struggles and experiences of disabled individuals and their families (Ferguson and Nusbaum, 2012).

Irving Zola was a pioneer within disability studies. He deployed social science methods to explore the experiences of disabled individuals, demonstrating how these methods can be used to analyse how disabled people fit within a social context (Zola, 1982a; see also Zola 1982b). Zola was responsible for creating a newsletter which became what is now known as *Disability Studies Quarterly* – a major publication in the field. Since its beginnings, disability studies has grown into a large interdisciplinary field which intersects with many other disciplines such as the humanities (Davis, 2010; see also; Garland-Thomson, 2009; Mitchell and Snyder, 2000; Siebers, 2008; Snyder *et al*., 2022), feminism (Hillyer, 1993; see also Thomas, 1999; Hall, 2011, 2015; Garland-Thomson, 2005), and queer studies (McRuer, 2006, 2010, 2020; see also Sherry, 2004; Bailey, 2019; Kafer, 2020). This interdisciplinary approach dates back as far as the 1960s when Goffman (1959,1963) began studying stigma and the effects of stigma on experiences of disability.

Stigma pertaining to disability is all about identity and identity management, something which I unpack further in the next section.

2.2.4 Identity

Identity can be defined as “the condition of being a person and the process by which we become a person, that is, how we are constituted as subjects” (Kidd, 2001, in Murugami, 2009, p. 1). Disability and transgender identities are both umbrella terms which refer to a multitude of experiences, expressions and embodiments. Within both transgender and disability subcultures, identity and belonging are important (Raver *et al*., 2018; see also Barr *et al*., 2016). As is true for people of all identities, transgender and disabled individuals “come to understand their identities and social locations through interactions with others (de Vries and Sojka, 2022, p. 98; see also Goffman, 1959). This means that transgender and disabled individuals are constantly negotiating their own identities and needs through navigating social situations.

Identity intersects sharply with visibility and invisibility as this relates to the perception of disabled and transgender individuals. Being made too visible or invisible is not only an effect of being perceived by non-disabled and cisgender individuals but also by other transgender and disabled individuals. Goffman argues that people naturally categorise others as they meet them based on their perceptions of both themselves, and the other person(s). He suggests that “society establishes the means of categorising persons and the complement of attributes felt to be ordinary and natural for members of these categories” (1963, p. 2). As such people who are physically recognisable as transgender or disabled find themselves being categorised in predetermined ways. “Prevailing attitudes not only determine the social expectations and treatment accorded to a person with a disability within society, but also his or her self-image and function” (Munyi, 2012, n.p.). This perception of and by individuals can also be applied to transgender people depending on the extent to which their transgender identity is visible and on societal and cultural expectations (Dergić *et al*., 2023).

Babik and Gardner argue that “attitudes toward individuals with disabilities vary with the type of disability” (2021, p. 2). They suggest that people with either behavioural disabilities or multiple disabilities are treated more negatively than others with physical disabilities (Babik and Gardner, 2021; see also McCoy and Banks, 2012). Similarly, there is differential prejudice surrounding the perceptions of transgender individuals. For example, transgender women are often treated worse than other transgender individuals due to a variety of reasons including visibility (Yang et al., 2015; See also Nemoto et al., 2011).

For transgender people – binary transgender individuals and non-binary ones – “transness is not an internal psychological process; it is socially embedded, ongoing, and governed by many socio-political factors” (Sherif, 2020, p. 310). This statement can also be applied to disabled individuals who often also find themselves torn between a need or desire for social acceptance and the reality of their lives, which may not be “socially acceptable” in certain contexts or to some people.

Shakespeare argues that disability as an identity is powerful and is capable of transcending other identities. The example that he gives is that disability has the power to transcend sexuality (Shakespeare, 1996). By this Shakespeare is indicating that disability (particularly visible disability) is more apparent or weighted more within society. This acknowledges a very complex and interesting debate around identities and master statuses which I unpack in Chapter Four. Whilst some identities may be more visible or acknowledged than others, “terms like ‘disability’ and ‘impairment’ have different meanings to different people and to the same people in different contexts" (Rhodes *et al*., 2008, p. 386; See also Olney and Brockelman, 2003; Gordon and Rosenblum, 2001; and Vernon, 1999). This highlights how identity is a fluid and malleable concept, which is true of transgender identity (Flores, 2021) as well as disability-based identities (Barnarrt, 2010). Stuart Hall's concept of "floating signifiers" is a useful concept for understanding how disability is defined differently by different people in different contexts (Hay *et al*., 2013).

Shakespeare argues that identity "is an aspect of the stories we tell ourselves, to others…" (1996, p. 95). This suggests that individuals are able to narrate, construct and portray their own identities as they wish as well as negotiate different situations as necessary. The negotiation and navigation of identities is expanded upon in depth within Chapter Four, and I also reference this in passing in the section below.

2.2.5 Passing

Passing has different connotations for transgender individuals and disabled individuals yet both signify a high level of privilege. "Passing is a contentious issue within the trans community" (Anderson et al, 2025, pg44). As outlined in the Introduction to this dissertation, "passing is complex, and although for many it is important for survival and validation, for others it is invalidating or simply not relevant" (Hoskin, 2019, p. 13). Passing can be controversial in both the transgender and disabled communities: "for both categories of identity, the choice to hide or be invisible is viewed as 'passing,' a term with pejorative connotations, suggesting that invisibility is motivated by shame and fear of discrimination" (Hirschmann, 2013, p. 144). Individuals may or may not wish to conceal or reveal their identity at given times, and those individuals who can pass share a common ground in this respect. Another definition of passing comes from Brown who explains that passing is “an adaptation to circumstances of oppression” (1991, p. 36), “wherein individual members of various minority/subordinate groups will achieve an identity as a member of the dominant/superordinate group” (p. 33). Passing as cis, is something that trans folks may strive towards either in wanting to be gendered correctly and presumed cis or through a fear or experience of oppression. Outside of transgender studies and disability studies, passing has a long history within the field of social sciences particularly with Goffman’s work on identity (1963).

In terms of transgender identity, passing refers to the ability of a transgender person to be assumed to be cisgender (which aligns with their gender identity). Begun and Kattari argue that “this ability to conform to society’s cisgender-based gender standards is upheld as a ‘goal’ indicating success for transgender/GNC individuals, regardless of whether they themselves are interested in passing through gender conformity” (2016, p. 55). This goes back to the idea of the “other” (that anything outside mainstream or “normal” societal expectation is “wrong” and therefore stigmatised [Johnson et al., 2004]). I will explore this further in the visibility/invisibility section later in this chapter. One factor that needs to be considered and often isn’t, is how non-binary people are impacted by the concept of passing, particularly in a very binary gendered world. Fiani and Han (2020) note the difficulty of passing as non-binary and the invisibility and binarism that is felt.

Within gender theory,[13] the question about whether there should be conformity to the gender binary has been a dominant debate amongst theorists such as Bornstein (1994), Feinberg (1998) and Roen (2002). Some in the field have argued that moving "toward an ideal of 'both/neither' and rejecting passing within a gender binary would be more accepting of the spectrum of gender" (Begun and Kattari, 2016, p. 55). Whilst this would be perceived as being more progressive, this does not take into account experiences of binary trans folks whose experiences of gender and passing or not passing cannot be reduced into such simplistic terms.

Another aspect of passing is that transgender people often choose those facets of themselves that feel "right" to them, some of which may pass and some may not, rather than either passing in all aspects of their life or none. As Roen argues, "many trans people strategically and agilely live with aspects of passing and aspects of crossing in their lives and may regard abandoning either component as idealistic or impossible" (2002, p. 521). This is an example of the strategic negotiation of aspects of identity that I take up across this dissertation, evidencing how trans-disabled individuals often perform their "transness" and disabilities situationally. This requires a deployment of power and the evasion of problematic issues and scenarios when possible.

One major problem with the theoretical discussions surrounding the issues of passing when transgender is that there is "little extant literature on how the ability to pass, or the 'success' of conforming to gender standards, may impact experiences of

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[13] Gender theory can be explained as a sociological field of study which focuses upon understanding masculinity and femininity across different contexts (Jule, 2014).

discrimination, violence, or even access to necessary services, indicating a need for further research" (Begun and Katarri, 2016, p. 55). This is one of the issues with such a young discipline such as transgender studies, although as the field expands, further research such as this should be attended to.

Similarly to passing whilst transgender, passing whilst disabled also means being able to be perceived as "not" something. Passing in terms of disability refers to being able to be perceived as not disabled. Disability takes away from one's privilege: Peggy McIntosh developed the "invisible knapsack of privilege" (2015) as a concept for understanding privilege, which includes many different aspects of identity in addition to disability including race, class, gender and others. Following this argument, if one is seen as disabled then privilege is reduced but if one can pass, then very quickly the "invisible knapsack of privilege" is lightened (McIntosh, 2015). Building on this work, Kleege discusses having the ability to "pass" as not disabled. She explains how she has omitted to mention that she is blind in situations where she felt that her disability was not relevant and that she could manage to "pass" (Kleege, 1999). Shakespeare writes about the different types of denial that might be experienced in relation to disability, and one is where the person with a disability claims to be "normal".

Another type of passing that is often overlooked within disability discourse is that of over-exaggerating medical conditions and disabilities to access more support (Brune and Wilson, 2013). This phenomenon may have been exacerbated or even caused central to austerity programmes (Ryan, 2020). As such, many individuals with disabilities are advised to describe their disability and abilities as they occur on their worst day rather than focus on their abilities in day-to-day life when assessed medically or for benefit related support.

For both transgender and disabled individuals passing is a strategic navigation, one which requires much skill and understanding of the nuances of social life, and power and stigma dynamics in wider society. As passing can be about concealing, it becomes intrinsically linked with the concept of coming out, which names the process of revealing an identity or identites.

2.2.6 Coming out

Coming out is an aspect of life for both transgender, disabled and trans-disabled individuals. Coming out as transgender refers to the process by which transgender people live authentically and ask people to gender them according to their gender identity. Coming out is about sharing parts of your identity that are not necessarily visible and therefore not obvious to anyone else, which means that there is an option not to disclose them. Research has found that “14% of transgender people aren’t open about their gender identity to anyone in their family” (Gooch and Bachmann, 2018a, p. 8), this statistic is hardly surprising when studies show that “11% of trans people who are out to their family, aren’t supported by any of their family members.” (Gooch and Bachmann, 2018b, p. 15).

Within childhood there is a double standard when it comes to gender; girls that are seen as more masculine by society are labelled “tomboys”, which is often seen as a phase, whereas, boys are not given this type of opportunity to explore their gender

(Martin, 1990; See also; Holland and Harpin, 2015). From an early age, boys are taught to be more masculine which is associated with repressing their emotions (except perhaps anger), and girls are taught that it is acceptable and even good to express their feelings (Robinson and Davies, 2010). This is an example of how women and men are socialised into gender roles from a young age. This means that gender norms are entrenched – or at least taught – from a young age, which can make them difficult to break through and can therefore make coming out more difficult.

Swain and Cameron argue that there is a process of coming out for disabled people much like the process of coming out as LGBT+. They argue that even though these processes have differences, they ultimately lead to the same goal (quoted in Samuels, 2003), which is the aim of being able to live authentically as they are. Swain and Cameron further argue that the process of coming out for a disabled person could enable that person to stop feeling self-hatred and to accept who they are, which may then enable them to challenge the way that society oppresses them (quoted in Samuels, 2003). Acknowledging disability can be an important act of self-acceptance and is a complex process to navigate. There are two parts to acknowledging disability, one is outward facing, e.g. coming out to able-bodied (or presumed to be able-bodied) individuals, and the second is accepting one’s own disabilities and claiming some identity in being disabled.

For disabled people, then, coming out is a process of redefining one’s personal identity through rejecting the tyranny of the normate, positively recognising impairment and as such embracing disability as a valid social identity. Having come out, the disabled person no longer regards disability as a reason for self-disgust, or as something to be denied or hidden, but rather as an imposed oppressive social category to be challenged and broken down (Samuels, 2003, p. 237).

Samuels critiques Swain and Cameron for taking a simplistic approach. Samuels suggests that coming out is not “a static and singular event” that “divides one’s life before and after the event” (2003, p. 237). Whilst the first time a person comes out is momentous (and for some people traumatic), this act of coming out becomes a refined and highly performative action undertaken many times over the course of a life. As with many repeated actions, coming out may get easier over time with practice and confidence, but reactions from others can be varied and always have the potential to be negative, which can make the process nerve wracking even if the individual has come out many times before.

Shakespeare describes the process of coming out as a “process of positive self-identification, rejecting the categorisation of subjection and affirming subjectivity and collective power” (1996, p. 100). Shakespeare also argues that coming out helps to develop new definitions and new political forms. Disabled individuals have come a long way; from being institutionalised for their disabilities to being visible and functional within society. The idea of coming out as disabled has been described by Frances Hasler in 1993 as “the big idea” that has underpinned the self-organised disabled people’s movement in Britain (Hasler, 1993; see also Shakespeare, 1996).

The academic debate surrounding coming out as disabled raises the question of identity. Coming out is not a once in a lifetime decision but as Samuels argues, “we must still make decisions about coming out on a daily basis, in personal, professional and political contexts" (2003, p. 237), and as such it is not possible to understand the coming out process without engaging with identity.

The past two sections have discussed passing (hiding) and coming out (revealing), which I build on in the following section on invisibility and visibility .

2.2.7 In/Visibility

Passing and in/visibility are interrelated. As Stryker and Whittle argue, "passing means hiding. Passing means invisibility. Transgender people should be able to live and express their gender without criticism or threats of violence. But that is not the case today" (2006, p. 207). Recently there has been an increase in the visibility of the transgender community with a more widespread coverage of transgender issues in the media (Neary, 2021). This increase in visibility has led to an intensification of anti-trans violence: "trans women are most frequently the victims of discrimination because of their visibility" (Stryker and Whittle, 2006, p. xiv). There also appears to be a double standard in relation to how transgender men are perceived and treated in comparison to how transgender women are perceived and treated. Transgender men are often seen as not a threat or as "butch lesbians", whereas transgender women are seen as wrong and often suspected of being predators (Rubin, 2003). This is further explored in the section on fear later in this chapter.

Perception of transgender and disabled individuals within society can be skewed by their marginality, because "dominant groups make some groups hypervisible or invisible, and this is often supported by social structure” (Dergić *et al*., 2023, n.p.; see also Buchanan and Settles, 2019). Hypervisibility or “imposed visibility” (Fischer, 2019) lead to certain aspects of an individual being highlighted and focused upon by others, which can be difficult to navigate. Hypervisibility is enforced on individuals. Whereas some individuals may choose to make their transgender identity invisible or visible, hypervisibility describes dominant groups in society highlighting transness as a difference from the norm.

As discussed in the previous section, coming out is a regular occurrence for transgender people and as such, the decision about whether to be visible or invisible in this respect is one that individuals make again and again. Schilt discusses the specific terminology for visibility and invisibility of transgender people; the two key terms are stealth or non-disclosure (meaning invisible or not continually disclosing a trans history) and open (meaning visible). A transgender person can only be stealth if they pass (see section on passing above) all the time, and if they distance themselves from anyone who may know them as transgender or may know them by a previous name (Schilt, 2010). Being stealth allows transgender people to avoid having to continually come out as transgender and usually means that a person has both socially and medically transitioned. The capacity to be stealth however can be situational and could require a lot of knowledge of gendered acceptability and expectations. It also could look like trans people living authentically and being presumed as their affirmed gender.

Whereas in/visibility for transgender individuals is often situational and can be dependent on factors like clothing, hair or makeup choices, in/visibility for disabled individuals is very different and has different implications in wider society. Disability can be split into two categories: seen (visible) and unseen (invisible). Visible disabilities are often more accepted as legitimate as they are obvious (Samuels, 2003). The other side of the coin for disabled individuals is that unseen (invisible) disabilities are often not taken seriously or regarded as real (Hirschmann, 2013). This incredibly narrow view of disability is a double-edged sword; in society a person with an unseen disability might be viewed as “normal” or ordinary. However, this can mean that the same person might be denied help when they need it. Disclosing a disability may enable the individual to get support but requires a persistence which often comes an emotional and physical cost to the disabled individual and can often attract the unwanted perception of being brave or inspirational “just for performing everyday tasks and getting on with their lives” (Clark, 2014, p. 15; see also Maich *et al.*, 2022). Treating disabled people as inspirational for living their lives is an ableist viewpoint which often stems from an individual’s own inability to understand disability on a personal level. This also highlights how someone might judge someone else’s disability based on fear, pity and horror at disability in response to the potential that anyone could become disabled at any time.

Hirschmann (2013) has also argued that being visible as disabled can lead to an array of political and social problems, and that an added burden can be placed on on the disabled person if they do not fit with received stereotypes – for example if they appear more able than a stereotype suggests they should. The often relatively fixed expectations and preconceptions about how certain disabilities should manifest are highly problematic, because disabilities are experienced and exhibited in a variety of ways, and not all people with the same disability embody that disability or manage it in the same way (Price and Shildrick, 2002). For example, two people with visual impairments may use different screen readers or even different types of white canes to support them to navigate the world.

The idea that those with an unseen or hide-able disability might pass as “normal” was introduced by Hirschmann (2013). Jenks argued that disability is located in “the interplay between physical bodies and society’s constructed meanings of difference” (2005, p. 144). Disability is a sliding scale of difference: it exceeds the more conventional models of disability (both medical and social), and I argue that it is necessary to move away from a ‘one size fits all’.

Montgomery highlights contradictions between behaviours and social expectations regarding disability:

> the person who uses a white cane when getting on the bus, but then pulls out a book to read while riding; the person who uses a wheelchair to get into the library stacks, but then stands up to reach a book on a high shelf; the person who uses a picture-board to discuss philosophy; the person who challenges the particular expectations of disability that other people have is suspect. “I can’t see what’s wrong with him,” people say, meaning, “He’s not acting the way I think he should.” “She’s invisibly disabled,” they say, meaning, “I can’t see what barriers she faces” (Montgomery, 2001, n.p.).

As discussed above, mainstream society tends to have a very fixed view of what disability is and what disability should look like. A person with an invisible disability could be seen by people with visible disabilities as a threat to their identity, because of a fear that those with invisible disabilities might invalidate *all* disability to (an already hostile) mainstream society. This is exacerbated by decreasing resources for disabled people which means that they have to fight for them, which can lead to hostility with the disabled community. Therefore, many people with invisible disabilities may go between "passing and performing the dominant culture's stereotypes of disability" (Samuels, 2003, p. 247). This connects to the idea of coming out and what this means for disabled people, as discussed earlier in this chapter. The concept of invisibility/visibility and the negotiation of identities through deciding when to show and when to shield a disability links to societal perception and the fear experienced by the individual, which I explore in more detail in the next section.

2.2.8 Fear

When addressing the topic of fear in relation to transgender people, I will mainly focus on the fear *of* transgender people in society. However, it is important to note that fear is felt *by* transgender people as well as towards them (Veldhuis *et al*., 2018). The fear felt by transgender people in response to different aspects of society and particularly fear felt in response to other individuals is often overlooked and invalidated as fear as a result of the mass hysteria surrounding transgender individuals in the media currently (McInroy and Craig, 2015).

The main fear that transgender people experience themselves is a fear of transphobia and transphobic attacks (Veldhuis et al., 2018; see also Bradley, 2020).

Transphobia refers to “prejudice, discrimination, and gender-related violence due to negative attitudes toward transgender identity” (Mizock and Lewis, 2008, p. 336). Mizock and Lewis found that transgender people experienced disproportionate levels of violence and trauma (Mizock and Lewis, 2008; see also Wirtz *et al*., 2020). Dean *et al*. have argued that trans women were the most likely to be victimized and that those who did not “pass” experienced the most violence (Dean *et al*., 2000). TransActual have defined transphobia in a very comprehensive way and one which focuses on all the different types rather than a simplistic definition that covers all as given above (TransActual, n.d.).

Fear often stems from feelings about belonging or not belonging, particularly when it comes to accessing spaces. Similarly to how disabled individuals may be excluded from spaces due to stigma (Charmaz, 2020) or physical inaccessible barriers (Fitzgerald, 2018), transgender individuals often find themselves unwelcome in spaces, particularly sex segregated spaces such as public toilets (McGuire *et al*., 2022). “The experiences of trans and gender non-conforming people in public restrooms confirm what feminists have been saying for decades: public space is not a neutral space, rather it is where power is enacted” (Bender-Baird, 2016, p. 984; see also Gardner, 1989). Attitudes towards transgender individuals has shown that “cisgender men are more likely than cisgender women to disapprove of transgender people, and that transgender women are more likely than transgender men to be the targets of anti-trans violence and discrimination” (McGuire *et al.,* 2022, p. 41; see also Miller and Grollman, 2015; Norton and Herek, 2013). For transgender individuals the simple act of going to the bathroom becomes complicated by rigid societal expectations of how gender “should” map onto particular behaviours and appearances.

Whilst the fear surrounding transgender individuals can often lead to discrimination and violence (McGuire *et al*., 2022), fear surrounding disabled individuals can lead to evasion and exclusion (Hirschmann, 2013). This links in part to the medicalisation of disability, an approach which presents disabled people as needing to be “healed” (Storey, 2007). Historically, disability has been connected to the medical profession (Oliver, *et al*., 2002), where individuals are viewed as “broken” – they are figures as a problem to be fixed (Goering, 2015). Those who do not have “mainstream” disabilities (e.g. blindness, paraplegia) tend not to be accepted or understood by mainstream society in the same way as those who do (Shakespeare, 2017). Theorists have argued that underlying fear felt towards disabled people lies within a fear of becoming disabled oneself – which stems from an implicit sense that disability is unpredictable (Hirschmann, 2013; see also Garland-Thomson, 1997). Garland-Thompson maintains, “disability’s indisputably random and unpredictable character translates as appalling disorder and persistent menace...the self gone out of control...” (1997, p. 43). This reiterates Hirshmann’s argument, that disability is so far removed from what is deemed natural that society pushes it further away in an attempt to avoid “catching it” or becoming stigmatised through proximity.

This fear of stigmatisation or of “catching” a disability (Nario-Redmond *et al*., 2019) stems from the ways that disability can act as a reminder that *all* human bodies are frail and mortal, and relatedly that power moves and shifts across bodies, leading to an uncomfortable awareness that it is possible for anyone to “lose” the power able-bodiedness may give them because they too could become disabled. In this way, disability is everywhere as an effect of power imbalances within society. “At once familiarly human but definitively other, the disabled figure in cultural discourse assures the rest of the citizenry of who they are not while arousing their suspicions about who they could become” (Garland-Thompson, 1997, p. 41). Whilst elevating an able-bodied person’s status above disabled people within society, the very idea of disability being present in society sparks fear that one could “fall” so far from being. able bodied to being disabled. Disability can be an immense object of fear by those who do not have a disability (Shakespeare, 2017), which results from and in turn reinforces the ways that society is organised around the needs and capacities of able-bodied people. The presence of a disabled person might remind an individual that they are *not* disabled, whilst bringing thoughts of “what if…” to the front of the mind.

As argued above, both disability and transgender identity spark fear in cisgender, able-bodied individuals, although for different reasons. The above analysis suggests that trans-disabled individuals could face a duality of fear that would be difficult to navigate. The discussion of Goffman’s theory of stigma and strategic interactionism suggests that there is a strict hierarchy surrounding social structures and systems which I discuss in the following section.

2.2.9 Hierarchies

Social hierarchies exist in all cultures (Redhead and Power, 2022). Because of this, when marginalised communities create internal hierarchies that mirror those in mainstream society, this can be seen as a “natural” occurrence. A hierarchy can be defined as a way to organise in terms of power or authority, for example in the church there is a hierarchy between bishops and priests, where bishops have more authority than priests. Research which focuses upon inequalities within the LGBT community in the UK has found that one of the main problems with research into this community is that it failed to disaggregate disadvantage into single categories, mainly focusing on the LGBT community as a whole rather than the different identity groups that make up this overall community (Hudson-Sharp and Metcalf, 2016).

This study focuses upon disaggregated and specific identities, to avoid grouping and collating identities and experiences together and perhaps homogenising across varied experiences. By focusing upon transgender identity specifically rather than the broader grouping of LGBT+ identity, I am able to avoid such pitfalls. Similarly, focusing upon sensory impairments rather than the whole spectrum of disability allows me to attend to specific experiences rather than generalised and potentially misleading information. In this study I may at times refer to the wider LGBT+ community or disability as a whole, but I will signpost when I switch from the identities of the wider communities to the specific identities of those who are transgender and sensory impaired.

The LGBT+ community strives to condemn the hierarchy within wider society in which power falls to the white, cisgender, heterosexual men who are placed at the top. However, this hierarchy of privilege is being reproduced within the LGBT+ community: white, cisgender, gay men are at the top and trans women of colour are at the bottom (Formby, 2017). Even within the transgender community, hierarchies can form between those who can or want to express their gender identity in such a way that conforms to the ideology of the gender binary and those who do not. There can also be hierarchies based on how long a transgender person has been “out” and how far along in their transition they are. This is problematic as it creates an expectation that individuals need to undergo medical transition to be acknowledged as ‘authentic’ in their transgender identity (Sutherland, 2023; see also Billard, 2019; Bornstein, 1995), which erases non-binary individuals and those who cannot or do not wish to medically transition. This is discussed further in Chapter Six.

A hierarchy of disability according to varying levels of impairment is apparent (Deal, 2003); with those who are the “most disabled” at the top, leaving those who have invisible or unseen disabilities at the bottom of the hierarchy. Whilst those at the top may have more power in the retention of resources, the power often falls outside of the control of disabled individuals. Samuels argues that those at the bottom of the hierarchy are not only excluded from the disability community, but are forced to fight for every resource they need to achieve their potential as society in general relies on visible signs of impairment and as such they are consistently excluded from accessing support (Samuels, 2003). Quist and Resendez argue that there is a disability hierarchy and that beliefs and attitudes within wider society reinforce and justify this heirarchy:

> Individuals in dominant groups have greater social dominance orientations and are motivated to maintain their dominance over subordinate groups and the corresponding privileges resulting from their higher status. This is accomplished through the generation and maintenance of hierarchy

> legitimizing myths, which are beliefs (stereotypes) and attitudes (prejudices) suggesting that subordinate groups deserve their status. These are legitimizing myths in that they justify the hierarchy. These beliefs support the position that subordinate group members are inferior and deserve their subordinate status (Quist and Resendez, 2002, p. 287).

This kind of wider social justification reinforces the disability hierarchy and creates further problems within the marginalised group. Austerity magnifies this, as austerity measures prompt changes in attitudes towards those with marginalised identities (such as those with disabilities) both by disabled individuals and wider society, provoking friction between individuals who need support or resources that are often and increasingly scarce. The competition that then occurs for these scarce resources (Gibbs, 2018) shows how cultural and social capital are essential aspects of survival when navigating life with a disability in a profoundly stratified society.

2.2.10 Austerity and Transgender Identity

There has been little research into the impact of austerity specifically upon transgender people; the already-limited literature focuses on LGBT+ identities, where transgender (the “T”) is often mentioned merely symbolically or as a tokenistic attempt to be “inclusive”. Even though there is a lack of supporting literature, it is clear that austerity measures impact transgender individuals at a medical level; predominantly through cuts to NHS funding. As the funding for transgender-specific healthcare is already low, and services are oversubscribed to the degree that waiting lists are years long, many transgender individuals turn to private healthcare options, if they are able to, to undergo medical transition. Data collection for this research occurred in 2019, which coincided with the UK's decades long period of austerity measures which saw the financial cutbacks which have had an impact across public services.

For transgender and non-binary who socially transition rather than medically transition, austerity can impact their lives through a lack of awareness that is exacerbated by funding cuts. When budgets are tightened, often the first cuts that are made are to equality, diversity, and inclusion (EDI) services which provide training and attempt[14] to ensure that inclusion policies are upheld. Rigid institutional structures are often tightened during periods of austerity, creating more stigma, and placing a higher value upon power and those who fit within the systems. This raises a question as to the longstanding damage to marginalised communities and public image that will remain even long after austerity measures are officially lifted. Trans-disabled individuals who encounter numerous barriers in everyday life, whether trying to access a grocery store safely, existing at work, being visible in the community, and a whole array of other issues, come up repeatedly against the lack of awareness, understanding and care that austerity measures both reinforce and are reinforced by. I argue that the impact of this can be seen on multiple levels, as trans-disabled individuals have to deal with layered stigma which they constantly have to navigate and negotiate even to just exist on the most fundamental and basic levels.

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[14] I use the word attempt here as ensuring that policies are enacted is a never-ending job which is sadly often neglected, or the structures of the institution are too imposing and rigid to create any form of positive change.

2.2.11 Austerity and Disability

The impact of austerity on disability is a well-researched topic, with many scholars focusing upon the ramifications of austerity measures (Beatty and Fothergill, 2015; see also Horridge *et al*., 2019), budget cuts (Runswick-Cole and Goodley, 2015; see also Goodley, Lawthom and Runswick-Cole, 2014; and Malli *et al*., 2018), and the demonisation of disabled individuals as a drain upon society (Briant, Watson and Philo, 2013; see also Ryan, 2020). Understanding the role austerity has had in shaping social attitudes towards and expectations around disability is vital when studying any aspect of disability culture and existence post-2008 in the UK.

Austerity can perpetuate tropes, for example of the angry disabled person trope (part of the sinister trope in media representation) (Abbott, 2015). Austerity is the implementation of economic cuts led by cuts to social services, often disproportionately affecting the poorest in society, and also those who otherwise rely on these services, such as disabled people. To create a political narrative that distracts from choices and mistakes made by politicians, the government perpetuates an image of the disabled as lazy, fraudulent, and undeserving of help. This influences public perception and mood which can turn against disabled people, intensifying any difficulty, hardship and frustration they might already experience. When a disabled individual then lashes out and gets angry in response to these conditions, they are stereotyped by the angry disabled person trope which invalidates what they say, and they are not listened to on any level. While this simplifies a complex series of dynamics, this overview demonstrates some of the interlocking systems at play that link stigma to austerity in complex and effective ways. It is important to highlight the connection between this specific disability trope and austerity as it shows how stigma and systems of power within society intersect in a compounding way. Highlighting these links and as part of layered systems of oppression might enable trans-disabled individuals to access the tools[15] necessary to begin to dismantle some of these compounding instruments of stigmatisation that are used to wield power against them, and as such to reclaim some power in the fight for existence. The impact that austerity measures have on reducing the necessary support structures relied on by individuals, and in turn on how individuals are able to live and how they experiences themselves, is clear.

This part of the chapter has explored transgender studies and disability studies, emphasising intersections between the two to begin to draw these identities together following the focus of this research. This provides a backdrop for the next part of the chapter which further knits transgender and disability identities together to demonstrate how trans-disabled individuals navigate and negotiate their marginalised identities.

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[15] Such as this research.

2.3 Trans-Disability Bridging the Gap

Introduction

Whilst both transgender studies and disability studies are diverse and well-established fields within their own right, there are many aspects of crossover between them, as has started to be addressed in recent scholarship (Mulcahy, 2022; see also Slater and Liddiard, 2018; Baril and Leblanc, 2015), however the intersection between transgender studies and disability studies still needs to be explored further. Transgender identity and disability are both marginalised subjectivities which intersect at unique points, requiring careful and thorough analysis. As Baril states, “although disability studies have diversified and many authors have proposed cross analyses of disability and gender, race, class, and sexuality, trans issues are all but absent” (Baril, 2015a, p. 37). This absence of transgender issues could be due to the relative youth of the discipline, although it could also be that categories such as gender, race, class and sexuality are more recognised and as such more mainstream within academia.

Disability studies as a discipline has only existed since the 1970s. Exploring intersections with gender, race, class, and sexuality might help to establish and legitimise the discipline within academia. It may be relevant here to apply Goffman’s theory of stigma to the discipline itself: is disability studies as a field trying to “normalise” itself by associating with other more established fields that are deemed “normal” within society rather than transgender studies which is cloaked in stigma?

Another reason why trans studies and disability studies may not have been extensively explored in relation to one another could be a result of the ways in which transgender individuals are pathologised. As Puar explains:

> Historically and contemporaneously, the nexus of disability and trans has been fraught, especially for trans bodies that may resist alliances with people with disabilities in no small part because of long struggles against stigmatization and pathologization that may be reinvoked through such an affiliation (2015, p. 46).

Pathologisation[16] and stigmatisation constitute prominent aspects of the complex and nuanced dynamics trans-disabled individuals have to negotiate and navigate within social interactions.

This final segment of the chapter addresses key themes pertaining to trans-disabled identities and experiences through the existing academic literature. The themes of identity, austerity, intersectional feminism, fear, in/visibility, coming out, passing, and attitudes will be explored in depth in relation to trans-disabled identities. The conclusion to these sections highlights the interwoven nature of the strategic negotiation that trans-disabled individuals navigate daily. This final section of the literature review offers a firm contextual ground to this study, before I move onto the methodological and analytical thrust in the later chapters. The following section

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[16] Pathologisation is defined as “to view or characterise as medically or psychologically abnormal” (Merriam-Webster, 2026).

continues this dissertation’s analysis of identity by scrutinising the complex intersection of ableism and cisgenderism.

2.3.1 Identity Revisited

Whilst trans-disability as an identity has been under-studied, the intersections of transgender identity and disabled identities are beginning to be explored in academic literature (see Cavar and Baril, 2021; Slater and Liddiard, 2018). The US Trans Survey conducted in 2015 showed that, “Overall, 39% of respondents indicated that they had one or more disability” (James *et al*., 2016, p. 57), in comparison to 15% of the general population (U.S. Census Bureau, 2015). UK based statistics from the GP survey 2021 suggested that “Trans and non-binary respondents were 30% less likely to report no long-term conditions after adjustment for age, deprivation and ethnicity” (Saunders *et al*., 2023, p. 4). This suggests that there is a higher number of disabled individuals within transgender communities. Building upon this, intersectional analyses have shown us that trans-disabled individuals are at higher risk of marginalisation and are more likely to have their experiences and existences invalidated and their voices silenced, because they are impacted by several forms of oppressions (Cavar and Baril, 2021; see also Hill Collins, 2000).

The two central forms of prejudice that impact trans-disabled people are ableism and cisgenderism. Ableism is defined here as:

> A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect

> species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human (Campbell, 2009, p. 5; see also Gappmayer, 2021)

Ableism both as an institutional structure and as an individual set of beliefs can impact disabled and trans-disabled individuals in a multitude of ways. For example, many systems and structures are inaccessible and as such ableist by default, which requires those with disabilities to be confident enough to, and/or have the social or cultural capital to, speak up and try to change the system. Ableism and cisgenderism are both systems of oppression and can both impact trans-disabled individuals at once creating a multi-layered system of oppression.

While there are a number of similarities between cisgenderism and transphobia, a key difference is that rather than predominantly pertaining to “hostility and negative attitudes, the cisgenderism framework incorporates both unintentional and well-intentioned practices. Cisgenderism often functions at systemic and structural levels” (Ansara, 2015, p. 15). A further definition of cisgenderism comes from Baril who defines cisgenderism as “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]” (2015b, p. 121). The embeddedness of these prejudices within social systems of oppression shows the level of stigma, and the potential for disempowerment, that are attached to being transgender, disabled, or trans-disabled.

2.3.2 In Fear Again

Fear, discussed in Part Two of this chapter, is a key theme that links these two identities together. As previously discussed, a fear of often relates to a fear of becoming disabled, where associatng with those who are disabled keeps that possibility at the front of the mind (Hirschmann, 2013). Fear in response to the LGBT+ community can work in a similar way, as sexuality and gender identity are fluid categories, that can shift without warning (Hirschmann, 2013). One of the main fears that draws disabled and transgender identities together is that just the fact of being visible as transgender and/or disabled has the potential to spark fear in others. This is a fear of the “other”, of something or someone that is outside of mainstream society. The reminder that this “other” is not actually so far “outside” of the mainstream – that becoming disabled or becoming transgender is something that can happen at any time to anyone – intensifies the fear experienced by non-transgender and non-disabled mainstream society.

2.3.3 In/Visibility 2.0

In addition to fear, another shared aspect of LGBT+ and disabled life is invisibility. Some LGBT+ people “choose” to “closet” themselves or to go stealth (see 2.2.7 In/Visibility for more detail here), when they feel uncomfortable with certain situations. Hirschmann argues that hiding one’s disability, like hiding one’s sexual identity, is rewarded in mainstream society, and revealing it is punished. Discrimination, stigmatisation, and other negative effects can cause disabled people to feel the need to hide their disabilities in a similar way that those within the LGBT+ community may feel a need to hide their sexuality or gender identity (Hirschmann, 2013). Shakespeare also suggests that “the disability movement is more open to lesbian and gay disabled people than the lesbian and gay community is open to disabled people” (1996b, p. 16). Shakespeare’s argument here is that disability as an identity has powerful effects, and has the ability to “desex” individuals so rather than being perceived as disabled men and women, individuals are simply disabled. I argue against this simplistic view of intersectional identities, and emphasise the complexity of transgender and disabled identities.

Shakespeare’s argument suggests that it is more difficult to exist in a lesbian and gay centred space with a disability than to be lesbian or gay within a space for disabled people. This demonstrates how even within marginalised groups, ableism occurs. This ableism can be seen across society including within schools. Ableism in schools has led disabled students to fall behind their able-bodied peers, as they may be treated differently and have to navigate the many negative connotations that are associated with disability; which is a reality that has also been noted about transgender identity (Rauscher and McClintock, 1996). As previously discussed, children do not automatically discriminate and fear those who are different (in any capacity). Ableism is a result of socialisation, and without intervention these socialised behaviours will only perpetuate further fear and discrimination.

McRuer argues that queerness and disability are linked through an intrinsic connection between heterosexuality and able-bodiedness. Heterosexuality and able-bodiedness are both viewed as natural and the norm, and therefore are a “non-identity” (McRuer, 2003). McRuer is an American theorist who is credited with being one of the founders of queer disability studies and is known particularly for his work surrounding “crip theory”. Aligning queerness with disability, McRuer’s work challenges predominant understandings of marginalised bodies and identities. McRuer’s theory of exclusion through “nonidentity” can be expanded further to explain the ways in which the heteronormative able-bodied majority have become the “natural order of things” (2003, p. 79). Within this “natural order”, the notion that heterosexuality and able-bodiedness are “nonidentities” frames disabled queer bodies as “unnatural” and stigmatises them. This links to Cavar’s argument that disabled people have been made invisible and have also been dehumanised within queer spaces in a way which mirrors ableist power structures: “just as this happens to queers of color and other multiply-marginalized LGBTQ+ people” (2018, pp. 9-10). This idea that multiply-marginalised LGBTQ+ people are invisibilised within a system that is not built to include them means that trans-disabled individuals are often left straddling multiple communities, in search of a safe space. The layering of complex identities makes it difficult for trans-disabled individuals to navigate the tricky process of coming out, as discussed in the next section.

2.3.4 Coming Out Again and Again

Swain and Cameron develop the notion of heterosexual and able-bodied identities being non-identities by stating that disability and sexual orientation are both social labels which are “usually self-referent from only one side” (Samuels, 2003, p. 235), meaning that nondisabled and heterosexual labels are always the presumed identities, and disability and queerness constitute a difference or even deviation from that assumed norm. Swain and Cameron argue that due to the presumption of labels; “there is a coming out process for gay men and lesbian women which has no real equivalent in gender and race categorisations" (Samuels, 2003, p. 235). They go on to state that "there is a similar coming out process for disabled people" (Samuels, 2003, p. 235).

Toft suggests that for trans-disabled youth, the decision to come out is difficult one in light of the fact that many people presume that being LGBT+ is "just" a youthful phase (2020). Stryker suggests that the categories of homosexual and heterosexual are stable, and that transgender is not. This ties in with the points that have been made above by Swain and Cameron, and McRuer; no one has to "come out" as cisgender, able-bodied or heterosexual. It proposes that "coming out" is a truth which shifts power within society and can bring about freedom. However, there is a cloaking after each time a person "comes out" as they are declaring something that is often unseen.

2.3.5 The Possibility of Passing

As described in more detail in the second part of this chapter, passing in relation to transgender identity refers to an individual being able to be perceived as cisgender, and for disabled individuals it refers to being able to pass as non-disabled, in certain situations. For trans-disabled individuals, the ability to pass can be a huge aspect of life. It might be assumed that being able to "pass" as non-disabled and cisgender is a goal for trans-disabled people. However, this assumption is a misconception and an over-simplification. For many trans-disabled people, being able to "pass" within normative society is *not* a goal. For some who exist outside of the gender binary, being gendered correctly includes the use of "neo-pronouns" which place that person altogether outside of society’s norms – rather than striving to be accepted within those norms. Many disability pride movements celebrate the diversity and marginality of disability, reclaiming disability as a form of empowerment, which is at odds with the concept of passing.

Passing is always situational; as discussed in Part Two of this chapter, passing offers individuals the option to hide their “stigmas”, and cloak themselves in “normality” (Goffman, 1963). It also allows individuals a certain amount of power: by having the choice to shield or reveal different aspects of themselves, trans-disabled individuals can “play on” certain stereotypes, attributes, and aspects of identity when it might be strategic to do so. For example, in the identity analysis chapter, I discuss how participants deploy this power, consciously performing certain stereotypes or social expectations associate with an identity, in order to shield one identity with another more socially acceptable identity.

Passing for trans-disabled individuals is difficult, challenging and multifaceted. Baril *et al*. found that the compounding impact of having dual marginalised intersectional identities was dehumanising for many of their participants (2020). While for those who are transgender passing certainly requires a strategic navigation of complex dynamics, for those who are trans-disabled these dynamics become even more heightened and unpredictable. For example, when disabilities dictate the possibility of wearing a binder/packer or of tucking, this can affect how a person is gendered. For individuals with ASD, having the social and cultural capital to effectively comply to gendered standards can be difficult.

Through my research, I have learned that trans-disabled individuals often turn to humour as a way of managing these complex social dynamics and the effects they have on trans-disabled individuals' lives and sense of self.

2.3.6 Humour Research

Predominant analyses of humour theorise humour across three overarching categories. These are: superiority theory; relief theory; and incongruity theory (Mulder and Nijholt, 2002). Superiority theory focuses on power play within humour, and in particular the idea of laughing at other's misfortune; relief theory focuses on the relief of tension through humour; and incongruity theory focuses on posing two abstract and contrasting concepts in relation to one another (which accentuates the sense of something being out of place or odd). Incongruity theory tends to be regarded as the most influential theory of humour (Mulder and Nijholt, 2002).

Humour in cognitive linguistics is also important to consider when understanding humour as meanings can be layered and dependent on the context of the situation. "The success or failure of humour depends upon how it corresponds to the appropriateness of the social occasion and circumstances in which it occurs" (Lockyer and Pickering, 2008, p. 810). The versatility of humour means that it can adapt to different contexts and situations. For example, at a funeral in the US during COVID, I made the context-specific joke of not needing tissues because we have masks. Whilst a very bad joke, this kind of humour served a purpose by bringing people together in their groaning responses to how bad my jokes truly are.

Having a sense of humour[17] when inhabiting marginalised identities can be a revolutionary act of self-care. As Lockyer and Pickering suggest, “a sense of humour combines a generalized quality that is regarded as a necessary lubricant of social life with a subjective quality of identity and outlook which helps define us as specific individuals” (2001, p. 635). A sense of humour can act as a social lubricant, and for many marginalised individuals humour offers a way forward through the oppression. In the Chapter Four: Identity Analysis (and briefly in the Identity and Austerity section above), I discuss the stereotype of the “angry person”, typically categorised as the “angry Black person” or “angry disabled woman”. Whilst being angry is a powerful emotion and marginalised individuals have every right to feel angry at the injustices of the world, society has shown us that when we get angry, we are often recategorised as mentally unstable and ignored. Humour offers a way out from this. It can enable us to both get our message across and to be heard in new ways, causing others to listen to us in ways that they haven’t previously. Disabled comedians, such as Lee Ridley (Lost Voice Guy) and Rosie Jones, not only use humour and comedy as a form of disability activism, conveying a powerful message about disability to a wider public, but they have also begun to normalise disability in mainstream comedy.

It is important to note that in this dissertation I engage with humour, rather than comedy – a form of “professional entertainment consisting of jokes and sketche”" (Oxford Dictionary, 2021) which “has traditionally been viewed as an aesthetic or

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[17] A “sense of humour can be defined as a personality trait which enables an individual to understand, produce and appreciate amusement for the purpose of enjoyment and laughter” (Pande, 2014, p. 386).

entertainment medium" (Weaver and Mora, 2016, p. 479); or laughter – which "can be the result of humour, but not every humorous situation will invoke laughter, as well as humans laugh without the perception of humour" (Mulder and Nijholt, 2002, p. 7). Whilst comedy and laughter intersect with humour, there are different types of humour and not all of them are intended to invoke laughter or are performed in professional situations, as with comedy. One of these different functions of humour is humour as a coping mechanism.

2.3.7 Attitudes and Trans-Disabled Identities

Some of the unifying factors between those with an "impairment" (as Shakespeare puts it) and those with LGBT+ identity are prejudice, discrimination, and negative representation within society (Shakespeare, 1999). Shakespeare argues that misrepresentation can stem from a societal need to create members that have the same characteristics, binding the majority together through shared identity characteristics and alienating the outliers. This suggests that those within the LGBT+ community who are disabled are seen as "lesser beings" or are lacking something. The distinction that Shakespeare makes between those who are within the LGBT+ community and those with a disability is that those within the LGBT+ community are often regarded *as* choosing their sexual or gender identity, and therefore this is understood as something they have done wrong, which leads to them being feared and despised. Whereas disabled people are seen as innocent victims, and therefore pitied:

> Within mainstream discourses, sexual deviants may be regarded as having made blameworthy behavioural choices, and hence to be feared and despised, while physical deviants may be regarded as innocent victims of unfortunate and involuntary conditions, and hence to be pitied (Shakespeare, 1999, p. 169).

Even though transgender people and disabled people might experience different treatment from the mainstream public, the overall effects of these identities are similar: alienation, isolation and marginalisation. Shakespeare argues that even though these identities may be isolated from each other for different reasons, there can be problems within both communities. As discussed above, Shakespeare suggests that it is easier to have a lesbian or gay identity in the disability community than it is to have a disability in the lesbian and gay community. Problems with access and acceptance can also be an issue; Shakespeare states that “the barriers which people faced were both physical – a lack of access – and social – a lack of awareness and acceptance, and even downright prejudice on some occasions” (Shakespeare, 1999, p. 170). This shows that many problems can occur when someone with a disability enters a LGBT+ space and vice versa.

A key theme relating to both identities but that is so far under researched includes that of acceptance and authenticity. Acceptance and being able to live authentically are arguably what every human strives for within their social group or community. Acceptance takes place not only in relation to other humans, communities and wider society but is also something that individuals need to experience within themselves. Self-acceptance when marginalised is incredibly challenging and becomes a radical act of self-love and self-care when one has multiple marginalised identities. Often internalised oppression – which in relation to this research includes internalised transphobia and internalised ableism, and which I discuss in the attitudes and stigma analysis chapter – is a way of internalizing and policing our own behaviours as trans-disabled individuals. Thomas argues that:

> there are also social barriers which erect ‘restrictions’ within ourselves, and thus place limits on our psycho-emotional well-being: for example, feeling ‘hurt’ by the reactions and behaviours of those around us, being made to feel worthless, of lesser value, unattractive, hopeless, stressed, or insecure (1999, p. 47).

These social barriers are hard to navigate and self-acceptance hard to achieve in the face of the stigma that is perpetuated across all areas of society (Mizock *et al.*, 2014) and is used as a tool of oppression (Tyler and Slater, 2018). The intersection of identities which are often affected by the fluidity and changeability of disability embodiments and conditions (Barnartt, 2010), and the fluidity and changeability of gender identities (Diamond *et al.*, 2011), can make existence for trans-disabled people incredibly difficult. It is in response to these conditions that strategic interaction is deployed; this includes the use of emotional intelligence to judge social acceptability within changing and challenging situations (Lopes, 2004), and the use of one identity as a shield or distraction from another. This is discussed further across the analysis chapters.

Many of those who have studied the intersections between transgender identity and disability have focused primarily on the politicisation of bathrooms, as this can be a shared area of social difficulty for both groups. Theorists such as Florez (2010), West (2014), Kafer (2013), and Chess *et al*. (2006), have turned their attentions to this point of intersection between the two identity categories. Adair makes the point that "embedded within the question of physical access is always the question of social access" (Adair, 2015, p. 466). An episode of *Have I Got News For You*, hosted by Jo Brand, provides a relevant and recent real-life example of this as she states that "if you're constantly being harassed, even in a small way, that builds up and that wears you down" (*Have I Got News for You*, 2017). Brand was talking specifically about women and sexual harassment, but this notion is highly relevant to transgender, disabled and trans-disabled individuals. If people cannot access the spaces they need because of an aspect of their identity, this is both a result and a feature of marginalisation – and as such constitutes a lack of social access.

The concept of fluidity – which is dominant feature across both transgender and disabled identities – links disability studies and transgender studies to the symbolic interactionist, strategic interaction (Goffman), and intersectional theoretical approaches that I take up in this study. I discussed the unpredictability and changeability of disability in the earlier Fear section of this chapter. For Garland-Thompson, disability is random and persistent, making it subject to rapid change and mutation (Garland-Thompson, 1997). This fluctuating nature means that disabilities cannot be planned for or expected to act a certain way. Blumer argues that within symbolic interactionism, individuals are constantly modifying their behaviour in response to different situations within which they interact (Blumer, 1986). As noted in section 2.1.2 Goffman and Strategic Interactionism, Goffman argues that everyone has something which could be perceived as stigma and whether this stigma is activated or made apparent depends on both the context and on the other individuals involved in the interaction (Goffman, 1990). Fluidity ties trans-disabled experiences and embodiments together with the theoretical analyses of stigma and power. This highlights how concentration, self-knowledge, and social awareness are needed for trans-disabled individuals to strategically navigate a society shaped by stigma and power.

Fluidity is a feature of transgender and disabled identity, and this commonality constitutes a clear point of connection between disability and transgender studies, showing how seemingly unconnected fields can be sown together.

Other disciplines have begun to study the intersection of disability and transgender identity including law, psychology and psychiatry. Within law, Barry and Levi (2019) have written about the exclusion of transgender as a category within the ADA (Americans with Disabilities Act), and how that has perpetuated discrimination for transgender people. Further to this, Barry, *et al*. (2016), discuss the lack of constitutional rights for transgender people and the extent to which they lag behind lesbian, gay and bisexual rights. The demonstrate how these rights are in fact premised on the exclusion of transgender people within the ADA, which creates issues for trans-disabled individuals when trying to access disability related support. Within Europe, Hare (2015), has written about the refusal of European Union lawmakers to extend protections for transgender and disabled people. In psychology, Shapira and Granek (2019) have written about the intersection of cisgenderism and ableism across the transgender-autism nexus. Finally, in psychiatry, Ballan *et al*. (2011) have discussed trans-disability affirmative therapy and the complexities that arise when trying to provide training for this therapy (2011).

Although these studies are few and far between, they illustrate how other disciplines are turning their attention to intersections between transgender studies and disability studies. Disability studies and transgender studies are within the broad category of social sciences, and as such the lack of engagement with the intersections between these identities within sociology constitutes a major gap.

2.3.8 Austerity and Trans-Disability

There is minimal literature on the effects of austerity measures, budget cuts and austerity-related stigma on trans-disabled lives specifically. These effects are a result of the dual marginalisation of trans-disabled people, which is a community steeped in stigma and fear. The data I have gathered and my analysos of it begins to address this gap in the literature.

One aspect of trans-disabled lives impacted by austerity measures is through a lack of access to gender identity clinic (GIC) services, which is made worse by inadequate public transport services in many parts of the country. Due to budget cuts and a lack of awareness (generally), GICs are oversubscribed, scarce and often geographically obscure. Many individuals have to travel a substantial distance to access the care that they need. Trans-disabled individuals are impacted greatly by this, particularly because many in the community are unable to independently drive. As such trans-disabled individuals must rely on public transport or family and friends to help them get to where they need to go. As the waiting list for GICs is so long, the pressure on individuals to take an appointment when they are given it is immense, because it is extremely difficult to change appointments. As discussed within the example given in the Introduction about public transport; the layered stigma is compounded by the intersecting practical challenges that face trans-disabled individuals when simply trying to access the care they are entitled to. “Transgender individuals also experience higher rates of unmet healthcare needs compared to cisgender individuals” (Mulcahey *et al*., 2022, p. 2589), and for trans-disabled people these difficulties are in addition to the issues that disabled individuals face when trying to access healthcare (Mulcahey *et al*., 2022). The compounded stigma and practical challenges that trans-disabled individuals face when trying to access healthcare is clear, and exemplify some of the complexities that those with intersectional identities have to navigate. I further demonstrate and explore the complexities of navigating intersectional identities in the analysis chapters, which show how trans-disabled individuals tackle the dual stigma of their identities.

Conclusion

Whilst transgender studies and disability studies are both well-established fields, there is a gap in the literature when it comes to the intersection of the two disciplines. This dissertation addresses this gap, showing the complexities of trans-disabled existence and how trans-disabled individuals navigate society strategically.

This chapter has drawn together some of the themes relating to and issues specific to this intersection including intersectional feminism, coming out, fear, identities, passing, visibility and invisibility, and hierarchies. The central research question for this study is: “Is there an intersection between transgender studies and disability studies that is bridged by theories of stigma?” To answer this question, this dissertation theorises a relationship between subjectivity and identity. As trans-disabled studies is such a new field, I draw key themes from the (minimal) existing literature together with key themes drawn from my interviews with trans-disabled people. In this way, the theory develops in close connection to the practice. This area of research is becoming increasingly important as more people re-identify themselves and explore their gender.

The second research question I am setting out to answer is: “How do people who are both transgender and disabled negotiate these different yet intertwined subjectivities?” It is unlikely that these two areas have been explored simultaneously in previous cultures. The central characteristics of each identity appear to have been explored separately, in part because of the limited life expectancy and limited freedom that can result from disability. Today, people with disabilities are living longer and with more debilitating conditions because of advances in medical science which have not only cured some conditions but also made some major progress in extending life expectancy.

As these subjectivities are within themselves complicated and vast, it was important to first study them separately before bringing them together within the section on trans-disability specifically. This literature review has provided an overview of some of the issues that sit at the intersection between transgender studies and disability studies. I have also interrogated the theoretical perspectives this study uses.

Building on the foundation laid in this literature review chapter, I now shift focus towards the design of the methodologies I have used, the possible ramifications of this design, and my justifications for the choices I have made within the research, before moving on to the analysis.

Chapter Three: Methodology

Introduction

This chapter contextualises my research methods and outlines my process of choosing and designing these methods; finding participants; the process of data collection; the process of data analysis; and ethical issues. It explains how the interviews evolved through the research process, and the ways in which I tailored them to each participant depending on their access needs. The use of autoethnography and a pilot study are both explained and justified in this chapter. The shared identity between myself as the researcher and the participants is a particularly important feature of this dissertation, and in this chapter I explain how and why this shared identity strengthens this research. The chapter gives a detailed explanation of the how, why and where of the fieldwork, the use of autoethnography as a methodology and how these choices fit with the aims and research questions for this study.

Maykut and Morehouse suggest that qualitative research is paradoxical:

> it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand. (Maykut and Morehouse, 1994, p. 123)

For my purposes, this paradox speaks to the complexities of undertaking qualitative research, and acknowledging and exploring complexity is a necessary part of responding to this dissertation's research questions.

This study deploys qualitative research both through the use of semi-structured interviews and through the inclusion of autoethnographic data. Conducting research that focusses on my own identities has been both empowering and challenging. This chapter will address the advantages and disadvantages of conducting research about identities that are shared by the researcher and the participants.

3.1 Designing Research and Data Collection Methods

3.1.1 Contextualising the Research Methods

As stated in the literature review, there are few studies that examine transgender identity and disability, although there are examples of research that explores the intersections between sexuality and disability (such as McRuer, 2006 and Shakespeare, 2000). Whilst this research offers insights that explore intersections between disability and the LGB community, this analysis must not be conflated with the analysis of transgender identity and disability, because sexuality and transgender identity are different (Mizock and Hopwood, 2016; see also Webster 2021).

This research contributes to work by disability and transgender theorists who have used semi-structured interviews and/or thematic analysis to examine the intersections between disability and transgender theory. This study uses semi-structured interviews and thematic analysis to explore the issues that pertain to both of these marginalised identities. In the context of this research, the disabilities being studied include sensory impairment (hearing impairment, visual impairment), autism spectrum disorder (ASD) and other neurodiversities (such as ADHD). Those who self-diagnose or identify as neurodiverse without a formal diagnosis were also included as those with "intellectual disabilities" commonly face delays in diagnosis (Lewis, 2016; see also CDC, 2014; Lehnhardt *et al*., 2013; Spencer *et al*., 2011). Within the neurodiverse community there has been a shift towards self-diagnosis by those who cannot obtain a medical diagnosis or whom reject the need for one. There are also many other biases which prevent certain demographics being denied a diagnosis due to not fitting into stereotypes of autism.

3.1.2 Choosing the Methods of Data Collection

The methods used within symbolic interactionism as a field are diverse: "symbolic interactionists employ a wide variety of methods to understand both intra- and interpersonal processes" (Carter and Alvarado, 2019, p. 4; see also Benzies and Allen, 2001; Herman-Kinney and Vershaeve, 2003; LaRossa and Reitzes, 2009). These methods vary between inductive and deductive, and qualitative and quantitative, although symbolic interactionism is most often viewed as a "pragmatic and qualitative perspective" (Carter and Alvarado, 2019, p. 4; Quin *et al*., 1980; Weigert, 1983). Symbolic interactionism addresses the meanings in the interactions between humans in a social environment. There are many different perspectives within symbolic interactionism, however, "all interactionists agree that the source of data is human interaction" (Aksan, 2009, p. 902). As previously stated in Chapter Two, the definition of symbolic interactionism I take up here is an approach that engages with sometimes obvious and sometimes subtle *meanings*, rather than more immediately visible *actions*, in an attempt to interpret and understand what is being said and done. For example, within my interviews many people tested my authenticity and legitimacy as a trans person by saying something along the lines of, “you know what I’m talking about.” On the surface this is a common colloquialism but when interpreted through the lens of symbolic interactionism, by paying attention to the subtle meanings underlying this phrase, this statement is reveals a certain vulnerability and need for self-protection on the part of the speaker. The phrase subtly tests the authenticity and legitimacy of the researcher before the speaker moves forward to divulge more personal information.

3.1.3 Autoethnography

Autoethnography is a powerful research method that can convey information through storytelling and the sharing of personal experiences. This can positively impact how research can be accessed. In addition to this, autoethnography can be a useful way to process the emotional labour of researching your own identities. Using autoethnography to add an additional layer of data, when undertaking personal research closely tied to your own identity is cathartic and is a good way to process the research data which is collected. Maréchal defines autoethnography as a “method of research that involves self-observation and reflexive investigation in the context of ethnographic field work and writing” (2010, p. 43). Ellis suggests that autoethnography should be defined as “research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political” (2004, p. xix). Autoethnography as a method is difficult to define in a definitive way. As Ellis and Bochner argue, “the meanings and applications of autoethnography have evolved in a manner that makes precise definition difficult” (2000, p. 739).

Autoethnography is a way to clarify and stabilise intersubjectivity through the means of storytelling rather than delving into the personal (Kelly, 2015; see also Roth 2005). Bochner (2000) suggests that autoethnography aims to “extract meaning from experience rather than to depict experience exactly as it was lived” (p. 270). Jones and Adams (2016) expand this by arguing that “autoethnography locates ‘the particular experiences of individuals in tension with dominant expressions of discursive power’” (p. 199; see also Neumann, 1996; Denzin, 1997; Ellis and Bochner, 2000; Reed-Danahay, 1997). I use autoethnography in this research because it centres on meaning and power and can be highly impactful as a research method.

An example of autoethnography being used within trans studies and disability studies comes from Eli Clare (2001, 2003 and 2017), who writes about their experience as a trans-disabled individual. Theorists who use autoethnography within trans studies include Macdonald (2013), O’Shea (2018, 2020) and Rodriguez (2020). Disability studies theorists who have deployed autoethnography include Kasnitz (2020), Carter *et al*. (2017) and Castrodale and Zingaro (2015). Within this research autoethnography not only adds detail and supports my understanding and theorisation of trans-disabled identity, but also having shared identities with the participants has enabled me to connect with them on a level that would otherwise not have been possible.

“Autoethnographers vary in their emphasis on auto- (self), -ethno- (the sociocultural connection), and -graphy (the application of the research process)” (Wall, 2006, p. 152; see also Reed-Danahay, 1997). Autoethnography has been used to link concepts within the literature to personal experience through the use of narrative tools (Holt, 2001; see also Sparkes, 1996). It has also been used to “support an approach as rigorous and justifiable as any other form of inquiry” (Wall, 2006, p. 39; see also Duncan, 2004). Within this dissertation, I deploy autoethnography throughout to enrich and support the theoretical arguments points I make and draw upon. The autoethnography shows how concepts within the literature impact individuals on a personal and everyday level. It also lends support to the interview data as well as at times challenging it, demonstrating how whilst trans-disabled individuals often share experiences, there is also diversity within the community. Where my experience differs from the interviewee’s experience, I have noted this within the analysis.

The use of autoethnography is encouraged by feminist researchers as a form of cross-disciplinary research method:

> Feminists have utilized approaches emphasizing reminiscence, (auto) biography, narrative, life and oral history, together with qualitative techniques. These are all in-depth methods of social research, which highlight the importance of listening to, recording and understanding women’s own descriptions and accounts (Afshar and Maynard, 2000, p. 808)

The use of autoethnography within this dissertation is a component part of its feminist framework, and shows how narrative can be used to support and complicate the interview data. Hamdan (2012) argues that autoethnography is about making a voice and point of view “available to others who are interested in viewing the world from a different perspective and through a different lens” (p. 600). Narratives bring people together (Plummer, 1995) and connect individuals (Reissman, 2001). “For narratives to flourish there must be a community to hear . . . for communities to hear, there must be stories which weave together their history, their identity, their politics” (Plummer, 1995, p. 87). The sharing of different perspectives is important when addressing the dissertation’s research questions, and when creating spaces within which marginalised voices may be heard.

3.1.4 Trans Feminist and Feminist Frameworks

This study adopts intersectional feminist methodologies by “not drawing boundaries between those doing research and those being researched, although each person has a different relationship to the work being done” (Dwyer and Buckler, 2009, p. 59; see also Lloyd *et al.,* 1994). The way that the research was conducted in the interviews meant that my identity as a trans-disabled person co-existed with my identity as a researcher. These identities intersected in such a way that the interviews were more relaxed, which was beneficial to the collection of data. Participants were able to test the authenticity of my identities through subtle insinuations, by mentioning details and concerns that would have value and meaning to someone within their community. This overall benefitted the research, because participants tended to be more open with me and answer my questions more fully once they had verified my transgender identity. Interestingly, no one tested the validity[18] of my disability, perhaps due to the experiences of marginalisation and fear which are experienced by and within the transgender community.

As well as conducting the interviews as a trans-disabled researcher (embedding my identities within the role of researcher), I have included autoethnographic material throughout the dissertation. This not only deepens the research and demonstrates links between the literature and lived experience (of the participants and my own), but also draws from and reinforces the feminist and trans feminist frameworks that are being used within this research. As discussed above, transgender studies and disability studies, two intersectional fields built on activist practices, draw substantially on autoethnography and the lived experience of the researcher.

I collected data with feminist methodologies in mind as “the use of semi-structured interviews has become the principal means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives” (Graham, 1984, pp. 114-115). As detailed in the Trans and Feminist Framework section below, using an intersectional feminist perspective allowed me more time and space and gave me more energy to reflect on the many different and intersecting experiences of the participants. This study’s emphasis on the participants’ experiences shows how they are valued within the study and treated with care by me as the researcher. In feminist research, “researchers often have a very different relationship with participants in that they often disclose their own stories and experiences, provide help and referrals to support services, and

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[18] For lack of a better word.

negotiate trust and friendship throughout and beyond the research process” (Waller, 2005, p. 2). Two of the participants that I interviewed were acquaintances and after the interview process, I became part of their friendship group. When researching an identity that is personal; care, compassion, and empathy permeate the research. With this kind of personal research it is much harder as the researcher to disengage from the work, but it also means that participants are treated with the care and respect they deserve.

This dissertation offers an original framework that centres a trans feminist perspective which plays out through the shared identity of the researcher and the participants, and which as such differs from insider/outsider research. With such a sharp focus on shared identity, this dissertation pushes the boundaries of an intersectional feminist framework by removing the formal barrier between researcher and participants, to the extent that in the interviews many participants alluded to details that only someone with a trans-disabled identity would understand – testing my identities and my authenticity and legitimacy as a trans-disabled researcher.

3.2 Data Collection: Interviews and Finding Participants

3.2.1 Interviews

Interviews have a long history of use in the social sciences to explore individuals’ experiences, attitudes, and beliefs (Carter and Alvarado, 2019). They a very common form of data collection within qualitative research (King, *et al.,* 2019;

Bryman, 2004). Interviews have many advantages: they are “useful in capturing the nuances of personal interpretation and biography” (Carter and Alvarado, 2019, p. 5), which creates a wealth of data, and are arguably “well-suited for studies that use a symbolic interactionist framework” (Carter and Alvarado, 2019, p. 5). As symbolic interactionism focuses on meaning and interpretation, using a method that allows for the exploration of interpretation and meaning within the data collected aligns well with the theoretical perspective. A major advantage of using interviews within qualitative research is the flexibility that they afford the researcher. A disadvantage is that they are time consuming, but this can be counterbalanced by the flexibility of being able to adapt the interviews and transcription around other work and home life commitments (Bryman, 2004). In direct response to the flexibility of qualitative semi-structured interviews, the researcher has the creative freedom to change the direction of the questions should the interviews highlight another issue pertinent to the research (Bryman, 2004).

Those who have used in-depth interview techniques to investigate transgender issues include Poteat, German and Kerrigan (2013) who interviewed transgender adults and medical care providers as part of a study focusing on stigma, HIV risk and access to care amongst transgender people; Grossman and D’Augelli (2007) who studied suicide and life-threatening behaviours in transgender youth; and Singh, Hays and Watson (2011) who focused on resilience in transgender people. Scholars who have also used interviews as a research method to study issues related to disabled people include Kitchin (2001) who interviewed disabled people about their opinions of disability research; Vickerman and Blundell (2010) who studied the perceptions of disabled students about accessibility within higher education; and Shakespeare (1997) who interviewed disabled people about sexuality and disability.

There is a variety of types of interviews, and those which fall within the theoretical framework of symbolic interactionism are diverse in size and structure, with some researchers interviewing fewer than five participants (Carter and Alvarado, 2019, p. 6; Day, 1985). In contrast to interviews undertaken in quantitative research, qualitative interviews focus more on the point of view of the participant and diverting from the stated topic is considered useful as it gives the researcher an insight into the participant's life (Bryman, 2004). Another aspect of qualitative interviews is that they can be unstructured, semi-structured or unstandardised. Unstructured is where an interviewer does not have pre-existing questions, but has topics that they may touch upon to direct the wider areas of interest that may be referenced in the conversation (Bryman, 2004). Here I deploy semi-structured interviews, which gave space for the further exploration of any questions or themes that occurred within the interview. This was discussed in my ethics application, and my subsequent ethics approval meant that I could continue to plan and begin to conduct the interviews. My ethics approval can be found in Appendix C.

During the semi-structured interview, I used an interview guide which "typically refers to a list of issues to be addressed or questions to be asked" (Bryman, 2016, p. 469). Bryman explains that "what is crucial is that the questioning allows interviewers to glean research participants' perspectives on their social world and that there is flexibility in the conduct of the interview" (2016, p. 469). Using this method gave me the ability to change the questions during the course of the interview based on the responses from the participant. This was particularly useful given that I needed to tailor the interview to each person in terms of disability access. For example, when interviewing trans-autistic individuals, I found that asking a series of prepared shorter questions with improvised follow-up questions was a more appropriate and fruitful approach than rigidly following a planned list of longer questions. The interview guide that I used can be found in Appendix G.

My interview guide focused on four main topics: disability; transgender identity; access; and socialising. I chose these topics in order to better understand how the participants' disability and transgender identities intersect, in order to respond to the research questions which lead this dissertation, and to gauge the ways in which aspects such as access and socialising impact and are impacted by those intersecting identities. The questions I devised formed an overarching structure for the interview. In some interviews I asked all of the prepared questions while in others, I tailored or changed questions as felt appropriate to the conversation.

As someone who is trans-disabled, I was able to use what I have learned from my own intersecting identities and experiences to judge how far it was appropriate to delve into certain topics, and when it was more appropriate to change topic. The decisions that I made here were based on a mix of emotional literacy and intuition. A lot of my decisions were intuitive, and I made them by reading a person in relation to my own experience of being trans-disabled, however a few of my decisions drew from an emotional literacy specific to trans/disabled identities. This was particularly relevant in relation to the changes I made for the interviews with people who had ASD, which are explained further later in this chapter.

I would usually start the interviews with the question: “how would you describe your disability?” Subsequent questions would build on this one; for example I would follow this question with one focused on disability and the impact that has on a person’s social life. I would then ask: “how would you describe your identity within the LGBT+ community?” As well as these deeper and potentially more challenging, questions I also asked lighter[19] questions such as “what do you enjoy doing for fun?” I paired every question that addressed negative aspects of trans-disabled identity with a positive question. My aim here was to counteract the potentially negative feelings and memories the negative question may provoke. I believe that asking a positive and a negative question together is more likely to trigger varied memories and might encourage a more thoughtful and developed response from the participants.

This also meant that the interviews were as balanced as possible given the sensitive topic. These questions included: “have you ever had any difficulties accessing LGBT+ social events? Have you ever had any difficulties accessing disability groups due to your LGBT+ identity? What would you say your biggest challenge is regarding socialising, going to events/spending time with friends? (Including social media)”. I included reference to social media to account for a lack of physical “in person” support and social groups for those who live in rural areas. This came up repeatedly within the interviews; participants expressed how difficult it is to travel with disabilities which isolates them further from their communities.

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[19] In this context, lighter refers to a topic that does not require too much thought and is generally a happier question.

To end the interview on a more positive note, I asked the participants what advice they would give to someone who is transgender and disabled. Whilst some participants struggled initially to answer the question, all in the end gave very positive advice which ended the interviews in an upbeat manner. Once the interview was over, I checked that each participant was happy with the process and answered any questions they had.

The interviews differed greatly depending on the participant, for example Vinnie answered all the questions I had, just not in the order that I asked them, whereas others followed the order in which I asked the questions. The flexibility of semi-structured interviews as opposed to a more structured method of data collection, such as questionnaires, allows for the research question and aims to be more fully explored. Both disability and transgender identity are vulnerable and marginalised identities, and discussions of these identities include sensitive topics. Having a data collection method that allowed some fluidity enabled me to use my personal knowledge of both identities and my social skills to assess the interview and as far as possible minimise harm. The use of my personal identity and social skills to avoid causing psychological harm is a key part of the trans feminist framework that this study draws upon. This trans feminist framework is discussed further in Chapter Two.

To recruit participants I advertised the study on social media, via LGBT+ organisations, through advertisements online and by using snowballing sampling. The social media page and posts are included as appendices. The semi-structured interviews had a rigorous inclusion criterion: participants needed to have a sensory impairment (autism spectrum disorder, visual impairment or hearing impairment) and be gender nonconforming, transgender and/or gender fluid. I chose these inclusion criteria based on my own identities because of the centrality of autoethnography as a research method, and the importance of a shared identity between myself and the participants. I also felt that it would be unreasonable for me to include wider disabilities due to a lack of understanding and lived experience on my part, in addition to there being a practical need to limit the scope of the study to realistically fit within the given time constraints.

Snowballing sampling is a nonprobability sampling technique, “a sample that has not been selected using a random selection method” (Bryman, 2016, p. 174) that is often referred to as chain referral sampling (Berg, 2009; Biemacki and Waldorf, 1981; Owens, 2005; Penrod *et al*., 2003) or respondent driven sampling (Heckathorn and Jeffri, 2003). “Snowballing involves first identifying several people with relevant characteristics and interviewing them” (Berg, 2009, p. 51), and then asking these participants to suggest further possible participants who have the same qualities relevant to the research as they do (Berg, 2009). This dissertation uses snowballing sampling in a slightly different manner; instead of asking for names of possible participants that I could reach out to, I asked the interviewees to refer other people they knew who fit the inclusion criteria to me. This was done because the inclusion criteria included vulnerable identities that makes finding participants particularly difficult and personal recommendations of participating in the study holds weight in both the transgender community and the disability community. This is similar to how community gatekeepers are contacted to vouch for researchers as a way to access marginalised communities (Munger and Mertens, 2011).

During the recruitment process, I was acutely aware of the emotional and intellectual labour that I was asking of participants (Vincent, 2018; see also Ahmed, 2014; and Hochschild, 2012). As this study was not funded, I was not able to offer any form of monetary compensation for the time and energy given. While I tried to offset this as far as possible by travelling to the participants rather than asking them to travel to me, the lack of payment for participants' time limited the sample to those who had the social and/or economic capital to give their time and energy to this study (Vincent, 2018).

I initially intended the recruitment process to take a threefold approach: Facebook, snowballing sampling, and trans organisations. In the end, I found all participants either online (Facebook) or through snowballing sampling because enough participants came forward to fill the sample before I made contact with any trans organisations. I conducted twelve interviews all with individuals over the age of eighteen. I chose this sample size as it offered a broad range of experience and depth of data, whilst being manageable in terms of conducting the interviews and analysing the data. The concept of an "ideal" sample size is controversial within qualitative research, as unlike within quantitative research, the emphasis is on the content rather than the quantity of the research and as such there is no greater value placed on a high rather than a low number of participants (Trotter, 2012).

Whilst conducting the interviews, I considered the advice Berg's ten different rules to follow when conducting qualitative interviews (2009, p. 143-144; David and Sutton, 2011, p. 125). The following eight rules are the most applicable to this study.

According to Berg, an interview should never start “cold”, it is always advisable to “warm up” with light friendly conversation (Berg, 2009). I began all interviews with general chat, small talk and conversation. Usually, the formal questions began when I sensed that the participant had relaxed. This meant that I was able to talk with the participant and get a feel for who they are before starting the more formal questions, and to take note of anything that might help me to get them to relax, dispel any nervousness, and to feel comfortable opening up to me. This was not simply one sided; this “warm up” start to the interview also helped me as the researcher to relax into the conversation and the space.

The second point is to remember the purpose of the interview: one of the hardest aspects of the interview process was to judge when to allow a participant to divert into a tangential topic and when to guide them back towards the question that I had asked. This can be difficult to judge. On occasion, leaving a participant to go off topic will reveal useful information, and they may simply loop back to the original question themselves. Stopping a participant or redirecting them requires subtlety, as the participant may clam up or become less open when answering further questions if they feel like the interviewer is trying to direct their answers. One way that I dealt with this issue was to allow extra time during the interview for interviewees to speak for longer, and to offer examples myself in ways that led back to the question through further discussion rather than explicitly redirecting the conversation. This also enabled participants to feel more in control and listened to, as opposed to simply being mined for information.

Berg's third point is to present a natural front which links to the first rule to never start cold. Whilst it is important for the participant to ease into the interview, it is also important for the researcher to ease into the interview and get used to the participant's style. One aspect that was important when presenting a natural front was to be aware of my body language, for example to face the participant and to try to avoid looking at my questions too often. Memorising the questions in advance meant that I was able to fully engage with the conversation without the interruption of looking down or the distraction of rustling paper.

The fourth rule is to demonstrate listening, and to show that the participant has been heard. One of the biggest strengths of conducting unstructured and unstandardised interviews is that as a researcher you have the freedom to follow up with unscripted questions when the participant says something interesting and useful to the study. In the interviews I found that asking follow-up questions can provide a whole wealth of information, as it shows the participant that you are listening to them and that you find what they are saying to be interesting. This helps build a rapport with the participant which also helps the participant to open up (Qu and Dumay, 2011; Douglas, 1985; Alvesson and Deetz, 2000; Mellon, 1990; Berg, 1998).

Berg's fifth rule is to be aware of how you as researcher present yourself, and how that can impact an interview. Appearance is complex and situational; for those of my participants who are students themselves, jeans and an unbranded plain t shirt helped them to perceive me as their peer and therefore to feel more relaxed around me. When interviewing professionals, I wore smart trousers and an open collar shirt. This somewhat more formal dress felt more appropriate to this group of participants and helped them to engage with me on a level. With participants who are young and/or students there can be a risk of being intimidating as a researcher. As someone they do not know well, who is asking very sensitive questions, appearance and general tone and manner can help to encourage participants to let you into their world and help you fully understand what they want to tell you.

The sixth point is to ensure that interviews take place in a comfortable environment. Part of this study's focus is on access to space, which put even greater pressure on the location of the interviews, and the participants' choice of interview location was in and of itself useful data for the research. For health and safety reasons I did not enter participants' homes, instead I asked them to choose a place that was not their home that they feel comfortable in. For some it was the local Starbucks, for others they gave me to access to their safe space, for example cafes that were tucked away or community centres that were exclusive. It has been a privilege to be invited into participants' safe spaces because within the disability community and the LGBT+ community safe spaces are a lifeline that many in wider society take for granted.

Berg's seventh rule relates to methods for drawing more specific information out of a participant and not accepting monosyllabic answers. I found that it was particularly challenging to encourage longer answers from participants with ASD. Depending on the participant's personality and the functionality of their ASD, I found sharing my own stories often really helped the participants to elaborate on their answers. However, with other participants this technique slowed the pace of the interview and if it became clear that they felt uncomfortable I would check if they needed a break and then move on to the next question.

When speaking to those participants with ASD who were struggling with the interview process, it was essential to keep the pace fast. Whilst this allowed us to build a rapport and maintain the conversation, it did mean there were some much shorter (two- or three-word) answers. In order to try to gather more information, I would add further follow-up questions that linked to previous answers.

The eighth point is to be respectful. To respect participants' time and presence in the room, I made sure that I arrived early to all interviews, which meant allowing extra time when travelling by public transport. I also was attentive to pace when delivering the interview, to ensure that the participant knew that they could take their time. In the preamble to the interview I explained that if any of the questions made the participants uncomfortable, they could skip that question with minimal fuss. Even simply letting them know that they did not have to answer questions they were uncomfortable with changed the atmosphere in the room, allowing the participants to relax slightly, knowing that they would not be forced to answer questions against their will and that their wellbeing was of high importance to the researcher.

3.2.2 Pilot Study

I trialled the interview questions through conducting a pilot study. The term pilot study can be defined in two different ways in the social sciences. One of these definitions is "small scale versions[s], or trial runs[s], done in preparation for the major study" that is conducted to ascertain feasibility (Polit *et al.,* 2001, p. 467). Another way of defining a pilot study is as “the pre-testing or ‘trying out’ of a particular research instrument (Baker, 1994, pp. 182-183). Pilot studies tend to be “underdiscussed, underused and underreported” (Prescott and Soeken, 1989, p. 60). When pilot studies are used, “full reports of pilot studies are rare in the research literature” (Van Teijlingen and Hundley, 2001, p. 55; see also Lindquist, 1991; Muoio *et al*., 1995; Van Teijlingen *et al*., 2001). The pilot study conducted as part of this research tested the interview structure and questions to trial the material in preparation for the other interviews. The information gathered in the pilot was particularly relevant and useful to the study and therefore has been included in the results and analysis with the other interviews.

The pilot study was a single interview. I knew the participant already, and the interview was conducted in a space that we both use regularly and as such was familiar. This allowed me to test out and explore taking on the role of interviewer in a comfortable space and with someone who was familiar to me, whilst simultaneously being somewhere my participant was at ease. Whilst I had practised the pace and intonation of the interview questions, it was particularly helpful to test them out within the more formal context of the pilot interview. I asked many more questions in the pilot interview than in the subsequent interviews, in order to trial different ways of getting to the heart of the issues at hand. The pilot was enormously instructive; following the pilot I changed the the order of the questions and some of the wording, and the improvised part of the semi-structured interview came alive. The pilot helped make the interviews more fluid, natural and more human. Another benefit of the pilot interview was that it helped me to separate my personal feelings about the subject matter from the questions I asked, and therefore helped me to avoid unintentionally leading questions. The pilot made me realise that the space the interview was conducted in would be key. In subsequent interviews, I asked the interviewee where, utside of their own home, they would like to meet. This greatly impacted the speed of responses from participants, who were able to relax knowing that even though they would be discussing sensitive topics, they would do so in a safe space of their choosing. This also highlights the care that I took regarding the wellbeing of participants, whilst also being as inclusive as possible in terms of disability access.

3.2.3 Finding Participants

The recruitment process for the interviews involved social media, specifically by posting advertisements for the study on Facebook, and snowballing sampling. Whilst the planned recruitment process initially intended to utilise LGBT+ organisations such as Gendered Intelligence and Mermaids, all of the participants were recruited either online (Facebook) or through the snowballing sampling technique.

Throughout all of my correspondence with participants and potential participants, I took time and care to ensure that I was never pushy and ensured they understood that that they were not obliged to participate. I also reassured participants that their responses would be anonymised and I would give them pseudonyms.

One participant wanted to take part but did not understand the participant information sheet. After further communication it transpired that they had other disabilities and struggled to read and understand the information I had given them. As a reasonable adjustment I offered to phone this participant and talk them through the participant information sheet and provide a little more surrounding information. This was unsuitable for the participant as they had mental health challenges[20] and found it extremely uncomfortable to talk with strangers on the phone. I then suggested that I could meet with them and talk them through the information with no pressure on the individual to participate. They agreed to this but said they would participate either way as I had travelled so far. I reiterated that they did not have to participate just because I had travelled far to meet with them and that I just wanted them to have the opportunity to access the interview if they would like to.

I then consulted my principal supervisor who confirmed my planned approach – to meet with the participant but only let them participate in the interview if I was satisfied that they understood the information that they have been given and that they were clearly happy to participate in light of this information. They asked if they could bring their partner, which I encouraged. When we met it was clear that they understood the information that was given to them, once I had explained what the study was and what I was asking them to do. I was satisfied that they were capable of giving informed consent, as was their partner who witnessed their consent form.

The main reason for conducting this research is to amplify voices that are often silenced or not heard within society. This was and remains very important to me as a member of both of these communities and someone who has both of these identities. This meant that I made every effort possible to enable access and inclusion to all to participate in the study.

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[20] I use this term as it is the most appropriate but also am acknowledging the negative connotations and lack of appropriateness of this term.

The inclusion criteria for this study included transgender (or gender diverse) individuals with a sensory impairment (including Autism, ADHD, visual impairment, hearing impairment and neurodivergence).

3.2.4 Data Collection

I made recordings of the interviews to allow me to fully participate in the conversation without having to stop to take notes, enhancing the natural flow of conversation and making the interview more relaxed. These original recordings will be kept up until six months after the PhD is completed and the date of publication of the research, after which time they will be destroyed. All interview data has been anonymised to ensure that there is no way for participants to be identified. This is in line with my ethics approval.

3.2.5 Data Analysis

Data collected throughout this study has been analysed using inductive thematic analysis. Thematic analysis “is an accessible, flexible and increasingly popular method of qualitative data analysis”, (Braun and Clarke, 2012, p. 57). Aronson suggests that thematic analysis is a common way to analyse interview data (1994).

Thematic analysis “was first developed by Gerald Holton, a physicist and historian of science in the 1970s” (Clarke and Braun, 2014, p. 174, p. 178; Merton, 1975). Thematic analysis “is a method for systematically identifying, organising, and offering insight into patterns of meaning (themes) across a data set” (Braun and Clarke, 2012, p. 57). Thematic analysis is particularly useful when analysing data in order to identify shared experiences. In their explanation of the history of thematic analysis, Braun and Clarke found that it is a well-defined and widely used method. Two central reasons this method is adopted are its accessibility and flexibility. Braun and Clarke suggest this is because “it offers a way into qualitative research that teaches the mechanics of coding and analysing qualitative data systematically, which can then be linked to broader theoretical or conceptual issues” (2012, p. 58).

Within transgender studies, Riggle *et al*. have used thematic analysis to allow for the “lived experiences or lifeworlds of people being studied” (2011, p. 149). Within disability studies, Dahan-*Oliel et al*. stated that “thematic analysis is a valuable methodology to explore studies with different designs, as it is able to capture common themes irrespective of the nature of the study” (2012, p. 429). These studies are just two examples of how thematic analysis has been utilised across disciplines. A relevant example of research which uses both semi-structured interviews and thematic analysis is Lockyer (2015) who uses both methods to study the intersections of comedy and disability. Lockyer’s use of thematic analysis has multiple layers:

> Thematic analysis is used to firstly examine the production and enactment of stand-up comedy performed by disabled comedians in terms of its enabling functions for disabled performers; and secondly to unpack to what extent disabled comedians use the comic mode as a vehicle to subvert, challenge, critique and move beyond dominant stereotypes and caricatures surrounding disability and to counteract disabling practices (2015, p. 1398).

This expands on how thematic analysis can be deployed effectively.

A predominant focus of thematic analysis is on the themes present in the data set. To engage with this method more fully I will first define what is meant by a “theme”. Joffe suggests that in this context “a theme refers to a specific pattern of meaning found in the data. It can contain manifest content – that is something directly observable such as mentions of stigma across a series of interview transcripts” (Joffe, 2012, p. 209). Themes can be both implicit and explicit and it is important to be aware of both categories to avoid skewing the data (Joffe, 2012). Thematic analysis should highlight the shared experiences and meanings that are present within the dataset (Joffe, 2012).

This dissertation follows the six steps that Clarke and Braun (2014) have outlined as pertinent for thematic analysis. These are: being familiar with the data and identifying interesting data; “generating initial codes”; “searching for themes”; “reviewing potential themes”; “defining and naming themes”; and “producing the report” (Clarke and Braun, 2014, p. 6626). Throughout the process of interviewing and even within the stages of writing the interview question guide, my thoughts were on themes (as in topics to be explored in the interviews, rather than themes in the data). In the interview guide I group certain themes of questions together, but in such a way that there is room to explore topics that may arise that are outside of the planned interview outline. By conducting and transcribing the interviews myself, I was able to fully immerse myself in the rich data, listening to the interviews multiple times across different stages of analysis. Transcribing and rereading the transcripts led me to be familiar with the data per Clarke and Braun’s first step. In response to the second step of generating initial codes, I identified potentially meaningful parts of the data no matter how small they may be (Clarke and Braun, 2014; Boyatzis, 1998). To allow for the data to be managed in multiple ways, I produced both semantic and latent codes from the outset and throughout the coding process. Clarke and Braun describe a code as a “pithy label that captures something interesting about the data” (2014, p. 6627). Semantic codes “summarise the (surface) meaning of the data” (Clarke and Braun, 2014, p. 6627), and latent codes “dig deeper into the data to identify ‘hidden meanings’ … such as assumptions underpinning the semantic contents” (Clarke and Braun, 2014, p. 6627). Using two different types of code allowed for a more holistic view of the data and further showed the importance of the shared identity between the participants and researcher in light of the research questions.

During the process of coding, I attended both basic and advanced workshops for NVIVO software. However due to issues of inaccessibility (particularly the bureaucracy surrounding screen readers), it has not been possible for me to use this software to code my research findings. Instead, I used a manual method that enabled me to explore the findings in more depth and immerse myself in the data. The initial stage of this manual method was to create a table and pull out all of the information from the interviews that I wished to code, and then to make notes accordingly in order to find themes within the data. The coding table alongside an excerpt from the larger coding table document is included as Appendix D.

Braun and Clarke argue that “TA is relatively unique among qualitative analytic methods in that it only provides a method for data analysis; it does not prescribe methods of data collection, theoretical positions, epistemological or ontological frameworks" (2014, p. 178). This means that thematic analysis is flexible and can be used with many different research frameworks. Of the many different frameworks used, the first is feminist action research which "is a conceptual and methodological research framework that is fundamentally about exploring and pursuing opportunities for social justice" (Reid, 2004, p. 2). Feminist action research, like intersectional feminism, has activist roots however feminist action research as a methodology often emphasises participatory research which gives back to the community through "inclusion, participation, action, social change and researcher reflexivity" (Reid, 2004, p. 5). A difference between these two feminist methodologies is that intersectional feminism more clearly and insistently emphasises diversity within feminisms. The themes I have identified through this analysis are listed and explained in the Introduction, and are further explored in the analysis chapters (Chapters Four to Seven) and the Conclusion.

3.2.6 Shared Identity Between the Researcher and Participant

The "dichotomous doctrine of outsider vs insider" (Muhammad *et al*., 2015, p. 1048) has long been a topic of discussion with the social sciences, with each approach (insider and outsider) having advantages and disadvantages. A huge advantage of a researcher sharing an identity with participants is that of access to relevant communities and spaces, and a greater ability to understand the experiences of the participants; a disadvantage with this approach is the greater potential for bias (Merton, 1972; Pike, 1967). An example of how having a shared identity with the participants helped me gather more detailed and nuanced information when discussing sensitive topics comes from an excerpt from my interview with Jack who explained:

> For me it’s like fitting in, like with the group of friends I have I don’t necessarily have to do it but if they bring other people out or I’m in a group like the trans group – I’m sure you know the one I have in mind.

Being able to connect with participants on a level of shared understanding gives me the ability to delve deeper into their experiences and ask questions that other researchers might be judged for asking. My identity gives me a level of discretion that allows me to probe further into sensitive subject matter because I have often been through similar experiences.

Writings within the social sciences from Bourdieu (1977); Cargo and Mercer (2008); Merriam *et al*. (2001); and Serrant-Green (2002) have

> recognised the complexity of researcher relationships to the specific research project and population to explore what Dwyer and Buckle (2009) have named a multi-dimensional and dynamic ‘space between’, with relationships and belief systems mediating researcher positions of status or difference (Muhammad *et al.,* 2015, p. 1048).

It is important for researchers to situate themselves within the research (Dwyer and Buckle, 2009), and to give space for the reader to judge the extent to which the researcher may be advantaged or disadvantaged because of this. I believe being an “insider” within the research identities I analyse here is helpful to my studying them as per the reasons given above, including being able to better connect with participants due to a shared understanding, and being more aware of a participant's wellbeing due to shared experiences and knowledge.

Dwyer and Buckle suggest that as a qualitative researcher being an insider doesn't make the researcher better or worse, simply a "different type of researcher" (2009, p. 56). They then go on to explain how difficult it is to be emotionally tied to the research being conducted. When writing up the ethics proposal for this research my supervisor reminded me that I needed to make sure that I was not exposing myself to harm whilst undertaking the interviews. I did not encounter many issues when conducting the interviews because of the degree to which I was concentrating on the questions and the wellbeing of the participant. Because of this, I did not process my own thoughts and feelings until later when reflecting on the interview. The impact of having shared identities with my participants was discussed in Chapters One and I return to this in Chapter Nine: Conclusion. Research fatigue is a big problem within the transgender community (Vincent, 2018), however as a transgender individual I can mitigate the effects of this by gaining an insight that cisgender researchers would not.In my experience transgender individuals are more likely to take part in a study about transgender individuals if the researcher is transgender. This is another beneficial aspect of sharing identities with my participants.

Shared identity gives researchers a certain amount of "legitimacy and/or stigma" (Dwyer and Buckler, 2009, p. 58; Adler and Adler, 1987). Dwyer and Buckler state that "the stigma refers to the view of outsiders, who might see this role as creating a heightened level of researcher subjectivity that might be detrimental to data analysis and even collection" (2009, p. 58). Adler and Adler build on this by arguing that the difference or contrast between researcher and participant has “traditionally existed more strongly in theory than in practice” and that “objectification of the self has occurred in the analysis rather than the fieldwork” (1987, p. 85). The status that a researcher has as an insider may allow them to access information more quickly and with more acceptance from their participants, this also means that the data that is gathered may have greater depth as the participants are typically more open to the questions posed by the researchers (Dwyer and Buckler, 2009).

Whilst emphasis has been shifted from “objective data” towards a more subjective focus (Adler, 1990), insider research can still incur problems. Adler and Adler suggest that there is an “existential dual role” (Adler and Adler, 1987, p. 73), where researchers may experience a conflict within this role and struggle between “loyal tugs” and “behavioural claims” (Brannick and Coghlan, 2007, p. 70; Dwyer and Buckler, 2009). The “loyal tugs and behavioural claims” refer to the dual burden that the researcher has as an insider researcher, which might cause them to grapple between being their shared identity group being researched and their role as researcher (Brannick and Coghlan, 2007). The benefits of sharing an identity with the group that is being studied are clear, with acceptance within that group being a major benefit. Having a shared membership “automatically provides a level of trust and openness in your participants that would likely not have been present otherwise” (Dwyer and Buckler, 2009, p. 58), which is particularly useful within marginalised groups when researching sensitive topics. Another aspect which is something that occurs within authoethnography also, is this dual burden and the emotional impact of doing research within your own community. This is something that I touch on in the conclusion chapter.

3.3 Ethical Issues

In this section I outline the ethical issues that this study raises and the ways in which I have addressed these to maintain an ethical practice throughout the research process.

3.3.1 Informed Consent

In order to protect participants and to avoid causing them harm, all participants were asked to give their informed consent and told that they have the right to withdraw their data at any point up to publication. I debriefed the participants and provided my contact details for them to send any questions or queries they may have after the interview. I took every possible precaution to avoid psychologically harming the participants, including being honest and transparent about the study. As the participants could range from the age of thirteen to twenty-five, an age range chosen in line with this study's focus on the experiences of young people, I completed a DBS check. However in the end, none of the participants were under the age of eighteen. I believe there could be many reasons for this, perhaps the channels and ways that I was reaching out for participants, but also that for under eighteen year olds, it may be a big deal to reach out and take part in a study with an unknown person. There is also the aspect of accessibility in terms of disability and the impact of this. Future research could be framed in a way to be more accessible for under eighteen year olds.

As I could have potentially interviewed children under the age of eighteen, without informed consent from any parents, honesty and transparency were vital to ensure that all participants not only understood their participation in the study but also that they had the right to withdraw at any time. The logic of informed consent from the individuals (rather than from a parent, for prospective participants under the age of eighteen) for this study is that not all transgender children are “out” to their parents. In gaining consent from a parent I could be exposing the participant to potential harm, or otherwise would have a very biased sample of younger participants limited to those who are out to their parents, which would have skewed results. While no one under the age of eighteen was interviewed for this study, one participant under the age of eighteen expressed an interest in being involved but by that point I had reached the maximum number of interviews that I wanted to undertake. As discussed above, a minimal response from under eighteens may be the result of a number of factors including the method of advertising (for example fewer young people using Facebook); not being fully “out” or confident within their own identity; a lack of autonomy to be “out” whilst they relied upon family for disability support and finances.[21]

3.3.2 Sensitivity of Identity

Because this study deals with the sensitive and vulnerable identities of disability and transgender, I needed to conduct the research in a careful and tactful manner. Many of the participants felt the need to test the authenticity and legitimacy of my transgender identity, which interestingly participants seemed more skeptical of than

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[21] This lack of autonomy and fear of being unable to financially support oneself is discussed by Robert in Chapter Four.

of my disability. This could be due to there being more fear associated with transgender identity, especially in the current political climate as transgender individuals (Silva et al, 2022). As mentioned above, many participants alluded to certain aspects of transgender life that anyone within the community should know about. This test of my authenticity and legitimacy often happened early in the interviews and is one of the reasons why I offered relevant information about myself during the interview process. Once I passed this “test”, participants’ answers seemed to flow more and their body language often became less tense. Much like the call for trans actors to play trans roles as a form of “powerful representation” (Perraudin, 2019), when transgender researchers undertake research into the transgender community, the response from the community is often phenomenal. The call for participants for this study went out over Facebook and the responses I received were incredibly supportive, even from people who did not fit the criteria but who just wanted to express how needed they felt this research was and to express how glad they were for it. An example of this was a comment on Facebook which read, “I would, but I’m 27. Good luck, this is awesome!”

In addition to this, two of the more local participants that I knew vaguely before interviewing them have become friends. This could be a result of the trans feminist framework that I have used, because as mentioned above, a feature of feminist methodologies is “not drawing boundaries between those doing research and those being researched, although each person has a different relationship to the work being done” (Dwyer and Buckler, 2009, p. 59; see also Lloyd, Ennis and Alkinson, 1994).

I made contact with participants the day after each interview, to thank participants and remind them of their right to withdraw from the study and/or access counselling. By this time, many had already contacted me to thank me for listening to them. These issues are important and the response from the participants and from the wider trans community (for example through comments on the advert on Facebook) show how welcome this research is and how much members of this community want to be heard. Stephen Whittle in the foreword to the *Transgender Studies Reader* notes how “the constant clamoring of voices has finally been heard, and sympathetic listeners have worked with formerly excluded trans people to create broader access to social spaces” (2006, p. xiii). He then goes on to outline how the battle for inclusion and equality for transgender people is ongoing. Transgender people have to work tirelessly for their voices be heard, and even more so in those arenas within which they are not welcome to simply exist authentically.

Conclusion

In conclusion, this chapter has contextualised the research methods I take up in this dissertation and outlined the reasoning behind the methodological structure that I use. The inclusion of an original methodological framework is a key part of the unique contribution that this dissertation offer to the field. This chapter provides the basis from which the analysis chapters develop, starting with the following chapter on Identity Analysis.

Chapter Four: Identity Analysis

Introduction

Identity is a fluid concept, and its formation continues across a lifetime (Dekovic and Buist, 2005; see also Todorovic, 2002; Valeras, 2010). As Bagatell suggests, “Identities are constantly revised and negotiated” (2007, p. 422; see also Kondo, 1990; Holland *et al*., 1998; Mishler, 1999). In this dissertation I define identity simply as the way that a person understands and views themselves, and the way they are often viewed by others (Holland *et al*., 1998). As with disability and transgender identity, identities in general are in constant flux.

The intrinsic relationship between visible disability and an individual’s concept of themselves has been thoroughly researched (Bracken, 1996; see also Cacciapaglia *et al*., 2004; Goffman, 1963; Goldberg, 1974; Grogan, 1999; Lansdown *et al*., 1997; O'Malley *et al*. 1980; Rumsey, 2002). However, this research tends to only focus on visible disability, and much more work needs to be done on the relationship between sense of self and invisible disabilities (Valeras, 2010). This emphasis on visible disability in the literature reflects a wider societal demand for a stable and tangible embodiment of disability before in order for disability to be accepted or understood. This mainstream demand for disability to be visible impacts on how individuals with invisible disabilities view and present themselves.

For Valeras, “Identity is so much more than simply who we are — it is with whom, when, where, and how we are” (2010, p. 5, see also Minh-ha, 1992). Identities of different kinds are not always visible; whether visible or invisible identities are an integral part of a person’s sense of who they are, and they impact how an individual acts in different contexts and how they choose to navigate wider society.

This question of the visibility of identity is prevalent in relation to transgender identity as well as disability. Transgender people may choose to closet themselves at the beginning of their transition, or to have the privilege of being stealth once they have medically transitioned and are able to pass as the gender they identify with. This skilful negotiation with identity management is discussed in more detail later in this chapter. Those with invisible disabilities may choose to closet themselves and pass as able-bodied, and those who have visible disabilities may downplay their disability in order to conform to societal norms in an attempt to “fit in”. The concepts of visibility and invisibility were discussed in more detail within the literature review chapter.

This chapter focuses upon the ways in which trans-disabled individuals construct and perform their own identities in different spaces with the aim of exploring and understanding identity for trans-disabled individuals. Trans-disabled people often face a dual stigma, as they are feared as a trans person (Falco, 2016) and pitied as a disabled person. This chapter examines the data collected during the interview process to better understand how identity plays a role within trans-disabled lives, in order to address the research questions.

I argue that identity is highly complex and that to have dual marginalised identities requires the skilful negotiation of different contexts and situations, “passing” and the strategic constriction of identities. The way in which trans-disabled individuals negotiate different situations strategically is discussed throughout this chapter.

This chapter develops the theme of identity through analysis of the data which I draw together with autoethnography; Goffman's theory of stigma; and symbolic interactionism to explore the complexity of navigating challenging identities such as trans-disability. I divide the overall theme of identity into smaller subthemes which are: identity in more detail; stories and identity boundaries; language; negotiating multiple intersecting identities; stereotyping; disability and transgender identity at the intersections – constructing identities; navigating transportation; coming out; and passing.

The analysis within this chapter shows the complexity of trans-disabled identities and the societal pressures which fall upon these individuals from both wider society and from within their own communities. I argue throughout this chapter that identity is highly complex and that to have dual marginalised identities requires the skilful negotiation of different contexts and situations, "passing" and constructing identities strategically.

This is the first of five analysis chapters which examine the data and connect this with the current literature. This chapter investigates some of the nuances specific to the duality of marginalised identities. The four chapters that follow focus on community, attitudes and stigma, humour and the intersection between transgender identity and autism. These chapters have emerged in response to the data – I designed the chapters around experiences that the participants shared with me and in response to some of my own experiences, which are included in these chapters as autoethnography.

4.1 Identity Data Discussion

Identity has gained traction in recent years and is commonly referenced in everyday conversation, but defining such a broad term is complex. For Coulmas, identity is “sameness and difference, this is what identity is all about. It should be simple, but it isn’t. For identity means different things to different people and in different scientific disciplines” (2019, p. 2). This “sameness and difference” names identity’s ambidexterity – as Coulmas suggests, “identities are both things that must be explained and things that are invoked to explain” (2019, p. 2). An example of this is that if I do something that could be deemed strange to those around me, due to my disability, I or someone else could say “oh he’s blind” and generally this as explanation for the behaviour would clear up any of the confusion felt in response to it. Whereas, if I correct someone on my pronouns they frequently ask for further explanation, particularly if they have had little or no previous interactions with transgender people. Disability tends to be seen as more of a taboo topic than transgender identity, as disability is regarded as something which has happened to you (Michalko, 2002) and therefore out of your control, whereas transgender identity is often, although incorrectly, regarded as a choice.

> Conceptualizing a transgender person as having an identity that primarily involves changing one’s gender expression via dress, surgical, or hormonal means may be associated with the belief that a trans identity is a choice that can easily be changed rather than an identity a person may be born with (Anderson, 2023, p. 601).

This distinction between disabled identity as something that happens to you, and transgender identity as a “choice”, is a further complexity trans folks have to navigate. These directly contrasting understandings of identity underpin how trans-disabled individuals have to navigate and negotiate everyday life. Both aspects of their dual identity are marginalised and neither well understood by those in wider society.

With the example above, my explanation – stating the fact that I am blind – was accepted by those around me because I walk with a white cane, which is a visible and universal symbol of visual impairment. For those with disabilities that do not have a visible signifier, which acts as a way of corroborating or “proving” disabled identity to a generally misinformed wider society, the response can be quite different. One participant, Robert, told me about the difficulties that he has accessing support for his visual impairment as he does not use a cane:

> I have been told that I’m not impaired enough, particularly travel assistance is a nightmare because I don’t look necessarily like I have a visual impairment when I book my travel assistance from Euston station I’ll ring them up and say yeah I’m a VIP and I’ll get there and they’ll be like well you don’t need assistance and I’ll be like yeah I do trust me I can’t see you so.

This example highlights the stigma that emerges when an individual does not have an obvious or stereotypically recognisable embodiment of disability. Johnson and Kennedy state that:

> Visibility is fraught. Visibility is not always voluntary. Visibility brings with it risk, always demanding a calculation of the potential value of revealing oneself. Visibility offers its inverse, invisibility, as a rhetorical strategy, as well as nuanced gradations of rhetorically strategic disclosure (2020, p. 161).

This argument is supported by the literature that examines how revealing one's invisible disability can potentially cause stress, and as such strategic negotiation generally precedes the disclosure of a disability.

The concept of disabled people acting outside of societal expectations was explored in the literature review chapter. However, trans-disabled individuals are often not able to conform to stereotypes or expectations due to the complexities of having dual marginalised identities. Conversely, there are also ways that trans-disabled individuals may be able to play on stereotypes through their dual identity. For example, Robert needs to wear sunglasses all the time due to light sensitivity which is a result of his visual impairment. Robert minimises the status of the sunglasses as a disability aid by purposefully exaggerating the flamboyant presentation of his LGBT+ identity. I examine this and other kinds of stereotyping in more detail later in this chapter.

Shakespeare agrees that identity is a complex term, arguing that "identity is a complex field, and social psychologists, sociologists, political scientists, cultural critics and philosophers all use the word variously and in different contexts" (Shakespeare, 1996, p. 94). This further demonstrates the complexity of identity as an interdisciplinary, intersectional concept.

As Corlett and Mavin argue, intersectionality theory explores the "mutually constitutive" nature of identity, and asserts that "different dimensions of social life are inseparable" (2014, p. 4; See also; Shields, 2008; and Brah and Phoenix, 2013) at a number of levels including the individual, the interpersonal and the structural. Intersectionality was defined and explored in further detail in Chapter Two: Literature Review.

An important facet of identity is “self-identity”, which is an inward facing concept. Giddens argued that “self-identity is not a distinctive trait, or even a collection of traits, possessed by the individual” (Giddens, 1991, p. 53). Self-identity often depends on how a person internalises the way they are situated within society, whether this is as a disabled person, a transgender person or a trans-disabled person. Self-identity is explored within the autism analysis chapter, where I address self-identification as a tool to overcome the medical bias which excludes certain individuals from being diagnosed with autism.

When discussing gay liberation and “coming out”, Weeks argued that “the concept of identity is like finding a map to explore a new country” (quoted in Shakespeare, 1996, p. 99; see also Weeks, 1977). The metaphors deployed by Weeks and Giddens connect through the concept of representation, focusing on meaning and navigating spatially or temporally (Shakespeare, 1996). These metaphors exemplify the complexity of identity which is what means that self-discovery is often a lifelong process.

Central to this research is the shared identities between myself as the researcher and the participants, and the inclusion of autoethnographic content within the dissertation. Discussing shared identity, Weeks argues that “identity is about belonging, about what you have in common with some other people and what differentiates you from others. At its most basic, it gives you a sense of personal location, the stable core to your individuality” (Weeks, 1990, p. 88). Identities merge the personal with the social and political, and it can be difficult to untangle ourselves from the intersections with politics and society. Weeks explains that “identities are often personal and political projects in which we participate, empowered to a greater or lesser extent by resources of experience and ability, culture and social organisation” (quoted in Calhoun, 1990, p. 28).

At the outset of this research, I was very aware that disability and transgender identity are both highly politicised. As time has gone on, it becomes ever more apparent that separating the political from the personal as a trans-disabled individual is impossible, particularly while your very existence is a common and often highly charged topic as it has been in recent years. As Putnam suggests, “Identity is a key issue in political debate” (2005, p. 188). It is difficult for identities not to become political when the existence of particularly marginalised identities is continually discussed within wider society (Flaskerud and Lesser, 2018). Trans rights are continually discussed, and these discussions are often imbued with fear on all sides (Craig, 2007). In distinction to this, discussions around disability rights tend to be framed in relation to pity. I argue that even though fear and pity are different, both of these responses work to marginalise these identities, and the effects of this marginalisation is the same: the stigmatisation of trans-disability and the merging of the political with the personal.

Stigma manifests in different ways; it leads to and is reinforced by the physical inaccessibility of spaces for those with disabilities (explored further in the next chapter), and it also plays out through a lack of social access – the exclusion of individuals from certain spaces because of their identity. Both of these kinds of inaccessibility are examples of how stigma is wielded to control who has access to space, as discussed in Chapter Two. Whatever the manifestation of stigma, the effects are still marginalisation and exclusion.

Weeks argues that “oppression does not produce an automatic response, but it does provide the conditions with which the oppressed can begin to develop their own consciousness and identity” (1977, p. 33). This is supported by the data in this study, and in particular the ways in which the participants described using one identity to hide the other. For example, Jack told me that whilst he was happy to be openly trans, there were certain situations where he would use his trans identity to shield his autism, as it was more acceptable to be trans than autistic in those situations.

In a related example, Robert found that he had to pick either being trans or visually impaired when asking for support from his university as the combination of the two seemed impossible for the institution to cope with. As a result of his disability, which meant he had a greater need for financial and emotional support from his family, Robert delayed coming out as transgender until a time when he could sustain himself and pay for the additional equipment and support that he would need as a disabled person. Robert also told me about the times in which he would use his LGBT+ identity to shield his disability:

> I have in the past after a few drinks passed off the need for sunglasses like in the winter when the sun glare is really bad and I’ve passed off the need for sunglasses as “it’s because I’m fabulous darling” and sort of passed it off as a joke but other than that no I just play on the stereotypes

This behaviour is a clear demonstration of strategic negotiation. Robert has to very carefully read and respond accordingly to each situation he is in, treading cautiously like he is walking a tightrope, which exemplifies the complexity of everyday social interaction for those with multiple marginalised identities. Judging each situation before reacting in ways that might reveal either his transgender/LGBT identity or disability, Robert reveals the level of thought and care he has to bring to interactions in different settings. By judging which identity may be more socially acceptable in a given setting, and as such which he should use to hide the other, Robert is able to protect himself from the stigma, or the perceived stigma, that having dual marginal identities brings. I develop this line of argument in relation to Goffman’s theory of stigma, and his suggestion that we are all trying to distance ourselves from the stigma we have (1997). While everybody has stigma, according to Goffman, the effects of this stigma are much more acute when the stigma is connected to an identity that is very marginalised within wider society.

This is a result of the oppression that marginalised people face, “the messages we receive are very strong and clear and we have little access to different values which may place a more positive value on our bodies, ourselves and our lives” (Morris, 1991, p. 28). This lack of access is symbolic but also very material – for example as people with disabilities are restricted in terms of medications, to what the medical doctors prescribe (Albrecht, 2001) in a similar way to how transgender people often face very long waiting lists (Boyd *et al*., 2022) and are asked to jump through numerous hoops to access life-saving medication (Cavanaugh *et al*., 2016). These material barriers are a result of a society that deems it abnormal to be trans and/or disabled, and within which trans-disabled people do not have the privilege to make choices for themselves without their decisions and behaviours being questioned. Austerity compounds this for trans-disabled people specifically, given that many trans-disabled individuals rely on social support in a way that other non-disabled transgender individuals do not have to.

4.2 Stories, Power and Identity Boundaries: When to Pass

Trans-disabled people must navigate specific boundaries within society, and this navigation often involves judging which identity will keep them safe in which situation, and as such which identity to show or to shield. As new identities and intersectionalities are formed, new communities are created, and members of these communities overcome boundaries and defy social norms through the stories that they tell.

> Stories need communities to be heard, but communities themselves are also built through story tellings. Stories gather people around them: they have to

> attract audiences, and these audiences may then start to build a common perception, a common language, a commonality (Plummer, 1995, p.174).

Stories are powerful and can be a form of activism in themselves, as well as being a means of recording and sharing activist histories. As discussed in the literature review chapter, research shows that the most effective way to change someone's views about disability or transgender identity is through social interactions with members of that marginalised identity group. Whilst social interactions across identity groups is a positive way to break down barriers and counteract stereotypes, it also puts the emotional labour back onto the marginalised individual. Sometimes, during these interactions, stories are not heard and identities are not recognised, "buried under the generalizations and stereotypes of the dominant culture are stories that frequently go unheard" (Valeras, 2010; see also Saleebey, 2006). Valeras argues that identity begins with the body (2010), in response to a dominant focus in mainstream society on visible physical disabilities as the only "valid" forms of disability. I connect Valeras's suggestion that disability figures some bodies as unusual, with an emphasis on an embodied exaggeration of difference (Valeras, 2020), to Goffman's argument that the visibility of disability is at the heart of what characterises disability as "unusual" (1963).

Perceptions of disability often fall into dichotomous categories, reflected in the prevalence of binary terms such as "disabled" or "able-bodied" that sort individuals into these groups that reflect and reinforce power hierarchies (Atkins and Marston, 1999). Constraining social hierarchies are a feature of transgender and disabled spaces, and of wider society.

For example, as a transgender person who cannot/will not be able to medically transition, I find I am often excluded from binary trans male groups. When this is coupled with the fact that my disability is only visible when I move around and use a cane, I am often excluded from belonging to either transgender or disability communities. The power relations within both disability communities and transgender communities have created “ideal” versions of marginalised identities that reflect more mainstream perceptions. This can lead to a denial of the existence of certain individuals within these marginalised spaces, “figuring them as ‘pretenders’ or ‘deceivers’” (Nordmarken, 2022, p. 149; see also Bettcher, 2007). This means that those whose disability does not conform to more common understandings of disability, whether within wider society or within the disability community, are often excluded from spaces which should be safe for them to exist within. Similarly, in the trans community, gender policing (which is discussed in further detail within the attitudes and stigma analysis chapter) means that those who do not wish to assimilate into wider society or who are outside of the binary are often excluded or policed within so called “safe” spaces. This can be seen within the data as many participants highlighted the cliques within the community and the feeling of being on the outside. The hierarchy within the transgender community works slightly differently to the disability community; in the transgender community there is often a hierarchy with those who endorse and reflect mainstream gender stereotypes and who have “fully” medically transitioned at the top.

Valeras highlights the possibility of “opting out” of the stigma attached to disability for those with hidden disabilities (2010). This capacity to opt out leads to an ongoing need for that individual to decide whether it is possible to pass as non-disabled and conceal the disability in different situations (Ginsberg, 1996). This is reflected in Robert’s description, quoted above, of how he is endlessly having to decide when to pass as non-disabled and when to pass as cisgender, using one marginalised identity as a shield for the other depending on the situation he is in. Passing as something that connects disability and transgender identity was discussed in detail in the literature review chapter, and this example shows how this research builds on and extends the existing literature.

Passing illustrates the fluidity of identity and demonstrates how different categories of identities intersect and interact (Ginsberg, 1996; see also Leary, 1999; Schlossberg, 2001). This need to constantly be judging when to pass and when to disclose a disability can be extremely anxiety inducing, and results in a constant internal struggle to create and maintain a private and a public self (Cavet, 1998). I have found that trusting my instincts and knowing my environment plays a key role in my decision as to whether to disclose anything about either my gender identity or my disability. In many spaces, I allow myself to be perceived as a lesbian and I endure the misgendering this entails. I do this because of a fear of being subjected to transphobia, and in these situations the matter of my wife’s and my own safety is of utmost importance. My decision about how to present myself in different contexts and whether to try to pass as a way to keep myself safe – which allows you to slip under the social radar – also depends on who I am with at the time and how confident I am feeling. For me, if I choose to pass, it often means that I allow myself to be assumed female which is a very painful experience for me, however in some contexts, this is the safest option for me. Passing as male is not an option for me in my current presentation which means that passing will not be affirming for me.

For disabled people, keeping up with able-bodied peers and attempting to appear "normal", as such buying into the very idea of "normality", can be a constant struggle. Presenting as "normal" generally relies on ignoring and suppressing bodily needs, which can lead to further physical problems that can exacerbate an individual's condition (Matthews and Harrington, 2000; see also Fitzgerald and Paterson, 1995).

For Jamie, accepting the mainstream pressure to "be normal" had a huge impact on their ability to acknowledge that they had a disability, and prevented them from seeking out or accepting support. As they explained, "there was a long time where I didn't – I refused to accept that I was, I had a disability I was just like yeah my eyes are shit". Jamie had no problem admitting their eyes were bad, but could not accept that they had a disability. This refusal to accept being categorised as disabled highlights the stigma that surrounds the term disability. Shakespeare and Richardson found that greater self-acceptance came with age (2018). Chen *et al*. argue that "self-acceptance of disability is, therefore, critical to help build resilience, confidence, and psychological well-being in this population" (2015, p. 52).

This idea of self-acceptance relates to the notion of loss within disability discourse. This theory suggests that categorising disability in relation to loss is used as a tool to control and oppress those with disabilities (Watermeyer, 2009). Accepting the reality of disability and the need for support was something that Jamie had help doing:

> I refused for a long time to believe I was actually disadvantaged, I went through a lot of issues at the time, I went through depression, I went through anger, five stages of grief but I had the head of disability and learning support at my school had severe macular degeneration and he was an absolute saint I mean he forcibly got me into his office every week and said I'm not going to give you disability support you just come here and have a coffee and I'll get some donuts and we're going to talk, he talked to me about his experiences of being visually impaired and it was so comfortable even though I hadn't accepted that at the time.

Peer support can be extremely helpful for those who struggle to accept or adapt to the difficulties and stigma associated with disability. I was once told by an A-level teacher that I had to work three times as hard as my able-bodied counterparts – something that I resented at the time but whichI have since recognised to be true. Peer support is explored further in Chapter Five: Community Analysis.

Those with hidden disabilities learn "impression management" (Goffman, 1963), an interpersonal skill that enables them to influence the way others perceive them and to negotiate the decision about whether or not to disclose their disability. I have found the development of these skills particularly useful, especially during the COVID-19 pandemic. As someone with a severe visual impairment, I have learned how to look towards the sound of the voice and then raise my face a little higher; this gives the impression that I am looking at someone directly even though I cannot see them. Some people are troubled by the effectiveness of this action and the appearance it creates of looking at the speaker directly. Whilst this is exactly the reason I learnt this skill in the first place, it leads some to claim that I am either completely “faking it” or that I am not as blind as I say. Because of how effectively I have developed and deployed this skill, during the COVID-19 lockdown I did not disclose my disability to anyone, including my new employer as this seemed irrelevant information when I work remotely and manage my time and tasks efficiently. This has also enabled me to evade a lot of the stigma that I feel when disclosing my disabilities, and these feelings of stigma have only intensified post-lockdown.

There is also the possibility of not being believed to be disabled, which is another kind of stigma, as people are more likely to recognise and believe in a disability when it comes with a recognisable symbol or visible identifier and therefore may not recognise disabilities that lack this kind of signifier (Fitzgerald and Paterson, 1995). Being unable to tangibly demonstrate a disability, or to fit within a stereotyped expectation of how a disability might manifest or appear, can push those with invisible disabilities to the periphery, unseen and unable to have their needs met.

Disclosing a disability can make a hidden disability visible, as such highlighting a difference from mainstream society. Whilst this can be daunting it can also be a liberating process which brings private and public selves closer together (Myers, 2004). Individuals with hidden disabilities often hide their disability to minimise the stigma that their disability may be met with. This can lead to these individuals to not conceive of themselves as disabled (Cavet, 1998; see also Olney *et al.* 2004; Valeras, 2010). Visibility and invisibility were explored in more detail within the literature chapter. The study builds on the current literature and develops existing analysis of the complexities of visible and invisible disabilities, including how individuals hide stigmatising aspects of identity.

4.3 Negotiating Multiple Intersecting Marginalised Identities

Individual identities have become a place for negotiation. Many negotiate, renegotiate, and navigate identities and self-presentation on a day-to-day basis (Coulmas, 2019). For many, “master statuses” can come into effect depending on how they negotiate and present their identities. Master status refers to a “perceived social standing that has exceptional significance for individual identity, frequently shaping a person's entire social experience” (Hunt, 2007, n.p.). The structures that are involved in individual identity are complex, “combining inherited features with various group memberships, loyalties, values, belief systems, and fashions. These structures adjust to changing circumstances and so does the concept of identity itself” (Coulmas, 2019, p. 130). In the interviews, participants regularly described different ways that they negotiate their identity, and this often returned to the process of revealing or hiding identity characteristics in specific situations. The majority of the participants had either an example of or an opinion about how they negotiate their identities within everyday life.

I designed a number of questions in the interview guide that were intended to engage thoughtfully with identity, for example I asked participants which of their identities they felt more comfortable showing in social situations. For many participants, this was the first time that they consciously acknowledged that they used coping mechanisms to interact with people. Discussing participants’ different behaviours with certain people or within certain spaces gave rise to a line of new focus for this research which relates to the authenticity of the researcher, and the ways in which participants tested this during the interviews, which I discussed in Chapter Three.

Building on discussion of which identities a participant feels more comfortable presenting within social situations, I then asked whether the participant had ever used one of their identities to conceal the other. The responses to this question were illuminating. One participant even stated that they recognise and take into account the different levels of acceptance people have for their different identities when deciding which identity to disclose and which to shield. Jack states:

> Yeah, there have been times when I've said I'm nervous and I want to leave places because I didn't feel comfortable because I'm trans when that's not the case it's just too loud and the person I'm with is not accepting of autism.

This anecdote offers a practical, lived example of the theories of social interaction that I outlined in the literature review. Jack's story demonstrates the multiple thought processes and levels of judgement and analysis that a trans-disabled individual has to navigate when socialising. As noted throughout this dissertation, identity is heterogenous and experiences and embodiments of transgender identities and disabilities are vast and multiple. Therefore, the variety of possible experiences that a person has to navigate, and the different processes they might engage in as a part of that navigation, are vast. This resonates with Goffman's (1963) theory of impression management as discussed above.

Robert described their experience of having two intersecting identities as “a tug of war as to which one to focus on”. They went on to explain this in more detail:

> there’s a lot of not knowing what to do and I think it comes down to the multiple identity thing again, if you would just be trans or if you’d just have a visual impairment it would be ok but no you’ve made things complicated and I don’t know if a lot of that is lack of training in healthcare particularly with GPs whereby it’s a case of I clearly know more than you with my 15 minutes spent on google than you have in your 30 years medical training and practice so I’m just going to be assertive here and tell you what we’re doing

Navigating healthcare systems can be challenging for individuals with multiple needs. There is often inadequate information and guidance about rare conditions or aspects of medical transition for patients, and GPs and frontline NHS staff frequently do not have the training to properly manage issues relating to transgender identity or disability. This is another example of the compounding effects of austerity and underfunding (Roberts *et al*., 2010). Transgender individuals accessing services within the NHS, either for mental health support or within gender identity clinics, consistently found that services were either oversubscribed, underfunded or staff lacked knowledge about trans-related issues (Ellis *et al*., 2015).

George found that when negotiating their trans identity and disability, keeping these identities separate enabled them to choose which identity they used in different circumstances:

> I feel like being deaf and being trans are almost so in two separate spheres so much that they don't necessarily affect the other which is both good because I guess you can just choose what you want to show to be more accepted

This is a compelling example of how individuals with multiple marginalised identities navigate wider society. In my own life, I have found that there are times where my disability has overshadowed my trans identity, becoming my master status. On one occasion, when using the male restroom in Oklahoma, I encountered another man who took issue with me being there. However, instead of engaging with me as a transgender man, he presumed that I was disabled and lost. Whilst this master status of disability is not something that I can control, it is something that I can use strategically when navigating potentially hostile social situations. This example demonstrates how I am seen as more acceptable as a disabled person than as a transgender person. I am also very aware of the privilege that I have due to mainstream society's perception of disabled people as less capable, which can lead to a lowering of expectations. Whilst this is a very complex feature of disability identity, and an incorrect assumption on so many levels, I recognise how my disability does provide some protection for my transgender identity and has shielded me from possible harm on many occasions. In many spaces, in relation to both my transgender identity and my disability, I am unacceptable unless I conform to the dominant expectations that govern that space.

My experience of the power of a master status was further demonstrated during a scenario that arose when I was travelling with my grandma. In this situation, my grandmother's age positioned her as an elderly person, which as this situation shows was in the dominant master status position in relation to my disability status. During this interaction a member of the security team in a US airport asked me questions about my grandmother[22] (who was standing right next to me, rightly irritated by the situation). Even though I had my cane, which is a clear signifier of my disability, my grandmother's status as elderly was seen as more of a master status than being disabled, which highlights ageism within society. This experience shocked me as I am always the person standing beside someone who is asked questions about, so to have the reverse happen was bizarre to say the least.

An example of how power can transform through perception, and how quickly a master status can alter situationally, is evidenced through my own experiences of being a disabled person married to another disabled person. Whilst we share neurodiversities, our more visible disabilities and our experiences of them are vastly different. Yet when we are together in public, it is both fascinating and depressing to see how people within wider society interact with us. In some instances, people will look at my cane, presume a lack of intelligence because of it, and turn and address themselves to my wife, who may or may not stutter or stim and then come back to me. This kind of scenario, which is commonplace for us, highlights the complexity of power relations as these relate to public perceptions of disability. These perceptions, and the workings of power that attach to these, can become confused when dual stigmas are revealed. The contrast between these two examples shows how what can be most meaningful in an interaction is not the specific characteristics of the stigma, instead what can matter most is the way a stigma is perceived and then responded to by others within that situation. This "situational stigma" is a central

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[22] Such as whether she had a pacemaker and told me that she could keep her shoes on.

feature of the social dynamics that trans-disabled individuals have to strategically navigate in everyday life.

MacLean suggests that once a master status is established it becomes fixed, and as such to that person or within that context or social interaction it is unable to be changed (1991). This offers a way in to better understanding why individuals feel a need to shield some of their disabilities or transgender identities in different scenarios. The way that participants described using one identity to shield the other, based on their perceived stigma or their previous experiences, shows how complex power relationships are when considering master statuses.

The master status of identities, which is a result of social perception, is important. For example, Ash describes a situation where they found their identities vying for master status when they tried to access disability-based support at their university:

> I find that a lot of disability support spaces and services, people tend to assume, you can’t be disabled and LGBT, either one or the other and that’s the case with a lot of marginalised identities erm and erm the I guess the best example would be the DDS[23] which is generally alright but almost seem taken aback sometimes especially with my gender identity more than anything. You can ask them to respect pronouns and it’s just like “ok, alright if you insist” and I’m like “well I don’t think it’s that hard”.

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[23] DDS stands for Disability and Dyslexia Service.

This problem of a tension between support for gender affirming actions such as pronoun use and support for disabilities is an experience shared by Robert, as outlined above. Jack also, as quotes above, found that when negotiating difficult situations, it was helpful to be able to show the identity they judged to be the most acceptable to that situation.

Another participant, Daniel, found that whilst they never intentionally use one identity to shield another this sometimes occurred unintentionally – for example when they came out to their grandma:

> Never purposely, but when I told my grandma that I was autistic, I at the time hadn’t come out to her as any form of LGBT but to her eyes I was a girl with short hair and that meant that my autism was to blame for my short hair, the reason I was acting out against my gender roles was because I was autistic, according to my grandma and we just stuck with that for a few years because it was easier than explaining.

Often when one identity becomes a master status it is perceived as more acceptable or more legible than another. For the dually marginalised person, it can be more straightforward to accept and go along with this perception because society tells us that this master status identity is the most acceptable form of our marginalisation.

Goffman argues that we were all stigmatised in some way, and that identity negotiation and impression management – the managing of identities to adhere to societal norms, is part of everyday life (1963). “Impression management is an attempt to present acceptable and expected images to those with whom one interacts" (Cox, 2017, p. 74). Whilst this is a feature of social navigation for those who have invisible disabilities or who pass as cisgender, those with disabilities that are visible and those who are visibly trans often embrace their identities as a form of activism and empowerment. (Individuals may be visibly transgender for a number of reasons including being unable to or not wanting to medically transition; awaiting medical transition; or having attributes that mean they are unable to pass.)

Goffman argues that individuals act as they think they should within specific situations and different contexts. Their judgement about what behaviours would be appropriate to a situation are based upon their interpretation and understanding of that situation (1959; see also Cox, 2017). I have developed methods for managing my identity in my everyday life. For example, whilst my first supervisors and many people at university know that I have a visual impairment, in my part-time job I have not disclosed a disability. I also tend to not tell people prior to meeting with them as the way they respond often gives me a good understanding of who they are as a person and whether I am safe to disclose anything further about myself to them.

Clothing is a dominant feature of gender expression and is one way that many participants in this study, including myself, control how we are perceived and how much information we share about ourselves. We do this because "clothing is part of our material culture (Miller, 2005) and allows individuals to portray their self-image (Davis 1992; Entwistle and Wilson 2001) and articulate their personas to others (Hethorn and Kaiser 1999)" (Tullio-Pow *et al*., 2021, p. 36). For example, for Jamie the only place they felt comfortable wearing women's clothing was in their home because their partner was supportive. Outside of the home, they were worried about bumping into their students or their parents and the implication this could have for their job and income. For Robert, they used something as simple as sunglasses to shield their visual impairment and to deploy their trans and LGBT+ identities to distract attention from their disability.

Disclosing a disability or transgender identity can be challenging when entering new situations. Daniel explained that, whether they use their disability to shield their gender identity or vice versa, they would

> say people knowing I'm trans is a bit easier because I'm not sure, because I don't act in a very stereotypical cisman way so I can get quite a bit anxious that they know because of it and they're just not mentioning it and it's just much easier for me just to tell someone and then any mix ups or anything they don't really mind it or if I tell someone I'm autistic, if I do something wrong just let me know, and then it's then easier because it's safer.

Being unable to pass as either non-disabled or cisgender can be anxiety inducing and can mean that being open about identities becomes an essential part of social interaction.

Jamie, who was at the beginning of the process of coming out as non-binary, found negotiating identities difficult:

> it’s a lot of work having to deal with both individually so I guess dealing with both at once is harder, I can see that, I’ve never actually thought about it like that before, I think it does help funnily enough for me I think compartmentalising the separate issues entirely, like the way my identity impacts on my work.

The constant need for hypervigilance and strategic decisions is something that many trans people have to navigate everyday. “Hypervigilance is a heightened awareness or alertness involving enhanced sensitivity to one’s surroundings or the immediate environment, including who is present or feared to be present in a location” (Riggle *et al*., 2021, p. 1). This hypervigilance has often been used to describe LGBT+ individuals as many have either faced or know other LGBT+ individuals who have faced stigma, violence, and discrimination. The implications of hypervigilance include being caught in a feedback loop whereby “anxiety leads to increased hypervigilance for threat, a greater level of threat detection leads to increased anxiety which, in turn, leads to increased hypervigilance, and so on in a vicious circle” (Dalgleish *et al*., p. 541). This need for hypervigilance is difficult and exhausting, and is one of the reasons I met with participants in their safe spaces as this meant that they did not have to worry about safety and would have less need for hypervigilance during the interview.

Vinnie was clear about the way he views his identities,[24] explaining that “I’m more willing to talk about my disability than being trans”. Being more willing to discuss disability than transgender identity has been a common response to my interview questions, which reinforces the notion that disability is more acceptable than transgender identity.

Eli explained her view on having multiple marginalised identities:

> whilst I wouldn’t go out of my way to tell somebody, I won’t cover it up, I might have a bad habit of using my disability as an excuse to do something that I’ve done and that’s bad but I’ve never used my identity to cover up my disability, I don’t believe in masking an identity.

For Anthony: “I would introduce myself as trans rather than disabled but if autism came up and I was feeling confident as in people weren’t being negative, I would just go ‘oh yeah, I’m autistic too’”. The ways in which individuals with multiple intersecting marginalised identities navigate and balance the way that people perceive them in every-day life is exhausting and often the reason behind burnout and exhaustion within trans and disability-based communities. Anthony’s comment demonstrates the complexities of navigating identity in situations that are themselves fluid, and offers an example of how an individual might test the safety of a scenario with his trans identity before disclosing his disability. This navigation of identity disclosure within

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[24] I use the term identities (plural) here rather than singular, as my participants used this term to self-describe, I suggest that this is a move towards integrated identities and is a progression within identity language.

certain spaces is something which has become common place in trans culture (Bower-Brown and Zadeh, 2020).

Jack explained that the complexity of negotiating dual identities means that “for now it’s easier to go with disability because I know myself a lot better with that than I do my gender identity, how to interact with people about it”. Learning a “script” to follow to navigate interactions with wider society, whilst showing different parts of your identity, can be overwhelmingly difficult for those with marginalised identities, and especially for those with dual marginalised identities. Jack continued by telling me about the additional factor of matching the mannerisms he has to the way that he passes:

> It’s certainly like learning how to fit in as male which sounds weird but it’s something I didn’t come across until I started passing as male, like it’s really hard, changing my mannerisms like even the way I sit is quite feminine and it doesn’t sound like a challenge it’s a very very first world problem challenge but it is a challenge.

For those transgender individuals who wish to pass once they have fully socially and/or medically transitioned, they need to learn the stereotypical behaviours of their gender identity, which can be time consuming and exhausting. This depends on how society genders those individuals, for example if a trans person is perceived as their affirmed gender by society simply as they are, they would not have that exhaustion from constantly trying to pass. Whilst going stealth is an ideal for some transgender people, Schilt argues that for trans men who go stealth, there is often a feeling of being an outsider within the workplace (2006). This is demonstrated through Jack's description above of his experiences of trying to pass as male, and the complex requirements of adhering to strict social norms that this entails.

Mead argued that "selves can only exist in definite relationships to other selves" (1934, p. 63). Expanding on this viewpoint, "individuals have multiple, changing identities that are expressed in specific, though fluid, social relationships" (Bagatell, 2007, p. 413; see also, Bruner, 1990; Mishler, 1999). The fluidity of and within social relationships is shown through the data gathered during the interviews, with many participants explaining the ways in which they judge social situations before disclosing an identity, and how they tend to choose to disclose the identity that would most likely shield them from harm in that situation. While this is a common strategy, it is not always effective and is not available to everybody – for example for those with disabilities which are visible and cannot be hidden. I find that I am constantly assessing and reassessing social situations and my "outness" in relation to either my disability or my transgender identity due to past experiences of harassment following disclosure.

This personal agency is integral to the construction of identities. As humans, we are "social producers" as well as "social products" (Holland *et al*., 1998; see also Bagatell, 2007). Kondo expanded on this idea by stating that "human beings create, construct, work on and enact their identities, sometimes creatively challenging the limits of the cultural constraints" (1990, p. 48). Identities are therefore constantly negotiated, adapted and resisted (Bagatell, 2007; see also Kondo, 1990; Mishler, 1999). Transgender and disability culture are both strong in terms of community.

Trans-disabled individuals push back social boundaries even further just by existing as trans-disabled, and by shaping their identities based on their lived experiences to create a “public image” which both fits for them and is at least vaguely acceptable to wider society. The strong sense of self that trans-disabled individuals hold defies the stereotypical expectations that society tries to impose upon us.

4.4 Stereotyping

Many individuals with a disability or who are trans are stereotyped. “Stereotyping is a cognitive process in that it involves associating a characteristic with a group, but it can also involve, lead to, or serve to justify an affective reaction toward people from other groups” (Rosenthal and Overstreet, 2016, p. 225). A stereotype is defined as “the collection of attributes believed to define or characterize the members of a social group” (Oaks, Haslam, & Turner, 1994, p. 1) and “is shared, in essential features, by large numbers of people” (Stally-Brass, 1977, quoted in Tajfel, 1981, p. 143; see also Katz and Braly, 1993; Madon *et al.,* 2001).

Social stigma can work to group those who share an identity into stereotypes – often negative – that homogenise across a community, however large, small or geographically close or far the members of that community are (Goffman, 1963). Howansky argues that “stereotypes can have a particularly negative impact on individuals who violate traditional gender stereotypes” (2019, p. 2). Despite anecdotal evidence of gender stereotyping within transgender experience, research has focused mainly upon gender stereotypes that impact cisgender people (Howansky, 2019, see also; Hyde *et al*., 2018).

Common stereotypes of transgender people can include being characterised as "mentally ill, confused or deviant" (Howansky *et al*., 2019, p. 2). These ways in which transgender people are vilified have been called "anti- transgender prejudice scales" (Billard, 2018). Howansky *et al*., found that "when it comes to transgender stereotypes, cisgender individuals may undermine transgender people's expressed identities by applying stereotypes about their natal sex as well as by applying uniquely negative stereotypes about transgender people broadly" (2019, p. 14-15). Stereotyping and prejudice against transgender individuals have been the focus of research, which has focused particularly on the nature of the prejudice against trans people, for example negative beliefs about those who appear or identify as outside of society's dominant perception of gender (Gazzola and Morrison, 2014; see also King, Winter, & Webster, 2009). Gazzola and Morrison have concluded that "despite the lack of direct evidence, research on stereotypes of social groups perceived to exhibit gender nonconformity suggests that transgender individuals may be subjected to highly negative stereotypes" (2014, p. 78).

The stereotype that extends across multiple identity categories, including transgender identity and disability categories, is the concept of the "angry" person, whether this is an angry woman, angry disabled person or most stereotypically, the angry black person (Gazzola and Morrison, 2014; see also Childs, 2005).

When trans-disabled identities intersect, wider society tends to conflate the two identities. This can be seen in Lauren's recounting of an experience of being stereotyped:

> I'd get written off as the flamboyant gay because I couldn't control the volume of my voice as much, sometimes I will act without thinking, sometimes I'd be a bit hyper active, a bit twitchy so I'll just let them assume I'm some kind of fabulous gay because it makes me more accepted in a way

This buying into, or playing up to the flamboyant, confident gay stereotype is not specific to Lauren. As detailed in Chapter Seven: Humour Analysis, Robert also passes off his use of sunglasses in all weather, as a flamboyant gay characteristic to shields him from the stigma associated with visual impairment. Whilst Robert has shielded his disability with his LGBT+ identity, Jamie explained that they preferred to keep their disability visible through the use of yellow tinted glasses. In doing so, Jamie presents another way of strategically navigating social spaces. Rather than hiding aspects of their identity, Jamie makes their disability – which would otherwise be invisible – known through their choice of dress. This is the opposite of what Robert does, which is to place their trans identity as visible, hiding his visual impairment. This effectively and intentionally erases their trans identity as they want their disability to be known in this particular case for their own safety.

Jamie's experience of keeping their invisible disability visible contrasts directly with Robert's experience of hiding the one aspect of their disability that could be visible by using his LGBT/Trans identity as a way to distract and shift focus. Robert and Jamie are both visually impaired, neither uses a white cane, but both use one of their identities to shield the other. Jamie and Robert's divergent responses to similar situations could be a result of many factors including their differing gender identities and the safety that is afforded to Robert as an assumed gay cis man. Robert identifies as a trans man and is already taking Hormone Replacement Therapy, whereas Jamie, who identifies as trans feminine/non-binary, is at the early stages of coming out in relation to their gender. Another point of difference between these situations is that Robert describes situations when they are at work, whereas Jamie is not always able to be out at work due to having a precarious (zero hours) job working with children. There are further factors to consider including personal freedom as well as social class, and situational factors (mentioned above). The differences between Jamie's and Robert's behaviours show how varied experiences of transgender and disability identity can be, as such exposing how problematic and reductive stereotyping is.

The above section is an example of how challenging it is to navigate multiple intersecting identities. This is discussed further above, in the negotiating multiple intersecting marginalised identities section. Pickering argues that "Stereotyping constructs difference as deviant for the sake of normative gain" (2001, p. 7). I argue that whilst this is the case for those who would be perceived as "normal", these stereotypes can also be constructed and reinforced by those with marginalised identities who might use one identity to shield or normalise another.

4.5 Disability and Transgender Identity at the Intersections – Constructing Identities

Disability is often viewed as a negative identity – as a loss or lack of capacity that leads to social marginalisation, for example through separate institutions such as segregated schools (Shakespeare, 1996). However, many individuals with disabilities resist this pathologising dominant discourse, instead propounding a more positive view of disability as an identity that is characterised by an expansive and strong disability community (Bagatell, 2007; see also Shakespeare, 1996). Shakespeare argues that the construction of a positive disability identity to counteract dominant discourses links the personal, cultural and political (1996; see also Bagatell, 2007). “Constructing identities is therefore a process that requires ingenuity, creativity and much hard work” (Bagatell, 2007, p. 414). Identities are actively constructed in response to self-exploration, and individuals negotiate and shape their identity within networks of social relationships and societal spaces (Polkinghorne, 1988; see also Holland *et al*., 1998; Kondo, 1990; Mishler, 1999). People often try to see themselves reflected in others; and try to represent themselves in relation to dominant discourses which can create hierarchies within communities (Holquist, 1981; see also Holland *et al*., 1998).

How an individual is situated in relation to these hierarchies of power is often referred to as “positionality”, which can be defined as “the way that individuals are positioned with respect to rank, status and power” (Bagatell, 2007, p. 418; see also Holland *et al*., 1998). Individuals view the world from their position within a hierarchy (Holland *et al*., 1998). Swain and Cameron argue that to be considered successful, an individual with disabilities needs to either successfully conform to social norms, or to at least demonstrate that they are trying to conform to these norms (1999). While transgender individuals in general fall outside of society’s traditional expectations about gender (Howansky, *et al*., 2019, see also Nagoshi, Brzuzy and Terrell, 2012), the situation is similar for transgender people. Those who are binary transgender (whether AMAB or AFAB) who medically transition and who can fit within society’s gender rules more often find it easier to be accepted and viewed as socially successful when passing in their affirmed gender. Whereas, those who are non-binary, gender diverse or binary but do not medically transition are generally viewed as existing outside of what is considered “normal” and acceptable. “Authoritative voices label and marginalise individuals who look or act in ‘undesirable’ ways” (Bagatell, 2007, p. 418). The expectation for transgender people to look a certain way and to conform to dominant notions of “normality” is reflected in Daniel’s acknowledgement of his privilege as a binary trans man. He says, “I also don’t get any of the transphobia that non-binary people would get because I’m a traditional binary trans man who experiences dysphoria”. This acknowledgement of privilege shows that there is a disparity in the social acceptance of trans and non-binary individuals, where those who live within the gender binary are more likely to be socially accepted than those who do not. It is important to note here how the above paragraph focuses more solely on binary trans folks who pass as cis, there are binary trans folks who do not pass as cis and whilst there some friction between binary trans and non-binary folks, those who cannot pass as cis often experience ostracization and violence.

4.6 Figured Worlds

Swain and Cameron argue that disabled people have had their identities – both their conception of themselves and how they appear outwardly to others – shaped by a framework that they have been systematically excluded from (1999). By defining rigid parameters of normality, the dominant cultural discourse pushes disabled people to define themselves as outside of and against what is considered “normal” (Swain and Cameron, 1999). I argue that this is also the case for transgender individuals who have their personal and social identities shaped by a framework that they exist outside of. Holland *et al.* have theorised “figured worlds” to describe a social phenomenon that occurs in response to these conditions, when those who share marginalised identities come together to redefine and re-learn what is “normal”. Figured worlds have been defined as “historical and social phenomena into which individuals enter or are recruited and which are reproduced and developed by and through the practices of their participants” (Holland *et al*., 1998, p. 41; see also; Skinner *et al*., 2001). These figured worlds are mediated by relationships of power and stigma with identities are constructed within these spheres through participation in discourses (Holland *et al*., 1998).

Figured worlds are historically situated, for example the emergence of the Aspie[25] world is linked to the historically-specific emergence of labels for high functioning autism, the disability rights movement and the internet (Holland *et al*., 1998). The creation of figured worlds, such as the Aspie world, enables people who share the same marginalised identities to come together. In this particular case it enabled people with ASD to come together and identify as “aspies”, “autistic cousins” or “autistic”. Bagatell has argued that whilst everyone’s existence was treated as valid within this figured world, there was still evidence of hierarchies of power, particularly amongst those who were considered high functioning (2007). An example of how the transgender community constitutes a figured world is that many trans people refer to other trans people as their siblings. While this figured world is a way for transgender people who share identities to come together, there are also hierarchies within trans communities, with those who have transitioned more fully or are who are older at the

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[25] Aspie is a shortened form of the term Asperger’s Syndrome, which many still use as a self-descriptive term.

top of these hierarchies. By “older” here I am following the concept of “trans age”, where age refers to the length of time from when a person came out as trans, rather than their actual age.

Hierarchies in the transgender community that valorise medical transition are an example of horizontal hostility and “oppression Olympics” discussed in the literature review. In both the transgender communities and disability communities, knowledge is passed down like a rite of passage. Having knowledge to share is a form of power within the community, and can cause individuals to feel like they are superior to others, thus reinforcing a hierarchy.

When it comes to trans-disability intersection it is interesting how identities are shown and shielded, depending on social relations and material conditions (Holland et al., 1998).

Jamie found that their disability identity allowed them to be more outgoing, which in turn helped them to accept their gender identity:

> I’ve never really thought about it before but yes I think it’s easier to view a disabled person as more extraverted because they just society does that a lot whereas actually I’m just trying to be a bit more expressive as someone who is it’s like I don’t mind being a bit more expressive and extraverted I’m very comfortable with it, it’s never been a problem for me and at the same time I’m very emotional around people and that’s fair enough but I think that yes in a way I think covering one thing with the other has helped a lot I think actually if

> I hadn’t had eye issues I wouldn’t be quite as open as I am now it’s helped me to be like I don’t give a… I’ll just go and do it you know?

Managing dual marginalised identities is complex, as Jamie explains here, and learning how to use one to cover the other or to make the other seem more acceptable is a useful skill and one which many of my participants discussed. It is interesting to note that all my participants knew of their disabilities (whether they were formally diagnosed or not) prior to coming out as transgender which could have an impact on how they navigate the intersection.

The issue of master status identity, which has been central to this chapter so far, must be further addressed in relation to coming out. One way in which master statuses can be manipulated is by individuals who are trans-disabled coming out as trans and/or disabled.

4.7 Coming Out

Coming out as transgender and as a disabled person can be difficult. It involves navigating challenging conversations and can even involve having to deal with the people who you rely on for disability support rejecting your gender identity. For Robert, the idea that “I will always be to some extent dependent on someone else” meant that he delayed coming out as transgender until he knew that he could take care of his finances on his own:

> I delayed coming out as trans because I needed finances because the visual impairment costs so much, the things like my glasses, my travel to specialist

> hospitals, I was very much dependent on my parents, so had to wait until I was on some form of high enough salary.

This need to plan ahead is a common feature of life for those with disabilities, and it is something that does not go away with practice, or by knowing your own disability. Whenever I travel, I always arrive early because it is so easy for me to get lost or to face delays on public transport. As such I usually factor in an extra 30 minutes, a window I refer to this as “blind time”.

For George part of the problem with being out as non-binary whilst having a disability is that they often do not hear people speaking, and so they do not know if they are misgendered which can be difficult to manage. They discuss the relationship between their transgender identity and disability by saying:

> I use they/them pronouns which are quite not as widespread at least for a single person usually I don’t hear people misgender me or if I do, I don’t I don’t know how they’re seeing me that I can correct them or that someone around me tells me later that they I have been misgendered but generally if I’m one on one with a person who hasn’t quite got my pronouns right sometimes I can’t hear them to correct them and then they keep going in the wrong pronouns and I don’t necessarily know that.

This is a particularly difficult situation as without hearing what pronouns are being used it is hard to correct someone if they have got them wrong, and it also means that George is dependent on those who are with them to correct pronouns on their behalf. This means that being addressed using the correct pronouns can be highly dependent on who they are with, and there will be situations in which their pronouns used to address them are not corrected even if they need to be.

Jack told me about the cliques that he encountered when coming out as trans:

> I find it across all LGBT places really like even on Facebook groups there's people who make little cliques, I'm sure you know the groups I mean, but yeah even on them I feel a bit uncomfortable to post because I don't really fit in with the manly trans men.

Whilst the gender policing aspect of this dynamic is discussed within the attitudes and stigma chapter, here I am interested in how the vulnerability of coming out influences the production of transgender identity, which in some ways replicates how identity is socially produced within mainstream society which has positive and negative ways. The replication within the transgender community of dominant modes of socialisation occurs as trans people reach out to other trans people who have more experience of the processes of social and medical transitioning. There are examples of this within the disabled community too, for example, when I first joined a braille class, others shared tips and different ways of doing many things related to visual impairment and accessibility.

While this sharing of knowledge and experience can be a vital form of support, particularly for those who have only recently come out, as Jack explains above there can also be limitations to this. Having a too-rigid mould to try to fit within, or having too narrow a pool of transgender or disability representation to draw from, even within the figured worlds of the transgender and/or disability community, can be difficult for those who exist outside of these parameters. These findings offer an original and important response to one of the research questions for this project, specifically how trans-disabled individuals navigate their intertwined identities, as they illustrate the ways in which trans-disabled individuals not only have to navigate their identities in response to set expectations within wider society, but that they also have to do so within their own communities.

Conclusion

This chapter has analysed the theme of identity, led by the interview data, and my analysis of this data has been interwoven with autoethnography. This analysis has shown the complexity of trans-disabled identities and the societal pressures they face from both wider society and from within their own communities. This chapter has focused particularly on the experiences of two participants, Robert and Jamie, who share a disability but have different transgender identities. Their contrasting experiences and different methods of minimising the stigma they feel situationally shows how even those with same disability identities can have vastly different experiences and coping mechanisms to navigate these identities situationally.

I have further explored the theme of invisibility and visibility by engaging with both the shielding (passing) and revealing of trans-disability. I have addressed society's need for visible indicators of identity for a disability to be accepted as legitimate. Whilst the nuances of strategic interaction and stigma evasion I have discussed in this chapter are not new, my research develops the existing literature by engaging with these dynamics in relation to their intersection with trans identity, in order to demonstrate how trans-disabled individuals strategically use one identity to shield another.

The complexity of trans-disabled identity, as illustrated by the findings of this research, supports my central argument that having dual marginalised identities requires the skilful negotiation of different contexts and situations, and this negotiation can include passing and strategically presenting different aspects of an identity. The next chapter focuses on community, including how trans-disabled individuals experience and find community.

Chapter Five: Community Analysis

Introduction

This chapter addresses the research questions and aims through a thematic analysis of community, a key theme that emerged during the interviews. This chapter is split into two parts, Support and Othering, and these parts are divided into smaller sub-sections that address different aspects of community. Responding to the research questions, this chapter analyses the ways in which trans-disabled individuals negotiate their dual marginalised identities through accessing, or trying to access, different facets of community. There are two central arguments running through this chapter; the first is that virtual communities and physical communities work together to provide support and a sense of togetherness. The second argument is that community is part of an intersectional bridge between transgender studies and disability studies, and between transgender identities and disability identities.

Community often binds us together, it can give us confidence and a place to belong. “Community offers the promise of belonging and calls for us to acknowledge our interdependence” (Block, 2018, p. 3) and connectedness. Community is a narrower grouping than society; communities exist and are situated within a wider society. An example of a community within a society is the trans-disabled community which is situated at the margins of wider society, and at the intersection of two marginalised communities.

Formby highlights the complexity of defining community (2019, p. 1). For example, Crow and Allan have argued that “community… means all things to all people” (1994, p. xv), and for Allan, community “seems to describe everything, and therefore nothing” (Mayo, 1994, p. 51; see also, Day, 2006, p. 19). These definitions of community shows the expansiveness of this term. While for Allan this expansiveness might limit the usefulness of the term, I suggest here that this is what allows community to encompass many different groups in many different ways. The interviews conducted for this project show the breadth and depth of community as a general term, and the data I have gathered illuminates the complex identities and intersections within the trans and/or disability communities specifically.

Within this dissertation, I define community as, somewhere you feel you belong and where you are accepted for who you are and not who people want or expect you to be. This definition has been adapted from Neal (2014) which is discussed below. Having community, whatever that community looks like for trans-disabled individuals, is an incredibly important aspect of their identity and wellbeing as discussed further within this chapter.

Aiming to explore and better understanding the many aspects of community surrounding trans-disability, this chapter focuses on the ways in which trans-disabled individuals access and experience community. Using Goffman’s theory of stigma supports my argument that trans-disabled people have their own community, one in which they can present a more authentic image of themselves (self-image) rather than an image that is “acceptable” to a wider public (public image). By developing tools to respond to stigma, trans-disabled individuals strategically navigate everyday life and know when to show their marginalised identities and when to shield them. Building on Goffman, I show how those who share identities (such as trans-disabled individuals) create communities together which empower one another.

5.1 Support

5.1.1 Intersections of Community

Community has been more broadly defined by Neal (2014) as being comprised of three component parts. Firstly, a group of people who interact with each other; secondly, that group of people will generally live in the same location; and thirdly, that those within that community have shared identities, beliefs, and values. This third tenet – having a community with shared identities – is the central focus of this chapter, as this study focuses upon the experiences of those whose identities intersect between disability and transgender identity. It is important to note that trans-disabled communities exist mostly online, which means that whilst not sharing a physical space, these groups share and interact in online spaces. The fact that this community is mainly online could have impacted the findings of this research, as there is a restriction[26] on communications and the ways in which people are able communicate online (Hill and Shaw, 2017; see also Preece, 2001). I argue that trans-disabled people use their self-image within their community settings whether online or in person, and their public image for all other social interactions, in which they shield, mask, or pass as required by the specific scenario.

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[26] Restrictions include but are not limited to issues around time zones and communication via text which can often be a blunt tool.

5.1.2 Online Communities and Online Support

Online communities were borne out of technological developments with the internet that allowed for the expansion of communication across the globe, which was part of a wider series of processes that constitute globalisation (Plant, 2004). These communities connect marginalised people who are geographically isolated, often providing mutual support and the sharing of information, which allows for those within the community to experience a sense of belonging (Preece, 2000; see also Rheingold, 1993b). Whilst nowadays, there is a predominant association of social media with online communities, as Plant (2004) and Rheingold (1993a) amongst others have noted, online communities existed long before social media.

In the case of a group as marginalised as the trans-disabled community, which is also very geographically disparate, I argue that a lack of in-person support underpinned the need for community in some form. I further argue that technology has enabled the trans community to exist in its current form. This is particularly true of community support networks. During COVID-19, for example, the need to create safe, accessible online spaces became generalised amongst the wider public which led to many events and spaces moving partially or wholly online. This meant that trans-disabled individuals who may have been unable to join in-person groups were able to access support and community spaces.

With scarce physical support options for trans people in rural areas, alongside access issues for disabled individuals, many have found support online, particularly on social media. When asked about a positive aspect of being LGBTQ+, one interviewee, Jack, responded: “A positive is that I’ve found a massive online community which is nice”. Making online trans friends that share the same identity or belong to the trans community has led to increased confidence for many of the interviewees. Jack expanded by saying,

> Certainly the confidence I gained and the friends I’ve made, I’ve made hundreds of trans friends across the internet and I didn’t know trans was a thing before I was 18 so it’s quite amazing the community we have when it’s not being all hyper masc

Having an online community is useful because this is a resource that can be accessed immediately and at any time.

Resources such as groups on social media with a search function mean that within seconds, you can gain a perspective or answer to some of the more common questions that are shared by members of the global transgender community. Jamie explained their online support:

> I follow a lot of them on Reddit all for trans, nonbinary and gender queer they’re really interesting and quite a lot of it has given me more confidence with how do I address certain situations? A lot of peoples’ anecdotes on there are fantastic. Like there’s an enormous amount of support on there which is really nice.

One of the most positive effects of social media is the way that it facilitates the fostering of communities by growing support networks that can empower individuals. There has been some criticism as to whether virtual communities are “real” communities or whether they are destroying “real” communities. Poster argues that “what makes a community vital to its members is their treatment of the communications as meaningful and important. Virtual and real communities mirror each other in chiasmic juxtaposition” (Poster, 1995, p. 90). I argue that virtual and physical communities work together: online communities are inclusive and accessible spaces that allow for connections to be made, and these relationships can then be developed at in-person community events such as pride and disability protests.

The notion of a “real” community is complex and is a question that underpins all community to some degree. Anderson argues that all communities are imagined to some extent (1991). Breuilly develops this statement: “The work of the imagination, here, consists not in making things up but envisioning something that we cannot see, but which is nonetheless real” (2016, p. 5). Even within a more traditional form of community, for example which a structured around dominant social hierarchies, community members may be situated in different places and have different perceptions of that community.

Disabled people are a socially stigmatised minority group, as are transgender people. As such, those who are both transgender and disabled are a minority within a minority (Meloni *et al*., 2011). Trans-disabled people often find themselves experiencing community in different ways and through different platforms as a result of this level of marginalisation, and the specificity of their identities. The sense of communities amongst trans-disabled people is often strong, whether within in-person communities, online communities or even just one-off interactions with people who are visibly or openly trans and disabled.

As trans-disabled people are often stigmatised in many different ways, trans-disabled community becomes a vital place to exist safely and to be authentic. There is a plethora of literature that supports the value and need of social support. As Pflum, *et al*. argue, “social support and connectedness to the TGNC[27] community can positively impact psychological well-being, facilitate resilience, and buffer against external stigmatisation, prejudice, and discrimination” (2015, p. 281; see also Frost and Meyer, 2012; Hendricks and Testa, 2012). This support is essential to trans-disabled people, as supported by the data I gathered from interviewees in the advice section (see below).

When I came out, I attended an in-person transgender support group, which provided a safe space for me to explore my newfound identity. Through this group I was able to gauge which parts of my trans identity were culturally acceptable within wider society and which parts could not be part of my public image. Whilst learning what aspects of my identity were acceptable for my public image was helpful, what was even more useful was understanding that the other parts of me (the ones not suitable for my public image) were valid, respected by others and not as abnormal as I had feared. Research suggests the need for community as a safe space to evade

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[27] TGNC stands for transgender or gender nonconforming in the original text.

social discrimination as well as to build resilience (Mmako *et al*., 2019), which is a facet of community that is common to both the transgender and the disabled communities. This highlights the need for a bridge between the two communities, which this dissertation directly address in its attempts to answer the research question: Is there an intersection between transgender studies and disability studies that can be bridged by theories of stigma? I argue that community is part of an intersectional bridge between the two fields of research and between the two identities.

There is often not much information available on disability community, particularly as a result of austerity measures (Macdonald and Morgan, 2021). This is especially the case for those who do not fit neatly into the definitions of their disability. Sometimes, for example, individuals experience symptoms that appear to be disconnected or do not follow expected patterns, which is where having a good support system made up of other people who share the same condition and identity can be particularly useful. Ash told me this was the case for them:

> the community really there's a lot of disability, mostly social media, I find it through not that I have, a lot of my friends are disabled in some capacity but um it's very reaffirming to meet new people online and in real life who have the same diagnoses as you and to just go, wait is that an ADHD thing? The fact that I bruise really easily, that's actually, that's not just a quirky thing about me, it's a diagnosable thing – oh my God and people can understand in a way that others, non-disabled people can't really and it's weird because I couldn't understand not being disabled in a sense it's crazy

Having someone confirm that certain “quirks” can be attributed to a particular condition can be very reassuring and help a person to better understand their health. This is especially useful for rare conditions that are not understood as well as more common conditions. These rarer conditions, such as autism, are often not fully explored, which leads to stereotypes.

Another benefit of disability community is being able to talk to others who have lived experience of disability (Duong *et al*., 2023). This peer support is often useful to help individuals accept their disabilities; as Jamie notes, having a teacher at school who not only had a similar disability but who noticed how difficult it was for Jamie really positively influenced how they coped with their disability (I discussed this in detail in the previous chapter).

Even when an individual is unwilling to accept their disability, it can still be really beneficial to have peer support in the form of someone who understands some of the processes that you are going through, and the emotional hardship that comes with becoming disabled or being unwell. The example Jamie gave of their experience with the teacher at their school shows the ways in which community draws people together and demonstrates how peer support connects people and enriches their life and experiences.

Whilst there are many problematic elements within the trans community (for example binarism, transmedicalists[28] etc) and within the disabled community (for example oppression Olympics and in-fighting over scarce resources), both communities shield their members from the stigma that they would face in mainstream society. Communities also provide a safe space for those with shared identities (Roestone Collective, 2014) to exist authentically in the face of a mainstream society that dictates how we should use and what we should do with our bodies. There was a nervousness amongst the interviewees that can be discerned through the interviews, as participants tested the legitimacy of my trans identity as a way of checking whether or not the interviews constituted a safe space for them to exist as they want to (as discussed within the methodology and conclusion chapters). This testing of my identity to confirm they were a safe space is a result of and highlights the stigma that is experienced by trans-disabled individuals, and shows how power dynamics enter into the interview process.

Goffman’s theory of stigma, when addressed in relation to his theory of strategic interaction, suggests that those who have stigma may not be able to control how others perceive them and their bodies. Despite this, these stigmatised individuals bond together, using different tools to deflect and navigate the power being used against them (these tools include coping mechanisms such as humour, which I discuss further in Chapter Seven). In coming together, they empower one another. Goffman discusses the idea of a "good adjustment", which describes when a person accepts themselves but still uses their judgement to decide on which situations to

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[28] Transmedicalism is defined and discussed further in the attitudes and stigma chapter.

enter or to avoid, particularly when interacting with non-stigmatised people (1963, p. 121). I develop this to argue that people who have shared identities can interact *without* having to use their judgement to decide whether or not to enter into that situation. Drawing these two theories together, it becomes evident that those who share identities, such as trans-disabled people, create communities that empower each other. As such, I develop Goffman's theory of stigma; rather than focusing on how individuals might distance themselves from their stigma, I argue that marginalised communities move towards and embrace their stigma within the safe space of their community.

5.1.3 Resilience

Across the interview data, the prevalence and importance of resilience within the trans-disabled community shone through. Various participants demonstrated that resilience can form community bonds. Resilience can be defined as "a dynamic process of maintaining positive adaptation and effective coping strategies in the face of adversity" (Allen *et al*., 2011, p. 1; see also Luthar *et al*. 2000). One example of resilience within the data is when Anthony simply stated that "seeing the world differently is kind of fun". This ability to celebrate difference shows how resilient those within the trans-disabled community can be. Overall, resilience within the community can show how those who share the same (or similar) stigma can form bonds with each other, drawing on each other's experience to empower one another. This is how communities ensure that their members survive.

Another way to define resilience is as a "generalised capacity to positively adapt after experiencing hardship" (Bariola, 2015, p. 2109). This suggests perseverance, which is a key feature of resilience. I define perseverance as doing something despite hardship, and when success is not necessarily achieved at the first attempt. A more formal definition of perseverance would be “one who sees through to the end or one who doesn’t yield” (Wheatley, 2010, p. 3). Perseverance is often overlooked when talking about marginalised groups such as those who are disabled or transgender. For many, the perseverance of existing in spaces that are not the most accessible or inclusive is in and of itself a major sign of resilience. Members of these marginalised groups often experience chronic social stress that presents itself in many different ways, meaning that persevering within inaccessible spaces is an act of resilience.

There is a wealth of sociological research to demonstrate that social support and social relationships have a positive effect on mental wellbeing (Thoits, 1995, 2011; see also Umberson and Montez, 2010; Johnson and Rogers, 2020). Dixon *et al*., argue that finding support from a social group provides shared identity, as well as demonstrating a language and a structure of acceptable behaviour within the group (2019). Research into peer-to-peer contact within the LGBTQ+ community shows that when trans people interact with their LGBTQ+ peers on a regular basis they develop increased resilience (Bariola *et al*., 2015).

5.1.4 Advice and Shared Support

The importance of having community, which as discussed above is a term with varied definitions (Preece, 2000), was palpable amongst the interviewees. One of the ways in which the tight-knit characteristics of the trans-disabled community is evidenced across the data is in the advice they gave to others who may be trans and disabled. I adopt DeCapua and Dunham's definition of advice as "opinions or counsel given by people who perceive themselves as knowledgeable, and/or who the advice seeker may think are credible, trustworthy and reliable" (1993). Kouper has found that the giving and receiving of advice in online communities is an important part of the social interactions within the community (2010; see also Sillence, 2013).

In the interviews, I asked participants: 'what advice would you give to someone who is both transgender and disabled?' Whilst the responses varied, a clear theme emerged throughout the responses: to be honest, to be authentic, and to know that you are not alone. This advice is crucial because for many, having a disability means they are excluded from society and coming out as transgender is lonely and difficult, often achingly so. When I first came out as transgender, I was in the middle of rural Oklahoma at a university that was not the safest place for me to live authentically as trans. Having a separate, private online space to explore my trans identity was a vital part of my transition and in finding where I fit within a community.

There is power in coming together; Pflum *et al*. suggest that social support plays a vital role in helping stigmatised people to develop and deploy coping mechanisms (2015). Budge *et al*. state that "social support for transgender individuals has been shown to be particularly important in order to learn about medical resources, speak out about political concerns, and use social networks" (2013, p. 546; see also Pinto *et al*., 2008). The importance of social support is not specific to the trans-disabled population alone; all humans are social beings and as such we form attachments to people from the moment we are born (Bowlby, 1969) and we have an innate need to belong (Leary *et al*., 1995).

Having support from others who share the same identity enables people to relax and exist away from the self-censorship that they might deploy when interacting in mainstream society. Formby states that “earlier work has identified the importance of close friendships with people ‘like me’, which reduces the need for explanation and means people can share experiences and feel relaxed” (2019, p. 62, see also Rubin, 1985; Stanley, 1996; Weeks, Heaphy and Donovan, 2001; Woolwine, 2000). Being able to share experiences without explanation removes barriers between individuals and creates deeper relationships.

The effect of shared support is highlighted by one participant, Eli:

> Reaching other people with similar difficulties in the disability community is a lot easier than people who don’t have an understanding of that or if I don’t know if they have an understanding of that when I’m socialising and I’m with other people who are transgender or within the autism society, I socialise with people with on the spectrum really well and I love it. I suppose it’s the same when I’m socialising with other people in the LGTB community I guess it’s a link that’s already been made for you to start talking about so I guess they’re about the same

As stated in the methodology chapter, in-group/out-group identities can be extremely important when engaging with other people. There is anecdotal evidence that people with ASD respond well to others with ASD, as they understand shared behaviours such as stimming (Cooper *et al*., 2021). This can be seen in the above quote from Eli who explains that when she socialises with others on the spectrum, she “loves it”. Interacting within the ASD community allows individuals to relax and not have to employ many of the techniques required when interacting within mainstream society.

Goffman (1959) argued that people develop strategies to control the ways that others perceive them, which they do through developing a self-image and public image. I build on this by arguing that trans-disabled people use their self-image within trans-disabled community environments, whether online or in-person, and their public image for all other social interactions. I adopt the terms “public image” and “self-image” from Goffman (1959) to support my argument in this chapter. I define public image as a socially acceptable personality mask that is worn for safety and/or to fly under the radar in mainstream social settings. I define self-image as a person’s own personality, how they appear to and undeerstand themselves, regardless of how this may be taboo or outside of society’s norms and values.

This is evidenced through the diversity that is apparent within the transgender community. For example, according to George, “trans people are so diverse and we have so many different identities that we need to be aware of that compassion just sort of leaks out into other things as well”. Having compassion for those with other identities is important and is an example of how a community can act as a shelter from wider society (Wegleitner *et al*., 2015). Developing this, Joanne explained how being in the trans community means that other trans people let their guard down and use their self-image rather than their public image when interacting with others within the community:

> I find that there is more often than not, there’s a bit more of a platform to speak on and er like there’s being LGBT means that I can ask questions about things I may not understand that may sound bigoted in some sort of way simply because I don’t understand it and being LGBT lets me ask those questions with a bit less of a problem.

This openness to the range of experiences within the LGBTQ+ community, and particularly within the transgender community, demonstrates how participants in this study can relax their boundaries and lower the barriers they erect to protect themselves within wider society, which in turn allows them to use their self-image when interacting with other trans people.

Sillence suggests that the importance of sharing advice within a community links to “trust, expertise and disclosure” (2013, p. 3). Sharing advice can not only have a social impact but also a medical one, which becomes particularly relevant in the context of of trans-disability. As discussed within the online support section later in this chapter[29] , people find support in the responses to their requests for advice online in ways that can shape their individual experience and a wider narrative of being trans-disabled. Another way in which participants shared similar responses

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[29] For the full advice quotes, please see appendix E.

was in relation to the link between the LGBT+ community and social and cultural expectations.

5.1.5 Peer Support

For trans people, experiencing stigma, which can result in discrimination, can exacerbate mental health needs. While stigma and discrimination are not synonymous, they are related. For example, “sometimes when researchers refer to stigma as a stressor they are referring to the anticipation of negative treatment by members of dominant groups” (Stuber *et al*., 2008, p.3; see also Meyer, 2003b; Goffman, 1963, p. 13). This shows how interrelated the two terms have become. This increase in mental health needs is particularly true for people who are gender non-conforming or non-binary (Miller and Grollman 2015; see also Johnson and Rogers, 2020). Research shows that trans people face a high rate of “discrimination, violence, homelessness, unemployment, poor health, and suicidality” (Johnson and Rogers, 2020, p. 2; see also Grant, Mottet, and Tanis 2011; James *et al*., 2016). There is a wealth of sociological research that demonstrates the positive effects that social support and social relationships have on mental health (Thoits, 1995, 2011; see also Umberson and Montez, 2010; Johnson and Rogers, 2020).

Many qualitative studies have underlined “themes of resilience among transgender individuals” (Bariola *et al*., 2015, p. 2108), with include being within the LGBT+ community and having supportive personal relationships with family and friends. One study on resilience focused on the use of “stress-buffers”. Peer support (defined here as positive social contact with other transgender individuals) was identified as a stress-buffer which “moderated the relationship between experiences of gender-related stigma and psychological distress” (Bariola *et al*., 2015, p. 2108; see also Fredriksen-Goldsen *et al*., 2014). The profound insight and sustenance that peer support provides is highlighted by Eli:

> The first time I spoke to a trans person my self-confidence changed, it just changed, everything I started dressing femininely to school I came out to teachers, every point where I had a major interaction with the LGTB has been a major tipping point in my life and I wouldn’t be sat here now without them

Being seen and having gender identities affirmed supports a trans person to live authentically (Lelutia-Weinberger, 2020). The constant worry and fear of discrimination or exclusion is emotionally draining and permeates trans people’s day to day lives. There have been many times where I have had to shield my transgender identity to protect myself, and conversely there have been many times when I have been more confident and able relax knowing that I am safe in the company of other trans people who completely understand me, which releases that fear and worry, as Eli says.

The fact that peer support acts as a stress-buffer is confirmed by my own experience and the experience of other trans and disabled people I know. I have often found myself experiencing profound gender-related trauma or discrimination, and having support from others who share my trans identity and who understand and are able to identify and empathise with me in ways in which many cisgender people may try but cannot do is increasingly important. Literature that supports this idea that peer support acts as a stress buffer for transgender individuals includes Gorman *et al*., 2022; Kia *et al*., 2023; Trujillo *et al*., 2017; and Johnson and Rogers, 2020.

Phenomena such as horizontal hostility within the disability community is often reflected across similar sets of norms and hierarchies within the transgender community. Similarly, there is a mirroring across these communities in relation to forms of peer support. In the disability community, many individuals mentor – whether formally or informally – their disabled peers; and in the transgender community people often provide advice and support to one other in response to the knowledge of difficult being transgender in a heteronormative world can be. The first time I met a trans person in real life, after coming out as trans, I had so many questions and I was so happy to find someone who, like me, was a trans academic. This encounter reenergised me to work harder in academia because I knew that it was possible for me to be a trans person within academia, despite how challenging the environment can be for transgender people (Pitcher, 2017; see also Taylor, 2020).

Peer support is valuable because it positively impacts the mental wellbeing of marginalised people. This is through the “development of a positive in-group identity” (Bariola *et al*., 2015, p. 2108), which enables a process of positive self-appraisal and builds access to “group-level coping” (Meyer, 2003), which are all coping mechanisms that help build resilience and protect mental wellbeing. I build on this in the humour chapter which focuses on the use of humour as a coping and defence mechanism.

5.1.6 Social and Cultural Inclusion and Exclusion

Being a part of a community is not just about finding support and sharing advice but also about socialising together and spending time with one another, whether that is online or in person.

When discussing socialising within the LGBT+ community as a person with a disability, two overarching problems were noted by many participants, both relating to access. The first was the lack of adequate and welcoming community spaces, whether because they are physically inaccessible or inaccessible because of the atmosphere – for example being too loud, or having bad lighting. The second is that the main focus in these spaces tends to be on drinking alcohol.

Trans-disabled people in this study shared that they often find it difficult to go out drinking in the evening. For some, by the time they have finished their day’s work they don’t have the energy to go out in the evening, and for others drinking alcohol isn’t advised with the medications they take. Another problem, which is experienced by many of my interviewees, is that bars and nightclubs are too loud and can cause problems with their disabilities. For example, strobe lighting can cause pain and further reduced sight for those with visual impairments, as noted by Robert. One of the most prevalent comments from participants was that the LGBTQ+ community is very alcohol-oriented, with a major emphasis on drinking and going out at night.

Whilst this nighttime and alcohol-oriented focus within the community may be problematic for the trans-disabled individuals I interviewed, historically these spaces have been safe spaces for the LGBT+ community. For example:

> Many LGBT individuals experience harassment, discrimination, and/or exclusion from mainstream societal institutions and turn to gay bars for a sense of acceptance and belonging, and to ATOD[30] use to cope with the stress of the outside world (Eliason, 2010, p. 6).

The relationship between members of the LGBT+ community and alcohol consumption as a topic is something that has been explored extensively. Many of the participants that I interviewed confirmed this emphasis on drinking alcohol. For example Robert noted that: “there’s not much that goes on within the LGBT community that doesn’t involve some kind of night-time drinking”, and Ash echoed this by saying: “I find there is a lot of emphasis on drinking and big like club nights for LGBT people”. According to Daniel, “a lot of LGBT spaces seems to be a lot of alcohol”. With such an embedded drinking culture in the LGBT+ community, it is easy to understand how disabled people who cannot or do not want to drink might feel excluded from LGBT+ community and spaces.

Having a sense of community can help alleviate loneliness by drawing people together who share similar experiences. I define “a sense of community” as “a feeling that members have of belonging, a feeling that members matter to one

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[30] ATOD stands for alcohol, tobacco and other drug.

another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9; see also Francis *et al*., 2012). In addition to alleviating loneliness, having a strong sense of community has also been linked to feelings of safety and security (Sense of Community Partners, 2004), and improved wellbeing (Davidson & Cotter, 1991). For disabled people and for transgender people, finding others who understand and have shared experiences is very important as they are both extremely marginalised groups.

5.1.7 Representation and Visibility

As noted within the literature review chapter, visibility and invisibility are important elements of strategic interactionism within marginalised communities, as suggested by Goffman (1963). Alongside having a sense of community, the visible representation of disabled and transgender people in society was also important to interviewees. For Allie, "I don't come across very many people that I've come across that are also transgender and disabled". A lack of representation of trans-disabled people amplifies the stigmatisation of trans-disabled people and intensifies the fear felt towards them by wider society.

Marginalisation can be a problem *within* the transgender community, particularly in relation to gender policing. George highlighted a lack of resources about and understanding of trans men and, even more so, non-binary individuals within the transgender community:

> there's not a lot of resources on trans guys experiences and even less on the nonbinary sort of side, I feel very very sad for those people I feel like they're just, I have a nonbinary friend who I'm just like I've never seen anything for you and I'm sorry, I wish there was so much more

As well as non-binary people having a difficult time finding resources and being understood, those with disabilities often find that there is no provision for anyone who is not either very young or elderly. George explains:

> Yeah I feel hearing enough that if I go, going into the deaf space even though I know that part of it is that I sort of feel so far removed and especially within erm within the deaf community and stuff, I know it's very focused on young kids or it's focused on older people and as a young person I don't feel my bracket is there because you look at any sort of magazines for like deaf equipment there kind of like all medical and not very considering or they're like glittery and you know fun colours with Thomas the Tank engine on them and I'm like, well I mean I could but I somehow feel that's not quite what I'm looking for, you know

This shows the complexities of trans-disability and how George struggles to fit in within certain spaces and find other spaces to belong.

As discussed in the literature review chapter and in Chapter Four: Identity Analysis, there is a hierarchy of disability which is often referred to as horizontal hostility or oppression Olympics. Horizontal hostility is a term previously used by feminists to "describe infighting, or factionalism, within the women's movement" (White and

Langer, 1999, p. 537). When resources are so scarce, infighting within the disabled community is unsurprising, particularly between those with impairments and those with complete loss of function. The austerity measures which often impact resources and cause stress of having to fight for resources can be shown in how George feels left out due to budget cuts in services for the deaf community. George shares his frustration of not fitting in and feeling outside of the deaf community:

> I never really had – felt like I had a place in the deaf community and a lot of the time, I don’t – I used to wear my hearing aids a lot as a kid but they didn’t do much for me and I preferred what little I had of my natural hearing to the very artificial hearing aid sounds.

The conversation that followed was really interesting as it showed that the definitive parameters and expectation of what a person with a hearing impairment should look like and experience and it was this that seemed to be the biggest barrier for George. Navigating different identities within different groups can be exhausting. When members of a group have narrow ideas about who can and cannot be part of that group, those who are judged to be outside of these parameters are left with little or no community. Being outside of the community can lead to a feeling of statelessness, lacking a sense of belonging and being stigmatised even by those who share aspects of their marginalised identity, which alienates them from a social group. As George explains, “I feel hearing enough that if I go, going into the deaf space even though I know that part of it is that I sort of feel so far removed and especially within erm within the deaf community”.

Visibility is an important element of representation (Frolich, 2011), and for many trans people being visibly trans allows them to better identify other trans people in society. Joanne explains how being able to visibly notice others like them in everyday life can be extremely affirming and provide a strong sense of community:

> I've noticed quite a few [trans people] before but they've started saying hi to me so it's like 'hi so you're genderfluid too, oh my God that's pretty cool' and we can start a conversation from there because it is like quite a oh of transgender, of cis vs transgender and then down to nonbinary then to gender nonconforming and then to genderfluid, it's like go down the chain and you find there just aren't that many and it's nice to just be able to see someone else and have them also come to me because normally people don't come to me.

This ability to identity with others like you reduces the isolation of having a marginalised identity and provides opportunities for social interaction. This can also inspire positive feelings – for example whenever I am out with my wife and she notices a rainbow flag or a visibly queer person, she gets so excited. We are members of a marginalised group, and so whenever we meet others who share our identities it makes it a little easier to breathe, to be visible and to embrace our identities and feel empowered – and this is exciting. It is also a reminder that we are not alone. Being transgender, disabled or trans-disabled is very isolating, and just knowing there are others who share that experience or identity can be affirming and powerful (Brankovic *et al*., 2020; see also Buckingham, 2008).

Power changes depending on the context (French *et al*., 1959), and shifts in relation to which identity groups are present within that context. This makes it possible for similar marginalised identities to join together and reclaim the power that once stigmatised them (Yuval-Davis, 2016; see also Dean, 1996). Strategic thinking is often needed to navigate complex power relations, yet the resilience that the trans-disabled community holds acts as a powerful tool in this difficult terrain.

Being visible as trans and/or disabled is not just in relation to visbility within society but also within academic studies. Hines has found that transgender people wanted to be involved in her study to “put the record straight” due to trans people feeling that

> the representation of transgender people – especially in popular media and journalism – was associated with misconceptions of ‘who’ transgender people ‘were’ and, in turn, to discrimination on both a social (i.e. hostility on the street) and a political (i.e. lack of legal recognition of gender of choice) level (2007, p. 182).

This desire to represent a community is a part of wanting to give back to that community, which is discussed earlier in this chapter. This also is a form of acknowledging privilege and using the platform that you have for that community, no matter how small or insignificant the platform may seem.

The desire to represent a community by being a positive role model, and by highlighting positive aspects of one’s identity, is also felt by members of the disability community. As an undergraduate I had to be very mindful of my position of privilege.

As someone who is white and who is able to attend university, I had a platform that allowed me to change perceptions about disabled people in light of the fact that few students or faculty at my institution had taught someone with a disability, and even fewer with my particular disability. Because of this I tried to be focused within the classes and to complete tasks successfully in order to represent my community well. This enabled me to show that disabled people can be successful at university both academically and socially. This was a way that I could counteract negative stereotypes as well as leave a positive lasting impression about disabled people both inside and outside of the classroom. I found this allowed me to reduce stigma and to turn one of the reasons why I am stigmatised into a positive part of my identity, which was a reclamation of power. Flanagan (2023) argues that power in communities such as the disability community can be reclaimed by controlling the narrative, and suggests that tools such as social media give disabled individuals the opportunity to do this. Reclamation of power is an important facet of this dissertation: I argue that building community is a way that trans-disabled individuals reclaim their power as they find solace in shared identities and stigmatisation.

5.2 Othering

5.2.1 Safe Spaces and Feeling Othered

Communities create safe spaces that Browne and Bakshi (2013) suggest are outside of the limitations of dominant societal expectations, which allows people to enact LGBT+ identities that would not be acknowledged. Wallin-Ruschman and Patka suggest that "'safe spaces' are literal and figurative areas and processes that are sometimes removed from the control of a dominant group to facilitate the development of networks and skill building among individuals to create social change” (2016, p. 318). Safe spaces can, as such, be thought of in relation to figured worlds as discussed above. Being within safe spaces allows for certain barriers, imposed by a dominant social group in order to control or exclude those who have marginalised identities, to be dismantled. It also allows individuals within that safe space to explore ideas of authenticity and legitimacy with more nuance.

Safe spaces offer an escape from “physical, verbal and emotional harm” (Scheuerman *et al*., 2018, p. 2). Whilst these spaces can be a demarcated physical space, most safe spaces exist on alternative platforms such as online. “Safe spaces are also sites for exchanging ideas and organizing collective activism” (Scheuerman *et al*., 2018, p. 2). While the definitions of a safe space is fluid, online communities can be a safe space for transgender people. Research has found that the “benefits of online communities…they provide support and inspiration specific to this user groups’ needs” (Scheuerman *et al*., 2018, p. 4). The availability of online communities as safe spaces is a result of technology that enables transgender communities to connect virtually, which has led to the formation of a global trans community online which can be accessed within seconds.

Even these virtual safe spaces have an infrastructure which can be described as the “concrete manifestations of social relationships, historical events, and institutional memories” (Dourish and Bell, 2007, p. 417). Online communities are permeated by and produce cultural and social meaning: “social context is embedded within the construction of physical and digital space, weighting space with significant power over the way interactions take place within and around it" (Scheuerman *et al*., 2018, p. 5). With online groups and forums, admins manage the site, in some cases having the authority to block all posts until they have been approved by them. In examples of these groups on Facebook, rules are set out for the users of that forum to follow. There can be different rules for different sections of the trans community.

For disability groups, the remit for the online space tends to be much wider. Some are run as pages rather than groups, where the displayed content is controlled by those who have set up and manage the page. One limitation of online communities was noted by Jack, who highlights the problematic nature that some online spaces can have: "on Facebook groups there's people who make little cliques". These cliques can reproduce and reinforce the gender policing of certain trans identities, particularly non-binary individuals.

5.2.2 Being or Feeling Othered

One of the themes that became apparent during the interviews was that of feeling "othered" as a result of the gap between the disabled community and the trans or wider LGBT+ community. In this context I use the term othered to mean "being treated as abnormal or alien" (Scheuerman, 2018, p. 4). The othering of people with disabilities (Ablon, 1995) is an example of how society turns certain individuals or groups into "the other" in order to marginalise and exclude them. Othering is widespread and experienced a range of identities, a well-known example of this would be that men are the norm and women are the other in relation to that norm (de Beauvoir, 2010).

This feeling of being othered within, or excluded, from disability-centred spaces and LGBT-centred spaces was encapsulated by Robert:

> you can't identify as having a disability and LGBT and all these different… you can be one or the other so they're not accessible places if they are specific LGBT centres or like venues and stuff just simple things like having coloured strips at the edges of steps, that doesn't exist in LGBT spaces

Existing physically within the LGBT+ community with a disability is a well-known problem that alienates many trans-disabled people who are unable to enter an LGBT+ venue if it does not meet their access needs. In the interviews, many participants referenced the trans or LGBT+ community as a source of support but did not mention the disability community as a source of support. One reason for this may be that austerity measures have impacted disability communities making them harder to access or find (Ryan, 2020).

This is particularly interesting in light of the fact that LGBT+ identities are in many ways *less* socially acceptable than disability, but they appear to be better understood within mainstream society. This may be a result of the perception (misconception) that trans/LGBT+ identities are a choice (as discussed earlier in this chapter), or an addition to a person, so that they can more easily be catered for and fit within capitalistic aims of consumption. In contrast, disabilities are seen as a detraction or lack, and disabled individuals are viewed as a burden, which has been made more acute though austerity measures and budget cuts. There is also an expectation that disabled adults should somehow be less disabled or have fewer needs than disabled children, as society makes allowances for disabled children but not for disabled adults (McGraph and Yeowart, 2009).

George noted that once you become a legal adult you no longer quality for children’s disability support through social services and the NHS, and there are no other forms of support. They described how it is as if at 18 an individual is supposed to know how to cope and be fully functioning in terms of your disability. George went on to explain this age gap issue:

> I had regular testing but it’s been stable and then it seemed when I got to the adult it was just like “yeah you’re cool here’s some hearing aids, come back if there’s a problem” and that’s it, you know you suddenly just don’t have the support where previously I had someone visiting me at my school, you had someone

This lack of service provision has been drastically exacerbated by austerity measures and budget cuts that have created major gaps in disability related care across the board, with huge cuts to adult health services (O’Hara, 2015). The budget cuts are legitimised by and reinforce cultural dynamics. As George has experienced, disabled adults are often expected to know their needs, and/or have the capacity to manage their own needs. This comes from a cultural shift from the collective to the individual (Melucci, 1995). This shift has occurred because of reductions to services and gaps in funding, which is demonstrated for example by the different treatment individuals receive in different councils. The responsibility has been shifted onto the individual to find what they need and make an argument for their need, rather than the collective providing services to support everyone. The implications for this shift mean that often those who need support are not able to access it, and disability communities are harder to find and connect with.

Despite some of the limitations of marginalised communities – whether because of a reproduction of external power hierarchies or because of structural conditions like austerity, the positive effects of peer support within both the transgender community (Johnson and Roger, 2020) and the disabled community (Shilling *et al.*, 2013) ripple outwards . An example of this is when I first came out as transgender, a member of staff in the sociology department who was trans went out of their way to help me come out to people and to become more confident in my trans identity. Similarly, when I joined a braille class, two group members helped me in ways that went far beyond the realms of braille. For me, finding others who shared my identities and had similar experiences to me really helped me build a supportive network of community that is always expanding. This is something that really comes across from the interviews; many participants urged others to find their peers and build a base of support, whilst acknowledging how difficult it was to exist with these intersecting marginalised identities. This shows that community is about giving as well as receiving and that it is important to both offer help and accept help in order to build and strengthen that community.

5.2.3 Positivity and In-Person Events

As part of the interviews, I asked many questions that focused on positive experiences within the trans-disabled community. In response to these questions, many participants referred to times when they felt that they belonged to a community and were seen and accepted. A major event – perhaps the most important – within the transgender community is the Transgender Day of Remembrance (TDOR) which happens in November every year. This is a sombre event, which usually includes a reading out of the names of all the transgender people who have been murdered in the past year. “Transgender Day of Remembrance (TDOR) has become a significant political event among those resisting violence against gender-variant persons” (Lamble, 2008, p. 24).

Many transgender people find that they feel closest to the trans community at these events. Allie expressed how close they felt to the trans community at a TDOR event: “When I went to remembrance and I met those people, I’ve never felt so positive, I’ve never felt so happy to be in that community and have support”. Even though this event is in many way sombre, when transgender people come together, there is an opportunity to share stories, give advice and welcome transgender individuals into the community as siblings. When new transgender siblings are welcomed into the community, they are given the opportunity to join conversations and receive the advice and mentorship that many older[31] trans individuals offer to support their new siblings. This is a practice that has been taking place for a long time. The ways in which transgender people share advice mirrors how disabled people share advice. Because there are few disabled people, few transgender people and fewer trans-

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[31] In this context, the term older refers to how long they have been out as trans, as discussed in Chapter Four.

disabled people in wider society, the tips, tricks, and advice that are passed down within the community can be lifelines. TDOR offers an opportunity to share and repeat remembrance narratives which “are constituent practices: they tell us who we are and how we know the world” (Lamble, 2008, p. 25). TDOR brings the community together in solidarity, to remember those who have been lost but to also inspire activist movements for the future. It offers a space to acknowledge and reflect on what still needs to be done in the fight towards equality for transgender people.

Pride is another event that is important event within transgender culture. With roots in the Stonewall Inn riot in the US, pride parades were originally annual events to both celebrate gay existence and protest for the progression of gay rights (Peterson, *et al*., 2018). Whilst there is a main pride in London for all LGBT+ identities, there is a transgender pride in Brighton and a disability pride also in Brighton. Pride events are twofold in their purpose; they bring people together to celebrate diversity, but they are also a protest and a way to push back against society’s norms. Interestingly, Peterson *et al*. (2018) argue that whilst the organisers of Pride events across the globe may have a particular message they intend to convey when designing these events, the eventual meaning of these events does not always align with these intentions. In a study of women who attend Pride events, Browne (2007) learned that there are many reasons why people might attend Pride, including: community, being in a safe space, finding a sexual partner, political reasons, celebration, and having fun amongst others. Through an analysis of the interview data and autoethnographic data, I argue that Pride events are very personal to those attending them. Whether individuals are there to protest for their existence and their rights, or to be in a safe space and a community, everybody has a different affirming experience of Pride.

George shares their experience of pride and how affirming being with others in the transgender community is:

> Trans pride in Brighton so I went last year and I went this year and it’s something that I didn’t really understand until I went about how much more accepting a social space can be than just how it is now and I got back from last year it’s the first time I went to any sort of pride parade, I got back and just cried from happiness but you know a bit alarming

These pride events show just how life changing being in a safe space with others who share your marginalised identity can be, where people feel able to exist authentically by expressing themselves in ways that they would not usually be able to do safely.

Having a safe space where people with other LGBT+ identities presume your questions come from a positive place of learning opens the door to understanding others within the LGBT+ community. This is useful when situating oneself within a wider community.

Ash suggested that overall the benefits of having community includes

> the experiences together and just being able to relate over these things and build our own found families and reject the rest of the world and be like, oh not that we’re weirdos but we’re different to what we’re meant to be as normal and we’re the best at it, we’re so good

This affirmation and solidarity in difference amplifies the lived experience of trans-disabled people. Alongside community, peer support is an important aspect of both transgender and disabled identities, as marginalised individuals come together to help each other navigate complex societal expectations and norms.

Conclusion

In this chapter I have argued that virtual and physical communities, whilst very different, work together to provide support and a sense of togetherness. I further argued that community is part of an intersectional bridge between transgender and disability identities and the two fields of research. This chapter has addressed the research questions and aims through a thematic analysis of the theme community as highlighted by the interview data. This chapter has responded in particular to the secondary research question through highlighting the ways in which trans-disabled individuals negotiate their dual marginalised identities through accessing, or trying to access, different facets of community.

Defining community as a key term for this study, this chapter draws together the experiences of the interviewess with theory and my own autoethnographic contributions. This chapter has highlighted the need for social support and has argued that community is the intersectional bridge between the two identities of disability and transgender. Using Goffman's theory of stigma, I have argued that trans-disabled people have their own community, in which they can show their self-image rather than their public image. Goffman's (1963) theory of "good judgement" is particularly important within this chapter as it shows how trans-disabled individuals are able to accept themselves but still negotiate situations to evade stigma. The data collected supports this, especially the accounts of community spaces, within which trans-disabled people are able to unmask and exist away from external pressures.

The section in this chapter on advice within the community supports the existing literature by demonstrating how important it is within communities to share advice. This dissertation pushes that literature further by showing that much of the advice given here was to find other trans-disabled folks and essentially to support one another. This ties in with the need for visibility and representation.

The fact that transgender and disabled communities exist mainly online does not detract from the quality of the relationships within these communities. The ways in which the trans-disabled community comes together to help its members navigate stigma shines through the autoethnographic data and the interview data, including the advice that participants shared. Representation and visibility are incredibly to counteract and correct misrepresentations and misconceptions. Moving on from this chapter’s focus on community, I now move on to address attitudes and stigma in order to explore how trans-disabled individuals navigate both internal and external stigma including notions of “being trans enough” or “being disabled enough”.

Chapter Six: Attitudes and Stigma Analysis

Introduction

The transgender and disability communities face stigma and negative attitudes from outside of those communities and within those communities. Within the communities, phenomena such as horizontal hostility and gender policing impact how individuals may situate themselves within that community. Externally, ableism and transphobia create compounding layers of stigma towards and negative attitudes about trans-disabled individuals. I argue that even though stigma may be experienced differently by trans-disabled individuals, the intersectionality of being trans-disabled compounds stigma in ways that are shared amongst members of this group, which impacts how individuals navigate their identities strategically.

By exploring how attitudes and stigma impact trans-disability, this chapter highlights some of the challenges faced by trans-disabled individuals and shows how these individuals navigate and negotiate intersectional stigma. This directly responds to the research aims by demonstrating the resilience that trans-disabled individuals show when navigating and negotiating life. This chapter also addresses the secondary research question, ‘How do people who are both transgender and disabled negotiate these different yet intertwined subjectivities?’, It does this by illustrating how people who are both transgender and disabled negotiate these different yet intertwined subjectivities through a careful analysis of the data.

6.1 Gender Policing and Being “Trans Enough”

Gender policing is a problem within and outside of the transgender community. As Hoskin explains, “gender policing refers to the regulation and enforcement of gender norms that target an individual who is perceived as transgressing normative rules or the heterosexual matrix” (2019, pp. 2-3). Whilst gender policing outside of the transgender community is more understandable[32] (as a result of the misconceptions and stigma surrounding the transgender community), particularly in the context of the patriarchy that structures dominant society, gender policing within the transgender community is more complex (Jenson, 2013). I briefly discussed the concept of “being trans enough” in Chapter Five: Community Analysis. This concept constitutes an ideal that is enforced through gender policing. The idea of “being trans enough” reveals parameters of conformity that are established within the marginalised group (in the context of this dissertation, this marginalised group is the transgender community), where there are those who do not conform to the group’s expectations and ideals are seen as being outside of these parameters and excluded because of this. Gender policing and being “trans enough” are co-constitutive; they are cause and effect of the same process, which results from an internalisation and endorsement of the gender policing experienced outside of that community. This can then lead to the establishment *within* the transgender community of rigid and rigorous criteria for what is considered legitimate transgender identity, experience and presentation.

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[32] Noting that something is understandable does not suggest that it is acceptable.

For example, Rubin notes a hierarchy based on “community standards [that] stress that hormones make the man” (2003, p. 9). The notion that to be a man (or woman) you must take hormones is popular amongst binary transgender individuals (Rubin, 2003). The extent of this is clear when considering how trans individuals who are not on hormones (whether they want to be or not) are often excluded from trans spaces. I have had experiences where binary trans individuals count the day they first started hormones as their birthday and compare their “trans age” with others. “Transmedicalism” is the belief that one cannot be “trans” if they do not medically transition (Konnelly, 2022). Fustero argues that transmedicalism is “medical theorizing that responds to the suffering of trans people by finding its root in the body and not in social relations” (2020, p. 2). This view of transgender identity erases non-binary people and those with disabilities whose medical conditions mean that they cannot take cross-sex hormones. As someone who is not taking hormones (although I may consider top surgery later down the line), I often feel uncomfortable in binary trans masculine spaces: even though I identify as a non-binary trans man I feel able to exist more comfortably in non-binary spaces than binary trans masculine spaces.

My experience was shared by one of my interviewees George, who found that “there’s a lot of internal pressure to be binary, to be I don’t know trans enough or to conform to what would be easily explainable to other people for, about how you identify”, and that “as a sort of more minority trans person even within it’s quite difficult to find transmasculine spaces that feel completely accepting”. This pressure is noted by Darwin (2020), who explains how “people hold themselves and others accountable to different narratives of transgender legitimacy” (p. 3). As well as the role played by gender policing, Darwin highlights the role played by societal expectations of what being trans is and looks like. Daniel says: “[I] tell people I’m trans male, I’m 95% of the time I identify as male so it is just easy enough, otherwise I just use queer because it’s confusing and queer is a nice catch all”. The way that Daniel presents himself further shows how gender policing and being “trans enough” play a significant role in shaping identities and constitute a kind of power play specific to identity politics. Johnson (2016) suggests that there is an institutional generalisation across transgender identities and experiences which constitute a “transnormativity” (See also; Darwin, 2020). Johnson goes on to define this as “the specific ideological accountability structure to which transgender people’s presentations and experiences of gender are held accountable” (Johnson, 2016, p. 466; See also; Lindley and Budge, 2024). This system of transnormativity is underpins the hierarchy within the trans community, which works similarly to the oppression Olympics in the disability community. When considered together, trans-disabled individuals experience both transnormativity and oppression Olympics.

Daniel’s choice of self-presentation today may be a response to how he was treated before he was able to “pass” as male:

> typically like the male specified ones specifically, especially before I started testosterone, they were like “you can’t come in here”, and you then have to explain to them they whole process of yeah actually I can but you could also just leave

The focus on medical intervention and hormones highlights the complex dynamics that surround the navigation of spaces as a trans individual (Darwin, 2020; see also

Lemma and Savuleescu, 2023). These dynamics become even more complex when considering how trans-disabled individuals may navigate such spaces.

George discussed the pressure of being non-binary in relation to gender policing and the transnormative expectation of medical transition:

> Trying to figure out what your individual path is, especially being a nonbinary trans person and figuring out how or what you want to change is for yourself vs what other people think you should change to be but then not only that but coming to terms with the fact that you know it’s ok to not be happy with the body that you’re given but that’s not because you haven’t tried it’s just you can’t if that makes sense? It’s a very fine line you know? I feel that for myself it was quite a big thing in understanding that as much as I wanted to like my body the way it is it wouldn’t actually be something that I’d be able to do and that wasn’t a fault on my part.

The stress that George feels in relation to his gender categorisation and presentation comes not only from wider society but also from within the trans community. Lauren’s experience of being unsure if they can use the term “trans” to self-define echoes this:

> I’m not sure how much I qualify as a trans person because I don’t have any intention of getting surgery done or taking hormones um the most I’m really doing is investing in a binder but I feel comfortable with the body that I’m in, it’s an agender body and yeah I also feel more comfortable identifying as

> disabled as it, it’s I’m often told that autistic people are incapable of love and obviously people say the same about ARO[33] people so to go to events that are fuelled on love and solidarity not necessarily romantic or sexual just it makes me feel a little safer

This feeling of alienation and isolation that Lauren describes shows how little non-binary identity is understood and is evidence of how many people try to understand trans-disability by using one identity to explain the other. In this case, being ARO has been misconstrued as a consequence of having autism. Lauren’s reluctance to use the term trans to self-describe shows the pressure that is felt to fit within a binary concept of gender – whether this is pressure that is felt internally or externally.

A common thread running through the experiences outlined above is fear. Fear of being rejected by the trans community is a common response to the rigorous criteria that create a hierarchy within this community. This can be an unfounded fear rooted in internalised transphobia or from a pocket of toxicity which in my experience is a commonality with some online spaces. Medical gatekeepers try to play a significant role in the creation and maintenance of this hierarchy, as they reinforce and preserve gender norms (Catalano, 2015). Spade suggests that to navigate the tools employed by gatekeepers to police access to trans healthcare, trans men needed to recount a “gender troubled childhood” (Spade, 2003, p. 23; see also Latham, 2019). Latham argues that “this narrative performatively reproduces sex-gender and ‘gender

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[33] ARO is an umbrella term which often refers to aromantic which can be defined as someone who does not experience romantic attraction. It is important to note that aromantic should not be confused with asexual as many aromantic individuals may or may not experience sexual attraction (Stonewall, 2020).

dysphoria' as static, predetermined, and independent of medical encounters" (2019, p. 14). This limits understandings of transgender identity and heightens the levels of gatekeeping that trans people must pass through to be believed and access the healthcare that they need. This is particularly apparent for trans folks who are just coming out and who are influenced by these external expectations. This has led to trans individuals adopting different strategies and tactics, including the creation of false personal narratives, in order to gain access to medical transition which relies on being recognised by these gatekeepers as "legitimately" transgender.

Rubin suggests trans men produce false narratives as a way to make sense of themselves (2003). I extend this to argue that these false narratives are deployed by transgender and non-binary individuals as a way of situating themselves within the narrow parameters of what constitutes social acceptable transgender identity.

In mainstream society, experiences of transgender identity is often viewed as a sequential process: people come out, they take hormones and then they embody the opposite gender as best fits their sense of self. This framework reflects a heteronormative emphasis on linearity, where transgender identity is a one-way path that leads to an identity that conforms to binary expectations (Mitchell, 2024). The idea that transition is one fixed process is reflected in dominant ideas of disability, which is also presumed to be a linear process. For example, there is a perception of disability as something that is diagnosed, treated and then the disabled individual can just carry on with life. In reality, disabilities fluctuate, meaning that disabled individuals may need additional treatment or support at different times in their lives. Misconceptions about disabilities are particularly problematic (Victoria, 2023). The incorrect perception that disabilities are linear reinforces and is reinforced by the idea that all individuals with a certain disability should be treated in the same way and that all individuals with that particular disability are the same. This is palpably untrue: coping mechanisms that I use may be completely useless to other visually impaired individuals and vice versa. For example, I was given a Windows laptop at the beginning of my undergraduate course even though I stated that I was an Apple user. Apple and Windows screen-reading software are very different from each other, and require memorising different commands. I was given a Windows laptop because “that is what we give visually impaired students”. In this situation, the institution’s ignorance had a detrimental impact on my life. This shows how the assumption that all individuals with a certain disability are the same and use the same coping mechanisms can be very damaging to disabled people’s lives.

6.2 Being “Disabled Enough”

Earlier, I discussed the concept of being “disabled enough” in relation to claiming disability benefits, particularly for those with fluctuating disabilities (Lightman *et al*., 2009; see also Friedland, 1999; Smith-Duer, 1999). As Lightman *et al.* note, “Institutional definitions of 'disability status' often conflict with the unique ways that disability is embodied in the everyday lives of individuals.” (2009, p. 1). The stringent categories and definitions of disability emerge from the medical community – doctors, nurses and other medical professionals – and filter into the disability community, often leading to internalised ableism. Marks argues that “internalised oppression is not the cause of our mistreatment; it is the result of our mistreatment” (1999, p. 25). It is important to note that much research into internalised ableism is rooted in concepts from Critical Race Theory (CRT). This is a result of the intersectional emphasis of Critical Race Theory, which is further demonstrated by the fact that the very term “intersectionality” was coined and first theorised by a Critical Race Theorist (Crenshaw, 1989; Campbell, 2009).

These narrow definitions of disability, which inform government approaches and policies, show how awareness of disability as a category has both grown and disabled individuals have been alienated further by past expectations. Lightman *et al*. suggest that “consequently, persons whose disabilities do not conform to corporeal templates of government classification remain on the economic margins of society” (2009, p. 1). Disability as both a category and as a lived experience is much more expansive than these corporeal templates and the narrow expectations and small boxes we are expected to fit ourselves into and gratefully[34] exist within. Lightman *et al*. continue by explaining, “many experts argue that given the complex nature of disability, no one definition fits across all circumstances or is even desirable and achievable.” (2009, p. 1). This complexity is further exacerbated in the context of invisible disabilities.

The problem of visibility came up repeatedly in the interviews. Many participants expressed how those seemingly invisible disabilities are often viewed as not being “disabled enough”. Calder-Dawe *et al*. state that “The perception of impairments

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[34] The way that disability is viewed within society, there is very much an expectation that we should be “grateful” to exist in society at all and therefore anything that we can access should not be something we expect but something we are grateful for… This ties into the idea that when able-bodied individuals make things accessible for us in a way that they should anyway, disabled individuals often thank them or are expected to because there is not a norm of inclusion and accessibility that runs through society – quite the opposite.

often relies on dominant, ableist presumptions about what disability ‘looks like’” (2020, p. 132), which is an experience shared by a number of the individuals I interviewed. For example, Robert discussed his difficulties of travelling when he does not fit into dominant expectations of “being disabled” and what that might “look” like:[35]

> airports are a nightmare, trains are a nightmare, I have been told that I’m not impaired enough, particularly travel assistance is a nightmare because I don’t look necessarily like I have a visual impairment when I book my travel assistance from Euston station I’ll ring them up and say yeah I’m a VIP and I’ll get there and they’ll be like well you don’t need assistance and I’ll be like yeah I do trust me I can’t see you so

Allie agreed with this by saying, “I have had people turn around and say I’m not disabled enough for coming into those groups because my disabilities are classed as invisible”. George also talked about the difficulty of having an invisible disability, explaining: “I can’t hear them, and the thing is because it’s so invisible, I don’t know the true impact of it you know”.

As these examples show, there is also a lack of understanding as regards invisible disability within the disability community. The parameters demarcating a legitimate embodied aesthetics of disability can be problematic, and result from internalised ableism. Marks argues that ableism “would not exist without the real external that forms the social climate in which we exist” (1999, p. 25). This links to Goffman’s

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[35] This quote has been used before and is repeated here for emphasis.

theory of stigma and the ways in which disabled individuals distance themselves from their disability, which is discussed further in this chapter. The above examples illustrate the complexities of having a trans-disability identity and navigating the dual marginality of this, with many of my participants pointing to the lack of awareness as at least part of the problem.

6.3 Variety of “Lack”

Navigating a society that lacks awareness of trans-disabled bodies is challenging. This lack of awareness is reflected in the literature – Duke notes that LGBT+ disabled people are underrepresented in social policy and research (2011). Many of the participants expressed their frustrations at not being understood as a trans-disabled person. As previously explored, Robert notes how there is no real awareness of LGBT+ and disability as a dual identity, instead they seem to exist for the wider public (and even within disability and transgender communities) as dichotomous. Robert expands on his comment above by explaining how this means that places are exclusive or inaccessible, thus excluding those who are both LGBT+ and disabled.

As discussed within the social and cultural inclusion and exclusion section of the community analysis chapter, LGBT+ spaces are not always accessible or inclusive for disabled people (Pieri, 2021). Research into access to arts venues for disabled people suggests that there’s a lack of public information about accessibility on venues’ websites, and signs of a general lack of awareness about disabilities (Lawrence, 2016). This obliges those with access needs to ring the venue to ask for more information about the venue, and if they cannot get through they then risk turning up to an inaccessible venue after buying tickets to enter. I frequently come up against a lack of disability awareness when contacting a venue. I am consistently surprised by the confusion that tends to meet my questions regarding booking carer tickets, for example. When I have booked tickets to take my mother-in-law to the theatre and find that the combination of my visual impairment and her physical disabilities (she uses a walker or wheelchair) often causes difficulty for the box office workers; theatres often have guidelines for audience members with visual impairment, or for audience members who are wheelchair users, but they do not have guidelines to support audience members or groups with both sets of access needs. This results in us being compelled to weigh up each of our sets of needs, and to find a compromise ourselves to limit the disruption caused to our disabilities. Ash echoes this in relation to support services by saying:

> I find that a lot of disability support spaces and services, people tend to assume, you can't be disabled and LGBT, either one or the other and that's the case with a lot of marginalised identities erm and erm the I guess the best example would be the DDS at ***[36] which is generally, alright but almost seem taken a back sometimes especially with my gender identity more than anything. You can ask them to respect pronouns and it's just like 'ok, alright if you insist' and I'm like 'well I don't think it's that hard'.

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[36] University name redacted to ensure the anonymity of the participant.

The idea that you can only have one socially unacceptable or unexpected “problem” or identity creates is difficult; many individuals who have one disability often have comorbidities and other health related issues. Hajat and Stein confirm this by stating that “globally, approximately one in three of all adults suffer from multiple chronic conditions” (2018, p. 284). This means that ableist expectations of segregated disabilities, based on rigid and narrow definitions and understandings of categories such as physical disability and sensory disability, compound ableism and increase the levels of inaccessibility disabled individuals have to navigate.

Another form of lack of awareness and ableism can come from your own friends. As Robert goes on to explain:

> a lot of social stuff tends to be like because we’re in London, let’s go theatre, let’s go cinema and I’m like cool I will sit there and pretend to see what you guys are looking at and not have a clue what’s going on

This lack of awareness from friends can mean that there is a lack of understanding and empathy that means suggestions for how to socialise are seldom inclusive. Much like Robert, I often sit and endure situations that are inaccessible to me, except in those instances when I have the energy to say that I cannot do something, which can be exhausting. Many people wonder why people with disabilities do not point out to their friends if a situation or plan is inaccessible. For me, the problem is that I want to be able to spend time with friends without dictating what we do. Because whilst they may not mind me pointing out that I cannot do things, social norms dictate that we make decisions together about what to do. I feel like it becomes awkward if I add a set of restrictions around possible social activities.

The kind of scenario that Robert explains above is a common one. Jamie, a non-binary person with a visual impairment confirms this kind of experience:

> Yeah cinema, art trips are a pain in the backside, I get really bad eye strain from watching in the cinema, I don't know why I think it's because it's so big that my eyes are constantly darting around and it takes me about 3 or 4 times to focus as I have about 7 images in my right eye and 6 in my left

They continued:

> if anyone says do you want to go to the cinema to watch this the answer is no I'm not going sometimes I just try and write it off and yeah I just don't want to give them any bloody money but often with closer friends I'm like no I can't migraines remember, so that's a pain

Being unable to join in with the same social activities as others can be isolating (MacDonald *et al*., 2018). Green *et al.* argue that "Establishing close personal friendships, including romantic relationships, has been problematic because of the reactions of others to their disabilities" (2005, p. 208). An additional layer of complexity is added when considering trans-disabled individuals.

Vinnie explained his experience of isolation at school, noting the difficulty of “the isolation aspect of things and also at school, in class when the teacher picks on you and you haven’t heard the question, not great and also being able to follow the class and stuff.” This creates an immensely difficult situation where you are isolated by both staff and students. The fact that it appears to be complicated for teachers and students to remember that they have a disabled individual in the class when they do not have a first-hand experience of being disabled adds to the perception of disabled students as a burden. Whilst I have had several similar experiences, I am very aware that my privilege and background allows me to rectify this kind of situation in a fairly painless manner; I am able to raise awareness and ask for what I need, whereas others may not feel able to do so. A high level of “emotional, physical, mental and social labour” (Linder *et al*., 2019, p. 38) is required to both resist and challenge ableist forms of oppression in higher education.

In response to my question asking what the most negative aspect of being LGBT is, Allie told me “I’ve found jack all support”. Unfortunately, this lack of support is a theme that spans across my participants’ experiences. Some experience difficulties with transitioning because it is heavily gatekept, making it inaccessible, and others find a distinct lack of disability support in general. George explains that there are so many different hoops to jump through, and when “trying to change a lot of my documents and stuff is very difficult when everyone wants different things”. Transgender people who wish to medically transition in the UK face a number of barriers such as “a shortage of specialised health care professionals” (Wang *et al*., 2020, p. 565).

In the UK there are limited Gender Identity Clinics which means that transgender individuals who live in rural areas must travel to other areas to access transgender healthcare. For trans-disabled individuals, travelling to and from appointments adds an extra layer of stress and difficulty. Allie told me about his challenges when trying to attend healthcare appointments when he is not able to drive or navigate public transport: “I’ve got to go all the way to Nottingham, so I’ve got to travel, find a lift, get there, spend the day and have the appointment and get back as a whole day”. This additional levels of difficulty and stress are compounded when the waiting time to get an appointment with a Gender Identity Clinic is taken into consideration, whilst initial estimates are three years (GIC, 2020), as the system is overrun, instances of people falling off the waiting list is common. Allie explains the frustration of falling off the waiting list:

> Daventry contacted me and they said right we’ve got a two and a half year waiting list and I said that’s fine, it’s hard to wait but I’m willing to and then the next thing I know they’ve lost my referral and they’ve lost my referral six times, I ended up being on the waiting list for over 5 years

This situation is common and has been analysed, but an additional factor that is overlooked in the literature is that trans-disabled individuals may not have the capacity, time, or energy to advocate for themselves successfully when navigating the healthcare system. For those who live in rural areas and are reliant on public transport, the negative impact of austerity measures is particularly acute in relation to transport – such as for Allie who would have to navigate multiple trains and buses to get to the clinic. His disability makes this impossible to do independently. Having to consider multiple needs when advocating for trans healthcare intensifies the stress and pressure experienced in an already difficult situation. This is an example of minority stress which is discussed in further detail in the transphobia section below. This notion of an intersectionality between the different difficulties related to accessing health care or any support whilst being trans-disabled is an original finding of this thesis. Expectations that individuals will have singular disabilities or identities leads to a lack of much-needed support for trans-disabled people, and these limited expectations reflect a more general lack of awareness that life is intersectional.

When accessing support, sometimes the costs outweigh the benefits, Joanne explains how trying to find support at their university was simply not worth the time and energy it would take to jump through all of the hoops required. “I’ve been offered some like support but usually after looking into it, it seems more trouble than it’s worth”. Unfortunately for some disabled people, it is easier to go without resources than tirelessly jump through hoops. These frustrations are not limited to one aspect of life either, Vinnie explained his frustrations at not having his disability needs met:

> there was this one lecturer and I asked him to use a microphone and he wouldn’t and then I interrupted for mental health reasons and had to resit the module and the exam and someone else went to him and said ‘we can’t hear you can you use a mic?’ And he used it for them but wouldn’t use it for me when I went and said ‘hey I’m disabled’.

This double standard is an example of the stigma that those with disabilities face. When people with disabilities cannot access something, blame is often placed onto them as a result of their impairment. This again illustrates the line between being disabled and needing help – which is viewed as tragic or burdensome, or being capable and then deemed a fraud.

Hahn refers to stigma around accessibility as a “disabling environment” (Hahn, 1988), and Hammel *et al.* found that there are “eight major categories of environmental factors that influence participation: built, natural, transportation, assistive technology, information and technology access, social support and societal attitudes, systems and policies, and economic environment” (2015, p. 580). Most relevant to this study here is the social support and societal attitudes category. The types of access issue explained by Vinnie above abound, whether through self-importance, entitlement or just ignorance to the plight of disabled students.

In a similar experience, when asking lecturers to wear the microphone during a lecture so that I could loop the hearing aid I wore at that time through the system, those I asked said they would only wear it if they were on time for the lecture. If they were running late, they would refuse my request. Other times I have had lecturers hand me pieces of paper, explaining they either didn’t have time to email me or had forgotten I existed and “would this do instead”. Unsurprisingly, my disability needs do not fluctuate in order to accommodate their lack of accessibility and disability awareness…

The implicit message here, which as these examples show is felt clearly by the ones with disabilities in these situations, is that disability is inconvenient (Dolmage, 2017). Within these ableist structures, requiring additional measures, such as sending accessible copies of handouts ahead of class, shifts the responsibility and the inconvenience onto the disabled individuals, thus turning these institutions into hostile and inaccessible environment (Brown and Ramlackhan, 2022).

These situations are incredibly frustrating because not only do they put those with disabilities at a huge disadvantage in terms of their university work, they also reveal how people negatively perceive and stigmatise those with disabilities. Patience can be key to challenging this ableist environment, whether physical or atmospheric within departments. But even this requirement of patience shifts the responsibility of incredibly tough emotional labour onto the marginalised person (Linder *et al.,* 2019).

The emotional labour[37] experienced by my participants when they spoke with me to share their own experiences of being trans-disabled, to my own shared experiences, emotional labour is at the heart of this dissertation. It is important to acknowledge the emotional labour, which is constantly being performed by marginalised individuals, and particularly trans-disabled individuals. As a result of the pressures of emotional labour and the demands it makes, trans-disabled individuals may experience burnout, alongside emotional dissonance and numbness (Wilton, 2008; see also Leidner, 1999; Pierce, 1999).

Another key factor when addressing disability access is that of fluctuating conditions, which are a particularly important aspect of many disabilities that often get overlooked. Ash explains the various complications that result from the changeability

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[37] “to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild, 2003, p. 7)

of their disability needs when trying to get the support they need from their university disability department:

> working on getting accommodations and especially having any visible disability I get it being neuro-atypical because there are times on good days or when I have my script planned or when I know what I'm doing that I can stealth and closet myself almost and when you're like I do actually need help with this they're like well you didn't need help with this yesterday, and I'm like yes I'm working with it

Having a fluctuating condition means that "what constitutes a disability and how it affects students is continuously changing" (Koca-Atabey, 2017, p. 142). The level of concentration needed for a disabled person to navigate able-bodied society is high. On days where I cannot manage to maintain this concentration, I drop things, walk into things and I refer to those days as my blind days. The fluctuation of conditions can be likened to the fluidity of gender and the ways in which some non-binary individuals change their gender expressions and embodiments. I see a further link between gender fluidity and fluctuation of disability-related symptoms through their rejection of a systemic binary expectation and wider society's need for rigid categorisation and fixity.

The lack of support is exacerbated by the increased pressure on support services that have had their funding cut due to austerity measures (Ryan, 2020). Vinnie explains that there is nowhere for him to spend time with other hearing impaired or deaf people because "they're like closing the deaf club here in **** so a lot of deaf clubs have had issues recently and a lot of them are closing". This is true for a lot of grassroots community spaces and resources. While this situation is not specific to disabled resources, the effects of this can be more acute on disabled people because disabled people often need specific support or an accessible environment, which can make it harder for example for disability community groups to be flexible about where they meet.

When I learnt braille, I did so in an Action for Blind People building which was a terrific community resource. It was outside of the area in which I would usually travel, but I am fortunate to have a supportive dad who was happy to spend half of his day off taking me to and from the class. I attended the group even after becoming proficient in braille because it was a wonderfully supportive environment and community. A few years ago, the building was sold, and Action for Blind People merged with the Royal National Institute for the Blind. Whilst the braille class initially moved to a different building in the same town, there were so many problems with that space that in the end, the group disbanded, and that support system disappeared. Austerity has had a huge impact on funding for disability community support systems (Ryan, 2020; see also Hauben *et al*., 2012; Runswick-Cole and Goodley, 2015). Lack of awareness, support and understanding can lead to ableism, but it can also lead to transphobia, whether overt and intentional or covert and unintentional.

6.4 Transphobia

For my participants, overt transphobia (which refers to direct transphobic actions, rather than covert transphobia which is more subtle), seems to be rare everyday life,[38] although the transphobic exclusion of transgender individuals from social spaces such as churches, friend's houses and public changing rooms and toilets is well documented (Zeeman *et al*., 2017; see also Ramster *et al*., 2018; Moolchaem *et al*., 2015).

When asked if he had ever been excluded from anywhere because of his trans identity, Robert told me "churches, certain parent's houses, as in friends that have gone my parents aren't really ok with this just don't come round". This experience from Robert is shared by many I interviewed, including Jack who explained, "I've been denied access to changing rooms and toilets". This links back to enforced gender binarism. In many situations, the more you 'pass' or are perceived as cisgender, the easier it is to access things, especially if you have medically transitioned and "pass". As discussed in the literature review chapters and earlier within this chapter, wider society expects a "before and after" change that conforms to binary ideals of gender and gender transition, and external gender signifiers are often used to gatekeep single-sex spaces.

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[38] Given that many of my interviewees were AFAB (assigned female at birth), this is hardly surprising given the disparity in public attitudes towards trans men and trans women – this is discussed further in the literature review chapter. This also speaks to the privilege of many of my participants, many of whom were university students.

When subjected to transphobia, there are usually two options in response: exit that situation or stay and fight for your right to exist. Jamie found that they had to stop doing a hobby they enjoyed due to the presence of TERFs.[39] As they explain:

> I really enjoy working in politics for a long time before that became toxic, I used to be in the Green Party, until there was a slight infestation of TERFs into the party.

Deciding to exclude yourself from an organisations as a result of a strong transphobic presence is common. Even a fear of possible transphobia, or a lack of inclusion and acceptance, can dissuade people from attempting to join in (Hargie *et al*., 2017).

Lauren explains their reluctance to join disability groups due to fear of transphobia:

> I'm reluctant to go to a lot of autistic support groups because even though most of them are the nicest people I know around, the most accepting group, you still get the odd one who'll ask a lot of questions, who won't respect your identity who use the wrong pronouns and make fun of you

Transgender individuals fear the expectation of being feared and lashed out at (Aversa *et al*., 2022), rather than disabled individuals who may fear being pitied or patronised (Hughes, 2019). Whilst transgender individuals fear violence, and

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[39] TERF refers to trans exclusionary radical feminist.

disabled individuals fear pity, trans-disabled individuals are even more vulnerable due to their dual marginalised identities which compounds this fear of violence and fear and pity.

The experiences discussed in this section are common problems faced by transgender people. Across trans and disabled groups, there is a share experience of stigma through association. This is shown through what Robert says above, where their friends' parents do not want them in the house, because parents fear their children will become "trans" (Baril and Ashley, 2018), in a similar way to how non-disabled people fear becoming disabled (Hirshman, 2013). This fear of becoming disabled is a very shallow and ableist view of disability which does not account for the nuance, depth and breadth of disabilities or disability pride which is felt by many disabled individuals.

6.5 Ableism

The term ableism emerged within the disabled peoples' rights movements both in the United States and Britain in the 1960s and 1970s (Various, 2006). As Billawala and Wolbring explain, "The term ableism was coined to be similar to sexism and racism, where a group could question certain negative behaviours towards themselves" (2014, n.p.). Ableism creates spheres of acceptance, which highlights the disability or difference of anybody deemed outside of that sphere, which enables people to categorise these "others" as impaired or disabled (Miller, Parker and Gillinson, 2004). Ableism is a deeply embedded system of exclusion and discrimination that creates and celebrates and embodied ideal.

Jack reflects on the widespread ableism within mainstream society:

> I volunteer with autistic kids at like a youth group and we were taking them to a soft play area and I rang up and said we have a group of kids with autism and all the staff are autistic and they were like “oh erm we can’t look after your sort of kids with your sort of adults” so they basically implied that we were incapable of making sure the kids were safe because everybody that runs the group is autistic as well which is not the case

The ableist view that people with autism are not responsible adults capable of looking after children, shows how autism or ASC[40] is perceived within wider society. This is something which will be explored further in the autism and transgender identity chapter. Many studies focus on the impacts of having a child with autism and the pressure that puts on the family including the effect on allistic[41] siblings (Graetz, 2010; Bilgin and Kucuk, 2010; Greef and Van der Walt, 2010). However there are few studies which focus on the experience and perceptions of autistic adults (Hurlbutt and Chalmers, 2002; see also; Bradley *et al*., 2021).

Society has created “mainstream disabilities” (Shaw, 2005), which shows how societal norms perpetuate the discrimination of those who fall outside of dominant disability categories. This is reflected in Robert’s discussion of how without a recognised symbol of visual impairment (for example a white cane) he is often not

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[40] ASC refers to autism spectrum condition which is used in conjunction with ASD (autism spectrum disorder).

[41] Non-autistic.

believed to have a disability, which as noted earlier in this chapter demonstrates the importance of symbols of disability to legitimise that disability to a wider public. The creation of “mainstream disabilities” reinforces this need for wider society to see a recognisable, often physical, symbol or indicator of disability. Having a visible indicator of disability might lead to some acknowledgement of disability, but it also takes away the ability to hide or shield the disability (Saal *et al*., 2014). This need for disability identity to fit into binary and rigid categories reflects a social pressure for transgender identity to be binary, with a clear “before and after”, in order to be accepted by the mainstream (as discussed earlier in this chapter). I argue that this need for a visible change of identity connects transgender identity and disability; whilst the expectation of imagery/identity are different, the form of marginalisation is the same.

People’s misconceptions and ableism often make it difficult for those with invisible disabilities to ask for or receive the support that they need. Jack explains that

> I think that because it’s not a visible thing people don’t believe me and that’s like people always say that I’m too functioning because I live away from my family home and I own a cat and things like that people seem to think that autistic people can’t live normal lives so they say that I’m not autistic which is probably the hardest and most annoying thing

This stereotyping of autistic people or disabled people more generally as dependant is problematic. Research into stereotypes of disabled people suggests that “persons with a disability were associated not only with less competence than persons without disability, but also with less warmth" (Rohmer and Louvet, 2012, p. 8). Morris argues that if a person's lived experience as a disabled person does not fit within the mainstream stereotype for that disability, then their experience is invalidated (2014).

As well as disability stereotypes, transgender stereotypes are also problematic and for Jamie, the compounding of the stereotyping of their disability and transgender identity and the stigma attached to transgender identity means that they prefer to keep their disability and transgender identity separate. Jamie told me how they preferred to keep their disability and transgender identity separate:

> I try to keep them separate because especially with kids if I try to bring up my eyesight issues as well they are very much better with the disability issues, they know that if I say I can't see this, they will instantly turn the stand around so I can see it, it's really really good, I think kids are much easier receptive to that because it's more societally acceptable to help disabled people more than trans people as sad as it is.

This stigma has additional layers when it comes from within the community, in this case the disability community (Stevenson *et al*., 2014). Lauren explained the difficulty of being diagnosed with a condition that has since been renamed due to the stigma associated with the term. Lauren says, "they diagnosed me with Asperger's Syndrome, but because of the ableism and connotations of that, I just say autistic cause it's the same thing". Some people still identify as having Asperger's rather than ASD (Huynh *et al*., 2020), however many of these people are stigmatised by others with autism because of their choice of identification. When I put out the call for participants, I included Asperger's as a category within the call because many people still do identify with the term and I wanted to be as inclusive as possible. In response to this call, I received critical comments from people who are autistic and do not like the term to be used. I realise that this could have influenced my sample, although I did include that I included self-diagnosis also so tried to balance the call out and how I communicated with potential participants.

Societal misconceptions that disabled people are "daft" or unintelligent can have a profound impact on disabled people's sense of worth. "People with disabilities are often considered different, less fortunate, unsuccessful or less valuable as a partner, parent, friend or employee" (Buljevac *et al*., 2012, p. 726). This view that disabled people are missing some intrinsic part of themselves is outdated, simplistic and wrong. People with disabilities "are labelled and stigmatized in social interactions if they do not meet the normative expectations of others" (Buljevac *et al*., 2012, p. 726; see also Westerholm *et al*., 2006). Lauren shares their experience of this when they say:

> I feel like a lot of people write me off quite quickly as a little bit of a dits, not quite so they'll often make jokes about how I am a little kid, put me in boxes, peg me as like this crazy, hyperactive, immature mess basically and sometimes they'll be a bit controlling so they'll try to help me fix my life without asking me or they'll get a bit touchy feely when I don't want them to

The stigmatisation that trans-disabled people experience within society is socially constructed. This "social construction combines two fundamental components: the recognition of the difference based on distinguishing characteristics and the consequent devaluation of a person" (Buljevac *et al*., 2012, p. 726; see also Heatherton *et al*., 2000). Devaluation within marginalised groups can be a means of creating hierarchies within that group, and is a way for some to get power over others. When very specific normative standards dictate what constitutes a legitimate disability or transgender identity, those who do not fit within those standards are seen as deviating from the norm and face stigma from those within their community (Buljevac et al., 2012; see also; Schur, 1980). The hierarchy enables those who most fit within those specific normative standards to exclude others from the group, which is a form of stigmatisation.

The patronisation and negative treatment disabled people are subjected to has a significant impact on how disabled people view themselves and others. Lauren explains the frustrations of being patronised for being disabled: "they think they're good people for talking to us". This view of "us and them" differentiates between disabled people and nondisabled people, "us/them is a discourse of identity closely related to cultural standardization" (Solvang, 2000, p. 8). Goffman also noted that some groups do not aim for normality or conformity but embrace stigma (1968), which works against these normative hierarchies. I argue that trans-disabled people can be empowered through the stigma they face in response to being both transgender and disabled. Those who are "othered" within disability and transgender communities find solidarity with and understanding from those who share their difference, which constitutes a rejection of the social norms that get reproduced within these communities. It's important to recognise the varied responses to stigma within disability and transgender communities: whilst marginalised groups can be empowered by embracing their stigma, others reject that marginalisation and conform to societal expectations.

The social othering that plays out through constructed categories of “us and them” becomes more acute the more disability is misunderstood. This is particularly true for Lauren who reported:

> I don’t really like big crowds, they make me really anxious and back in my hometown I was basically, for lack of a better word, crowned the village idiot, so if people saw me they would slow their speech patterns down to baby talk um over explain everything, most of that was just the older people, they saw me as crazy but harmless, the younger people would throw things at me and call me retarded. So I’d say I faced a lot of ableism and that level of ableism made it so I could not leave the house without feeling sick, shaky, I was miserable really

Living in such a small town, where there was little to no understanding of disability, particularly an invisible disability such as autism, impacts the way a person is treated. Internalising the negative perceptions of others can impact their self-view and self-worth. As Martz states, “Individuals have freedom of choice to determine the significance and meaning of their disabilities” (2004, p. 155). However, this can be difficult in the face of a lack of understanding of autism. As Lauren says:

> a lot of people sometimes don’t really understand what it’s like to be autistic so they’ll just have all these really loud crazy events which are fun but when

> they get a bit too crowded I just get extreme discomfort and yeah it plus there is sometimes a lot of ableism in LGBT spaces people making jokes about it people being all patronising saying I could never be with X that sort of thing

There's a saying amongst those who support people with autism which is, "if you have met one person with autism, you have met one person with autism" (Shore, 2016, n.p.). This highlights just how much of a spectrum autism is, where every point along this spectrum is a unique individual with unique experiences. This is reflective of disabilities more generally as varied and constituted by vastly different experiences and embodiments. This is also true of the transgender community; there is a vast spectrum of transgender identity and not all people within that broad identity category (Calvalcante, 2018) have the same experiences.

Transgender and disability identities are interconnected, and the experiences of these identities and the complexities they bring are intrinsically linked for trans-disabled people. Anthony added to this by explaining, "I wouldn't say because I'm autistic but it's because of anxiety because I'm autistic". The ways in which disabilities and identities intersect can be incredibly difficult to navigate, and this reinforces the fact that not all those with similar disabilities have the same experiences. The intersecting nature of these disabilities result in different experiences of them and ways to cope with them. This heterogeneity underpins the complexity of trans-disability, and as such to the possibility of comprehensively understanding transgender identity and disability and how they intersect. This research gives an insight into trans-disabled lives, both as theorised and as lived, rather than attempting to give a solution to or definitive explanation of the complexity of trans-disabled identity.

The complex intersection of these identities is further illustrated by Ash, who explains their experience:

> a little bit more than the other way around I guess where I just talk, not specify my disability in any sense and it would be quite obvious that I'm LGBT but it's I can meet other LGBT people and be like, yes this is who I am, you don't always know how people will respond when they learn what my disability is especially with invisible illnesses, I mean some people just don't believe that ADHD exists! They're like, have you tried just working a little bit harder? Do you know, I really have I'm working really, really hard right now, you don't want to see what it's like when I'm not working hard.

This highlights the ways in which people with dual marginalised identities strategically negotiate interactions (Goffman, 1963). By focusing attention on a more visible identity, which for Ash is their LGBT+ identity, rather than an invisible disability such as ADHD, Ash is able to manage the expectations others and their own safety in society. This contrasts with Anthony's strategical thinking around dysphoria and accessing medical treatments and that impacted him and his mental health shows how complex the decisions are for trans-disabled people when accessing medical care.

Ash also went on to tell me, “people really, really don’t like to think of disabled people having sex lives and having romantic lives”. In light of this, being disabled and LGBT+ is – for the wider public – almost an oxymoron. This is discussed in the literature mentioned in the literature review chapter, particularly in the work of Robert McRuer (2003, 2006 and 2011) and Tom Shakespeare (1996, 1997, 1998, 1999, 2000, 2006, 2013). Ash’s comments articulate aspects of Shakespeare’s work in particular, and expands these ideas by making transgender experience central to these discussions, rather than a tagged-on addition at the end of the LGBT alphabet soup acronym. One of Shakespeare’s key theories is that there is an assumption that you cannot be *both* LGBT+ and disabled. Whilst Shakespeare includes transgender individuals in his analysis, he does so tokenistically – with infrequent reference to transgender identity and no expansion on this term. There is also no engagement with the fact that transgender identity is not the same as sexuality, because it is a gender identity.

In the next section I focus on fear as a trans-disabled individual, rather than fear about trans-disabled individuals as mentioned earlier in this chapter.

6.6 Fear as a Trans-Disabled Individual

Fear felt by trans people (Seelman *et al*., 2017) and by disabled people (Mushtaq *et al*., 2020) amounts to the same thing – it is often fear of stigma and being stigmatised. Fear is a constitutive part of the experience of being outside of heteronormative expectations, which I argue is an intrinsic part of being trans. There is fear of discrimination, fear of not fitting in with the wider trans community (the problems of gender policing as outlined above), and fear of coming out and medically transitioning. Fear of discrimination within the healthcare setting is well documented and researched (Seelman *et al*., 2017; see also Michelson and Harrison, 2020). These kinds of fear are less common to disability, however they are sometimes felt. For example, Robert explained one of his fears related to his disability:

> I always have this fear that there will be people going “you don’t need that” I used to have, the Leicester Royal gave me one of the visual impairment badges and there have been a few times where people have gone “but you’re reading the bus timetable so your eyes work” well that’s not really the definition though is it? It’s the same with if you book things with a carer, we’ve had incidences at London Zoo and Warner Bros studio tour – “which one of you is the carer and why?” Well, you don’t need to know that, you just need to see proof that I’m entitled to a carer

The questioning of those with disabilities has been exacerbated by austerity measures in the UK that have depicted disabled people as fraudulent (Healy, 2020). Joanne was very concerned about being seen as disabled and judged for a disability that they have no control over: “I think I’d be quite worried about them judging me in some sort of way and disability is a bad thing is what some people think which is atrocious”. Joanne goes on to explain how draining it can be interacting with people who do not understand transgender identity or disability:

> Certainly, with interacting with people who don’t necessarily or just don’t understand that can be a lot more stressful because if they don’t understand

> either my gender or my disability they're likely not to like the other either or to understand it and just it cascades into problems that just stress me out

Minority stresses compound one another, adding additional layers of complexity to already complex existences (Frost and Meyer, 2009). Minority stress and strategic are explored further in the next section of this chapter.

For Vinnie, the fear of transphobia and exclusion led him to change the sport he played:

> I play sports the policy is for university sports that you can pick which team you play for as a transmasculine until your first dose of testosterone, so before this academic year I'd been able to choose and I'd not played on a men's team before. This year I play for the men's team, so I used to play football, I didn't join the football team and my friend Jamie was captain of the lowest hockey team and I went to his house one night and I mentioned I was worried about playing for the men's team in the football and he was like "come join hockey, I'll look after you" so I joined hockey and it was a bit at first I wasn't sure about the changing rooms all the guy stuff

By changing sport, Vinnie was able to gain some comfort in the knowledge that he had power in a supportive friend. The power of allyship is sometimes overlooked but can have a big impact (Rostosky *et al*., 2015). By being adjacent to this power and borrowing from it, Vinnie was able to strategically navigate how he accessed sports as a trans individual.

Anthony explained that his fear was “going to the toilet”, justifying this by saying, “I’m a trans guy, constantly afraid of being assaulted” (McGuire *et al*., 2022). Note the fear that transgender individuals have when accessing public spaces such as toilets. Eli elaborated on what she fears the most from being visibly trans:

> Fear, the fear of being stabbed, the fear of being assaulted, the fear of being screamed at… It’s how people perceive us and it’s that fear of how people perceive us that is the biggest fear within the LGTB community and that’s probably one of the bigger ones as people’s knowledge and laws can be changed but people’s perceptions whilst differ take a lot to change

This is a good example of how minority stress can impact those from marginalised communities. Moving from fear to staring, the next section examines the ways in which trans-disabled individuals are impacted by staring and stigma.

6.7 Staring at Trans-Disabled Individuals

Allie discussed the stigma he feels by being stared at: “I’m disabled and I’m trans please don’t stare”. Having dual marginalised identities can feel alienating particularly when either or both identities are visible. As Garland-Thompson notes, “Staring is a vivid form of human communication” (2005, p. 1). Staring communicates difference, when people glance, they take stock, if they then stare it suggests there is a mark of difference that has drawn their attention. Reasons for staring may be positive, negative, or somewhere in between but the effect is the same; it leads to self-consciousness for the person being stared at, and to them questioning why they are the object of another’s gaze in this way. For visibly transgender and disabled people, staring is one of the least violent forms of harassment faced. Despite this, staring still impacts on people’s wellbeing. Garland-Thompson further explains that “Staring is an embodied and relational visual exchange that carries complex cultural and historical meanings” (2005, p. 1). By enabling children to stare at people who are either transgender or disabled suggests that those who are transgender or disabled are outside of mainstream society, producing and reinforcing the “us and them” mentality that at an extreme can culminate in adults who do not think that disabled or transgender people matter. Staring suggests that bodies which are outside of mainstream regulation are unruly; as Garland-Thompson suggests, “the history of disabled people in the Western world is in part the history of being on display, of being visually conspicuous while being politically and socially erased” (2005, p. 2). Seidler discusses the artwork *I cannot see you but I know you are staring at me*, produced by disabled artists, as a form of activism, resistance and a way to change perceptions of disability (Seidler, 2011).

The concept of unruliness is another point of intersection between disability and transgender identity, which is often overlooked. As trans-disabled individuals we are often seen as unruly, particularly when we push back against our oppression. For example, when a disabled individual gets upset or passionate when confronting ableism, they are often deemed the “angry disabled person”, or when a trans person does the same, they are often labelled “unruly” (Herman, 2015; see also Kelly, 2012) “dangerous” or even “unhinged”. Through the example of Miss Piggy from the comedy sketch television show *The Muppets*, Rowe shows how female unruliness is figured as a masculine trait to encourage conformity to gendered roles and ideals (2011). The representation of Disney villains is another example of this: Disney villains are often women with masculine features, for example Ursula who has a deep voice (Sharmin and Sattar, 2018). There is power in this unruliness, both for the trans-disabled individual who can be empowered by breaking through barriers, and for dominant society, who can use the threat of being categorised as unruly to reproduce and manage the heteronormative able-bodied wider society, where unruly bodies are figured as deviant and as such excluded from the mainstream.

Joanne expresses their views that LGBT identities are more understood than disabilities. They say: “there’s a lot more discussion I find of LGBT topics so it’s a bit more normalised and I’ve found that there’s less chance of any stigma around it unless you’re a bigot and I don’t want to talk to you anyways if you’re that”. This contrasts with Vinnie’s experience that disclosing their disability was easier than disclosing their LGBT+ identity. These conflicting experiences illustrate the diversity of the trans-disabled community and as such how a “one size fits all” approach when supporting trans-disabled individuals is inappropriate. This expands existing literature showing the vastness and diversity of trans-disabled experiences.

Whether disabilities or LGBT+ identity is easier to disclose, disclosing is difficult and can require many coping mechanisms. This is particularly true in light of the fact that “coming out” or disclosing an identity is not a singular event. Coping mechanisms are used to limit and mitigate the effects of psychological distress, whether this stress stems from internalised transphobia, stigma or experiences of discrimination and harassment (Meyer, 2003). Internalised transphobia is difficult to overcome as it requires a lot of unlearning and “is a result of internalizing negative messages based on societal expectations of what is considered to be ‘normal’ (i.e., not deviating from gender norms)” (Budge *et al*., 2013, pg545; see also Bockting & Coleman, 2007).

The type of coping mechanism that Joanne describes in the above quote is avoidance, which according to Budge *et al*., “occurs when individuals try to prevent an emotional response to the stressor” (2013, p. 546). Narrowing the number of people that they engage with mitigates stress by minimising the possibility of new or unknown encounters. The constant discrimination, marginalisation, and isolation that transgender people face has an ongoing impact on their psychological wellbeing (Sánchez and Vilain, 2009; see also Clements-Nolle, Marx, & Katz, 2006). As historically marginalised groups, transgender and disabled people can experience psychological distress connected to the past experiences of others who have faced discrimination because of their identity, which leads to fear of future discrimination (Sánchez and Vilain, 2009; see also Jackson *et al*., 1996). This fear of future discrimination is reflected in the ways in which trans-disabled people navigate society, as evidenced through Joanne’s example given above but also in the ways in which trans-disabled people judge whether to disclose their transgender identity or disability.

I tend to be cautious about when I disclose my identities as a result of negative experiences I have had in the past. The COVID-19 lockdown has shown that many aspects of life can be moved online, which can make many events and groups more accessible (Holland, 2021). However, this can also have a negative impact on the visibility of some disabilities. For example, when meeting with others online, unless I mention I cannot see, no-one is aware of my disability. Whereas in person, I use a white cane which immediately signals a disability (even though many do not know what).

As previously discussed, Robert's choices in disclosing his trans identity were complex and tied to his disability. He explained that due to being financially dependent upon his family, he was strategic about when he came out as he feared not being able to support himself or his disability needs as well as fearing discrimination.

Minority stress means that an individual need not have experienced discrimination themselves to fear future discrimination. As a result of sharing an identity that is stigmatised, there is a knowledge that this identity is subject to discrimination and as such may lead to future discrimination for any member of that group (Frost and Meyer, 2009).

The minority stress model shows how transgender individuals are at an increased risk of psychological distress due to stigma, prejudice, and discrimination (Bockting *et al*., 2013). An example of this minority stress comes from Joanne who, expanding on their experiences quoted above, says:

> The everyday thing where it's like someone might not necessarily intentionally ignore what you want but ignores it like it's just because it doesn't come up on their radar and they've already made up their entire opinion of you and that will not change.

This obliviousness impacts people who are within minority groups more than those who are not. This can be a result of not being in fully safe spaces, and having to navigate a society they feel isolated from.
This minority stress is compounded when by a lack of support and systematic discrimination across wider society. Whether this is a result of austerity and budget cuts or a lack of understanding, there a negative impact on those who are marginalised and seeking support.

Conclusion

This chapter has explored how trans-disabled individuals face stigma and negative attitudes from within and outside of their communities. Many of the participants have found their own ways to navigate the gender policing and toxicity that exists within and outside of transgender spaces and communities.

Transphobia from wider society also played a part in how my participants choose to present themselves in wider society and spaces. Many choose whether to show their transgender identity or disability, and use one identity to mask the other. In this chapter, through the lens of theories of strategic interactionism and stigma, I have argued that being trans-disabled brings an added layer of stigma which compounds the negative attitudes that are felt by trans-disabled individuals. An example of how the stigma and negative attitudes was demonstrated by Jamie, who explains that when they teach kids music they stay closeted due to fear of transphobia and losing their job. As cited earlier, “it’s more societally acceptable to help disabled people more than trans people as sad as it is”. This is a clear example of the type of strategic negotiation required when navigating dual marginalised identities as a trans-disabled person.

I have also shown how these negative attitudes are enacted through the distinguishing of difference and subsequent devaluation of an individual based upon that difference. The ways in which my participants have shown strategic thinking in the presentation of their identities in differing ways shows the true complexities of trans-disabled existence. This chapter has developed the understanding of stigma surrounding multiple marginalised identities and the ways in which that stigma intersects through the telling of stories and experiences from trans-disabled individuals who negotiate and navigate intersectional stigma daily.

Chapter Seven: Humour Analysis

Introduction

Humour is a universal part of everyday life. The effective use of humour can help build and maintain relationships and can have a positive impact on quality of life (Martin, 2007; see also Stieger *et al*., 2011). Richman has argued that “the great value of humour lies in its ability to tap multiple levels of meaning” (1996, p. 560). The complexity of humour is shown through the multiple and varied ways that people define and understand humour. Ross suggests that humour is “something that makes a person laugh or smile” (Ross, 2005, p. 1); humour can also be an incredible source for good, and a useful coping mechanism. For Meyer, “Humor is viewed as a cognitive experience involving an internal redefining of sociocultural reality” (2000, Pg311: See also Apte, 1985).

How a person responds to certain kinds of humour can reflect their life experience, whether that is by smiling at a joke which highlights the oppression certain groups face or using humour as a way to deflect attention in certain situations. Humour can also be a useful tool to break the ice in awkward social situations, and can be a way to cope with stigmatisation in everyday life. As Ross suggests, “Humour is influential – from political satire to joking as a way of establishing friendships and excluding others” (2005, p. xi). Many of the trans-disabled individuals who took part in my study have harnessed humour’s power of influence, and deploy humour as a shield and a coping mechanism. For many, sharing humour solidifies a sense of identity and cements understanding between community members.

Humour can act as a buffer between members of a group that facilitates a better understanding of different experiences of identity within communities with diverse in-group dynamics. Humour can be specific to the marginalised group which utilises it, as Albrecht suggests, “what is humorous and accepted by disabled people in their world may not be understood by people in the outside world” (1999, pp. 72-73; see also Morris, 1996). In this way, humour enables those who share identities to gain control and to reclaim power over their own identities. Conversely, disability is often the subject of ableist humour and transgender identities are often subject to transphobic humour. For both disability and transgender identity groups, humour is a distinct and active component of navigating a very complex society which does not understand either disability or transgender issues (Stuart, 2024).

This chapter explores how humour can be used by marginalised individuals to evade or embrace stigma and how trans-disabled individuals can use humour to either empower themselves or counter dominant forms of power in everyday life. Moving through the chapter, I unpack aspects of humour such as intersectionality, using humour as a coping or defence mechanism and even cognitive linguistics before focusing on the use of humour within disability and transgender communities in order to fully analyse and show how humour can be utilised by trans-disabled individuals. Through the analysis of interview data and autoethnography, this chapter addresses the research questions and aims, focusing on how trans-disabled individuals use humour to navigate their different yet intertwined subjectivities.

7.1 Humour and Intersectionality

Intersectional humour comes from those who are situated at the margins of multiple marginalised groups within society. It is disruptive and disorienting because it crosses boundaries of identities. In this way humour can make identity categories precarious, and really puts trans-disability humour on the cutting edge. When discussing intersectionality, Collins "proposed the notion of interlocking oppressions organised through a 'matrix of domination' (1990, p. 276) comprising structural, disciplinary, hegemonic and interpersonal power relations" (Huber and Brown, 2017, p. 1110). A joke is never just a joke, there is always subtext and jokes can often contain power motives or be deployed as a way to gain control in a situation.

Disability and trans jokes often reclaim past slurs or unacceptable words, intentionally exploring and recuperating taboo subjects and terms. The words "cripple" and "tranny" are often used as self-derogatory terms, in a ways that strips the terms of their insulting content and refigures them as a form of power and a reclaiming of control by trans-disabled individuals. I understand this as reverse humour, which I define here following Weaver as "principally a discourse or an element of a discourse whose etymology can be traced, often in a quite evident manner, to an earlier discourse that uses identical signs but which employs these signs for a reverse semantic effect" (2010, p. 31). By deploying outdated terms as a form of humour and empowerment can shocks those who do not share the identity of the person speaking, but creates solidarity with those who do share that identity.

When asked about what a bad social experience within the LGBT+ community is for him, Anthony jokingly mentioned “going to the toilet”. The subtext of this comment was clear: as a trans person I know that’s one of the most challenging activities for trans people – the fear of being assaulted in a toilet is real (McGuire *et al*., 2022). Whilst Anthony expressed this in the form of a sly and knowing joke, the meaning of the statement was serious which became clear as he further explained that “I’m a trans guy, constantly afraid of being assaulted”. This sudden change in tone, from wry humour to earnest solemnity, shows how short sharp statements can be used in two different ways; to deflect from any likelihood of the questioner delving deeper into this person’s life, and to create solidarity between the individuals in question. There is much diversity within the trans community but there are shared experiences that tie us together, which is much the same with the disability community. Even moments of pain can lead to a connection that creates solidarity (Mayo, 2024) between people who are often denied the most fundamentally basic human rights, such as peeing in peace!

The humour used in the interviews exemplifies “in group” humour between the participant and myself as “audience” for this humour. In group humour names humour which is specific to a certain identity or identities. Sharing an identity with the audience influences how the individual using the humour interacts with the audience (Hodson *et al*., 2010). Here I suggest in group humour signifies the acceptance of another person who shares the same identities. There were some aspects of their lives that the participants shared with me simply because I was also a trans-disabled person. For example, when asked about difficulties faced in relation to being LGBT+, Robert deflected from the question with a joke by stating: “trying to wear a binder in this heat”. Referencing an actual material challenge in a humorous way (wearing a binder when it’s hot outside) enabled him to both make an “in joke” that he knew I would understand as a trans masculine person and subtly signalled to me that he did not want to answer that particular question. Robert is someone who I know outside of this research study so sharing something like this with me was not unusual, however trans men and AFAB non-binary individuals who bind tend not to draw attention to the fact that they bind. Another that reinforced the humour of Robert’s statement was it was a particularly hot day. I had also foregone the comfort of a binder, which I very seldom do. Because a shared identity with my research participants, this study can illustrate some of the functions and effects of in-group humour for trans-disabled individuals.

Intersectional humour is integral to this chapter; there is no way to create clear distinctions between different marginalised identities when using humour – the experiences of these identities impact on each other, and so does the humour used to navigate these identities. The politicisation of marginalised identities means that wider society often tries to be “politically correct” when encountering people with marginalised identities (Dergic *et al*., 2023). This “political correctness” means that many who create or share trans- or disability-related humour are seen as too edgy, which I explore further in the humour as a defence mechanism section later in this chapter.

7.2 Humour as a Coping Mechanism

The use of humour as a coping mechanism can be seen across many different communities and in many different ways. The use of dark humour is an example of humour as a coping mechanism. Dark humour is a style of humour which discusses a taboo subject in a light way (Andersson and Rosén, 2013), and it does not always result in laughter and is not always intended to provoke laugher. Rather, dark humour is used as a coping mechanism. This use of dark humour can be prevalent in professional situations such as social work. Moran and Hughes argue that humour is essential when in a “helping occupation” (2006). This could be due to the intensity of care work. As a carer for my spouse, it is so important to have a sense of humour and to keep smiling and making jokes because it makes doing the necessary the tasks much easier, and creates a positive atmosphere.

Meyer argues that the use of humour in the workplace makes the work less stressful and the workplace less tense (Meyer, 1997). This shows how the use of humour in everyday situations can act as a buffer during intense social experiences. This research illustrates how using humour to reduce the intensity of certain social situations can make life less difficult for marginalised individuals in an ableist and transphobic society. Humour can alleviate stress within interactions (Chinery, 2007). The use of humour can be relatively minor, for example Ash described an interaction at a drag party where they were asked their gender identity and responded by saying “no thanks”. In my own experiences when people have responded to my gender ambiguity by asking: “are you a boy or a girl?”, I often just answer “yes” and smile. These types of question are often asked in front of others in social settings, with the goal of ostracising and making fun of an individual for being “weird”. Responding to this kind of question with humour and without becoming flustered can make it possible to turn the joke around onto the questioner, who is purposefully asking the question in order to be insulting or demeaning. This use of humour allows the individual to navigate and avoid potentially embarrassing or stressful situations.

Many of my participants have demonstrated different ways in which humour can be a social buffer within and outside of the trans-disabled community, and is a means of coping with stigmatisation and managing difficult situations. With humour as a buffer, individuals can maintain some sense of power and embrace or evade stigma. In another example of humour as deflection, Anthony answered a question by telling me a fun fact:

> Did you know because of how elephant’s legs and Rhinos legs work Rhinos have like bendy legs so they never have all their weight, so they can carry all their weight but if a Rhino was the size of an elephant they would crush their own legs because elephants have specially designed legs to be pillars so they stack on top of each other so they’re actually able to hold their own weight.

When asked at the end of the interview if he had any questions for me, Anthony asked me whether his rhino fact would make it into my study. This type of deflection is a good way to divert a conversation away from an intense topic.

Abel has found that adults who have a “good” sense of humour report lower levels of stress, equating to less anxiety and are able to implement more problem-solving coping strategies (2002; see also Craig *et al.*, 2018). A study of gay men found that humour is one of the main protective coping mechanisms adopted by those analysed in the research (Christman, 2012).

Ash showed how they used humour as a coping mechanism as a buffer against negative responses to their identities within society:

> I'm just like look this is who I am, I'm loud, I'm going to meet you and I'm going to have told you my entire life story in the first five minutes and you're going to get about two words in but I'm a delight, I'm very funny, I have got ADHD, that's why so you can't get mad at me about it

Ash uses humour to cope with everyday life, as evidenced here by being brazenly unapologetic about their identities in a funny way, which came through in their energised and positive delivery of this statement. In another example, Jamie describes how they deal with having a visible disability: "I keep my disability identity very public I mean part of the reason why I wear yellow tinted glasses because people are like cool sunglasses, thanks my eyes suck it's a very easy way to address". This contrasts to Robert who also has a visual impairment and wears sunglasses. Whilst Jamie, who was not out as trans at the time of interview, wears sunglasses to focus attention on their visual impairment in a way that distracts attention from their LGBT+ identity, Robert uses his LGBT+ identity to hide his disability. Robert's use of sunglasses is discussed later in this chapter.

Humour is often used to navigate interactions with medical professionals; humour "can be used by clients to defend against painful material or as a distracting device to change the topic when painful material is covered" (Swaminath, 2006, p. 180). This ties into the idea that "humour is a powerful tool for coping with stressful situations" (De Jong, 2018, p. 1). The common saying "if you don't laugh, you'll cry", suggests a dichotomy between happiness (or laughter) and sadness, where laughter is used to shift away from sad feelings. This saying also indicates the role of will power in navigating powerful emotions, which has traditionally been a viewpoint which has been used as ableist discourse.

Humour can be distracting and disruptive by transforming "worrying inconsistencies into a source of amusement to be celebrated with others" (Barsoux 1996, p. 503). This ability to make light of situations that could be concerning or serious enables people to deflect from the real issue at hand and keep conversations at a surface level rather than delving deeper into the root cause of a feeling. Whilst humorous deflection is often a necessary coping mechanism, humour can still evoke deeper and more serious emotions, "humour is not set diametrically in opposition to seriousness, not least because it can have serious implications and repercussions" (Lockyer and Pickering, 2008, p. 809). Jamie explained the ways in which they use humour to not only deflect from but to educate others about invisible disabilities:

> I still get the odd, "cool shades bro" in the street from some random tube bro on the tube but I'm like thanks I'm visually impaired and then they shut up straight away, it's great at least there is a stigma with that

By managing their identity through humour, not only are they able to shield themself from stigma but they are able to prompt serious reflection through troubling surface appearances and challenging assumptions. Humour can act as a camouflage that enables the expression of deeper and more serious reflection, which allows identity to be covertly visible in a way that otherwise would not be possible (Olsson *et al*., 2002). Humour can enable a person to accept that: “we are living in an imperfect world, with imperfect arguments and that things are insane, illogical, and irrational. And the only way you can live with that fact is to laugh” (Barsoux, 1996, p. 503). This ties in with the above discussion about the saying “if you don’t laugh, you’ll cry”.

Within activist spaces, humour is understood to be essential to build resilience and is viewed as a positive force. As Butler notes in relation to feminist spaces, “Laughter in the face of serious categories is indispensable for feminism” (2000 [1990], p. xxviii). Humour can make stigma or minority stress more bearable for the person experience them, and can also be a good way to break down barriers within wider society. Hart argues that “humour and laughter can serve as a powerful tool in social protest” (2007, p. 1). “Gallows humour”, which is often self-deprecating, is used in the face of unchangeable situations and can help marginalised and oppressed groups bond (Hart, 2007). The use of humour within and about marginalised and oppressed communities is a socially and culturally acceptable use of humour. However, it is completely unacceptable for that humour to be imitated by someone outside of that group in order to highlight the oppression and marginalisation of the group (Hart, 2007). The ability to acceptably deploy certain kinds of humour is limited to those who are members of the identity group the humour is about. For example when I make blind jokes, often people around me repeat the jokes without amending them, which makes the joke fall flat and leaves me in the spotlight and feeling alienated. This is incredibly ableist and creates an awkward moment where everyone looks to me to see if they are permitted to laugh or whether they have just been told something true that they must respond to seriously. A problem with using disability or trans humour around strangers is that sometimes the listener can misunderstand the joke and take points seriously that are supposed to be funny, or vice versa.

As discussed across this dissertation, individuals react differently to the same situation or experience, and people with disabilities or trans identities may have similar experiences but very different responses to these experiences. Research has shown that “In the last decade there has been a strong growth in research examining the nature of coping and individual differences, as well as the role of situational factors” (Moran and Hughes, 2006, p. 503; see also; De Ridder, 1997; De Ridder & Kerssens, 2003). The ways that individuals respond to situational factors constitute an important part of how a person exists within their sphere. Personality differences play a role in this, as do the ways in which people react to questions about their identity that they have to navigate. For example, a trans person who is constantly mined for information in a relaxed social setting, as if they are a Wikipedia page, may snap back at this kind of interrogation. Whereas a trans person leading an awareness training is entering a space where they are prepared for the emotional labour of answering questions and sharing personal experiences.

Whilst there are many examples of how humour can be used as a coping mechanism for marginalised groups (Gurvich *et al*., 2021; see also Grant and Whittell, 2000), there are ways in which the use of humour in these scenarios is not a coping mechanism. Rather, humour can be deployed in order to be perceived to be coping, much like the idea of “constructed defence” (Coogan and Mallett, 2013, p.

248). This idea of constructed defence is produced by “disembodied social, epistemological, textual and cognitive structures of the non-disabled” (Coogan, 2013, p. 7). For example, when uttered by a non-disabled person, discussing taboo topics about disability as a form of comedy is a faux pas that reproduces and reinforces the oppression experienced by the disabled person who is the object of that humour. Whilst the non-disabled person wielding the humour may feel liberated to break taboos by using a defence of “it’s only a joke” , the audience is not liberated by this and in fact can be oppressed by it (Coogan, 2013).

We live in a world where non-disabled and cisgender people are seen as “normal” people who we have to try to integrate and assimilate with (Parisot, 2024). An example of a way that humour is used to positively change perceptions of a marginalised group comes from Anthony who told me in a “jokey way” that one of the most difficult aspects of being disabled for him was loading the dishwasher. Anthony used humour to test my response – as such to judge the relative safety of the situation and the degree to which he could trust me as his interlocuter – before delving into and explaining the subtext behind why loading the dishwasher was so difficult. By focusing on a seemingly mundane task like loading the dishwasher, Anthony also situates himself as a “normal” young person whose life involves the same daily activities as many others.

This idea of constructed defence ties in with Goffman’s (1963) theory of stigma and the notion that we are all trying to remove and/or distance ourselves from the parts of us that are perceived to be problematic or stigmatised. The perception of identities as problematised and the kinds of stigma they might provoke can shift and change as a person navigates different spaces and interacts with different people. This relates to Goffman's argument that individuals manage their social interactions by passing (1990), which is a way of "organis[ing] and perform[ing] their identities with others" (Kalei Kanuha, 1999, p. 27). Passing can take place through humour as a means of distracting from particular identity characteristics and disrupting social situations. The concept of passing is discussed in further detail in the literature review chapters. From this discussion of humour as a coping mechanism, I now move to humour as a defence mechanism. These two forms of humour intersect and can be used together.

7.3 Humour as a Defence Mechanism

Cooper argues that humour can be used by people who are socially excluded and who want to ingratiate themselves with those around them (2008). Using humour as a tool of ingratiation happens often in everyday interactions (Cooper, 2005). In the context of this thesis, "ingratiation is an attempt by individuals to increase their attractiveness in the eyes of others so as to influence those others' behaviors" (Cooper, 2005, p. 765). I often use humour about my disability as a way to ingratiate myself or to break the ice when entering a new space and meeting new people. This was particularly useful for me when I was starting in a new class. My capacity to make jokes about my disability, always with a smile on my face, usually split the room into those who were amused or bemused and who then started talking to me or at least acknowledging that I exist, and those who were horrified that I was saying such things and who cringed away from me further.

These experiences highlight the importance of permission when deploying humour, as there are certain jokes that can only be made by individuals who either possess a certain attribute or are members of certain communities. Douglas argues that “as to the permitting of a joke, there are jokes which can be perceived clearly enough by all present but which are rejected at once” (1968, p. 366). Jokes can be rejected as a means of maintaining the social order, and as a result of society’s stringent social rules. I argue that trans-disability-based jokes told by trans-disabled people push through these boundaries and are subversive in nature. The responses I have received reflect the ways in which a group can respond to trans-disabled jokes – which reflects a choice individuals make as to whether they can laugh at a joke that pushes social boundaries.

When discussing this in the context of my example above, it shows that even though I am a disabled person telling a disability-based joke, there is a fear that laughing or at such a joke is not allowed by non-disabled people and might be perceived to be offensive. Doing something unusual or unexpected when disabled, like telling a joke about disability, counteracts the rhetoric that we as disabled people should be invisible and not take up space. Whilst anecdotally it can be much harder to use humour outside of the transgender community than using jokes about disability outside of disability-oriented spaces, in both spaces, “humour serves as an extension that allows the discussion of private topics (disability) in public spheres” (Anesi, 2018, p. 725).

Whilst there are few studies focusing on humour within the field of transgender studies (Samer, 2022 is one example), research into humour and disability goes some way to explaining the use of humour within marginalised identities more broadly, including transgender identity (see for example Coogan and Mallett, 2013). This, coupled with the field work undertaken in this study, shows how the literature pertaining to disability studies can be extended to explain aspects of the use of humour within transgender spaces, particularly in relation to the use of humour as a coping mechanism and to express identity.

Transgender humour and disability humour have very similar rules (social norms) relating to how they are used to communicate with those who share their identities and those who do not. “Disability humour is important because it points at the boundaries between cultural groups and communities and at the social glue that holds them together” (Albrecht, 1999, p. 67). These boundaries are important as whilst disability or trans based humour used by disabled or trans people is a way to ingratiate or break the ice in an interaction, these humour devices can only be employed by those who have that trans identity or disability.

Although “any of the three theories of humor origin can ideally explain any instance of humor, and the debate continues” (Meyer, 2000, p. 315), humour is situational, dependent on context and on the individual’s perception of it. “Given a set of audiences or contexts, what would be perceived as quite humorous in one instance may seem irrelevant or only mildly interesting in another (Carrell,1992; Duncan, 1982; Winick, 1976). An example is that comedians who tour around the world often discover that material works in some places and not others. Humour also changes with the times, in relation to notions of social acceptability, which is an ever-changing and fluid concept; what was once acceptable to say, now is not.

Humour has multiple effects, for example, the creation of “in-groups” and “out-groups”, which have very heavily policed boundaries. As Kenny and Euchler suggest, “Insider jokes and other forms of humour can be deployed to develop the boundaries necessary for establishing and maintaining shared norms; humour can help to separate those who belong from those who do not” (2012, p. 308; see also Kahn, 1989). Meyer notes that humour has the ability to divide and to unite, whilst giving people hope in the face of fear and the unknown, humour can also act as an outlet for aggression without the consequences of direct aggression (2000). This is illustrate through the varied and broad nature of disability-related humour.

Whilst disability is often still regarded as an acceptable subject for humour within mainstream culture, the distinctive humour that has emerged from disabled people’s own subculture is under recognised (Barnes 1992). However, this has started to change in the last decade (Lockyer, 2015), albeit slowly. The slow pace of change is unsurprising considering disability culture is a suppressed culture, that is struggling to establish itself in the face of non-disabled hegemony. Albrecht states that: “disability humour is powerful for it elicits strong emotions such as anger and fear and often produces reactions against the instigators of cruel jokes” (1999, p. 67). The strong emotions that disability humour produces can both reinforce and break down disability-based stigma, which I explored in the attitudes and stigma analysis chapter.

Disability is often the object of ableist humour, however there is a distinct line of humour that has emerged from disability subculture (Barnes, 1992; see also

Cameron, 2013). Whilst the ableist approach makes disabled people into the joke, disability comedy has shown that disabled people's "experience of oppression" (Cameron, 2013, p. 68) allows for a different outlook on everyday life. Historically disabled people have been the subject of jokes and comedic narratives (Shakespeare, 1999), although more recently societal norms have become restrictive in terms of laughing at people with disability (Lockyer, 2015), with Haller and Ralph explaining this is due to the tragic, pitiful and sad perception of disability (2003). There is an argument that "disability humour is an example of everyday experiences that tell us so much about social and cultural life" (Albrecht, 1999, p. 67; Simmel in Wolf, 1950).

De Jong suggests that the knowledge of being outside of social norms meant that when disabled people take a humorous approach to their condition, this can alleviate some of the otherness these individuals feel and demonstrates that they can make fun of themselves better than anyone else (2018). This ability to make fun of ourselves is a survival strategy which has helped me numerous times to embrace the weirdness of social life, and laugh when perhaps others would cry. This is particularly the case when I walk into things or walls, most commonly when I bounce off door frames or walls, I joke that the wall moved or door frames shift or make a comment about "still being blind". This is an example of how humour can be used to gain control, limiting the possibility of someone else laughing at me because I am taking control of the situation by turning it into a joke myself. By laughing at myself I am able to create a safe space for myself, whilst showing others that they are allowed to be amused by disabled humour. Using humour dispels any fear of being pitied and is also a good way to keep yourself mentally well. Whilst there is little research around humour and control, Lockyer argues that stand-up comedy is a way for disabled comedians to gain control, not only of the material that they deliver but also the audiences they deliver that material to (2015).

An early study into the use of humour as a coping mechanism showed that humour helped to minimise depression (Porterfield, 1987). One study found that humour was helpful when used to cognitively reframe a stressful situation, and that those with a particularly high sense of humour were able to distance themselves from stressful situations through this, facilitating emotional regulation (Abel, 2002). However, a later study by Kuiper focusing on humour and resilience showed that whilst humour has an effect on stress and coping, there was no significant link between humour and increased levels of resilience (2012). Saper's study into whether there was a difference between the use of humour amongst adolescents and amongst adults showed that humour constituted one part of a person's ability to cope well with stress, the other part being an individual's personality (1990). Research focusing on "families with children with disabilities showed that humour was indicative of higher optimism, flexibility, and family cohesion" (De Jong, 2018, p. 4; see also Rieger and McGrail, 2013).

Historically, humour and laughter have been thought to have healing properties, by activating the immune system and promoting good health (Zillmann *et al*., 1993). Humour and laughter can have a calming effect, making a situation jovial in ways that mitigate and counteract stress (Zillmann *et al*., 1993; see also Lefcourt & Martin, 1986; Martin & Dobbin, 1988; Martin & Lefcourt, 1983; Nezu *et al*., 1988). However, "research on endocrine activity during and after laughing has failed to show significant changes in endorphin levels” (Zillmann *et al*., 1993). Having a sense of humour is an adaptive personality trait which could act as a buffer to stress (Overholser, 1992; see also Nezu *et al*., 1988). As I discuss in the previous paragraph, being able to laugh at yourself is extremely useful in stressful situations, which again returns me to the dichotomy of laughing or crying.

Humour is an important aspect of many social relationships (Overholser, 1992; see also Giles *et al*., 1976) and is particularly useful for building and maintaining social bonds (Overholser, 1992; see also Haig, 1986; Mosak, 1987). Humour has multiple functions in social interactions, including to break the tension in uncomfortable situations (O’Connell, 1960), which is one of the ways the participants in this study have deployed humour within their everyday lives. For example, when asked what the most positive aspect of being LGBT+ was for him, Robert responded: “I tick all the boxes for equality and diversity when I go for a job”, and when asked about the most positive aspect of being disabled, Robert told me “Free travel, I get a free bus pass, other than that like it’s expensive, it’s inconvenient”. This humorous approach to his marginalised identities shows how Robert employs humour to make light of the seriousness of just how difficult negotiating marginalised identities can be. George, a trans masculine non-binary person who uses they/them pronouns and has a severe hearing impairment, told me that the biggest challenge they had when socialising with friends is hearing them!

7.4 Humour in Cognitive Linguistics

Tabacaru and Lemmens (2014) note that there are two main theories that have been used to analyse humour within cognitive linguistics. These are: Clark's (1996) theory of layered meanings and Fauconnier's (1984, 1994; see also Fauconnier and Turner, 1998; Coulson, 2005b; Brône, 2008) mental spaces theory.

Clark's theory of layered meanings is not specific to humour, but is a useful framework for analysing humour. Clark argues that layers of meaning "are like theatre stages built one on top of the other" (Clark, 1996, p. 16). The first of these layers is language, what is said and meant. The second layer is the humour which sits atop the first layer and dictates how that first layer is perceived (Clark, 1996). Brône has argued that this layering is representative of the constructive discourse which is based on "the surface level of the actual utterances" (2008, p. 2029).

Similarly to how other non-literal figures of speech work, the success of humour depends on a clear discord between what has been said and what has been intended or insinuated (Tabacaru and Lemmens, 2014; see also Sadock, 1993). The incongruity in transgender and disability and the incongruity in humour almost mirror each other in this regard. This links to incongruity theory which frames "the humorous as the incongruous" (Clark, 1970, p. 21). I argue that this humour around the abstract or incongruous is one of the many layers of humour with disability, like transgender identity being used to disrupt and disorient. Transgender identity is itself "incongruous"; historically transgender identity was diagnosed as "gender incongruity". Similarly, disability also involves kinds of incongruity – a clash between the expected and the unexpected. This complexity of identities and fluctuation of physical and psychological conditions means that across disability and transgender identity there is no “normal”. The normative regulation of bodies or intent to regulate bodies does not work for those bodies that are outside of these dominant structures and ideals.

Fauconnier’s mental spaces theory “highlights the link between two (or more) different mental spaces or domains (Tabacaru and Lemmens, 2014, p. 13). These mental spaces are conceptual structures which “proliferate when we think and talk, allowing a fine-grained partitioning of our discourse and knowledge structures” (Fauconnier, 1984, p. 11). Fauconnier argues that these partitions are produced pragmatically, enabling links to be made between different physical entities, objects, events, and abstract concepts (1984; see also Tabacaru and Lemmens, 2014). Coulson argues that “when speakers produce language, listeners use that linguistic input along with background and contextual knowledge to set up simple cognitive models in mental spaces” (2005a, p. 108). Therefore, people separate their knowledge into different mental spaces, “each structured by cognitive models from a relevant domain” (Coulson, 2005a, p. 108; see also Tabacaru and Lemmens, 2014).

Additionally, Coulson points out the fundamental emphasis that mental spaces theory places on sarcastic humour, which is understood not just as drawing oppositional parallels between what is said and what is meant but that “sarcastic utterances draw on our ability to understand mappings between normative and non-normative scenarios” (Coulson, 2005b, p. 10). As Cheang and Bell argue, “Sarcasm is verbal irony that expresses negative and critical attitudes toward persons or events” (2008, p. 366; see also Kreuz and Glucksberg, 1989). Sarcastic comments can also be used to draw attention to or more clearly convey the intended message

(Colston, 1997). This can be seen through the jokey answers that one of my interviewees gave ahead of their serious answers to my questions. This participant, Anthony, answered questions with phrases such as: “in a jokey way” and “jokingly”, with which he would balance with words like “seriously” before continuing to answer the questions fully. The use of humour here is interesting and impactful as out of all the interviews that I conducted, it was Anthony’s that I remember the most and this was specifically due to him joking around in response to some of the questions.

Humour is complex and subjective, and it is not just language used but also intonation of the voice that conveys humour. The subjectivity of humour is well-researched in the field, something “can be humorous to one person, and utterly unfunny or even offensive to a different person or indeed to the same person under different circumstances” (El Refaie, 2011, p. 87). Written more simply, to understand humour, the mind has to create and access different mental spaces.

The context of when and how utterances of humour happen impacts how they are perceived, internalised and responded to; for many of my participants, using quirky phrases specific to disabled community spaces or trans spaces was a good way of both legitimising my identity whilst also create a buffer within a conversation focused on a person’s identities that may make them feel vulnerable or exposed. When asked what the most difficult aspect of being LGBT+ was for him, Robert responded by saying “well right now it’s the summer and trying to wear a binder in this heat”. This humorous remark both conveyed the seriousness of dysphoria for trans men in the summer (a common problem), and it pointed to a shared experience between us in that moment – I too had struggled with a binder before deciding that I would just have to cope without one for the day. A further example of this kind of humour comes from Lauren who in response to this question responded by saying “honestly, it’s the straights”.

7.5 Humour and Comedy Within the Disability Community

Humour and comedy from within the disability community tends to be dark humour that “involves a way of dealing with the oppression experienced through, for example, inappropriate professional officiousness or unwanted, patronising interference” (Cameron, 2013, p. 68). Drawing on experiences of oppression within everyday life, disability comedy highlights the ways in which power relations manifest in everyday interactions with able-bodied people. This means that “disability humour can also be emancipating. In some instances, laughing at one’s self or with others redefines the experience” (Albrecht, 1999, pg67; See also; Berger, 1997). Branagan argues that this can be a valuable way to let out anger felt in response to oppression without being confrontational (Branagan, 2007). As Gill suggests, “Disability humour may convey group solidarity, articulate inherent value structures, put experiences into context and ease the difficulties experienced in everyday life” (quoted in Albrecht, 1999, p. 67).

As well as being cathartic for the person performing the comedy, this kind of humour can also be beneficial for other disabled people who hear the performance: “having someone on stage communicating ideas and feelings that an isolated disabled person never suspected were shared by others can be a turning point for many" (Morrison and Finkelstein, 1993, p. 127). Whilst this example refers to performed comedy rather than humour in everyday life, this study illustrates how humour in everyday life has similar effects, providing opportunities to acknowledge shared identity and to connect with others. Exploring the differences between how my participants would interact with certain people or within certain spaces led me to reflect on space and embodiment.[42] As discussed in the methodology chapter, I met with participants in their safe space (outside of their homes) and found my legitimacy as a trans person within this space was often questioned because, as stated above, most of my participants had not met many trans-disabled people and were wary of their own vulnerabilities.

Laughter is often the best way to alleviate tensions, break down barriers and reduce social distance between those who are disabled and those who are not. As such laughter can develop non-disabled people's understanding of disability (Lockyer, 2015; see also Provine, 2000). These insights can be extended to transgender identity, to suggest that transgender individuals can use humour to break down barriers and to reduce the social distance between themselves and cisgender individuals. I argue that humour and laughter are not only a way for trans-disabled individuals to communicate within their own community but also a way to overcome social boundaries and distance, facilitating better understanding of trans-disabled issues and greater inclusion of trans-disabled individuals in wider society.

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[42] Whilst this focus on space and embodiment was explored, this was not central to the argument running through this thesis, and therefore not included in depth. Embodiment and space could be the focus of a future trans-disability study.

According to Lockyer, “our behaviours, beliefs and expectations about ourselves and others are socially constructed through face-to-face interactions” (2015, p. 15; see also Blumer 1969; Garfinkel, 1967; Goffman, 1974), which means that humour can be a useful way to break down barriers and reduce social distance. This breaking down of social distance through humour has been theorised by Coser who argues that “laughter and humour are like an invitation… it aims at decreasing social distance” (1959, p. 172). Humorous interactions between an in-group (those who are marginalised) and members of wider society decrease social distance in a way that opens up opportunities for empathy which can lead to social change. An example of this would be through the use of quips such as “I’m not visually impaired, I just have the cane to hit people with…”, which is one of my go-to comments in an awkward situation. When accompanied with the right facial expression, this is something that has never failed to produce at best a laugh or at worse a smile. I have integrated humour as a protective buffer into the structure of this dissertation: much of my autoethnography is situated in such a way that it creates a buffer around quotes and chapter content through humour. The aim of this is to provide light humour as a gateway to better understand and to decrease social barriers.

Within social groups who share common identities there is a different form of humour, due in part to a shared vernacular. Coser argues that “A social group or subgroup, as it is differentially located within the social structure, produces and sanctions variant forms of humour” (1959, p. 172). Humour in a social or subgroup also decreases social distance and overcomes differences across intersectional identities in the same way that humour overcomes identity barriers within wider society.

In contrast to Coser's argument that "humour is an expression of the collective experience of the participants and receives response only from those who share common concerns" (Coser, 1959, p.173), I argue that although humour within communities with shared identities is powerful, humour has the ability to overcome societal barriers. Humour within communities with shared identities is useful as a coping mechanism and as a tool for belonging. Outside of these communities, making an identity visible through humour can be a form of protection and a tool of education (Sambrani *et al*., 2014) that can provoke social change (Takovski, 2020). Humour is not just for those who are on the inside sharing the joke. An example of this would be when someone uses a rhetorical phrase around driving such as "I'll drive shall I?", whilst this is a common phrase for many to use, when used in front of me, I often respond in two ways either firstly by saying something like "probably best you don't let the blind person drive, I'm willing to give it a go if you are though". This is usually met with a groan (and rightly so). The second way I respond is by acting like a small child and saying "oooh I'll drive" and holding out my cane hand for the keys. This is usually met by horror as people try and work out if I am being serious or not. Both responses serve as a reminder to others that I am visually impaired as usually people will forget because, as I have been patronisingly told many times, "I look so normal and cope so well…"

One form of disability humour deployed by my participants is in relation to passing as able-bodied. Robert told me: "I have in the past after a few drinks passed off the need for sunglasses like in the winter when the sun glare is really bad and I've passed off the need for sunglasses as 'it's because I'm fabulous darling' and sort of passed it off as a joke but other than that no I just play on the stereotypes". Using this type of humour in order to shift the focus onto their LGBT+ identity whilst shielding their disability enables Robert to reclaim some power in their difference and avoid further stigmatisation. This kind of humour enables an individual to strategically navigate away from perceived and felt stigma (Goffman, 1963). A further example of playing on LGBT+ stereotypes to hide disability comes from Lauren who explained:

> I'd get written off as the flamboyant gay because I couldn't control the volume of my voice as much, sometimes I will act without thinking, sometimes I'd be a bit hyperactive, a bit twitchy so I'll just let them assume I'm some kind of fabulous gay because it makes me more accepted in a way

This again is an example of a way that people can navigate their identities in order to protect themselves from stigma and is a safety buffer against phobic violence, prejudice and discrimination.

Another form of disability humour is finding comedy in ableist actions, as George explains:

> The stories you remember when people really put their foot in it, I have had a teacher – I'm going to tell a story from when I was a kid – so out in the playground coming up to the end of lunch hour, the whistle is going. I don't hear the whistle basically, but I see all the people departing so I start packing

> up my things with my friends and we’re getting ready to come in; teacher’s standing around blowing the whistle going, “Ok everybody go in go in”, spots my group and is visibly getting annoyed that we’re not going as fast as the previous people and angrily goes “Have you not heard the whistle? Are you deaf or something?” And I stand up with my friends, turn to this teacher and go, “yes I am, I’m deaf in my right ear”. The look on that teacher’s face was priceless. Apart from feeling totally not ok, I just feel like I’ve educated a teacher on how not to be discriminatory, so…. there are kind of like positive things about the community and finding little joys in life about that but even the word disabled – you know you’re never considered as an able person, you’re never considered as a full person because you don’t have something that everyone is presumed to have and just that concept is *sigh* not great but is kind of a fact of life that we have to live with.

This is a clear example of how disabled people can regain power in their identity and links to Lockyer’s argument around using humour as a form of social control (2015). The way that George uses their disability to regain power in the example above shows how empowering it can be to push back against discrimination or negative attitudes, which in this case was ableism.

The above examples are of ways in which humour is covertly used to perform or mask identity. Humour can also be used overtly, for example Anthony said: “In a jokey way: if we could just remove cis people that would be easier”. This overt use of humour to deliver the message is also a defence mechanism. As Gill suggests, “Disability humour may convey group solidarity, articulate inherent value structures, put experiences in context and ease the difficulties experienced in everyday life" (quoted in Albrecht, 1999 p. 67). As such, disability humour can be a rich source of support and empowerment for disabled individuals, which is often overlooked or undervalued by wider society.

Overt humour can be used as a foil to deflect difficult conversations or unwanted questions in relation to disability or gender. When asked how they identify, Ash responded by saying: "I think my description was basically 'no thanks', in terms of a label. I think the closest I would get is agender but broadly nonbinary. I don't ascribe to this whole idea of gender; others can, that's cool but I'm excusing myself, I've got a note from my doctor". By using humour to deflect, they are able to explain their identity in a way that does not invite debate or further questions. In doing this, they also place themself outside of mainstream parameters in a way that provides a barrier of protection for them. Identifying outside of the gender binary has led to problems within wider society for many people.

Discussing comedy and theatre about disability, Albrecht states: "while vicarious, the experience is powerful and has the potential to change attitudes and behaviour towards persons with disabilities" (1999, p. 70). As stated in the literature review, social interaction with those with disabilities is one way in which negative attitudes towards disabled people can be counteracted. Another way to counteract negative attitudes is through writing with "trickster" characters, which are a literary device used to create bridges across different societies or cultural groups (Ammons and White-Parks, 1994; see also, Anzaldua, 1987). The use of trickster characters offer "useful strategies to marginalised groups like people with disabilities" (Albrecht, 1999, p. 70). Even the notion of someone with a disability deploying humour or performing comedy is in itself disorienting and disruptive. This links to the topic of the visibility of trans-disabled people as discussed in the literature review, and in particular the idea that if we are not visible then we are not real and if we are visible and do not conform to beliefs or stereotypes of what we should look like then we are viewed as fraudulent.

Tricksters use comedy and humour as a form of activism (Weaver and Mora, 2016). Ambiguity and ambivalence enables trickster characters to push the boundaries of what is socially acceptable whilst deploying humour to show the importance of issues that often get overlooked. This contrasts with the more traditional relationship between disability and trickster characters, which has often been to reinforce “disability tropes” and stereotypes (Perez, 2013, 2014; see also Weaver, 2011) which are often presented within mainstream media as “accurate” representations of disability. Disability-based stand-up comedy is increasingly programmed in mainstream comedy spaces, which could be seen as the driving force behind the shift from misrepresentations of disability to more accurate representations of disability in mainstream culture.

These literary devices enable disabled people to make more sense of the world they live in and to get a broader perspective (Albrecht, 1999). As Albrecht suggests, “Language and literary vehicles, then, are powerful shapers of attitudes and behaviors that others have toward disabled people and disabled people have of themselves” (1999, p. 72; see also Makas, 1993; Zola, 1993).

Following this exploration of humour and comedy in the disability community, I now turn to explore humour and comedy within the transgender community.

7.6 Humour and Comedy within the Transgender Community

Whilst there is very little academic research specifically focusing on transgender humour (Samer, 2022 is one example), varied forms of transgender humour are evident in popular culture. One example is the hashtag “translol”, which is used by trans people when telling trans-centred jokes. On an online thread that started in 2018, a recurring joke is: “how many trans people does it take to change a lightbulb? Answer: One, but they have to have lived in the dark for two years and have two electricians’ permission first” (Twitter – #translol, 2020; see also Burns, 2018). Answers to this repeated joke vary but have the same message, that simultaneously illustrate and make light of the challenges faced by the trans community. This suggests that like with disability humour, trans humour is dark humour that helps people understand and navigate trans issues.

As noted above, Ash uses humour to explain their identity as a form of strategic navigation. By making their identity into a joke, they maintain the power, embrace stigma and remain in control. This illustrates how power play and stigma games are embedded within social situations, and how humour is an important tool for gaining social control.

When it comes to comedy and the transgender community, it can be very difficult to appreciate stand-up comedy as a trans person when historically we are the butt of the joke. Needing to mentally prepare for transphobic quips within comedy seriously detracts from the enjoyment of the comedy itself. Much like with physical spaces, trans people often look for safe spaces within comedy stand-up.

Over-politicisation can effect disabled and transgender comedians, where both types of comedian sometimes face being viewed only in relation to politics. Whilst many trans comedians such as Cassie Workman and Tranna Wintour put their trans identity at the forefront of their comedy, using dark humour to combat trans issues, other trans comedians do not focus on their gender identity in their comedy. For example, Suzy Izzard in her[43] comedy often does not focus on trans issues or her gender identity. When discussing Izzard and the politics of trans comedy, MacDonald argues that “the materiality of the appearance of a man in drag, but not performing drag, was perhaps so challenging already that to make political comedy about it would be overkill” (2018, p. 9). This visibility pushes boundaries without the need to focus on trans issues within the comedy material.

Examples of humour within the transgender community include stand-up comedy, humour in online spaces and reality shows such as *RuPaul’s Drag Race*. A 2021 series of *RuPaul’s Drag Race* featured a drag queen, Gottmik, the first openly trans man on drag race (Harris, 2021). However as Hermes and Kardolus note, “While recent seasons have seen the policing of the trans body decrease, the show’s track record shows it coming down heavily on trans contestants” (Hermes and Kardolus, 2021, p. 9). The presence of Gottmik on the show was particularly powerful in light of

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[43] Important to note that these were Suzy Izzard’s pronouns at time of writing.

the exclusionary and in some cases transphobic relationship between drag culture and trans people.

When watching the season, I was struck by Gottmik’s use of humour and laughter as a form of resilience. In challenging situations, or when something did not go as planned, would be responded to with a lot of laughter, a few jokes and everything would eventually work out even if it was not quite in the expected way. This use of humour as resilience is a powerful tool, as Pande suggests, a “sense of humour has a significant effect on resilience” (Pande, 2014, p. 388) and humour can also aid psychological recovery. I have used the writing of this chapter as a form of using humour to build resilience: I have written this chapter in stages throughout the COVID-19 pandemic, which has functioned as a coping mechanism to counteract some of the negative effects of the emotional labour of being a trans-disabled scholar writing about trans-disabled issues.

Conclusion

As the explorations and analysis in this chapter demonstrate, humour is intersectional, and it is this intersectionality which makes it so versatile. In the literature review chapter, I explored the idea of changing attitudes about transgender identity and disability was explored, noting how social interactions with people within marginalised groups helps enable the changing of attitudes. Here, I argue that humour can also lead to changes of attitude, which is supported by academic research into disability and humour.

Through data analysis, this chapter has shown how trans-disabled individuals use humour across a variety of situations as a tool for navigating and negotiating everyday life. This analysis expands and deepens understanding and knowledge by adding detail and nuance to what is already a complex field. This chapter has shown that there are different types of humour, and that trans-disabled individuals tend to use one type of humour with each other (for example, Anthony joked about being excluded from toilets and gendered spaces to me) and another with members of wider society (for example, when someone says something like, “shall I drive?” around me and I respond with “probably best you don’t let the blind person drive, I’m willing to give it a go if you are though”).

The participant and autoethnographic data in this chapter shows not only how humour is used by trans-disabled individuals with each other but within a wider cultural context. This builds on the argument in the previous chapter around Goffman’s theory of “self-image” and “public image” (1963). Whilst transgender identity and humour still remains an under-researched topic, this chapter highlights its importance within the wider field.

Moving from the final analysis chapter, the next chapter draws this dissertation to a close.

Chapter Eight: Conclusion

Introduction

This dissertation contributes to the field of trans-disability studies, particularly in the ways that it expands beyond past studies in the field that tend to focus on the transgender identity and autism intersection. As mentioned within the literature review chapters, transgender studies and disability studies are really brought into conversation with one another despite growing research into aspects of trans-disability. For example, Adams and Liang (2020) focus on the transgender and autism spectrum intersection and this study highlights a pressing need for future research.

This dissertation has been a labour of love and is a form of activism borne out of my own experiences of transphobia and ableism. The sheer frustration that I found, like my participants, in response to being unable to conform to expectations either within the trans community or the disability community. When I started this dissertation I felt, and I still do feel now, like a mutated dinosaur, abstract and rare. But perhaps now I feel less alone. With each person that I interviewed, my recognition grew of how many trans-disabled individuals exist and how similar many of our struggles are. I started out recruiting participants who were trans and/or disabled, and what I found was a whole range of trans-disabled individuals, enthusiastic to talk to me about their own existence and how it differs from others, what they struggle with and how they cope with everyday challenges of transphobia and ableism.

When I began to transcribe the interviews I was confronted by the magnitude of oppression faced by trans-disabled individuals, and there was nothing I could do about it. One learns very early on when transgender or disabled that counsellors, unless specialised, are unhelpful and hard to access. So the enormity of the oppressions and challenges we face weighed down on me until I could finish transcribing. Whilst depressing, being submerged in such oppression was also powerful, and lit a fire inside of me. The passion that inspired this research project intensified and built the strength I needed to do justice to this research and to my participants.

8.1 Research Aims and Questions

The aim of this research has been to highlight the challenges faced by trans-disabled individuals when navigating intersecting dual marginalised identities. A further aim has been to show resilience through oppression in the ways in which trans-disabled individuals navigate and negotiate life. I have responded to these aims through a meticulous autoethnographic approach as a trans-disabled individual myself, together with an elaboration and analysis of the experiences participants shared about their how they negotiate difficult situations that are compounded by their dual marginalisation.

This study's central research question was: "Is there an intersection between transgender studies and disability studies that can be analysed using theories of stigma?" This dissertation has brought my own and the participants' lived and practical experience together with the theory to develop understandings of trans-disabled identity. This research question has been addressed through participant interviews and the inclusion of autoethnographic data. The main finding of this study is that disability and transgender identity are linked through stigma. However, this link is complex and nuanced, and changes in response to different situations, which requires a strategic navigation and negotiation of stigma. The analysis chapters illustrate how the trans-disabled individuals interviewed strategically present themselves as either trans or disabled in certain situations to evade or minimise stigma. This also responds to the secondary research question: “How do people who are both transgender and disabled negotiate these different yet intertwined subjectivities?”

One of the most frequent responses when asking participants about advice for other trans-disabled individuals was to find community, and that they are not alone, even if they might feel like it. As outlined in the Community Analysis chapter, community plays a hugely significant role in empowering trans-disabled individuals.

8.2 Key Findings and Contributions

Whilst there are a number of interesting findings within this study, the central finding and contribution of this dissertation is empirical and is drawn from across the entire data set, through participants’ detailed explanations of how they strategically negotiate life as a trans-disabled person. A key finding within this is that trans-disabled individuals often use one identity to shield themselves from the perceived stigma that might be provoked in response to their other identity. Whilst participants were not always aware of how they were using one identity to shield another, they were aware of the stigma that they encountered and the impact that had on how visible they were in their different identities. This develops Goffman’s theory of stigma and strategic interaction by demonstrating how having both transgender and disability identities compounds the stigma these individuals face. I took up Goffman’s concepts of “self-image” and “public image” to analyse participant comments on subjects that only a trans person would be familiar with or be able to relate to. This was a way of testing my identities but this also showed expressed the participants’ “self-image”.

Within chapter four, the experiences of Jamie and Robert were explored, these are two individuals who both have different visual impairments but differ in trans identity (Robert is a trans man, whilst Jamie is an AMAB non-binary individual). As the chapter develops, it becomes clear how complex trans-disabled identities are and how societal pressures both internally and externally from their communities can have an impact. Through showing the complexities of trans-disabled identities, I argued here that identity is highly complex and that to have dual marginalised identities requires the skilful negotiation of different contexts and situations, passing and the strategic construction of identities.

Chapter Five: Community Analysis focuses on the role of community and shows how community can support trans-disabled individuals in different ways. A repeated message from participants was the importance of finding community, showing the power of community and the need that people have to join together through shared identities.

Chapter Six focused on attitudes and stigma and addressed the gender policing, ableism and transphobia that exist within trans-disabled communities and which can make it difficult for marginalised individuals to find spaces to exist in authentically.

In Chapter Seven: Humour, I explored the effectiveness and versatility of humour in deflecting stigma from intersecting marginalised identities, which can lead to generative conversations. I argue that humour helps to changing mainstream attitudes, which is reflected in academic analyses of disability and humour. Whilst the relationship between transgender identity and humour remains an under-researched topic, this humour chapter points to the importance of the exploration of this field.

This research has adopted an intersectional feminist framework, and its most original theoretical contributions are to trans feminist literature. Grounded in feminist methodologies, my research broke down boundaries between “those doing research and those being researched, although each person has a different relationship to the work being done” (Dwyer and Buckler, 2009, p. 59; see also Lloyd *et al*., 1994). As discussed within the methodology chapter, as a researcher sharing identities with my participants, using a trans feminist framework enabled my participants to share their experiences more openly with me. This research builds on existing trans feminism, extending debates within this field to engage specifically with trans-disabled experience. This research makes further theoretical contributions for example to understandings of the gender bias within autism diagnoses, and to the layered complexities of stigma relations surrounding dual marginality.

This dissertation's methodological approach, combining autoethnography, participant interviews, and theoretical analysis, constitutes a further contribution to the field. The autoethnography built on and developed the data from the participants and furthered understanding of key themes. The shared identity between myself and the participants also meant that we discussed sensitive experiences and nuanced issues in a way that would not be possible if I was not able to identify with and share my own experiences of issues that trans-disabled people face.

Resilience has been a central theme of research that I have explored across the chapters of this dissertation. This builds on existing literature and adds to the knowledge and understanding of how individuals with intersecting marginalised identities use resilience as a tool within everyday life.

8.3 Research Strengths

This is truly interdisciplinary research which is demonstrated by a number of key themes that run through the chapters including fear, resilience and stigma. As mentioned in the introduction of this chapter, this research has been personal and my voice can be heard throughout the dissertation. The methodology is a further strength, which demonstrates how autoethnography when presented and constructed effectively is a powerful addition to any piece of academic writing. This gives additional validity to the study in the sense that it is trans-disability research undertaken by a trans-disabled individual. Often, one of the first things that many transgender or disabled individuals do when reading something about transgender identity and/or disability is to check the identity of the author.

Another strength of this research is its trans feminist framework that allowed me to connect with my participants as someone who shared identities with them, thus deepening and strengthening the data collected.

8.4 Perceived Weaknesses

This study was not funded, which limited its research scope. Once I had reached the intended number of interviews, I was not able to carry out further interviews despite the fact that my participant call-out led me to many more potential participants who were interested in taking part. With funding, I would have been able to extend my interview data and as such develop and deepen the dissertation’s insights. The lack of funding also meant that I was not able to reimburse any of my interviewees for their time or their emotional labour.

Whilst sharing identities with my participants is a core strength of this research, it also shapes my approach to and engagement with the participants and the research findings, which in certain ways is a limitation on the work.

8.5 Sensitivity of Identity within Marginalised Communities

As explored in Chapter Five, discussing transgender and disability identities involves discussing sensitive topics and can feel vulnerable, as such the way that I interacted with my participants was particularly important. During the interviews, many of the participants either stuttered or shook. Having observed this reaction to the interview, I asked for feedback about this afterwards, for example by posing questions such as: Was the pace too intense? Was there anything I could do to make the process easier or more comfortable? The response that I had from more than one participant was that they reacted in this way because of the freedom given in the interview to talk about aspects of their identity and their lives that are generally hidden because they are so stigmatised, and that they had rarely discussed with anyone before. For people who are marginalised and isolated, being heard is very powerful. This is highlighted by Shakespeare and Watson who note that “environments and policies have been developed which actively exclude disabled people, or do not consider the needs of the variety of members of society” (1998, p. 16). This marginalisation can lead to a feeling of invisibility. Give participants the time and space to be heard is in and of itself a valuable aspect of the research.

As noted earlier in this dissertation, by the time I made contact with participants the following day to thank them and remind them of their right to withdraw their data or access support, many had already contacted me to thank me for listening to them. This demonstrates how important it is to the trans-disabled community that their issues and experiences are heard and shared, and how needed this research is. Stephen Whittle writes how “the constant clamouring of voices has finally been heard, and sympathetic listeners have worked with formerly excluded trans people to create broader access to social spaces” (2006, p. xiii). He then goes on to outline how the battle for inclusion and equality for transgender people is an ongoing battle.

Transgender people *must* work tirelessly for their voices to be heard in arenas that they are not welcome to exist in authentically. Trans-disabled people must work *even* *harder* to be heard as they are at the margins of marginalised groups. This can often be seen through the ways in which stigma is evaded, as discussed in the literature review chapter section 2.1, Goffman argues that we try and distance ourselves from whatever stigmatises us, and this is true for everybody as we all have characteristics that are stigmatised (1963). I argue throughout this dissertation that trans-disabled individuals are stigmatised within both the transgender community and the disabled community. I also argue that unlike other marginalised groups, trans-disabled individuals embrace their stigma as a form of empowerment. Empowerment through embracing stigma is important to many marginalised identities (Thomas *et al*., 2025; see also Moniz-Lewis, 2024). This is discussed further in Chapter Six: Attitudes and Stigma Analysis. For example, a positive aspect to being at the margins of society is having the capacity to see things differently as a result of having to find unfamiliar and nonstandard ways to navigate disability and trans experience. Anthony sums this up well,

> Seeing the world differently is kind of fun, like some people just share an experience and you're like what, no I have this experience and they're like oh wow I've never thought of it that way and I'm like yeah, but it's just being able to see things differently to everyone else

Anthony's view of difference shows how empowering it can be to embrace and celebrate, whilst still acknowledging the complexity of marginalised identity and the difficulties that result from being marginalised. Personally, I agree with Anthony that seeing the world differently is fun and breaks the monotony of societal expectation.

However, like my participants, I have to navigate society strategically, which can be challenging and is often exhausting.

8.6 Practical Applications of the Research

This research has many practical applications beyond its academic contributions. During the course of this research, I have found ways to make my research more accessible to wider society. One of the ways I have shared my research more widely is through speaking publicly at events such as Pink News Trans Summit Emerging Leaders Panel in 2021; Parapride's *Our Stories* series in 2021; Positive East's *Technicolor* film night in 2020; and Parapride's digital *Our Stories: Sensory Diversity* in 2020.

I also have had an impact on policy and practice by giving training to the Royal College of Psychiatrists, discussing the impact and needs of trans, disabled and trans-disabled individuals when accessing acute psychiatric care both as an inpatient and outpatient. The change in policy and practice has meant that there is now more understanding around the use of pronouns, trans-related devices (such as binders and packers) and the impact changes to or stopping HRT medication can have. The response to this training was so positive that we arranged a second session to the wider College of Psychiatrists. My research has also impacted the ways in which I work in my part time role as a Community Development Coordinator in the biggest trans programme in the UK. This research has led me to learn more about access needs from my participants and apply this knowledge to inclusion policies. In this way, this research has allowed me to positively impact the accessibility of trans and non-binary groups.

8.7 Direction(s) for Future Research

This research has highlighted multiple new avenues for future research, including into humour within and by members of the transgender community, and into the relationship between transgender identity and ASD. The intention is for this dissertation to be a springboard for further research into trans-disabled identity. This could include investigating the link between medical bias, stereotypes and binary expectations of medical transitions. A further topic could include explore levels of vulnerability for trans-disabled individuals living in a post-COVID-19 world. Another direction for future research could include doing further research into emotional labour and marginalised identities, specifically focusing on structural support systems. Follow-up interview with participants from this study could also deepen this study's insights, expanding my analysis of trans-disabled identities.

Conclusion

Much like the intersectional nature of the research, the contributions of the research are also intersectional. Beyond the project's non-academic contributions, this research will impact many fields of study including but not limited to disability studies, transgender studies, humour research, and feminism. Through gathering and analysing participant data and drawing this together with autoethnography, this dissertation has shown how trans-disabled individuals strategically navigate a society in which they are impacted by dual marginalisation. Using humour, resilience, knowledge of power dynamics, the navigation of stigma through strategic behaviours that avoid and embracing that stigma, and the strategic negotiation of complex identities, trans-disabled individuals continue to push through societal boundaries. I have argued and shown how even though transgender identity tends to be met with fear and disability identity tends to be met with pity, the result of these different kinds of marginalisation is the same: the stigmatisation of trans-disability which merges the political with the personal.

There are already threads of connection being made between the fields of transgender studies and disability studies, although these threads are scant and isolated from one another. This study offers a point of focus, threading these isolated strands of research together into the fabric of a distinct, although highly interdisciplinary, academic field of trans-disability studies.

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Appendices

Appendix A: Participant Information Sheet

Participant information sheet

Social experiences within gender nonconformity and sensory impairments within the U.K

You are being invited to take part in a research study. Before you make the decision as to whether to take part it is very important that you understand what the research is about and what participating would entail.

The purpose of the study is to further understand the difficulties faced by gender nonconforming youth and disabled youth within social experiences. It is also hoped to provide a platform for change and to investigate the intersections of different identities.

You have been chosen as you are within the age range of the study (13-25) and have either or both, of the following identities: transgender/gender nonconforming and sensory impairment (visual impairment, hearing impairment or autism/Asperger's).

Participation of this study is voluntary; you do not have to take part. You will be asked to sign a consent form and should keep this information sheet as a point of reference. If at any time you decide that you no longer want to participate in the study, you can withdraw without any pressure being placed upon you to stay in the study. You also are not required to give a reason for withdrawing and withdrawing from the study would have no detrimental influence on you.

If you decide to take part in the study you would be asked to take part in one interview with the possibility of a follow up interview which will take place at a place that you feel comfortable within. The interviews will last two to three hours but can be shortened as needed or broken up into more manageable interviews.

The only requirement of the study is that you engage in the interviews honestly.

The possible risks or disadvantages of taking part would include psychological distress.

The benefits of taking part would be an ability to help potentially advance the community or identity that you are part of.

If something were to go happen in the study and you feel that it was caused by negligence, then you can engage legal proceedings at your own cost. Should you wish to make a complaint about this study, then you should contact the Chair of the principal investigator's College Research Ethics Committee.

All information that is collected about you throughout the study, including your name, age, school, disability etc. will be kept confidential and will be anonymised. This means that if someone contacts the study to ask about your participation, unless I have written consent from you I cannot divulge any information including confirming your participation in the study.

The results of the study will be published as part of a PHD dissertation, you will be anonymous even in publication. If you would like a copy of the results, then this can be made available on request after publication. You can withdraw from the study at any time without prejudice and can withdraw your data up until date of publication. I am available to discuss any queries or worries that you may have about taking part in this study and would happy help throughout the study.

This study is funded and organised by Brunel University and not in conjunction with any other institution or charity. There is no political affiliation linked with this study.

This study has been reviewed by a research ethics committee at Brunel University.

Brunel provides appropriate insurance cover for research which has received ethical approval.

Brunel University is committed to upholding the Universities UK *Research Integrity Concordat*. You should expect the highest level of integrity and respect from our researchers. *Further information can be found on the Brunel University London research integrity webpage.*

The senior officer to contact in the case of suspected research misconduct or other concerns is: Ms Jilly Court, Academic Registrar and Director of Student Services. She can be contacted at res-ethics@brunel.ac.uk.

Alternatively, you could contact Professor Geoff Rodgers with queries pertaining to Brunel University's research integrity code at Research-Integrity@brunel.ac.uk.

You will be given a copy of this information sheet and a copy of your signed consent form for your records and information.

Thank you for taking part in this study.

Appendix B: Informed Consent Form

Brunel University London

CONSENT FORM

Social experiences within gender nonconformity and sensory impairments within the U.K

The participant should complete the whole of this sheet, alternative formats available on request. Assistance to complete this form is available.

Please tick the appropriate box

	YES	NO
Have you read the Research Participant Information Sheet?	☐	☐
Have you had an opportunity to ask questions and discuss this s y?	☐	☐
Have you received satisfactory answers to all your questions?	☐	☐
Who have you spoken to?		
Do you understand that you will not be referred to by name in any port concerning the study?	☐	☐
Do you understand that you are free to withdraw from the study:		☐ ☐
- **at any time?**	☐	☐
- **without having to give a reason for withdrawing?**	☐	☐
- **without prejudice?**	☐	☐
I agree to my interview being recorded.	☐	☐
I agree to the use of non-attributable direct quotes when the study is written up or published.	☐	
Do you agree to take part in this study?	☐	

Signature of Research Participant:

Date:
Name in capitals:
Witness statement
I am satisfied that the above-named has given informed consent.
Witnessed by:
Date:
Name in capitals:

Researcher name:	**Signature:**
Supervisor name:	**Signature:**

Appendix C: Ethical Approval

Brunel
University
London

15 May 2019

Applicant: Project Title: Reference:

LETTER OF APPROVAL

MX C R Mitchell
Social experience within gender nonconformity and disability. 12447-MHR-Apr/2019-18928-2

Dear MX C R Mitchell
The Research Ethics Committee has considered the above application recently submitted by you.

The Chair, acting under delegated authority has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee by way of an application for an amendment.

Please note that:

Research Participant Information Sheets and (where relevant) flyers, posters, and consent forms should include a clear statement that research ethics approval has been obtained from the relevant Research Ethics Committee.
The Research Participant Information Sheets should include a clear statement that queries should be directed, in the first instance, to the Supervisor (where relevant), or the researcher. Complaints, on the other hand, should be directed, in the first instance, to the Chair of the relevant Research Ethics Committee.

Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.
The Research Ethics Committee reserves the right to sample and review documentation, including raw data, relevant to the study.
You may not undertake any research activity if you are not a registered student of

Brunel University or if you cease to become registered, including abeyance or temporary withdrawal. As a deregistered student you would not be insured to undertake research activity. Research activity includes the recruitment of participants, undertaking consent procedures and collection of data. Breach of this requirement constitutes research misconduct and is a disciplinary offence.

Professor David Gallear

Chair

College of Business, Arts and Social Sciences Research Ethics Committee Brunel University London

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[redacted]

Appendix D: Coding Table and excerpt of larger coding table (linked to methodology chapter)

Code	**Theme**
Disability access/VI	Identity
Lack of awareness	Attitudes and stigma
Alcohol, Community	Community
Passing	Identity
Inaccessibility	Attitudes and stigma
Identity politics	Identity
Passing	Identity
Transphobia	Attitudes and stigma
Fear	Attitudes and stigma
Stigma	Attitudes and stigma
Representation	Community
Lack of support	Attitudes and stigma
Community	Community
Advice	Community
Gender policing	Attitudes and stigma
Intersecting identities, communication difficulties	Identity
Misconceptions and assumptions, respect	Attitudes and stigma
Diversity	Community
Humour	Humour
GIC	Attitudes and stigma
Ableism	Attitudes and stigma
Cliques	Attitudes and stigma
Diagnosis through transition	Attitudes and stigma
Fear/discrimination	Attitudes and stigma

Fear/ableism	Attitudes and stigma
Fear/ableism/transphobia	Attitudes and stigma
Support	Attitudes and stigma
Gender policing/transphobia	Attitudes and stigma
Accessing spaces	Attitudes and stigma
Fear/safety/transphobia	Attitudes and stigma
Nexus between transgender identity and disability (autism)	Identity
Shame/identity	Identity
Visibility, fear	Attitudes and stigma
Social acceptability	Attitudes and stigma
Transphobia/homophobia	Attitudes and stigma
Ableism/stereotyping	Attitudes and stigma
Lack of awareness and funding	Attitudes and stigma
Using one identity to shield the other	Identity
Sports changing rooms	Attitudes and stigma
Isolation through lack of accessibility	Attitudes and stigma
Phobia	Attitudes and stigma
Accessing toilets and changing rooms	Attitudes and stigma
Barriers to accessing LGBT spaces	Attitudes and stigma
Accessing healthcare	Attitudes and stigma
Positivity of difference	Attitudes and stigma
Accessing support	Attitudes and stigma

There's certainly with interacting with people who don't necessarily or just don't understand that can be a lot more stressful because if they don't understand either my gender or my disability there likely not to like the other either or to understand it and just it cascades into problems that just stress me out	Fear/ableism/transphobia	Attitudes and stigma	Interview 5
for now it's easier to go with disability because I know myself a lot better with that than I do my gender identity, how to interact with people about it	Identity	Identity	Interview 5
I've been offered some like support but usually after looking into it, it seems more trouble than it's worth.	Support	Attitudes and stigma	Interview 5
Be patient, just take your time and breathe and there are millions of other people who have similar if not the same problems that you do and you can find them if you really try and they would love to meet you	Advice	Community	Interview 5
tell people I'm transmale, I'm 95% of the time I identify as male so it is just easy enough, otherwise I just use queer because it's confusing and queer is a nice catch all.	Identity	Identity	Interview 6

Appendix E: Advice Table (linked to the Community Chapter)

The following table shows what advice was given by each participant, these vary in words but the message that comes through is that of honesty, authenticity, and resilience.

Advice given during interviews
“You’re not alone, by far you are not alone, there is someone out there who is going through the same situation, there is someone out there who needs help like you do, it just takes time to find them”
“Be as open as you can, explain to everyone why you are the way you are because 9 times out of 10 people will be accepting and if not you don’t want them in your life”
“Be patient, just take your time and breathe and there are millions of other people who have similar if not the same problems that you do and you can find them if you really try and they would love to meet you”
“It all depends on comfort levels, like if they feel safe to tell people, if they feel comfortable then there’s no reason not to tell people but if you don’t or you think there’s any chance of any of it backfiring or you just don’t want to then that’s perfectly fine as well like it’s your identity and there’s no shame in taking time for what you need”
“A lot of people are going to try and stamp you out and put you in boxes or tell you what you can and can’t do and what you can and can’t be but they’re wrong um so just be loud about it um when people stare or get judgemental or when things get a bit too scary obviously run but if it’s a safe environment you can absolutely just be yourself, don’t um let people tell you who you are”

“you’ve just got to own it, you can’t change what is what, labels can be helpful, labels can be not – it’s really up to you whether you, like I would introduce myself as trans and queer before I introduce myself as autistic because I feel like that is more of an identity, identity rather than just something that’s also there. Like I’m also asthmatic but I don’t introduce that into random conversations”

“Find other LGBT people who are disabled there are, it’s specific intersection with not a specific experience but like I guess a specific experience in the way that it is hard the two you know how we were talking about people assuming you’re asexual and you have no sexuality that you know straight disabled people, cis disabled people do have that kind of experience, not quite in the same way as being LGBT and LGBT people and trans people can understand where your gender identity is erm ignored I guess or just completely denied but the intersection of that being disabled would be wow you can’t be both – what are you on about?”

“I would say find a way to show people that it doesn’t matter for me that’s art for you that’s this survey, find a way to show to people that being disabled doesn’t matter prove to people that in the LGTB community doesn’t matter I mean it does but you don’t want to be treated any differently, it’s not about – I’ve said this over and over now, it’s not about being treated better or worse, it’s about being treated the same and if anybody has a combination or any one of those, find a way to show the world that you are human and you deserve the same”

Appendix F: Participant Demographics

Pseudonyms and Pronouns

Interview 1: Robert – He/Him

Interview 2: Allie – He/Him

Interview 3: George – They/Them

Interview 4: Jack – He/Him

Interview 5: Joanne – They/Them

Interview 6: Daniel – He/Him

Interview 7: Jamie – They/Them

Interview 8: Lauren - They/Them

Interview 9: Vinnie – He/They

Interview 10: Anthony - He/Him

Interview 11: Ash – They/Them

Interview 12: Eli – She/Her

Demographics:

Two participants were visually impaired.

One participant was hearing impaired.

Nine participants were neurodiverse (ADHD, Autistic, AuDHD etc).

Appendix G: Interview Question Guide

Research question:

How do people who are both transgender and disabled negotiate these different yet intertwined subjectivities?

These interviews will be open-ended, conversational style. not all questions will be asked—these are guides only.

How would you describe your disability?

Tell me about a time when your social life was impacted, positively or negatively by your disability.

How would you describe your identity within the LGBT+ community?

What do you enjoy doing for fun?

What is a good social experience in LGBT+ community / what is a bad one?

Have you ever had any difficulties accessing LGBT+ social events?

Have you ever had any difficulties accessing disability groups due to your LGBT+ identity?

What would you say your biggest challenge is in regard to socializing, going to events/spending time with friends? (Including social media)

At LGBT+ events, are you more comfortable identifying as trans, or disabled, or both?

Do you find it easier to socialise as someone with an LGBT+ identity with others with a disability? If so, why? If not, why?

Are there aspects of socialising that you would like to change?

What is the most difficult aspect of being LGBT+ for you?

What is the most positive aspect of being LGBT+ for you?

What is the most difficult aspect of being disabled for you?

What is the most positive aspect of being disabled for you?

Has your LGBT+ identity impacted (positively/negatively) on your access to support for your disability?

Has your disability made it easy/difficult to access LGBT+ spaces?

Have there been times when you have used your disability to hide your LGBT+ identity?

Have there been times when you have used your LGBT+ identity to hide your disability?

Have you ever been denied access to something because of your LGBT+ identity?

Have you ever been given access to something because of your LGBT+ identity?

Have you ever been denied access to something because of your disability?

Have you ever been given access to something because of your disability?

What advice would you have for others who have an LGBT+ identity and a disability?

Do you have any questions for me?