

How Binary Gender Norms Create Friction

An Analysis Using the Concept of Infrastructures

“As such, the medical and legal assignation of sex according only to the binary options of “male” and “female” constitutes something of an accident for each of us, an assignation of status that belies and homogenizes our unique physicalities into enforced norms.”

(Loeb, 2008, p. 46)

Erasmus University Rotterdam

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Sophie Kornmann

546980

Supervisor: Willem Schinkel

Second Reader: Samira van Bohemen

ABSTRACT

The main research question answered within this thesis is: when and how do infrastructures create *friction* by imposing binary norms of gender? This research question will be answered in two phases, first interviews with transgender and nonconforming gendered individuals will be conducted in order to determine the moments in time and space where friction occurs, the second phase will analyse how within these moments infrastructures can create *friction* by internalizing and reproducing binary norms of gender. The fields of interest are the passport and the health care system as infrastructures. To understand the blueprint on which these infrastructures were formed, their histories and intended use are elaborated. From this research it can be concluded that *friction* occurs at moments in which these infrastructures create and initiate barriers and slow movement for transgender and nonconforming gendered individuals, relating to the inherent binary norms of gender with which they were formed.

KEYWORDS

binary gender, categorization, friction, infrastructures, transgender

Introduction

Most people living in modern nation-states have a passport and a birth certificate. Amongst others, these documents contain information about our nationality, birth date and gender. At first glance, this information seems straightforward, unchangeable and merely factual. However, it can be argued that this is far from true. When looking at the categories of *gender* that are to be chosen from, we often only find 'female' or 'male' as an option. Anyone reading this, identifying as either male or female, will not encounter any problems fitting into this system of categorization. For those, this system of categorization is almost *invisible*. Those who read this but identify as anything other than either male or female, will recognize their inability to *exist* within this system of categorization that only knows this binary distinction of gender.

Although, recently we find a more tolerant and open attitude towards transgender and non-binary gender identities, a realization of this perception can be found in the (sometimes also legal) recognition of a 'third' and intermediate gender in countries such as Germany, Australia, India, Bangladesh, Nepal, New Zealand and Thailand (Yeadon-Lee, 2016). Different perceptions of gender vary from transgender identities who identify with the opposite sex, to non-binary perceptions which are described in numerous ways such as gender fluid, gender neutral, bi-gender, demi-gender, agender and so on. These ideas of gender vary from identifying with both male and female gender characteristics to neither one of these and every other gender identity in between (Yeadon-Lee, 2016). These identities can be accompanied with different forms of sexuality and body identification, and therefore consist of a wide variety of

gender perceptions and identities that cannot be understood as one distinct way of being. But apart from this increasing attention and tolerance towards a wide array of gender identities, we still find binary perceptions and ideas of gender intertwined with institutional, bureaucratic and governmental practices. These ideas and perceptions can still influence the lives of non-conforming gendered persons even though they might legally be able to express themselves.

Nicholas (2018) argues that negative social responses to genderqueerness can stem from the conviction that there are only two genders. This conviction can be linked to the everyday gender identification practices that take place within the state's infrastructures. Since 'the state' in itself is a problematic concept to use in the sense that it assumes a clear-cut distinction between the state and society, this research will be addressing the state as an ensemble of infrastructures (Mitchell, 1999). By looking at the state as a set of infrastructures, the state's interrelatedness with society and the inability to distinguish *the state* from other entities is addressed. There are multiple ways in which state infrastructures in the Netherlands produce and reproduce binary notions of gender, which can then be linked directly to the negative social attitudes towards non-binary or transgender identities. However, the specific points in time and space in which non-conforming forms of gender become problematic *through* the flows of power that can be distinguished as part of the infrastructures of the state require a deeper analysis in order to understand how these structures marginalize this minority group and these moments will simultaneously give an understanding of *how* infrastructures work. It is precisely within points of *friction* caused by the binary gender norms imposed by infrastructures that precarious positions of 'other' gendered individuals can be understood, as well as the infrastructures themselves. These exact points of friction, however, are mostly *invisible* to those who fit in the categorization of gender currently provided (Bowker & Star, 1999). The categorization practices enacted by the infrastructure of the state can be perceived as "artefacts embodying moral and aesthetic choices that in turn craft people's identities, aspirations and dignity" (Bowker & Star, 1999 p. 4). *Folded* into the act of categorizing bodies into gender are assumptions, expectations and conditions for being a *legitimate* citizen. To unfold these histories, assumptions, expectations and conditions, the *intentions* and *agency* of objects which can be interpreted as an embodiment of the state need analysis.

What exactly are these points of *friction*? These points can be described as the spots in time and space where individuals who have gender identities conforming to the norm are able to move freely and can get access to facilities, health care and other resources where non-conforming gendered individuals cannot or can only do so after putting in a great deal of effort. An example of this can be found within procedures in medical institutions. Medical institutions work with the idea of 'gender dysphoria', categorizing all transgender persons as mental health patients (Latham, 2017). In practice, this results in the possibility for cisgendered male patients who have breast formation can have these removed without psychological evaluation, whereas

transgender male patients are obliged to undergo psychological evaluation prior to the surgery to ‘prove’ they are of the ‘wrong sex’ (Latham, 2017). As Latham (2017) rightfully states in relation to this example: “If trans men are men, and they are men who have breasts—how is it that we are (ethically) treated differently from other men who have breasts? (p. 44)” It is in these moments that *friction* can be found, where prevailing norms and ideas about gender, and the appropriate bodies that go with that, are linked to practices resulting in a disadvantaged position for non-conforming gendered persons compared to gender conforming persons.

By finding the points of friction related to the binary distinction of gender in the Netherlands, this study aims to gain a deeper understanding of the processes that are related to the inequalities that result from these practices. The assumptions, ideas and imaginaries related to gender identity in the Netherlands can play a role in the production and reproduction of violence against transgender people, which highlights the importance of conducting this research. Furthermore, understanding points of *friction* within infrastructures will help getting a deeper understanding of how infrastructures work.

To gain a deeper understanding of these problems, the following research question will be used for this thesis: **When and how do infrastructures create *friction* by imposing binary norms of gender?** This question will be answered using the following sub questions: 1) Who is disadvantaged by these binary norms? 2) What implicit assumptions and expectations can be found in the infrastructure of the passport and the infrastructures of the medical world?

Note

Within this thesis, when referring to ‘non-conforming gender identities’ all gender identities that fall outside the standardized binary of gender and/or that are not congruent with the gender one is identified with at birth are referred to. Identities such as transgender, non-binary, agender, demi-gender, gender neutral, genderfluid and all other gender identities outside the binary, will be regarded using this term.

Theoretical Framework

To analyse the *friction* caused by the classification of gender in state practices several theories will be used. Firstly, understanding state practices and the state itself as being an infrastructure will provide the tools to understand how (bureaucratic) state practices related to the categorization of gender permeate through the daily lives of people and can cause friction for some, while it does not for others. To understand the structures that inflict binary norms of gender as (an) infrastructure(s), Star & Ruhleder (1996), Larkin (2013) and Butler (2001, 1999) will provide useful concepts relating this to gender classifications and the construction of gender itself. Secondly, concepts and ideas about classification as elaborated by Bowker & Star (1999) will give a foundation in understanding how classifications reveal taken-for-granted assumptions and give insight into the consequences of the implementation of regulatory classifications. Moreover, Science and Technology Studies (STS) as incorporated by Prior (2008, 2011) and M'Charek (2014) will help to understand the agency of *objects* that permeate and (re)produce gender classification such as passports and birth certificates, giving insightful ways of understanding objects and their agency in practice.

First of all, the perception of the state as an infrastructure will move away from the idea of the state as being one unified entity, but rather as a multi-dimensional organisation with different forms of power. As argued by Mitchell (1999), the perception of the state as a separate entity from society is socially constructed to create social order and problematic because this perception generates resources of power. By addressing the state as an infrastructure, its seamless way of moving through and existing within society is recognized.

Furthermore, the anthropological point of view on infrastructures as elaborated by Star & Ruhleder (1996) will form a basis to the interpretation of infrastructures as it being related to organized practices. Infrastructures emerge when enacting certain practices, they occur in particular places in space and time. The concept of *embeddedness* as Star & Ruhleder (1996) explain, refers to infrastructures as being part of other structures, social arrangements and technologies. This concept is relevant for studying the infrastructures that categorize persons into binary ideas of gender; as part of other social arrangements and technologies.

Larkin (2013) uses the example of a water meter, that keeps track of water usage, as a means used by government to inflict behaviour that causes less water usage/waste. The water meter was not created as a tool to alter citizen's behaviour, but in a different context it was attached to this intention: "[...] the operation of technologies, ostensibly a neutral practice, becomes the grounds around which forms of citizenship are contested and where technological systems are entangled with other religious and political domains" (Larkin, 2013, p. 331). The entanglement of gender classification structures with religious, political and potentially other domains can be made visible with the incorporation of these concepts.

Butler (2001) can help to understand how and why the account a person has of themselves is influenced by norms, by what is decided collectively for this person to be. This then also affects the account people make of others. Collective norms and ideas shape who people think they are themselves and who they think others are or should be. The influence of these norms works through infrastructures that tell a person they can only be either male or female. Norms about gender influence infrastructures that influence society and vice-versa. To understand existing perceptions of gender and the constructed aspects of the male/female distinction, Butler (1999) elaborates on how sex is divided into socially constructed male and female categories to which aligned gender expectations of being either male or female are attached. Butler (1999) argues that both sex and gender are constructed socially and therefore mean that femininity and masculinity do not exclusively belong to the aligned male or female body. The distinction of sex and gender cannot be made precisely because the practice of dividing bodies into binary sexes is similarly influenced by histories as is the “cultural” aspect of sex which is gender (Butler, 1999). Political and social interest have influenced the practice of distinguishing bodies into sexes, with aligning sex/gender expectations that go with the assigned sex (Butler, 1999). Ideas about gender form perceptions of ‘coherent’ gender identities, identities that conform to either male or female characteristics solely and do not overlap each other or include other perceptions of gender (Butler, 1999). These ‘coherent’ gender identities are permeated through regulatory practices which, by doing so, disadvantage ‘incoherent’ gender identities precisely because they are non-coherent and seemingly ‘faulty’ according to the regulatory systems. Butler (1999) also emphasizes the relational aspects of gender, in that gender “is always relative to the constructed relations in which it is determined” (p. 15). Gender can be shaped differently in different contexts, especially for those who do not identify with their assigned sex/gender at birth and have to establish their gender identity within different contexts constantly, precisely because their own gender identity does not conform to standards and expectations that come with their assigned sex/gender. This perspective also shows how new perceptions of gender outside this binary distinction can arise, precisely because gender and sex are largely socially *constructed* identities.

These identities are largely turned into categorizations as are many aspects of human life, which are visible all around us. Bowker & Star (1999) elaborate on the existence of classification systems in workplaces, homes and other spaces we find ourselves in in our daily lives. These ways of categorizing become visible when they break down or become subject of contestation. According to Bowker & Star (1999) a classification system should meet three requirements: 1) there are consistent, unique classificatory principles in operation, 2) the categories are mutually exclusive, and 3) the system is complete. Bowker & Star (1999) emphasize the inability of real-world classification systems to meet these requirements, however these requirements can pinpoint the times and spaces in which the classification system creates *friction*. The

way in which the governmental regulatory bodies order people into male and female can be seen as a practice of classification. This system of classification becomes visible when there is *friction* as to into what category a person fits, according to what information, and what categories should be provided. The way in which trans/non-binary identified people are subject to the categorization of male and female and their inability to move within it freely causes *friction*.

To understand the influence of systems and objects on the construction of ideas about gender/sex, a Science and Technology Studies (STS) approach will provide the tools to understand the co-construction between objects and society (M'Charek, 2014). Science and Technology Studies give way in the comprehension of the relation of society with objects, how material objects hold information that reveal histories, ideas and assumptions (M'Charek, 2014). M'Charek (2014) and Prior (2008) give insight into how objects in itself can have agency in certain situations. Objects have histories *folded* into them; these histories can tell something about the place and time where the object was created, by who, and for what purpose (M'Charek, 2014). These histories can show how objects then hold societal norms and ideas of the object's creators and makers. Prior (2003) provides the tools to make visible what processes are involved in the creation of documents, which procedures do we find looking at the construction of documents? Moreover, Prior (2003) emphasizes how *what* documents *are* becomes visible in the manner of its use, and how we can find institutions within the documents that it produces. For this research the documents created by the state will be understood as *being* the state, the state's artefacts as its presence.

To analyse the co-construction between these documents/objects and society, the intentions behind the *use* of categorizations of gender within documents as well as the initial intentions with which these categorizations were created will be compared to each other. So, how were these categorizations made and for what purpose, compared with what are the intentions while using them right now. The connections between this can reveal how documents have been constructed with certain ideas and intentions behind them and how these documents then simultaneously construct ideas and beliefs within society. As Larkin (2013) described in the example in the previous part of this section, a water meter as an *object* can be understood as a non-political object without intentions or agency. However, placed in the context in which it was used it had the intention to reduce water usage so it had agency in the sense that it altered the situation by being installed. The intention and agency objects like this have, which can be placed within different infrastructures, can be understood as the co-construction between objects and society. This STS approach towards documents will provide this research with tools to understand how documents are not only a source of information, but how they are active actors in the way society is manifested.

These theories together will form a theoretical approach that will form the point of view from which the analysis will be made. The theories on infrastructures will create

the opportunity to understand the interrelated structures within society and 'state' practices that permeate norms and expectations of sex and gender and their aligning identities. How do seemingly 'innocent', neutral practices reveal expectations of a person's (coherent) gender identity? What context do these practices form that shape gender identity? Classification systems can be studied as an example of a practice within a bigger societal/state structure that classifies gender in very obvious ways but carries with it many implicit expectations and assumptions. These classification practices are enacted using objects such as birth certificates and passports that classify human beings into binary ideas of gender. How do objects like these permeate ideas about gender identities? What histories can be revealed analysing these objects as well as other regulatory documents? These questions will form the basis into the analysis.

Operationalisation

These concepts will directly create the possibility of finding specific points of *friction*. The research starts with collecting data through interviews, these interviews are conducted with people who do not conform with their gender identity assigned at birth. The interviews chronologically assess the process of finding and being recognized as their self-assigned gender identity. The interviews then assess in what ways regulatory (categorising) state practices, as well as medical practices and social experiences related to their gender identity cause limitations to what they are able to do physically, as well as any psychological pressure experienced from these practices. The limitations and pressure that can be (in)directly linked to these practices are interpreted as points of *friction*. The theory on infrastructures allows for experiences in the daily lives of the respondents to be analysed with the understanding of the infrastructures that influence and regulate it. Furthermore, the theory on categorisation allows for a focus on acts of gender categorization within the lives of the respondents and an analysis of the assumptions and expectations of gender identities that are inherent to these acts of categorization. The theory on objects can then help to reveal assumptions about gender with the way objects such as passports are used and the intentions behind the use of the passport. To have an understanding of what these expectations and assumptions are, theories on the construction of gender will help to define how gender identities are constructed and how the idea of gender is connected to a sense of coherence in all aspects of a person's identity.

Methods

This research adheres to a two-tiered data collection. The first phase consists of 5 in-depth history interviews with people who identify themselves with a different gender/sex than the one assigned at birth. The second part will consist of an analysis of state-related documents, practices of categorization and the histories/intentions of these documents and practices.

Interviews

Within the first part of the research, interviews with nonconforming gendered respondents will give an understanding of which practices, procedures or bureaucratic processes cause *friction*. By chronologically discussing the process of altering one's assigned gender, the specific problems related to gender identity come forward.

As an example, a study by MacLean (2018) gives insight into how to conduct interviews with minority groups, who have a substantially different life or background than the researcher. From her research it becomes clear that attending to the arousal of certain emotions can be useful in finding out about meaningful experiences in the respondents' lives (MacLean, 2018). These emotions can also flag a point of friction since these often evoke some emotion given the understanding that they have (negative) effects on the respondent's life and experience.

The interviews are semi-structured, geared towards people's specific experiences relating to their gender identity. The interviews are conducted with attention to an open structure that highlights the narratives of the respondents with little guiding questions from the researcher using a topic list. This structure helps finding the point of *friction* that the respondents have experienced in their lives, creating a starting point for further research into these examples of where friction can be found.

Furthermore, the open and collaborative structure within these interviews make sure to focus on an understanding of the lived experience that non-conforming gendered persons have from an insider's perspective instead of deciding what these experiences are from an outsider perspective.

Respondents

Four respondents were found using online networks for trans people, one respondent was found using the snowball method. The researcher contacted 'The Transketeers' which is an audio-visual and advocacy collective for trans persons and one of the founders of this collective posted a call for respondents for this research. This method where respondents could come forward themselves has been chosen to gather respondents who openly talk about their gender identity and are voluntarily willing to participate in a more collaborative way. The call required for respondents to identify with as a non-conforming gender identity as elaborated earlier. For this research, it is only relevant for respondents to identify themselves as anything else than the identity they were born with in order to find out about when this became a problem and

caused them to struggle with certain things. All respondents live in the Netherlands and their transition has taken place in the Netherlands as well. The ages range from 20 years old to 58 years old and include different gender identities such as trans-male, non-binary and gender nomad. The occupation of the respondents varied from being a student to unemployment. The respondents were asked to speak openly about the moment they noticed they wanted to change their gender identity up to the present while the researcher asked some questions in response to what the respondents were telling as well as some guiding questions. The varying ages ensure to include people in different stages in life which also means their experiences vary in relation to the life stage they are in. To make sure respondents are referred to in an appropriate way, all respondents were asked which pronouns they use which were then used within this thesis.

Procedure

The research took place from April 2020 up until the end of June 2020. After the call went up for respondents, the respondents were sent e-mails discussing a date and time for video-call appointments. During these video-calls the respondents were interviewed using a pre-made topic list. Before getting into the topic list the researcher discussed the focus of the interview towards the experiences of the respondent and the open structure where the researcher would only interfere a little. The video-calls were audio recorded.

Analysis

Transcribing Interviews

After each interview, interesting and thought-provoking anecdotes were noted immediately. Later, the interviews were transcribed using the audio recordings of the interviews. The complete interviews were typed into a Word document, excluding a focus on the mechanisms through which respondents interact such as pauses and tone, but including notes made of specific emotions that related to certain topics to find out whether it these could uncover *friction*. This approach was chosen because the interviews form a basis in determining the topics of interest for further research rather than being the basis itself, which can be described as a form of 'focused ethnography', in which only information relevant to the analysis of the infrastructures was used (Knoblauch, 2005). The transcription includes notation of minutes in the audio recording in order to be able to re-listen specific parts of interest. These transcriptions were then read carefully and analysed with an eye for any signs of a way in which the respondent have had experiences that were affected by their gender identity. As noted by Skukauskaite (2014) : "transcribing also constitutes a process of analysis through which the researcher constructs a logic-in-use for hearing, seeing, constructing, and representing particular kinds of knowledge based on the recorded interviews" (p. 4). The process of analysis included reading and re-reading the transcription, while distinguishing similar themes and experiences that would highlight

where *friction* can be found and would be grounds for further analysis. After determining what infrastructures would be relevant to study, literature relating to these infrastructures was studied. After and during summarizing literature relating to the highlighted topics in the interviews, the transcripts were read with an eye for similarities between the research studied and the experiences of respondents applying a comparative analysis (Gibbs, 2012). This comparison was done by writing down key parts of the interviews and then writing down how this relates to literature about the themes of interest.

Ethnographic Content Analysis

After an analysis of the conducted interviews, content that can be linked to narratives in the interviews will be analysed using ethnographic content analysis. Ethnographic content analysis (ECA), also referred to as *reflexive content analysis*, emphasizes the reflexive and interactive aspects of content analysis (Altheide, 1987). Instead of the analysis of “objective” content which qualitative content analysis aims to do, ethnographic content analysis focuses on the meaning of a message within various modes of information exchange such as format, style and in relation to the context of the content (Altheide, 1987). “Ethnographic content analysis is used to document and understand the communication of meaning, as well as to verify theoretical relationships” (Altheide, 1987, p. 4). Furthermore, it emphasizes the *constant discovery* and *constant comparison* of content, which will be a suitable way of analysis for this thesis since the contents that will be analysed will mostly be discovered while conducting the interviews (Altheide, 1987).

In the ethnographic content analysis phase of the research, documents and literature about these documents are used to gain an understanding of the points of *friction* that are the focus of this research. The ethnographic approach in the content analysis is important because it emphasizes the relation between meaning and context and the construction of meaning behind and within these documents. Documents such as the passports and the intentions and assumptions behind these documents are important areas of study in order to understand what they are meant for, how they are used and how this relates to the experienced *friction* of trans/non-binary gendered persons. Furthermore, documents related to the medical procedures of the physical transition of non-conforming gendered individuals, such as protocols and medical guidelines will also be helpful in understanding assumptions and ideas about gender. These documents were accessed through open routes, since many state-related documents and documents related to medical procedures and guidelines are public.

Prior (2003) emphasizes the presence of institutions within its documents, calling for an analysis of these documents in order to analyse the institution itself. Therefore, governmental/state documents relating to gender registration and the passport are relevant documents to study, and medical protocols for medical institutions.

Ethnographic content analysis has been used by Wilbur (2019) to analyse an organization's strategy manifested in its strategic communications. These communications are documents such as the passport, the analysing of intentions behind documents is useful for the analysis of the passport in this study. In Wilbur's (2019) study, ECA was used to uncover a deep contextual understanding of what documents mean. Using this method, it requires both a deductive part which means that within documents there will be searched for information relevant to this research, but it will also be inductive in the sense that coding categories will be developed while examining the documents (Wilbur, 2019). The documents were read thoroughly looking for relevant information, after which the coding categories were made together with the transcribed interviews to find situations that can be defined as *friction*.

Ethical Considerations

To ensure the safety of respondents, they were all gathered on a voluntary basis, where respondents responded to an open call for participation in this research. Prior to the interviews, the respondents were informed about the audio-recordings of the interviews and were given an informed consent form which stated the inclusion of questions related to sexual orientation and gender identity. Furthermore, the rights relating to the information retrieved from the interviews was included, such as the right to access, adjust and remove data. The form also included statements about who has access to the information they have given. To ensure the privacy of respondents, they have been anonymized in the research, using letters instead of names.

Part 1: *The Passport and Gender*

While researching the points of friction and documents relating to these specific points of friction, the passport comes forward as a document and an object with agency. A document relating to the infrastructures of the state, as a means of regulation and identification, categorizing citizens into the binary notion of gender. The passport as used in modern nation states has become the most important document of identification, not only in relation to state facilities and registration, but also in daily life: to buy age-restricted products in the supermarket, to identify oneself during a train ride and to book a flight. While the passport is a suitable form of identification for many, the minority of persons who do not conform to the restricted binary idea of gender find themselves trying to work around this system of categorization that has no category for them.

The Origin of Gender Registration in the Netherlands

To gain a deeper understanding of the documentation of gender within contemporary Dutch and European states in birth certificates and ultimately in passports, the histories behind documenting gender play an important role.

Looking back at the beginning of sex-registration within nation states, the first registration of sex was implemented when the *Code Napoleon* came into effect in 1811, where sex/gender became an important aspect of a person's civil status (UCERF, 2014). Further explanation for why sex/gender was of importance for registration of this status was not provided, however, it is suggested that it was of importance to make sure men could not escape conscription (UCERF, 2014). The civil status that was registered under *Code Napoleon* was used to decide on people's jurisdiction, suggesting that civilian's jurisdiction was sexed/gendered. This gendered jurisdiction was connected to marital rights and parents' rights, marriage was only possible for heterosexual couples and parents' rights were assigned to the biological (heterosexual) parents of children (UCERF, 2014).

In 1985, the first transgender law in the Netherlands made it possible for transgender persons to alter their sex/gender in their birth certificate. Reasons for doing so was so as elaborated by the Commission for Trans Sexism were in order for transgendered persons to be socially recognized as an "official 'member' of the other sex, that would also recognize their male or female identity formally and by law" (UCERF, 2014, p. 13). The alteration of gender in the birth certificate was also meant as a correction of a person's (sexed/gendered) legal status (UCERF, 2014). The Commission added that the question whether a person *is* a woman or a man is not relevant for their legal status, but the question whether one should be *registered* as either male or female *is* relevant for their legal status. This law also stated that persons who wanted to change their sex/gender on their birth certificate were obligated to make sure they were no longer able to conceive or give birth to children (UCERF,

2014). This measure was added in order to make sure that the legal gender of the person was not contradicting their biological gender (UCERF, 2014).

In 2012 and 2013 debates about easing the process for transgendered persons to change their legal sex/gender sparked more debates about *why* gender is registered. The use of sex/gender registration for the Governmental Basic Administration (Gemeentelijke Basisadministratie) was depicted as a necessity for the government for multiple causes such as preventive research for breast/prostate cancer, for research on wages, educational attainment and other gender specific causes.

In 2014 the obligation to alter one's body towards the desired gender, including making it impossible for transgender persons to conceive or give birth to children was eliminated, making the alteration of one's registered gender a lot easier (van den Brink, 2016).

What can be understood from this short overview of the history behind gender registration, is its relation to the distinction of rights for men and women. The lack of explanation and its attachment to rights, show the naturalized idea of binary gender that permeated through the developments of gender registration in the Netherlands. The possibility to change from male to female and vice versa with the obligatory infertile procedures to it, show how transgendered persons were made to adhere to the gender binary and refrain from being 'in-between'.

Assumptions and Implications of Gender on the Passport

Given the understanding of the histories behind registering gender, the inclusion of gender in the passport reveals how similar notions of gender, as coherent binary identities, permeate through the lives of those who deviate from this norm which affects their access to resources and safety. To start with, the passport can be understood as an object with agency, in modern nation-states it provides persons with the ability to move between and within borders (Torpey, 2000). Given the use of passports as identification-tools within the infrastructure of the state, a position in which the passport can determine *who* a person is and simultaneously *who* someone is *not*: a passport that does not align with one's identity can create *friction*.

The Dutch rules regarding passports conform the International Civil Aviation Organization (ICAO), which prescribe the inclusion of sex/gender in the passport with the intention to standardize international travel documents (UCERF, 2014). The ICAO stated that the inclusion of gender was meant to reduce the risk of "documents being issued to the wrong identity or multiple documents being issued to one identity" and that it would help border officials to identify persons through "a quick visual check of the gender on the travel document compared to the holder" (UCERF, 2014, p. 17).

What can be understood from the reasons behind registering gender on the passport in relation to the 'visual checks', shows gender as an aspect of surveillance and security, as part of a system that is aimed to identify persons and by doing so increase safety. What is also revealed is that gender is understood as a *first order metric of identity*: "the body, it is assumed, cannot be forged and does not lie" (Currah &

Mulqueen, 2011, p.568). As further elaborated by Currah & Mulqueen: “the assumption the classification of M or F is a *permanent* feature of the body underlies the rationale for its use in identity” (p.569). By claiming persons *visually* represent the gender that is registered on the passport, the expectation of a *coherent* gender identity comes forward. A coherent identity meaning that the body, a person’s identity and the gender registered on one’s passport must be coherent in order to be identified. The visual procedure of linking a person’s body to a document reveal the necessity for a person to align with the binary distinction of gender, simply because by way of registering persons there is no option to identify outside the gender binary of female or male. This practice in itself can be defined by a statement by Butler (1999) saying: “the very notion of “the person” is called into question by the cultural emergence of those “incoherent” or “discontinuous” gendered beings who appear to be persons but who fail to conform to the gendered norms of cultural intelligibility by which persons are defined” (p. 23). When a person fails to align to *only* one of the two genders, one cannot be identified and fails to truly exist as an intelligible person according to the infrastructures of the state that categorize citizens into male or female.

Practically, this means nonconforming gendered persons will struggle to be identified with their passports because their identification document cannot possibly match their identity. Bodies that have both male and female characteristics cause a breakdown in the infrastructure of the passport because these bodies cannot be categorized within it. Within these specific moments where barriers are formed and the flow of movement stops, the infrastructure breaks down and becomes visible (Star, 1999). This breakdown presents itself in various ways, requiring for nonconforming individuals to work around this system that does not facilitate smooth movement for them. It are those individuals whose bodies, narratives and documents that are not ‘coherent’ that have to mold their identities into the categories provided so that they can use the infrastructure. Instead of having a passport reflect what a person is, nonconforming gendered persons have to reflect what their passport says about them, in order to pass border checks, be able to buy age-restricted products, and to be excluded from suspicion of identity-theft using an OV-card in public transport amongst other daily practices that require identification through the passport/ID-card. Given the fact that these practices also incorporate the passport (and other similar identification documents) as a means to identify individuals in seemingly mundane situations, the role of the passport and its role as an active agent in people’s life becomes apparent. These practices that are meant to *increase* safety, can result in a *decrease* of safety for those excluded from the system: bodies who do not align with exclusively male or female characteristics will induce suspicion because these bodies do not match the assumed bodies from the passport (Currah & Mulqueen, 2011). Not only can this create uncomfortable situation where individuals have to explain their personal situation, it can also result in having no or limited access to resources and unsafe situations. Situations in which ‘different gendered’ individuals

are specifically vulnerable are thinkable in spaces where there is little tolerance towards those who identify outside the male/female binary but there is a necessity to identify oneself with a passport that includes gender. Ironically, it is exactly these practices that categorize bodies into male or female from which intolerance towards different gender identities stem (Hill and Willoughby (2005). An example of how the inclusion of gender on the passport can directly create an unsafe atmosphere comes from Respondent E, the respondent identifies as a 'gender nomad' having both male and female characteristics and having changed his formal gender into male, his passport does not match the expectations of a male gender identity. Respondent E elaborates on an occasion abroad where he got stuck in a shower but felt too scared to ask for help given the incongruence between the body and passport, resulting in him breaking the shower door which caused injury. The very fact that individuals with nonconforming gender identities have to or feel that they have to put thought into their actions given the registration of their gender in the passport, shows where the infrastructure creates *friction*. In these specific moments the passport becomes an object of contestation rather than a mundane document used to identify oneself.

When the passport cannot fit one's identity, some respondents try to make themselves fit with their passport. To ensure access to resources some nonconforming gendered individuals sometimes present themselves within the gender binary or feel pressure to do so. Respondent S identifying as non-binary mentions how they try to fit in the gender that was assigned at birth when having to identify oneself to (governmental) institutions: "The solution to these problems is to pretend to be someone you're not, if you want to move out of your parents' house you'll have to fill in your gender with several governmental institutions, but you cannot let that stop you from moving out" . Respondent S mentions how their passport does not match their identity and feels as if it belongs to a stranger. Respondent S also mentions the discomfort they experience with registering gender to apply for higher education, since this will likely result in the necessity to explain their personal situation. The incongruence with the registered gender and lived gender constantly creates the pressure and necessity to explain a situation that the system cannot comprehend. Again, these instances of working around the system and being unable to flow within the infrastructure without thought, can be addressed as a point of *friction*.

To avoid these situations, respondent S mentions wanting to change their registered gender into an 'X' to avoid such discomfort. There is a possibility to do so due to regulations that delay the registration of one's gender and temporarily register an 'X' at birth when a baby's gender is unclear (van den Brink, 2016). So far, three Dutch people went to court to get their gender changed into an 'X', but this option has not yet become available without going to court (NOS, 2018; RTL Nieuws, 2019; Sedee, 2020). However, respondent S prefers to erase gender from the passport completely as do two other respondents E and M. The solution to just include an 'X' to the gender identification procedures does not appear to be the solution to the

problem, due to its stigmatizing tendencies and because it could enhance the dominant standard of what being male or female is because the 'questionable' cases will be filtered out (van den Brink, 2016).

The Passport as an Infrastructure Causing Friction

The histories and assumptions underlying the creation and intentions behind the passport play an important role into understanding how the passport as an infrastructure forms barrier and slows down certain individuals while it works smoothly for others.

The intention with which the passport and its infrastructure was created has to do with the possibility to move, to generate and regulate movement of bodies between nation-states. It is an object that is meant to identify individuals by including a person's name, their birth date and their gender. These intentions seem to present the obvious, the practical use of the passport. The passport as such is not just made up of its materials and the information presented on them that seem straightforward and simple, it is made up of the idea behind its creation as well as the use it has in the daily lives of individuals. The passport's promised use as an object providing movement, does not work as such when an individual identifies with a different gender identity than the one that was assigned to them at birth. The speed at which individuals can move varies based on the congruence between their passports gender identity and the identity an individual has chosen to be. The passport as a tool of identification, has intertwined with it as Larkin (2013) would call it a *poetic mode* which represent what it means to be a citizen of that nation state. Larkin (2013) elaborates: "In the case of infrastructures, the poetic mode means that form is loosened from technical function. Infrastructures are the means by which a state proffers these representations to its citizens and asks them to take those representations as social facts" (p. 335). The representations of persons and passports are communicated as being social facts in the sense that the representation of gender and the possibilities to represent gender are communicated as *the standard*. An individual's ability to adhere to the standards represented in the passport can use the infrastructure freely. Those who have formed identities that exist outside it cannot. As such, the passport becomes an object that communicates what it means to be a citizen, a member of a nation-state. But because the infrastructure denies certain identities, their membership is put into question. As Bowker & Star (1999) discuss the concept of membership, nonconforming gender identities are prohibited from naturalizing the passport as a mundane aspect of life that provides this membership. To be a member is to exist within the infrastructure of the passport in a naturalized manner, to perceive the passport as a mundane piece of information, as a bureaucratic necessity that has no implications in life besides the ones it is seemingly intended to have. It is exactly within the moments where this naturalization cannot occur, for those who do not conform, where we find *friction*. As Bowker (1994) called it, infrastructural inversion occurs, because the infrastructure that is made to be naturalized, mundane and

mostly invisible, suddenly steps into the foreground. The embeddedness and complicated networks of the infrastructure become visible. When friction occurs, the passport's function as an infrastructure moves away from its perceived intentions as an object that provides the safe movement of individuals, its function becomes one that categorizes and regulates citizens through specific notions of gender. This then results in the way movement is fast and easy for some but can be a road full of barriers and miscommunications for others: "For any individual, group or situation, classifications and standards give advantage, or they give suffering" (Bowker & Star, 1999 p. 6). The infrastructure as such, besides communicating binary gender norms, also acts upon this notion by differentiating movement between individuals who conform and those who do not conform to the standards on which the infrastructure was built. The moment in which the infrastructure fails to provide movement and access, is where it becomes visible and causes *friction*. The moments in which transgender and gender non-conforming individuals have to actively engage a process of thinking about their passport, then taking action to alter the passport in some cases, then having to find a way to live their lives with that passport reveals the *friction* where the passport steps to the foreground and causes non-conforming gendered individuals to fall behind on those who conform. Within the process of transition for transgender and non-conforming gendered individuals the passport becomes an object of contestation. Respondent S and Respondent E reveal how the passport provokes a thought process and a search to deal with the passport discussing the fact that the passport does not and cannot conform to their identity. Respondents E, M and J have formally altered their formal gender, though respondents E, M, J and S mention that their formal gender can never fully represent their identity in the current system. And once a decision about gender on the passport has been made, transgendered and non-conforming gender identified individuals have to find ways to make the passport work for them, such as the experiences of Respondent E. abroad, and the experiences of Respondent S. when applying for school and travelling by train. The very fact that the passport requires thought and in some instances action for transgender and non-conforming gendered individuals, shows where the infrastructure of the passport creates *friction* and reveals itself as being an infrastructure.

Part 2: *Medical Discourse and Gender*

Another reoccurring theme of interest amongst respondents and within literature, is the procedure prior to physical transition within health care institutions. The institutionalization of binary ideas about gender within medical practices show how perceptions and expectations of gendered bodies in the medical world are intertwined with the regulatory categorization practices of nation-states. Similarly, practices, protocols and systems within medical institutions cause *friction* for those considered 'non-conforming'. The medical discourse is specifically significant in the lives of transgendered individuals, since their transition often involves medical procedures and obligatory psychological assessment and guidance.

An Overview on Medical Discourse in the Netherlands

To gain a deeper understanding of how medical practices can create *friction* for transgendered individuals, a short elaboration on medical standards is needed. The Dutch treatment protocols for transgender/non-binary and other nonconformist gender identities are based on the *Standards of Care for Gender Identity Disorders* from the *World Professional Association for Transgender Health* (Graven & van den Brink, 2008; VUMC, n.d.). These standards provide information on how to treat different patients under the same circumstances and were created to guide health professionals in providing patients with psychological wellbeing, self-fulfillment and with personal comfort of their gendered selves (Fraser & Knudson, 2017; Coleman et. Al, 2011). These standards are created as recommendations rather than requirements. By thoroughly analyzing these standards, the underlying assumptions and desired outcomes of treatment in relating to gender identity can be found, as well as a critical review of the current Dutch protocol as to whether it adheres to these guidelines. The experiences of respondents together with this analysis will then provide an understanding of the specific practices and processes within the Dutch health care system that create *friction* for the individuals it is supposed to help.

Looking back at treatment protocols for transgender individuals, the procedures were mostly geared towards a 'full' transition from one gender/sex to the other, including all possible medical treatments which would then also make it legally possible for the person to alter their gender formally (Fraser & Knudson, 2017). This treatment was congruent with the laws at the time, which obliged persons to physically match the gender that was legally registered (UCERF, 2014). The treatment process was very much geared towards having a 'coherent' gender identity where the physical presentation was meant to align with solely male or female characteristics. This binary idea regarding transgenderism has changed into a more open view on gender, with the perception of gender as a *spectrum* within the *Standards of Care* (SOC) (Fraser & Knudson, 2017). The treatment process then shifted from a standardized procedure that aims to physically change a person's gender through binary gender norms towards a more individualized approach with diverse outcomes (Fraser & Knudson, 2017). Transgender and other non-conformist gendered

individuals were pathologized, with the earliest diagnosis expressed as 'transsexualism', which later changed into 'Gender Identity Disorder' and has since changed into 'Gender Dysphoria' (Fraser & Knudson, 2017; Schulz, 2017). The alteration of the name of the diagnosed condition was also meant to be inclusive of gender identities outside the male/female binary (VUMC, n.d.). Over time, the idea of non-conforming gendered individuals as suffering from a disorder was understood as inaccurate and pathologizing. The root of the mental problems experienced by transgendered and other nonconforming gender identities was then recognized as being the result of the *social* implications that come with these gender identities rather than the gender identity itself as being a disorder (Fraser & Knudson, 2017).

The Problematic Aspects of Transgender Care

Even though these changes move away from the binary gender discourse, there are still elements in the current medical discourse that contribute to the stigmatization of transgendered and other gendered persons as well as to problems with access to resources. To gain an understanding of how the infrastructure of the health care system facilitates a certain movement for those using it, the narratives and ideas about gender and gender transition within the transition treatment trajectory need elaboration.

First of all, the current discourse focuses on *distress* as a core component of being trans-/other gendered (Schulz, 2017). Such narrative leaves little room for positive associations to be made with being transgender since it implies that the problems transgender individuals experience are rooted in their identity itself rather than the implications their identity has in their lives. The association leaves little room for positive experiences transgender persons can have with their identity, and the refusal of treatment for those who do not report characteristics of distress (Schulz, 2017). Respondent E elaborates on a similar experience, where he stated to have exaggerated the amount of distress related to his gender identity, because he wanted to be sure to get treatment and feared to not get when he did not report great amounts of distress during the diagnostic stage of treatment. Respondent E mentioned to have felt great relief after finishing this stage of treatment, having felt the necessity to 'prove' himself towards the doctors and fearing not getting the treatment he wanted. Negative experiences and thoughts related to non-conforming gender identities are often related to social standards and the surroundings of respondents rather than an inherent negative image of the self. Respondent A mentions to have felt different than others and the unwillingness to conform to female standards but did not experience distress with their gender identity other than people in their close surroundings having troubles with being something else than *only* female. Schulz (2017) notes that "For some transgender individuals, a more authentic experience of identity is that one can still desire to change in the absence of self-hatred and can still celebrate the self but simultaneously require access to services." (p. 79). The underlying thought behind the 'distress discourse' can be related to the idea that everyone desires to be

cisgendered, which then has the underlying assumption that being anything else *should* cause distress. The level of distress relating to oneself might also be related to the level to which one does not feel that their body suits their gender identity, meaning that transgender persons wanting to physically transition to the other gender completely might feel greater levels of distress than a person identifying as non-binary who does not desire great physical changes. This would in turn also mean that persons who want a transition that will align with the binary idea of gender will be more prone to receive care than those with alternative gender identities that do not conform to the mainstream binary. These systemic aspects of the current health care system further marginalize gender identities outside of the gender binary and reproduce the idea that binary gender identities are superior to gender identities outside the female/male binary (Schulz, 2017).

Other problems occur relating to the duration of the trajectory prior to receiving care. The majority of individuals seeking transgender care are admitted at the Amsterdam UMC (VUMC) (Transvisie, 2016). The protocol for adult transgender care of the VUMC shows that the standard trajectory of transgender care is made up out of 6 phases: a screening interview, a diagnostic phase, a social transitioning phase, the surgical treatment phase, the post-surgical phase and lastly the lifelong hormonal treatment (VUMC, n.d.). To enter the trajectory, waiting lists have now gotten up to more than two years (Ministerie van Volksgezondheid, Welzijn en Sport, 2019). Once finally admitted, approximately 5 to 6 interviews in a time span of approximately 6 months take place during the diagnostic phase. This phase is meant to determine whether the patient can be labeled with 'gender dysphoria' and is eligible for surgery, which includes questioning the patient and researching previous contact with health care institutions in order to rule out other psychiatric conditions that can cause gender dysphoria (VUMC, n.d.). Within this phase, the 'severity' of the gender dysphoria is assessed, parents and/or partners can also be asked to give their account of the situation and practitioners have to gain insight into the stability of the social network of the person to determine whether the gender altering surgeries can be done (VUMC, n.d.). If the outcome of the diagnostic phase results in the diagnosis 'gender dysphoria', they enter the 'social transitioning phase' which lasts for a *minimum* of one year. During this phase, the patient is meant to 'socially' live as the desired gender so that the patient can have an understanding of the implications transitioning has for their social and personal lives so that the patient is completely sure about the gender altering surgeries (VUMC, n.d.). During this phase, hormonal treatment can be started and the conversations with a practitioner continue. The length of the treatment process becomes particularly problematic when looking at high suicide rates amongst transgender/nonconforming gender identities, a Dutch study reports 21% of transgender individuals in their survey have tried to commit suicide and 69% had thought about committing suicide (Movisie, 2019). Apart from the possibility of transgendered and nonconforming gendered individuals to suffer from depression and possibly ending their lives, this system is also built with the idea that patients

constantly have to prove that they are in need of treatment. The practitioner has the authority to make decisions on behalf of the patient, putting the patient in a position where they have to fit in the boxes provided for them in order to receive care, rather than giving the patient authority over what happens to their body.

The system as it is currently also relies on the label 'gender dysphoria', something that individuals who identify as anything else than the gender assigned at birth will have to live with if they want to get treatment. The model under which the current transgender healthcare is working is sometimes referred to as the 'gatekeeping model', precisely because the eligibility to receive care is completely dependent on the 'gender dysphoria' diagnosis and therefore lies outside of the patients' authority (Schulz, 2017).

The Gatekeeping Model as an Infrastructure Causing Friction

With the understanding of the histories, assumptions and ideas upon which the medical discourse relating to gender was built, the way it functions as an infrastructure that regulates movement can be analyzed. As a system that is meant to guide and help individuals with transgender and other non-cisgender identities, its ability to function as an infrastructure and provide movement and access for its 'users' is specifically relevant to understand where it creates *friction*.

The health care trajectory in place is created with the intention of providing transgender and non-conforming gendered individuals with treatment aiming "to maximize their overall health, psychological well-being, and self-fulfillment" (Coleman et. Al, 2011, p. 1). The different phases that patients have to go through in order to receive treatment are implemented with the focus on the *irreversible* aspect of the treatment (VUMC, n.d.). This focus is translated into phases where all the contra-reasons for treatment, such as psychological illnesses and the social environment of patients are investigated to such an extent that each of them can be dismissed prior to getting treatment. The careful exploration of reasons to refuse treatment can be perceived to be having the intention of making sure the patient is taken care of with the right treatment. However, this intention gets put into question with the understanding that all patients who *voluntarily* ask for treatment have to complete the same standardized amount of phases in which they have to constantly show determination in order to receive treatment, regardless of the transitioning process they have had prior to admitting to the trajectory. A thorough treatment plan would more likely be one that adjusts to the patients' needs rather than those of the institution. During these phases, patients also have to show a certain amount of distress to get diagnosed while simultaneously facing the possibility of delay or refusal of treatment because of psychological instability (VUMC, n.d.). The obvious contradiction within these two requirements facilitate a barrier of movement. This standardized trajectory with a focus on eliminating all possible contra-reasons that is applied to all individuals who seek treatment neglects the individual transitioning processes of these individuals, some may have a thorough understanding of their

desired identity whereas some need more guidance. The way this treatment process regulates a single flow of movement shows its nature as an infrastructure. The trajectory contains elements that are focused on the extension of gender altering treatment, leaving patients to be forced to live with their current bodies for as long as possible. The composition of phases that require high minimal amounts of interviews with practitioners and long minimal periods of 'adjustment' to treatment regardless of the waiting list that has increased to two years, reveals the desired speed of movement within this infrastructure to be *slow*. The necessity to overcome and go through this long process of preparation reveals the moments where the infrastructure creates *friction*. Similar to the infrastructure of the passport, the infrastructure of the health care system becomes a problem for non-conforming individuals. The ability to move within the infrastructure of the health care system forms problems and *friction* for specific individuals who do not conform to standardized notions of gender. Respondent E mentions the process to have taken 4 years while the trajectory of respondent J has taken about one and a half, of which both feel that this was particularly long. The specific trajectory of care as such, being the only road to treatment for transgendered and non-conforming gender identified individuals and being designed specifically for this group reveal that this *friction* occurs to individuals with specific gender identifications. Again, the concept of gender as a static characteristic of the human body comes forward in the practices related to health care, with the body relating to a state of sameness. This concept can be linked to the extended period of time in which patients are forced to live in their 'old' bodies, awaiting treatment. All respondents, regardless of their age and the individual transitioning stage they were in prior to treatment, who sought medical treatment have had to engage in different conversations with doctors who had to determine whether they got the diagnosis gender dysphoria or not and whether they could receive treatment. The great length and excessive amount of psychological assessment nonconforming gendered individuals have to go through within the health care system, show how *friction* occurs.

The infrastructure as such is composed of elements that ensure the process of transition to be long. As an infrastructure specifically created for those seeking this transition, the *friction* that it causes affect the chances of access to proper care that transgender and non-conforming gendered individuals have.

Conclusion and Discussion

As elaborated, both the infrastructure of the passport and the infrastructure of the health care system are relevant fields of study to gain a deeper understanding of *when and how* binary norms of gender create *friction* by their systemic internalization into institutions and procedures. Looking back at the intentions behind both infrastructures, their histories reveal how assumptions and expectations of gender are intertwined with the way they were built and therefore with how they work. The mundane way in which binary norms of gender permeate through these infrastructures create *friction* for individuals who do not conform to gender norms.

Within the infrastructure of the passport, the classification of gender and the representation of gender on the passport do not only communicate which bodies are legitimate and which are not according to nation-states, they also create *friction*. The moments in space and time where transgendered and non-conforming gendered individuals have to actively engage into making the infrastructure of the passport work for them, and their inability to naturalize the system as it is intended to, shows where the infrastructure fails to work and causes *friction*. The movement of non-conforming gendered and transgender individuals within the infrastructure of the passport is systematically affected by the naturalized concept of gender as binary. These moments in space and time where friction occurs, cause for the infrastructure to become visible, to be actively engaged with rather than for it to exist on the background.

The health care trajectory for transgender and non-conforming gendered individuals as an infrastructure reveal how through the practices and protocols for treatment the infrastructure is meant to generate slow movement. By generating such movement and by the analysis of the histories of how the treatment was formed show how binary norms of gender are inherent to the treatment process leading to patients being forced to live in the bodies that they have for as long as possible. The fact that this treatment is specifically made for transgender and non-conforming gender identities shows that the *friction* this system creates is specifically geared towards individuals with gender characteristics that do not conform to the binary (cisgendered) standard.

These infrastructures are intertwined in many ways, the infrastructure of the passport relates to the identification of bodies based on gender while the health care for the transition of transgendered and other gendered individuals relates to what these gendered bodies look like. The transition treatment trajectory, in some ways, tries to stop the bodies that cannot be included in passports from being formed.

By understanding the points in time and space where *friction* occurs, the infrastructures facilitating this *friction* can be studied to a further extent. It can render visible the elements of which the infrastructure is made and which movements it intends to generate. Who gets to move freely and who does not? Which underlying intentions generate this movement? *Friction* can reveal how situations presented as accidents or coincidences are actually grounded in the foundation of the infrastructure

in which it occurs. It can distinguish the desired beliefs about the intentions of the infrastructure from those that are, to some extent unknowingly, quietly inherent to it.

This study shows the possibility to understand infrastructures to a further extent using the concept of *friction*, however, more research into how *friction* is generated and how it is experienced is needed in order to fully grasp its sources, consequences and implications. The relevance to study binary gender norms within them, is highlighted by the role they play into the production and reproduction of gender norms within society, these norms are understood to be core initiators of the troubles and distress experienced by nonconforming identified individuals.

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APPENDIX I: Checklist Ethical and Privacy Aspects of Research



PART I: GENERAL INFORMATION

Project title: 'How binary gender norms create friction'

Name, email of student: Sophie Kornmann, 546980sk@eur.nl

Name, email of supervisor: Willem Schinkel, schinkel@essb.eur.nl

Start date and duration: 10-04-2020 / 20-06-2020

Is the research study conducted within DPAS YES

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: TYPE OF RESEARCH STUDY

Please indicate the type of research study by circling the appropriate answer:

1. Research involving human participants. YES
If 'YES': does the study involve medical or physical research? NO
Research that falls under the Medical Research Involving Human Subjects Act ([WMO](#)) must first be submitted to [an accredited medical research ethics committee](#) or the Central Committee on Research Involving Human Subjects ([CCMO](#)).
2. Field observations without manipulations that will not involve identification of participants. NO
3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). NO

PART III: PARTICIPANTS

Where will you collect your data?

Participants will be gathered by contacting openly transgender/non-cisgender people who participate in some form of awareness creation or activism relating to their gender identity, asking if they are willing to help me find participants through their network. The decision to do this was made to not interfere in online networks for trans/non-cisgender people as a cisgender person looking for participants. The first participants were found with a 'oproep' shared by one of the creators of the 'Transketeers' in which it was openly stated that I was looking for participants in my research so that people could voluntarily send me a message if they wanted to participate. I will be doing semi-structured interviews with these participants by phone or skype, recording these interviews as well.

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

Between 5 people.

Note: indicate for separate data sources.

What is the size of the population from which you will sample?

I have no exact data on the number of people in the Netherlands who identify as anything other than male or female, since there are no adequate numbers on it and this study does not mean to generalize.

Note: indicate for separate data sources.

- | | | |
|----|--|----|
| 1. | Will information about the nature of the study and about what participants can expect during the study be withheld from them? | NO |
| 2. | Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? | NO |
| 3. | Will information about the possibility to discontinue the participation at any time be withheld from participants? | NO |
| 4. | Will the study involve actively deceiving the participants?
<i>Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).</i> | NO |
| 5. | Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? | NO |

The interviews might include questions or topics that can create negative emotions, however, participants will be aware of the topic of the research and the interviews and will participate voluntarily so if they are not comfortable with the topic they probably won't participate.

6. Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? YES
 Gender identity is often related to sexual orientation and can be relevant for my research so it can come up within the interviews.
7. Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? YES
 Possibly, not all my participants are gathered yet. If this happens I would like to have consent from the parents of the participant.
8. Is the health and/or safety of participants at risk during the study? NO
9. Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? NO
10. Are there any other possible ethical issues with regard to this study? NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

It could possibly bring up some negative emotions relating to struggles participants have had relating to their gender identity, however, I will only have participants who are voluntarily willing to participate and talk about these topics so that they know what they are doing when they want to participate.

Please attach your informed consent form in Appendix I, if applicable.

Part IV: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

On my personal laptop and possibly my external hard drive which only I have access to.

Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

Me.

How (frequently) will you back-up your research data for short-term data security?

Every week.

In case of collecting personal data how will you anonymize the data?

I will not use the names of the participants in the thesis and refer to them as 'participant A etc...' or: 'one of the participants...'

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Sophie Kornmann

Name (EUR) supervisor:

Date: 05-04-2020

Date:

APPENDIX II: Informed Consent Form

Informed Consent Form (English)

Information Researcher

Name Researcher: Sophie Kornmann

E-mail: sophiecornmann@gmail.com

Student Master Sociology, Engaging Public Issues

EUR data protection office: privacy@eur.nl

Supervisor: Willem Schinkel, schinkel@essb.eur.nl

Why is this data collected?

This research will be conducted in order to gain insights into the problems and struggles that non-cisgender people experience relating to bureaucratic governmental and institutional practices. In order to grasp what these problems are, and whether they are experienced as problematic by non-cisgender people will be understood by interviewing exactly these people. The interviews will be used as a basis to understand where problems occur and how these problems are experienced in the daily lives of the participants. This will therefore include information on personal data such as sexual orientation and gender identity.

The data will be accessed by the researcher and the supervisor.

The data which will consist of recordings, notes and textual documents of the interviews will be kept until the thesis is approved, after which I will delete the data collected for this research.

All participants have the right to 1) access their data, 2) rectify, erase or restrict the processing of their personal data, 3) withdraw consent at any time, 4) lodge a complaint with my supervisor

I will be asking explicit consent to:

Processing your data relating to your gender identity:

YES/NO

Processing your data relating to your sexual orientation:

YES/NO

Informed Consent Form (Nederlands)

Informatie Onderzoeker

Naam Onderzoeker: Sophie Kornmann

E-mail: sophiekornmann@gmail.com

Student Master Sociologie, Engaging Public Issues

EUR data beveiliging office: privacy@eur.nl

Begeleider: Willem Schinkel, schinkel@essb.eur.nl

Waarom wordt deze data verzameld?

Dit onderzoek is gericht op het begrijpen van de problemen en 'struggles' die non-cis gender personen ervaren in het dagelijks leven, gerelateerd aan bureaucratische praktijken van de overheid en andere instituties. Het gaat er dus om dat mensen die niet worden geboren met de genderidentiteit waar zij zich mee identificeren vaak problemen kunnen ervaren met instanties zoals de overheid, omdat deze instituties ervan uit gaan dat iedereen 'gewoon' man of vrouw is. Dit betekent dat de data die ik ga verzamelen ook informatie kan bevatten m.b.t. seksuele oriëntatie en natuurlijk persoonlijke zaken omtrent genderidentiteit.

De data zal gezien/toegetreden worden door mij en mijn begeleider.

De data zal na het afronden en goedkeuren van mijn Master scriptie worden verwijderd. Dit zullen opnames van de interviews, transcripten en notities over de interviews zijn.

Iedere participant heeft voor dit onderzoek: 1) het recht op toegang tot jouw data, 2) het recht om persoonlijke informatie weg te halen of aan te passen, 3) op elk moment het recht om toestemming in te trekking, 4) het recht om een klacht in te dienen bij de begeleider

Ik vraag hierbij expliciete toestemming om data te verwerking gerelateerd aan jouw:

- 1) Seksuele oriëntatie
- 2) Gender identiteit