The Dynamic Relationship Between Transman Identity Embodiment and Sexuality

Natalie J. Coffin

A Dissertation Submitted to the Faculty of

The Chicago School of Professional Psychology

In Partial Fulfillment of the Requirements

For the Degree of Doctor of Psychology

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2017

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Abstract

Through individual interviews, the study sought to explore and examine the experiences of seven transmen who were assigned female status at birth and have transitioned and now self-identify as male. The study asked participants about their experience of transitioning as well as how their sexuality and sexual practices reinforce their male identity. The study hypothesized that the interviewed transmen would demonstrate the need to challenge the binary gender identity construct as well as highlight how fluid sexuality is, which cannot always simply be quantified into gay, straight, or bisexual categories. The study proposes a more dynamic and intertwined relationship between transgendered embodiment of identity and sexual practices. Their experiences as female and male help shape the concept that gender does not have to be binary. Sexuality is a major component of identity as well, but it does not solely reinforce gender. Sexuality is fluid and evolving. It is more accurate to describe sexuality as a platform for gender expression and affirmation. Implications for mental health providers provide a more compassionate and deeper understanding of transgender treatment needs. Mental health providers can assist transgendered individuals in normalizing and validating differences in gender identity and expression (American Psychological Association, 2015). The role of the mental health professional is crucial in helping advocate and develop policy that is inclusive in practice and research for transgendered individuals.
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Chapter 1: Nature of the Study

**Background**

Throughout 20th and 21st centuries, the transgender population has become an increasingly visible part of society as more medical advances have been able to offer hormone therapy, chest reconstruction, and genital surgery, which in return, allow for a transgender individual to begin transition earlier in their life (Glicksman, 2013). Bockting (2014), who has researched transgender identity development, defined the term transgender as “a diverse group of individuals whose gender identity varies significantly from their sex assigned at birth, and who cross or transcend culturally defined categories of gender” (p. 741). The existence of individuals identifying as transgender has been documented throughout history and across cultures, but until recently, they have been ostracized or stigmatized in the mainstream Western culture (Bockting, 2014). Transgender individuals have been misunderstood, invalidated, and seldom studied. Studies indicate that it is difficult to accurately estimate the number of transgender people, mostly because population studies do not accurately or completely account for the range of gender identity and gender expression (American Psychological Association, 2014).

As early as the 1850s, Western society began to ostracize transgendered individuals by passing municipal ordinances that made it “illegal for a man or a woman to appear in public in a dress not belonging to his or her sex” (Stryker, 2008, p. 42). According to Stryker, the stigma and oppression carried well into the next century where dress regulations and the outlawing of cross-dressing continued to be passed throughout the United States. After World War II, the transgender movement for social change emerged (Stryker, 2008). Today, there are signs for a more hopeful era for transgender people. For example, the media has positively portrayed former Olympic athlete Bruce Jenner’s transition to Caitlin, Chaz (Chastity) Bono as an openly
transgender dancing contestant on national television, and the award winning show *Transparent*, which portrays the life of Maura Pfefferman, a retired college professor who comes out to her family as identifying as a woman.

In addition, more studies are exploring treatment for transgender needs as well as ways to combat the discrimination and stigma many still face (Glicksman, 2013). American Psychological Association (2015) has increased its advocacy on behalf of transgender people by producing guidelines for psychological practice when working with transgender or gender nonconforming people with the focus on developing “progressively more trans-affirmative practice across the multiple health disciples involved in the care of transgender people,” which was approved in August 2015 in the United States. Stryker (2008) wrote how there has been a clear paradigm shift for transgender people in terms of treatment, healthcare, media portrayal, and research. Transgender individuals are now being acknowledged as “part of the human condition.” This is a direct contrast from the 20th century mentality, which saw transgendered individuals as “nature made a mistake” (Stryker, 2008). However, more research and data collection is needed to understand the specific needs and the overall experience a transgender individual faces when transitioning to the identity they feel more closely aligned to.

The fourth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which is the manual that provides criteria for mental health disorders, lists Gender Identity Disorder (GID) as the term used for transgendered individuals. In 2013, APA approved the fifth version for the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), which provided a shift away from pathologizing transgender individuals, and instead, provided a more compassionate understanding of how individuals are impacted from their gender transition.
The word “transgender” is still a relatively new concept in Western society and has been used as a more common and more widespread term in the past thirty years, with the meaning continuing to develop and evolve. However, the history of transgendered individuals has been documented since the time of the Roman Empire (Stryker, 2008). Prior to the term transgender, individuals were referred to as gender non-conforming (this term is still used today) and were often clumped with transvestites and cross-dressers (Denny, 1998). However, an individual who identifies as transgender is very different from an individual who identifies as a transvestite or a cross-dresser. Commonly, the term transgender describes a person who is moving away from the gender they were assigned at birth (Law, 2009). Transgender is a broad term for gender non-conforming individuals, which encompasses individuals who self-identify as non-binary, agendered, and queer. The term transman describes a person who shifts from female to male and the term transwoman describes a person who shifts from male to female (Stryker, 2008). Transgender people describe their given bodies as feeling “wrong” and have felt an uncomfortable feeling in their skin since early in their childhood (Law, 2009). For example, a transman feels he will live better and happier when he begins to live as a man (Stryker, 2008).

For the sake of the current study, which focuses on transmen, the operational definition of transman is an individual living full-time as a man after having been biologically assigned female at birth. The focus of the current study is the exploration of the dynamic relationship between a transman’s gender identity embodiment and sexuality. There are two kinds of embodiment: gender and sexuality. Williams, Weinberg, and Rosenberger (2013) wrote how the idea of identity embodiment is linked to how a transman engages in masculine gender practices and sexuality embodiment involves “doing body work around sex.” In other words, this is how a
transman experiences his own body and the bodies of others as he explores his sexuality (Williams et al., 2013).

The shift from male to female or female to male in order to feel more satisfied is not an easy decision. According to Law (2009), “it takes more than bodily discomfort to lead a person and his or her doctor to investigate such a drastic change.” There are four common criteria for a transgender person to make the shift or “drastic change” to another gender. The first three criteria occur internally for the individual and the last criteria is the beginning stage of physical transformation and expression of the gender that betters aligns with their internal feelings. At first, the person experiences a deep desire and feeling that they are the other sex (Law, 2009). The person continues to feel a persistent dissatisfaction and discomfort about their sex. The individuals feel distress that inhibits daily life and experiences problems with functioning properly. Lastly, the person begins to consistently make attempts to “pass” as the other sex, typically through clothing and behavior (Law, 2009). Overall, the person yearns to live and be treated as the other sex. For transmen, physical transitions such as cutting hair short, wearing male clothes, adopting a male name, hormone therapy, chest reconstruction, and genital surgery are the most common physical transformations that occur following understanding of internal feelings (Law, 2009).

Susan Stryker (2008), author of *Transgender History*, described how there are multiple perspectives on how gender identity is formed. She acknowledged how the etiology of a transgender identity remains largely unknown and gender identity is commonly believed to be rooted in biology. However, she described that this belief has yet to be proven in a scientific realm. It is more plausible, Stryker wrote, according to an evolutionary biologist perspective, that gender identity is more like acquiring language. In other words, Stryker indicated that
individuals are not born with a “preinstalled” language in their brains at birth, but rather, individuals come to learn the language from their environment. Similarly, individuals are not born into the world with a predetermined gender identity but, instead, learn gender identity from the experiences of the environment (Stryker, 2008). It is most likely the result of a complex interaction between biological and environmental factors (Bockting, 2014).

In the last 25 years, there has been a paradigm shift concerning the way transgender people view their identity. For example, transgender individuals are able to describe their identity as outside the sharp distinction between transvestites and cross-dressers, which was not the case prior to the 1980s as transgender individuals were often “lumped” in the same category. Transvestites and cross-dressers are typically heterosexual males who wear traditionally feminine clothing, but they still identify as men (Stryker, 2008). Additionally, more transgender individuals are defining their identities outside of the boundaries of male versus female, man versus woman, and masculine versus feminine (Bockting, 2009). The terminology to describe transgender experiences is rapidly evolving and will likely continue to develop.

A transgender individual identifying with his or her gender is unique to the individual, but previous literature has identified how engaging in relationships plays a significant role in developing a transgender person’s identity (Bilodeau, 2005). Williams et al. (2013) described how sociologically complex sexuality can be. According to Williams et al. (2013), one consistent theme is how the taken-for-granted combinations of biological sex, gender, and sexual behaviors simply do not pertain to certain groups. A transman’s gender, for examples, does not align with his biological sex, and often their sexual identity shifts as a result of their transition due to how society views him when with a partner (for example, a transman identifies as lesbian pre-transition to heterosexual post-transition).
Since transgender people feel their bodies are misaligned with the gender they were assigned at birth, it calls into question the dominant cultural assumption between biological sex and social gender. There is widespread acceptance that gender differences are automatically a result of anatomical differences between males and females. However, the dominant cultural assumption of gender does not take into account individual and social factors (Williams et al., 2013). Since transgender identity and transition is difficult for many to understand, transgender sexuality can be even more confusing because there is often no simple defining term to describe a transgender person’s sexuality.

Sex, gender, and sexual orientation are often used interchangeably, but are very different paradigms. According to Roughgarden (2004), sex is the term used to describe either of the two main categories (male and female) in which humans and many other living things are divided on the basis of their reproductive functions. Gender is defined as the way a person expresses sexual identity in a cultural context. Sexual orientation is a person's sexual identity in relation to the gender to which they are attracted (Roughgarden, 2004). Sexual orientation tends to align with gender identity and not just a person’s biological sex. Researchers have tried to quantify transgender sexuality and have attempted to identify their sexuality as gay, straight, bisexual, pansexual, and asexual. Transgender sexuality can also be seen as complicated due to how the world perceives a transgender individual and how a transgender individual sees him or herself (Phipps, 2015).

Williams et al. (2013) examined the experiences of people who were born female and transitioned to male by utilizing qualitative interviewing with 25 transmen. Williams et al. used the term “gendered embodiment” and “sexualized embodiment” as a way to understand how a transman experiences their new identity and how their identity is linked to their sexuality. The
idea of gender embodiment is linked to how a transman engages in masculine gender practices, and sexuality embodiment involves “doing body work around sex,” which describes his own body and the bodies of others as he explores his sexuality.

Williams et al. (2013) indicated themes across three categories of coupling gender identity and sexuality, which consist of a tight, moderate, or loose embodiment. “Coupling” was defined as the relationship between the two embodiments of gender and sexuality. A tight coupling appeared when transmen engaged in the most extensive form of body transformation such as using testosterone or obtaining surgery such as breast removal. A moderate coupling was found when gender validation was sought from a sexual partner (with this being related to sexual preference identities as well as the interpretation of vaginal penetration). A loose coupling of the gender-sexuality embodiments was linked to individuals who identified their sexuality as “queer” and engaged in multiple types of sexuality, not adhering to one in particular and felt they were still in a “limbo” sense of identity and sexuality. Overall, Williams et al. (2013) demonstrated the link between gender and sexuality as a result of the level of transitioning transmen undergo. The findings of how participants felt a loose, moderate, or tight embodiment were not mutually exclusive, and instead, depended on multiple factors such as transition stage, partner validation, body image, and/or gender roles. Williams et al. (2013) concluded that the relationship with a transman’s body and the relationship between his gender and sexuality can best be explored through his lived experience as a transman.

After a transgender individual gains a sense of “gender embodiment,” their sexual practices are influenced by the degree to which they align their bodies through transitional processes and their identities. Schilt and Windsor (2014) studied how a transgender individual’s sexual habitus, which is the relationship between embodiment, desires, practices, and identity,
are influenced by the degree of gender embodiment. They found that transmen experienced changes in their sexual habitus as a result of realigning their gendered embodiment. However, Schilt and Windsor (2014) concluded that gender embodiment did not necessarily mean a transgender individual has to proceed with surgery in order to experience a male sexual habitus. Sexual embodiment, rather, can be accomplished without adhering to traditional sexual roles and identities.

The current concepts of identity still emphasize a more essentialist viewpoint, which uses biological terms and criteria to define male as a man or female as a woman. However, gender does not have to be viewed as binary male or female, and then identify everyone else as being “outside of traditional gender norms” (Bilodeau, 2005). Instead, it would be more encompassing to view gender through a social constructionist viewpoint, which includes looking at gender through appearances, practices, and lived experiences of individuals (Roughgarden, 2004). Lev (2004) identified how a social constructionist viewpoint challenges the idea that gender is binary, and instead, postulates how human identities are social constructs that are defined uniquely as well as experienced differently, depending on historical and sociological influences.

Devor (2004) proposed a fourteen-stage model of transgender identity based on a social constructionist viewpoint. The model encompasses the lived experiences of hundreds of transgendered people and how they first came to feel that they did not belong to the biological gender and sex they were assigned at birth. Additionally, his model then incorporates how a “transgendered individual learns to think of themselves as transgendered in order to make sense of the apparent contradiction of being born to one sex and gender while knowing themselves to belong to another” (Devor, 2004, p.45).
Similarly, the current concepts of sexuality may best be considered when looking at how
dynamic and fluid sexuality can be, and how an individual’s embodiment influences the degree
to which they experience their gender and sexuality. A transman’s sexual practices will
encompass not only his desires, but also his gender identity, body alignment, and validation from
his sexual partners (Schilt & Windsor, 2014). The current study’s framework sought to
demonstrate how fluid and dynamic transgender identity and sexuality can be, which this study
attempted to explore and explain.

**Problem Statement**

There are no clear guidelines to understanding transgender identity and sexuality.
Previous research has attempted to quantify transgender identity as well as transgender sexuality
as separate paradigms. According to APA (2015), transgender individuals face an alarming and
extensive experience of stigma and discrimination across the lifespan. The mental health
complications from this this oppression can lead to increased rates of depression, anxiety,
substance abuse, and suicidality (APA, 2015). Transgender individuals often need and seek
mental health services for the same needs as cisgendered clients, including anxiety, depression,
relationship concerns, substance abuse, and family of origin issues. Additionally, transgender
clients seek psychotherapy for more gender specific reasons including transition, gender
affirmation process, and their family’s adjustment to their gender (Mizock & Lundquist, 2016).

It is important to challenge the idea of a binary gender paradigm because anyone whose
gender identity is unrecognized is relegated to the “outside,” which causes stigmatization and
oppression (Bloodsworth-Lugo, 2007). Thinking of gender as comprised of “appearance,
behavior, and life history of a sexed body” allows for more fluidity and understanding
(Roughgarden, 2004, p. 27). Similarly for sexuality, the research has attempted to understand
transgender sexuality as gay, straight, or bisexual. However, applying such rigid structures to what appears to be a more fluid way of sexuality causes a misunderstanding of an abundance of diverse and rich ways of experiencing sexuality. The current study aligns more with Hines (2007), who identified the interplay between the experience of an increased feeling of freedom of sexual expression and a greater diversity of sexual identity when a transgender individual is able to transition to the gender they more closely align to.

### Purpose of the Study

The purpose of the current study is to explore and examine the dynamic relationship of transgender identity and sexuality, specifically, focusing on transmen. The findings of the study will serve to expand knowledge for transman identity and sexuality. Such knowledge will better inform health care workers and mental health professionals when encountering and caring for transmen.

Since the transgender population is often misunderstood and has limited previous research, the current study used qualitative interviews in order to better understand the lived experience of transmen identity development and sexuality. This study contributes to the creation of a foundation for conceptualizing and understanding transmen identity development. The need to challenge the concept of gender as solely male or female is an essential component for better understanding not only transgender individuals’ experience, but also all self-identified non-binary, agendered, or gender non-conforming individuals. Lev (2004) wrote how society’s motivation to maintain polar distinctions between women and men is a fundamental principle of the sex/gender system. This system once helped organize society, but has outlived its functionality (Lev, 2004).
The current study recruited seven transmen for individual interviews. The overall question guiding this study is: Once a transman identifies as male, how does he then experience his sexuality? Subsequently, what is the link, if any, between gender embodiment and sexual embodiment for a transman? The current study hypothesized that the interviewed transmen would demonstrate the need to challenge the binary gender identity mind-frame as well as highlight how fluid sexuality is, which cannot simply be quantified into gay, straight, or bisexual categories. Instead, the current study proposed a more dynamic and intertwined relationship between transgendered embodiment of identity and sexual practices.

**Scope of the Study**

Through qualitative interviews, the current study used a social constructionist lens to lay the foundation of conceptualizing transmen identity embodiment and their experience of sexuality. Lev (2004) identified how a social constructionist viewpoint challenges the idea that gender is binary and, instead, postulates how human identities are social constructs that are defined uniquely as well as experienced differently, depending on historical and sociological influences. The findings from the current study intend to serve as a respectful challenge to traditional views of understanding gender and sexuality as separate entities, but rather could benefit from understanding the two as a dynamic relationship. “The significance of gender within the embodied experience illustrates the eclectic processes at work within the interplay of transgender identity and sexuality” (Hines, 2007, p. 125). Gender is not binary, and is influenced by society and the lived experiences of individuals (Williams et al., 2013). In return, sexuality is not quantifiable but, rather, a fluid practice, which is influenced by the degree of embodiment a transman feels towards his gender and sexuality.
The implications from the current findings intend to offer a more comprehensive way of understanding transmen identity development, and how sexuality influences their identity. This knowledge can be used as a guide to help healthcare workers and mental health professionals better navigate transgender care since the APA (2014) acknowledged there is currently limited information on the best course of treatment for transgendered individuals and that there is a lack of training for mental health providers around transgender needs. The value of this study is to offer a more comprehensive exploration of transman identity and sexuality. The intention is to better understand an over-stigmatized population in a more compassionate and meaningful way.
Chapter 2: Review of the Literature

**Background**

Over the last 20th and 21st centuries, the transgender population has become an increasingly visible part of society as more medical advances have been able to offer hormone therapy, chest reconstruction, and genital surgery, which in return, allow for a transgender individual to transition earlier in their life (Glicksman, 2013). During the 1990s, researchers began to acknowledge the need for further research on transgender needs (Stryker, 2008). However, the research has been slow to develop as the population and their needs seem to still be misunderstood and seldom studied. Individuals identifying as transsexual (later transgender, as will be discussed in the history section) has been documented throughout history and across cultures but, until recently, has been ostracized or stigmatized in the mainstream Western culture (Bockting, 2014).

The transgender experience of extensive stigma and discrimination across the lifespan has also been documented. The consequences of such a prolonged period of stigma has been noticed in the mental health field as the transgender population has seen an increase in depression and suicidality across their lifespan as a result of experiencing such extensive social oppression (APA, 2015). It is difficult to accurately estimate the number of transgender people, mostly because no population studies accurately and completely account for the range of gender identity and gender expression (APA, 2014). Based on a 2009-2011 study, The Massachusetts Behavioral Risk Factor Surveillance Survey indicated that approximately 0.5% of the United States population of persons aged between 18-64 identify as transgender or gender nonconforming (APA, 2015).
Susan Stryker (2008) wrote that as early as the 1850s, it has been documented that Western society began to ostracize transgendered individuals by passing municipal ordinances that made it “illegal for a man or a woman to appear in public in a dress not belonging to his or her sex” (Stryker, 2008, p. 42). According to Stryker (2008), the stigma and oppression carried well into the next century where dress regulations and the outlawing of cross-dressing continued to be passed throughout the United States. According to Stryker (2008), the transgender movement for social change emerged after the World War II. The 1990s saw a surge for a transgender movement for social change where more people were beginning to see transgender issues as important, and as a result, transgender research began to be funded (Stryker, 2008). Today, there are signs for a more hopeful era for transgender people. For example, the media has positively portrayed and embraced transgender actors, television shows, and athletes into the pop culture scene.

In addition, more studies are exploring treatment for transgender needs as well as ways to combat the discrimination and stigma many still face. APA has increased its advocacy on behalf of transgender people (Glicksman, 2013). For example, APA has produced guidelines for psychological practice when working with transgender or gender nonconforming people with the focus on developing “progressively more trans-affirmative practice across the multiple health disciples involved in the care of transgender people,” which were approved in August 2015 in the United States (APA, 2015). There has been a clear paradigm shift for transgender people in terms of treatment, healthcare, media portrayal, and research. Transgender individuals are now being acknowledged as “part of the human condition,” which is a direct contrast from the 20th century mentality (Stryker, 2008). However, more research and data collection is needed to
understand the specific needs and the overall experience a transgender individual faces when transitioning to the identity they feel more closely aligned to.

In DSM-IV, the fourth version of the *Diagnostic and Statistical Manual of Mental Disorders*, which is the manual that provides criteria for mental health disorders. The term used for transgendered individuals is known as Gender Identity Disorder (GID). The transgender community rejected this term because it pathologizes transgender identity development. In 2013, APA approved the fifth version for the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), APA also released a statement affirming their support of transgender rights and the language of the DSM-5 reflects an increased sensitivity to and respect for the transgender community (Whalen, 2012). In the mental health field, the term for an individual who experiences distress that may accompany their transition experience is referred to as dysphoria. Individuals may encounter a feeling of incongruence between their expressed gender and their gender assigned to them at birth during this time (APA, 2013). In the DSM-5, this distress related to gender transition or gender non-conforming is referred to as Gender Dysphoria. The shift to use Gender Dysphoria as a term is to provide more description than GID as well as focus on dysphoria as the clinical issue and not an individuals’ identity (APA, 2013).

The National LGBT Task Force argued that gender variance is not a psychiatric disease and, instead, is a human variation that in some cases requires medical attention. The National LGBT Task Force compassionately wrote:

We must understand that as long as transgender identities are understood through a “disease” framework, transgender people will suffer from unnecessary abuse and discrimination from both inside and outside the medical profession. As long as gender variance is characterized by the medical field as a mental condition, transgender people
will find their identities invalidated by claims that they are “mentally ill,” and therefore not able to speak objectively about their own identities and lived experiences. This has even been used to justify discrimination against transgender people, such as in child custody cases, discrimination in hiring/workplace practices, or justifying them to be mentally unfit to serve in the military. The Task Force has long maintained that an identity framework, not a disease framework, is the most ethical and appropriate approach for mental health providers serving transgender and gender nonconforming children and adults. (Whalen, 2012)

It is the hope that the mental health field, as well as Western society, will begin to embrace a more vibrant spectrum of gender and gender expression among infinite human possibilities. The National LGBT Task Force wrote that transgender people should be able to get the care that they need, and there should be some type of adopted medical diagnosis, such as an endocrinology-based one, rather than a mental health diagnosis for health insurance purposes (Whalen, 2012). It is with great hope that the diagnosis of Gender Dysphoria be removed from the future DSM-6 as it is not a mental health disorder.

**History**

A complete history of transgender is beyond the scope of this study, but it is important to highlight notable milestones of transgender or gender non-conforming historical development. The word used to identify people as gender non-conforming has seen a long history of various terms. Before the term transgender was used, history has identified individuals who were gender non-conforming with multiple interchangeable titles such as transsexual, transvestite, or cross-dressing. Although there has been a more recent acknowledgement of the transgender population, transgender history dates back as early around the time of the Roman Empire.
Accounts exist of people “discontent” with their gender role from the ancient Greek and Roman periods. Philo, a Jewish philosopher of Alexandria, wrote, “Expending every possible care on their outward adornment, they are not ashamed even to employ every device to change artificially their nature as men into women…some of them…craving a complete transformation into women, they have amputated their generative members” (Denny, 1998, p. 5). The Roman Empire accounts a history of reported instances of “change of sex” as well. One of the earliest sex conversion operations may have been performed at the request of Emperor Nero, dating back to 68 A.D. Nero, supposedly ordered an ex-slave who resembled his murdered wife to be transformed into a woman as a way to alleviate his grief. Further, one of the most famous examples in history of cross-gender behavior is the Chevalier d’ Eon who was known for dressing in women’s attire in order to best his rival, Madame de Pompadour, in order to become the new mistress for Louis XV during the 18th century French Renaissance period (Denny, 1998).

Later into the 19th century, the United States noted its first examples of cross-gender identified people. The first colonial governor of New York, Lord Cornbury, arrived from England and, upon his arrival, identified and appeared as a woman. He dressed, fulfilled his duties, and lived out his remaining days as a woman (Denny, 1998). During the Civil War, a century later, Mary Walker became the first cross-gendered woman to man to be commissioned as a surgeon in the United States Army. She was also the only woman granted Congressional permission to wear men’s clothing (Denny, 1998). Across cultures, examples of transgender people exist as well. In Native American tribes, transgender people are referred to as “two-spirit;” in India as “hijras;” “travesties” in Brazil, Mexico, and Costa Rica; and “acault” in Myanmar and Thailand (Bockting, 2014). It is clear that the history of cross-gender identification
has been extensive across cultures. The existence of transgender persons is certainly not a new development. Instead, it seems, the understanding of the transgender experience is what has taken longer to be embraced across cultures.

In the 1950s, a psychiatrist named Dr. Hamburger was approached by a gentleman named George Jorgensen who complained of depression to which he attributed because of his gender as being incorrect. Jorgensen was first given hormones and later received one of the first modern day sex changes when his penis was removed. Dr. Hamburger first identified Jorgensen’s condition as “genuine transvestism,” but this term incorporated two very distinctly different presentations of gender expression. To better decipher cross-dressing from cross gender identification, the label transexualism soon evolved. Prior to Jorgensen’s case, transsexual had been used, but more as a diagnostic category (before the current gender dysphoria). In Jorgensen’s case, the publicity she received due to the use of surgical and hormonal treatment for her feeling of gender dysphoria related to her identity as well as the surgery which she underwent, which was called sex reassignment surgery made her one the first documented transexuals. As a result, transexualism became more of a social construct. Ordinarily a diagnosis is made independent of the planned treatment, but in the case of transexualism, the treatment became the diagnosis (Denny, 1998). Today, transgender is the common term used to identify a person who feels he or she does not align with the gender assigned at birth. Gender dysphoria is the diagnostic term used in the medical profession to describe a transgender’s transition process.

According to Bockting (2014), transgender is an adjective used to “refer to a diverse group of individuals whose gender identity varies significantly from their sex assigned at birth, and who cross or transcend culturally defined categories of gender” (p. 741). However, with this definition, the word “transgender” is still a relatively new concept in society. Transgender is a
broad term for gender non-conforming individuals, which encompasses individuals who self-
identify as non-binary, agendered, and queer. It has only been used as a common, widespread
term in the past thirty years, with the meaning continuing to develop and evolve (Stryker, 2008).
New terms get introduced as old terms gradually fade into history. In addition to transgender
related terminology evolving, the definitions and meanings of terms can vary across geographic
regions across the world (Bockting, 2014). Commonly, the term transgender describes a person
who is moving away from the gender they were assigned at birth. The term transman describes a
person who shifts from female to male and the term transwoman describes a person who shifts
from male to female (Stryker, 2008). Transgender people describe their given bodies as feeling
“wrong” and have felt an uncomfortable feeling in their skin since a very early age in childhood
(Law, 2009). In addition, a transgender individual feels they will live better and happier when
they become the gender they feel they truly are (Stryker, 2008). For the sake of the current study,
which focused specifically on transmen, the operational definition of transman is an individual
living full-time as a man, having been biologically assigned female at birth.

Other common terms within the transgender community are transsexual, trans, bigender,
and genderqueer, and gender non-conforming. Cisgendered is a common term used to describe a
non-transgendered person. This term describes a person whose sense of personal identity and
gender corresponds with their birth sex (Stryker, 2008). Transsexual is an adjective used to refer
to a subgroup of the larger transgender population who either desire to or have undergone
hormone therapy or surgery to “feminize” or “masculinize” their bodies. Also, part of the
definition of transsexual includes a person who identifies with and lives full-time in the role of
the other sex (Bockting, 2014). Trans is an adjective that is inclusive of and short for individuals
who identify as transgender or transsexual (Bockting, 2014). Bigender is the term used to
describe a person who identifies as both man and woman (Bockting, 2014). The term, genderqueer, describes “gender identity as different from the norm,” which has become increasingly popular among the younger generations (Bockting, 2014). The final term, gender non-conforming refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth (Hines, 2007).

As transgender terminology becomes more mainstream, it is becoming clearer how complicated the concept of gender is as it begins to challenge the traditional binary view of female or male. Stryker (2008) attempted to provide an alternative framework for understanding gender. She argued that sex is not the same as gender, but people tend to use the terms gender and sex interchangeably. Sex is considered more in a biological context and gender is generally considered a social construct. However, it may be more beneficial to distinguish between social and biological categories in order to better understand the difference (Stryker, 2008). “Men” and “women” are usually understood as ways of describing gender, and are considered social categories because there is more freedom and “wiggle room” to decide who qualifies as a man or a woman (Roughgarden, 2004). The words “male” and “female” are terms to describe the sex of a person, and are understood more as biological categories. “Sex” refers to reproductive function capacity and does not share the same freedom as gender does. Sperm producers are generally regarded to be of the male sex and egg producers are regarded as part of the female sex (Stryker, 2008). “To a biologist, male means making small gametes and female means making large gametes. Period!” (Roughgarden, 2004, p. 23). However, beyond gamete size, biologists do not recognize any other universal difference between male and female (Roughgarden, 2004).
Gender, because of its social nature, is not a clear binary category, although the term has been traditionally viewed as such throughout history. When understood as a social category, gender usually refers to the way a person expresses their sexual identity. It reflects both the individual reaching out to cultural norms as well as how society imposes its expectations on the individual. In this sense, it can be argued that gender is unique to humans. Any species has male and female sexes, but solely humans have gender (Roughgarden, 2004). Roughgarden posed a more modern definition of gender as the “appearance, behavior, and life history of sexed body,” which helps encompasses gender as not only the appearance of a person, but also how a person carries out their sexual role through expression (Roughgarden, 2004). When broken down, gender is not the same as sex. The cultural component is unique to gender, and it can be argued that “no one is born a woman or man, rather, as the saying goes, one becomes one through a complex process of socialization” (Stryker, 2008, p.22).

**Etiology**

The etiology of a transgender identity remains largely unknown. It is most likely the result of a complex interaction between biological and environmental factors (Bockting, 2014). However, Roughgarden wrote, since the biological criteria for male and female differ from the social criteria for a man and woman, it may not be possible to understand the true etiology of transgender identity from a strictly biological viewpoint because of the social element that encompasses gender. Traditionally, the viewpoint for understanding the biological categories has been termed essentialism, which uses biological categories interchangeably with social categories (Roughgarden, 2004). This more outdated viewpoint of understanding gender attempts to narrowly define gender as binary, but as discussed above, sex and gender are very different.
Stryker wrote how it seems more plausible, according to an evolutionary biologist perspective, that gender identity is more like acquiring language. In other words, individuals are not born with a “preinstalled” language in their brains at birth. Rather, individuals come to learn the language from the environment. (Stryker, 2008). There is a social component to the development of transsexual identities. An individual may be born with biological predispositions, but she can still learn to connect her feeling of identifying as a man as being transgender, and that gender and sex reassignment are options to better align with those feelings (Devor, 2007). Essentially, gender and sexuality are social constructs where sexuality and sexual practices are linked to either confirm or disrupt gender identity and gender expression (Schilt & Windsor, 2014).

Similarly, individuals are not born into the world with a predetermined gender identity but, instead, learn gender identity from the experiences of the environment (Stryker, 2008). In each society, there are rules about gender and sex. The more individuals become socialized to understand these rules of everyday interaction, the more they learn what constitutes “membership” in particular gender and sex statuses (Devor, 2007). Alternatively, Roughgarden (2004) posed how the understanding of identity can be viewed more of as a “cognitive lens” where the moment a baby is born, he or she begins to emulate with either the mother or father. However, Roughgarden (2004) offered a valid question, “Whom will the baby emulate and whom will the baby merely notice? I imagine that a lens in the brain controls whom to focus on as a tutor. Transgender identity is then the acceptance of a tutor from the opposite sex” (p. 244).

The shift from male to female or female to male is not an easy decision and should be conducted in how each individual chooses. According to Law (2009), “it takes more than bodily discomfort to lead a person and his or her doctor to investigate such a drastic change.” There are
four common criteria for a transgender person to begin their process of transition to another
gender. The first three criteria occur internally for the individual and the last criteria is the
beginning stage of physical transformation and expression of the gender that betters aligns with
their internal feelings. The first, described by Law (2009), is the person experiences a deep desire
and feeling that they are the other sex. Another criterion is the person feels a persistent
dissatisfaction and discomfort about their sex. Law describes the third criteria as distress that
inhibits daily life and problems with functioning properly that are caused by those deep,
persistent feelings. Lastly, the person begins to consistently make attempts to “pass” as the other
sex, typically through clothing and behavior (Law, 2009). It is important to note that not every
individual experiences these criteria and that each process is unique as the individual. Overall,
the person yearns to live and be treated as the other sex, and acknowledges both their internal
and external transition needs. For transmen, physical transitions such as cutting hair short,
wearing male clothes, adopting a male name, hormone therapy, chest reconstruction, and genital
surgery are the most common physical transformations that occur following understanding of
internal feelings (Law, 2009).

As a person shifts to the gender they more closely identify with, their true identity begins
to take form. Devor (2004) developed an extensive fourteen-stage model of transsexual identity
formation, which is based on his sociological field research encompassing personal, social, and
professional experience of interactions with a wide range of transgendered persons. Devor
recognizes how the model does not apply to every individual in the same way. Instead, the model
is intended to provide insight into the experience of a transgender person’s path through identity
formation (Devor, 2004). Similarly, Bockting and Coleman (2007) created the Developmental
Model of Transgender Coming-Out, which is based on Erik Erikson’s social development theory.
Their model encompasses how social interaction greatly influences identity development, which is shaped according to the nature of interpersonal relationships.

The first stage of Devor’s model is called *Abiding Anxiety*, which is characterized as the individual experiencing an “unfocused” gender and sex discomfort and the preference for other gender activities and companionship takes place. The second is *Identity Confusion About Originally Assigned Gender and Sex*, which includes the doubt a person experiences about their originally assigned gender and sex. As a result of this doubt, a person begins to experiment with alternative gender consistent identities through the third stage called *Identity Comparison about Originally Assigned Gender and Sex* (Devor, 2004). The identity confusion experience in the first couple stages of Devor’s model is similar to Bockting and Coleman’s *Pre-Coming Out* stage where an individual experiences cross-gender or transgender feelings, but may not have a name for it yet. There is also a social stigma associated with this stage where the individual may attempt to conform by presenting a false self to the world (Bockting & Coleman, 2007).

As the individual begins to experiment more with alternative gender identity expression, typically he or she will come into contact with more information about their experience through the *Discovery of Transexualism or Transgenderism* stage, which is simply learning that their experience has a name to it (Devor, 2004). This is similar to the *Coming Out* stage, when the individual acknowledges to oneself and others his transgender feelings (Bockting & Coleman, 2007). The next stage consists of an individual experiencing doubt about his or own authenticity of being transgender, which is identified as *Identity Confusion about Transexualism or Transgenderism* (Devor, 2004).

As the individual becomes more grounded in their transgenderism, he or she becomes more comfortable with identifying by “testing” their newfound identity as transgender and
further dis-identifies with his or her originally assigned sex and gender is called the *Identity Comparisons about Transexualism or Transgenderism*. The seventh stage, *Tolerance of Transexual or Transgender Identity*, is characterized by the individual experiencing a deeper dis-identification with his or her originally assigned gender and sex and identifying as “probably” transgender. In stage eight, *Delay Before Acceptance of Transexual or Transgender Identity*, the individual is seeking more information about transgenderism and more “testing” takes place in intimate relationships (Devor, 2004). These two stages closely mirror Bockting and Coleman’s *Exploration* stage where the individual learns as much as possible about transgender identity expression as well as begins to end social isolation by engaging in new interpersonal relationships through his newfound identity (Bockting & Coleman, 2007). As time progresses, the individual’s transgender identity is established during the ninth stage, *Acceptance of Transexual or Transgender Identity*. During this stage, the individual typically begins to tell others about their newfound identity (Devor, 2004).

The remaining stages first consist of *Delay Before Transition*, which identifies how a transgender person begins the transition process. This time period consists of exploring transition options such as hormone replacements as well as “top” and “bottom” surgery. This stage is characterized as more preliminary to actually transitioning. It is more of a social development and gathering more information and medical resources is still taking place. The transgender individual then typically progresses to stage eleven, which is where changing genders and sexes take place through reassignments. This stage is known as *Transition*. The next stage, *Acceptance of Post-Transition Gender and Sex Identities* includes the transgender individual establishing a post-transition identity and creating post-transition living. The final two stages Integration and Pride, respectively, characterize the process where the transgender individual sees their
transexuality as mostly invisible as they integrate their new identity. The final stage includes finally being able to live as openly “transsexed” (Devor, 2004). Bockting and Coleman have two similar final stages called Intimacy and Identity Integration. These stages mainly consist of the transgender individual can affirm his identity through sexual practices as well as integrate his identity to a deeper level of self-acceptance (Bockting & Coleman, 2007).

With an idea of how most transgender persons experience their identity formation, the question that still remains is what exactly is transgender identity? How is transgender identity formed? Research is still limited in transgender identity. Bockting (2014) explained how four components of sexuality identity can be distinguished as natal sex, gender identity, social sex role, and sexual orientation. Bockting (2014) described that natal sex is regarded as the sex that is assigned at birth, which is currently viewed as either male or female and is based on the external genitalia. Gender identity, the second component of Bockting’s model, is an individual’s “basic conviction” of being a boy/man or girl/woman, or for some, an alternative gender. The third component is social sex role, which incorporates the characteristics in appearance, personality, and behavior, which are considered masculine or feminine in a given culture. The final component is sexual orientation, which refers to the sexual attraction of an individual. This includes a person’s fantasies, behaviors, and emotional attachment to a partner (Bockting, 2014). Transgender individuals may be attracted to men, women, or other transgender people, which offers a better explanation of how sexual orientation may be better defined on the basis of a person’s gender identity. This postulates a dynamic relationship between gender identity and sexuality that cannot simply be viewed as two separate entities.

In the last 25 years, there has been a paradigm shift concerning the way transgender individuals view and describe their identity. For example, transgender individuals are able to
describe their identity as outside the sharp distinction between transvestites and cross-dressers, which was not the case prior to the 1980s as transgender individuals were often “lumped” in the same category. Transvestites and cross-dressers are typically heterosexual males who wear traditionally feminine clothing, but they still identify as men (Stryker, 2008). Additionally, more and more transgender individuals are defining their identities outside of the boundaries of male versus female, man versus woman, and masculine versus feminine (Bockting, 2009). The terminology to describe transgender experiences is rapidly evolving and will likely continue to develop.

The current concepts of identity still include a more essentialism viewpoint, which uses biological terms and criteria to define male as a man or female as a woman. However, gender does not have to be viewed as binary male or female, and then identify everyone else as being “outside of traditional gender norms” (Bilodeau, 2005). Instead, it would be more encompassing to view gender through a social constructionist viewpoint, which includes looking at gender through appearances, practices, and lived experiences of individuals (Roughgarden, 2004).

Devor’s (2004) proposed fourteen-stage model of transgender identity is based on a social constructionist viewpoint. His model encompasses the processes of hundreds of transgendered people and how they first come to feel how they do not belong to the biological gender and sex they were assigned at birth. Additionally, his model incorporates how a “transgendered individual learns to think of themselves as transgendered in order to make sense of the apparent contradiction of being born to one sex and gender while knowing themselves to belong to another” (Devor, 2004, p. 45).

Beginning with a youth perspective of transgender identity, Pollock and Eyre (2011) investigated how young transmen understand, come to identify as transgender, and how they are
affected by developmental experiences through childhood, adolescence, and early adulthood. Pollock and Eyre (2011) indicated a process of stages by which the individuals in the study came to identify as transmen over time. The first stage exhibited how a growing sense of gender was influenced by their school environment, where the participants recalled how their parents either “pushed” them into more traditional female gender roles or discouraged their masculine behaviors all together. All the participants focused on the reactions of their peers to their masculinity indicating a felt disconnect from the social conventions of their perceived feminine gender.

Pollock and Eyre (2011) proposed the second stage as the process of how the young transmen began to recognize their identity, which consisted of experiencing a growing discomfort with their female birth gender and the realization of being transgendered. This period, particularly, demonstrated a changing relationship to the participant’s gender and its expression. This period of identity formation, according to the participants, included experiencing negative feelings about their body, experimenting more with a masculine sexual identity and feeling increasingly aversive to being referred to as female. This period was described as “exceedingly difficult and lonely.” The final stage of young transmen identity that was formulated from the study included adapting to life as masculine after identifying as transgender. This stage incorporated the coming out and social transition. The study described how coming out as transgender is distinctly different from coming out as gay or lesbian. The transgender coming out process not only encompasses the physical transition, but also a new way of being addressed with a male name and pronouns, which made most participants feel guilty because they felt they were naming their own gender and asking others to be addressed as such (Pollock & Eyre, 2011).
This further demonstrates how strong the social component is linked to the formation of gender identity.

Transgender identity appears to be greatly influenced by social interaction and interpersonal relationships. Social stigma that can be associated with gender non-conforming plays an important role during the pre-coming out phase for transgender individuals. A transgender individual who struggles more and feels less comfortable outwardly expressing their gender tend to experience the need to hide their true self in order to avoid rejection and discrimination from others (Bockting & Coleman, 2007). Similarly, Levitt and Ippolito (2014) described how complex understanding gender can be for transgender individuals because of the potential effect their transgender status can have on others. Levitt and Ippolito (2014) wrote how the social component created an underlying anxiety on the participants’ gender presentation based on different social contexts in order to secure their safety. In the workplace, for example, their newly identified gender and gender expression could overshadow their competence. Seeking social support could be dangerous and the process of transitioning was found to make what once were safe spaces especially elusive. The authors emphasized the real tensions that exist when developing transgender identity, and the social influence that plays into the level of comfortable transitioning and identity development (Levitt & Ippolito, 2014).

**Transgender Sexuality**

Transgender identities can take on multiple forms, but previous literature has identified how engaging in relationships plays a significant role in developing a transgender person’s identity (Bilodeau, 2005). Researchers of human sexuality are increasingly showing how sociologically complex sexuality can be. One consistent theme is how the taken-for-granted combinations of biological sex, gender, and sexual behaviors simply do not pertain to certain
groups. Since transgender people feel their bodies are misaligned with the gender they were assigned at birth, it again calls into question the dominant cultural assumption between biological sex and social gender (Williams et al., 2013). Since transgender identity and transition is difficult for many to understand, transgender sexuality can be even more confusing because there is often no simple defining term to describe a transgender person’s sexuality. Additionally, a dynamic relationship between gender identity and sexuality exists and it continues to evolve across a transgendered individual’s lifetime. This is due to the physical body modifications (such as dress, hormones, or surgery) changing over time, which is intertwined with the transgender individual’s embodiment, identity, sexual practices, and choice of sexual partners (Schilt & Windsor, 2014).

Sex gender and sex orientation are often used interchangeably, but are very different paradigms. Sexual orientation tends to align with gender identity and not just a person’s biological sex. Researchers have tried to quantify transgender sexuality and have attempted to identify their sexuality as gay (i.e., when a transman is attracted to a man), straight (i.e., when a transman is attracted to a woman), bisexual (i.e. when a transman is attracted to both men & women), and pansexual (omnisexuality; i.e. when a transman is attracted to individuals of any sex or gender identity). Transgender sexuality can also be seen as complicated due to how the world perceives a transgender individual and how a transgender individual sees him or herself (Phipps, 2015).

Godfrey (2015) described how part of the process of transgender identity development is transitioning with the help of hormone replacements. For many transgender men, injecting testosterone is a fundamental part of their transition. The physical and psychological attributes alter aspects such as voice pitch, energy levels, and temperament. Taking testosterone,
commonly referred to as “T”, also heightens sexuality by increasing libido, which can shift sexuality in a transman altogether. Godfrey interviewed filmmaker Jake Graf who explained how, prior to his transition, which included injecting testosterone, he identified as a lesbian and had never had any inclination towards men, either sexually or romantically. From the age of 17, he spent the next decade dating girls until he experienced the “trans scene” in New York at the age of 28, which inspired his transition. It took less than a year on testosterone for his sexual orientation to shift entirely (Godfrey, 2015).

From when I was two or three years old, all I knew was that I liked girls and that I was a boy, but within I would say about a year on testosterone, I started looking at guys in the street thinking, he’s quite cute, which is obviously weird because I’d never ever looked at them before. It was weird and totally confusing. There’s a lot of adjustment when you’re transitioning and then add that to the fact that all of a sudden all I could think about was my newfound attraction to guys. It wasn’t just that I started fancying guys, but still liked girls; it was literally that I didn’t look at girls anymore. Weirdly, the thought of having sex with a girl just left me really cold for a while. So I was going on the gay dating apps, going out to bars. It was kind of all encompassing what with this massive sex-drive because obviously your sex-drive ramps up through the roof anyway. It’s insane; you just want to be having sex the whole time. It was just overwhelming. (Godfrey, 2015, p. 5)

Godfrey also interviewed Johannes Fub, a sex researcher at Hamburg University’s Institute for Sex Research and Forensic Psychiatry, who further explained how transmen experience a shift in their sexuality.

I think some trans people are confused regarding their sexual orientation before transitioning. Some encounter intense feelings of disgust regarding their own sexual
characteristics, some envy people that have the sex characteristics that they are longing for, and some feel ashamed when others see them naked. All this confusion sometimes seems to make it hard for trans people to express themselves sexually, and to be absolutely sure about their sexual orientation. (Godfrey, 2015, p. 6)

While the development of a more fluid sexuality is a common experience in the transman community, it is not talked about openly. Even for those who are aware that such a phenomenon can occur, it can still come as a surprise and requires adjustment (Godfrey, 2015).

Williams et al. (2013) examined the experiences of people who were born female and transitioned to male (transman). Their study consisted of utilizing qualitative interviews with 25 participants who identified as transman. Williams et al. (2013) used the term “gendered embodiment” and “sexualized embodiment” as a way to understand how a transman experiences their new identity and how their identity is linked to their sexuality. Williams et al. (2013) identified two kinds of embodiment: gender and sexuality. The idea of identity embodiment is linked to how a transman engages in masculine gender practices, and sexuality embodiment involves “doing body work around sex,” which his own body and the bodies of others as he explores his sexuality.

Williams et al. (2013) indicated themes across three categories of coupling gender identity and sexuality, which consisted of a tight, moderate, or loose embodiment. They defined “coupling” as the relationship between the two embodiments of gender and sexuality. A tight coupling appeared when transmen engaged in the most extensive form of body transformation such as using testosterone or obtaining surgery such as breast removal. The idea of tight embodiment also incorporated an interesting finding of how transmen found strong validation when they partnered with men who identified as gay. The transmen coupling with gay men
created a strong sexual and masculine embodiment because of how much it confirmed their transition (Williams et al., 2013). One of the participants stated, “Gays…having sex with me means they really do see me as a guy” (Williams et al., 2013, p. 730).

A moderate coupling was found when gender validation was sought from a sexual partner (with this being related to sexual preference identities as well as the interpretation of vaginal penetration). A loose coupling of the gender-sexuality embodiments was linked to individuals who identified their sexuality as “queer” and engaged in multiple types of sexuality, not adhering to one in particular and felt they were still in a “limbo” sense of identity and sexuality. Overall, Williams et al. (2013) demonstrated the link between gender and sexuality as a result of the level of transitioning transmen undergo, and the historical and geographical situations in which they find themselves. Their findings of how participants felt a loose, moderate, or tight embodiment were not mutually exclusive and, instead, depended on multiple factors such as transition stage, partner validation, and body image, and/or gender roles (Williams et al., 2013). Williams et al. (2013) concluded that the relationship with a transman’s body and the relationship between his gender and sexuality can best be explained though his lived experience as a transman.

After a transgender individual gains a sense of “gender embodiment,” their sexual practices are influenced by the degree to which they align their bodies through transitional processes and their identities. Schilt and Windsor (2014) studied how a transgender individual’s sexual habitus, which is the relationship between embodiment, desires, practices, and identity, are influenced by the degree of gender embodiment across the lifespan. They found that the transmen they interviewed experienced changes in their sexual habitus as a result of realigning their gendered embodiment. However, Schilt and Windsor (2014) concluded that gender embodiment did not necessarily mean a transgender individual has to proceed with surgery in
order to experience sexual habitus. Sexual embodiment, rather, can be accomplished without adhering to traditional sexual roles and identities.

Similarly to transgender identity, the current concepts of transgender sexuality may best be considered when looking at how dynamic and fluid sexuality can be, and how an individual’s embodiment influences the degree to which they experience their gender and sexuality. A transman’s sexual practices will encompass not only desires, but also his gender identity, body alignment, and validation from their sexual partners (Schilt & Windsor, 2014). The current study intended to serve as a respectful challenge to traditional views of understanding gender and sexuality. Gender is not binary, but is instead influenced by society and the lived experiences of individuals (Williams et al., 2013). In return, sexuality is not quantifiable, but rather, a fluid practice, which is influenced by the degree of embodiment a transman feels towards his gender and sexuality. Specifically, transman embodiment can lead to continuity between his body, his identity, and his social gender (how he is seen by others). The current study attempted to expand on the knowledge of how sexuality influences the identification of transman identity in an individual identifying as transman.
Chapter 3: Methodology

Since the transgender population is often misunderstood and invalidated, and there is limited psychological research that has been conducted on their behalf, the current research study proposed to use qualitative interviews. This method of research gained multiple perspectives on transmen identity development, and the role sexuality plays in their development. Conducting research from a qualitative lens through interviews was ideal for this study because of its focus on the lived experiences of each participant’s transition process from female to male. Additionally, the interviews provided an intimate, open, and detailed account of their lived experiences as transmen and explored the relationship between the participants’ identity and sexuality. Creswell (2013) defined qualitative research as research that includes “the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes” (p. 44). Through qualitative interviews, the current study explored common themes that emerged among participants’ lived experiences.

There were multiple benefits to utilizing a qualitative approach for the current study. Qualitative researcher, Steinar Kvale, described how interviews are specifically useful for understanding the participant’s story in an in-depth, complex, and firsthand account as it relates to a particular area of focus. Interviews offer the researcher the opportunity to gain intimate insight into the participant’s narrative (Kvale, 1996). Additionally, interviews provide room for the researcher to gain feedback and ask follow-up questions rather than adhering to a strict “yes” or “no” format that a questionnaire would provide. The currently study used semi-structured individual in-depth interviews that included predetermined interview questions to ensure some structure, but also allow for follow-up questions. Kvale described how the semi-structured
interview approach is intended to ensure that the same general areas of information are collected from each interviewee, which provides more focus, but still allows a quality of freedom and adaptability in obtaining the information from the interviewee (Kvale, 1996). A distinct benefit that qualitative research provides is an opportunity to understand the emotional component of the participants lived experiences, which creates an even greater amount of depth and understanding of their narratives. The current study intended to not only understand each individual’s identity development process, but also how they have been psychologically impacted as a result of their transition. Understanding the psychological impact can better inform mental health providers when providing treatment.

Individual in-depth interviews are widely used to co-create meaning with interviewees by reconstructing perceptions of events and experiences (Kvale, 1996). The current study intended to explore transgender identity development and relate that understanding to better inform transgender mental health and mental health care delivery for their needs. The current study used a social constructionist lens to lay the foundation of conceptualizing transmen identity and their experience of sexuality. Lev (2004) identified how a social constructionist viewpoint challenges the idea that gender is binary, and instead, postulates how human identities are social constructs that are defined uniquely as well as experienced differently, depending on historical and sociological influences. The findings from the current study intended to serve as a respectful challenge to traditional views of understanding gender and sexuality, and instead, highlight the dynamic relationship between transman identity and sexuality. Gender is not binary, but is instead influenced by society and the lived experiences of individuals (Williams et al., 2013). In return, sexuality is not quantifiable, but rather, a fluid practice, which is influenced by the degree of embodiment a transman feels towards his gender and sexuality.
Results from this research will offer a more comprehensive way of understanding transmen and how they practice their sexuality, and provide a more comprehensive exploration of transman identity and sexuality. This knowledge can be used as a guide to help healthcare workers and mental health professionals better navigate transgender care since, the APA acknowledges, there is currently limited information on the best course of treatment for transgendered individuals and recently released a guidelines for clinical practice with transgender and gender nonconforming individuals (APA, 2014). It is the intention of this researcher to better understand transgender identity in a more compassionate and meaningful way to better address the alarming rates of depression, anxiety, and suicidality in transgender patients.

Participants

The current study recruited transmen participants similar to how Williams et al. (2013) recruited 25 participants to engage in a structured face-to-face interview, which focused on understanding the relationship between transmen embodiments, identities, and sexualities. The current study similarly utilized a qualitative interview approach, but the interviews were semi-structured to allow more room for follow-up questions. The current study recruited seven individuals who self-identify as transman and asked questions focused on the relationship between their identity development and sexuality. For this study, the operational definition of a transman is an individual living full-time as a man, having been biologically assigned female at birth. The recruitment criteria included participants living full-time by adopting a male name, a male presentation, and wearing male clothing, but hormone treatments or surgery status was not a prerequisite for the sake of the volunteer selection. The age of the participants were between 20 to 35 years old.
Procedures, Methods, and Measures

The current study proposed to gain an in-depth understanding of the interplay between a transman’s identity and sexuality. After receiving IRB approval, recruitment for the current procedure was conducted through convenience sampling and flyers were displayed at community venues where transmen are likely to frequent. For example, Chicago House or Howard Brown, which are local agencies in Chicago that offer supportive services for transgender individuals, were an ideal choice for recruitment. In addition, recruitment was conducted using affinity list servers and social media with the purpose of distributing announcements requesting research recruitment and detailing the criteria needed to participate, the interview process, confidentiality, and safety.

Next, the volunteers were asked to engage in semi-structured face-to-face interview as the primary method of data collection. The interviews consisted of open-ended questions taken from a pre-constructed interview guide (Appendix A). Each interview was digitally recorded with the participant’s verbal consent. The interviews lasted as long as it took for the interviewer to ask all of the questions on the interview guide, which on average took sixty minutes to ninety minutes. The interviewer offered the opportunity to conduct the interview at a location of the participant’s choice in efforts to avoid the chance of cancellations or conflicts, but that also ensured the safety of both researcher and participant. Additionally, for volunteers who were not within reasonable traveling distance or resided in another state, the use of Skype was also available, and interviews were conducted in the interviewers and interviewees private residences or similar location that ensured confidentiality.

Prior to the interview, participants were asked to complete a screening procedure with the purpose of confirming they have met the criteria of the study. Participants were selected based on
the criteria of each individual identified as transman, English speaking, born and raised in the United States, and 18 years or older. An interested participant initially reached out to the investigator by contacting the provided phone or email address. The investigator contacted the participant and orally conducted the screening procedure via phone using a pre-interview screening script. If a participant met the criteria for the study, an interview was scheduled with the participant to take place in a location of convenience, confidentiality, and safety. For interested participants outside the Chicagoland area, interviews were offered to take place via Skype ensuring the same level of confidentiality and safety.

At the beginning of the interview, participants were first given the study’s oral consent form to read (Appendix B), which covered the participant’s right to withdraw at any time, the interview procedure, use of recording, and how their information and identities will not be used. Instead, each participant was notified that they will be assigned a number code and will be referred to the assigned code while recording. Upon completion, the participants were asked if there were any concerns, clarifications needed, or questions. Participants were asked if they agreed to continue participating in the study. For participants outside Chicago who utilized Skype, the investigator emailed a copy of the oral consent form as a word document and asked the same follow-up questions.

In terms of measures, the data gathered from the interviews was transcribed and coded inductively in efforts to analyze and find common themes among identity and sexuality experiences of transmen. To ensure inter rater reliability, a graduate assistant also independently coded the data gathered from the interviews in efforts to find similar results. The themes included the degree of connection of transmen identity and sexuality. The benefit of utilizing theme coding is that this method highlights the variability of how sexuality is so unique to each
person, and how it would be very difficult to generalize across all participants. An effective way to represent the data is to create an in-depth picture of the interviews by using narratives, tables, and figures of the themes in efforts to comprehensively represent the data (Creswell, 2013).

The data was recorded digitally and stored in a password-protected file, and will be discarded after five years. The participants’ personal information will be de-identified, and instead assigned a unique code in order to maintain confidentiality. Results of the study will be posted on the Projects Advancing Sexual Diversity (PASD) website by summer of 2017.
Chapter 4: Results

The purpose of this study was to explore the relationship between a transman’s identity development and sexuality, and ultimately, how the two components reinforce a transman’s sense of maleness. The results from the interviews will contribute to the limited amount of research in this area. The study increases understanding of the individual experience of a transman as well as his role within a larger framework of relationships and communities. Lev (2004) discussed how gender variance does not simply live “within” individuals, but exists within a larger matrix of relationships, families, and communities. There were multiple components that were asked of each participant in efforts to better understand both their identity formation from woman to man as well as how their sexuality may or may not have reinforced their sense of maleness.

Seven volunteers who self-identified as transmen participated in semi-structured interviews that asked questions from three category sections: identity and sexuality formation, transition, and sexual development practices. The semi-structured interviews lasted from 45 to 60 minutes and utilized questions similar to Bockting (2009) focused on the emergence of transgender identity development and sexuality.

The participants were between 20 to 35 years old and met the criteria of identifying as transman, specifically living full-time as a man having been biologically assigned female at birth who now lives as a self-identified transman, living full-time in his self-identified gender, and born in the United States. Hormone treatments or surgery status was not a prerequisite for participation in the study, although the majority of the participants have utilized these transition aids. Although all of the participants were in different stages of their transition from female to male, they all were engaged in hormone replacement, but none of them had undergone genital
surgery. All of the participants shared their reason for not seeking genital surgery had to do with the lack of advancement in the procedure as well as the high cost that is often not well covered by health insurance providers. Additionally, all of the participants shared the same feeling that genital surgery was not imperative for affirmation of their identity, but rather, gender and sexuality expression played more of a factor.

The participants varied in relationship status from single, never married to coupled, as well as sexually identifying as heterosexual, bisexual, queer, or pansexual. They also reported different stages in transition as all of the participants were utilizing hormone therapy and four have undergone chest reconstruction. The following provides brief descriptions of each participant as well as highlights the common themes found amongst all seven participants that relate to their gender identity and sexuality embodiment. Each participant was assigned a pseudonym in efforts to protect their identity. Results were coded by this writer, and then were reviewed and coded by a research assistant in efforts to provide inter-reliability in response theme codes. The relevant demographics information for each participant is highlighted in the chart below.
### Participant One

Participant one, “Sam,” is a 25-year-old who identified as a white, atheist, queer, transman. He reported he had completed a master’s degree and was out of work at the time of the interview. Sam reported he began transitioning from female to male at the age of 20. He stated he began hormone replacement at age 21 and had not undergone chest reconstruction or genital surgery at the time of the interview. Sam indicated he was single and has never married at the time of the interview, but described that he was previously in a relationship with a cisgendered man who was sexually fluid. When asked about how he best self-identifies, Sam responded, “I am a demisexual queer transman.” Sam ultimately described his identity and sexuality embodiment as loose at the core but “definitely evolving, I’m going in between a little bit.”

<table>
<thead>
<tr>
<th>Participant</th>
<th>Ethnicity &amp; Religion</th>
<th>Education</th>
<th>Relationship Status</th>
<th>Transition Status</th>
<th>Self-Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam, 25</td>
<td>White, Atheist</td>
<td>Master’s</td>
<td>Single, never married</td>
<td>Hormone Replacement</td>
<td>Demisexual Queer Transman</td>
</tr>
<tr>
<td>Lewis, 23</td>
<td>Black &amp; Native American Spiritual</td>
<td>Bachelor’s</td>
<td>Single, never married</td>
<td>Hormone Replacement Breast Removal/Reconstruction</td>
<td>Pansexual Transman</td>
</tr>
<tr>
<td>Dash, 32</td>
<td>White, Atheist</td>
<td>Bachelor’s</td>
<td>Single, never married</td>
<td>Hormone Replacement Breast Removal/Reconstruction</td>
<td>Heterosexual Transman</td>
</tr>
<tr>
<td>Mike, 25</td>
<td>White, Christian</td>
<td>Master’s</td>
<td>Single, never married</td>
<td>Hormone Replacement Breast Removal/Reconstruction</td>
<td>Transman</td>
</tr>
<tr>
<td>Tom, 28</td>
<td>White, Atheist</td>
<td>GED/Trader School</td>
<td>Coupled</td>
<td>Hormone Replacement</td>
<td>Male</td>
</tr>
<tr>
<td>Solomon, 35</td>
<td>Bi-racial (white &amp; black), Buddhist</td>
<td>Master’s</td>
<td>Single, never married</td>
<td>Hormone Replacement Breast Removal/Reconstruction</td>
<td>Heteroromantic Transman</td>
</tr>
<tr>
<td>Adam, 20</td>
<td>White, None</td>
<td>Some College</td>
<td>Single, never married</td>
<td>Hormone Replacement</td>
<td>Transman</td>
</tr>
</tbody>
</table>
Participant Two

Participant two, “Lewis,” is a 23-year-old who identified as an African and Native American, spiritual, pansexual, transman. He reported he had completed a bachelor’s degree and, worked part-time and was a part-time graduate student at the time of the interview. He indicated he began transitioning from female to male around age 20. He reported that he began taking hormones around age 21 and had chest reconstruction, a bilateral mastectomy, around age 22. He reported that he has not had genital surgery. Lewis indicated that he is single and has never been married, but noted he was previously in a relationship with a cisgendered woman. He added how since his transition to male, that he is more open to dating women who identify as non-cisgendered. When asked how he best self-identifies, he stated, “I am a pansexual transman.” Participant two ultimately described his identity and sexuality embodiment as “tight, 100%.”

Participant Three

Participant three, “Dash,” is a 32-year-old who identified as a white, atheist, heterosexual, transman. He reported he had completed a bachelor’s degree and was employed part-time at the time of the interview. He indicated he began transitioning from female to male around age 18 when he began dressing in male clothing and then around age 24 began using male pronouns and cut his hair short. He added that he began using hormones around age 28 and had chest reconstruction surgery around age 26, but has not had genital surgery. Dash indicated that he is single and has never been married, but noted he was previously in a relationship with a cisgendered woman. When asked how he best self-identifies, he responded, “I am a heterosexual man.” Dash ultimately described his identity and sexuality embodiment as tight, adding “I am absolutely more connected to my body now in terms of how I feel every day.”
Participant Four

Participant four, “Mike,” is a 25-year-old who identified as a white, Christian, bisexual, transman. He reported he had completed a master’s degree and was working full-time at the time of the interview. He stated he began transitioning from female to male around age 20 and began using hormones around age 21. He added he had chest reconstruction surgery shortly after around age 22, but indicated that he has not had genital surgery. Mike indicated that he is single and has never been married, but noted he was previously in a relationship with a cisgendered woman. When asked how he best identifies, he stated, “I am a transman.” He ultimately described his identity and sexuality embodiment separately, indicating that he felt his identity as male is tightly linked to his embodiment, but felt his sexuality was more moderately securely linked. He noted, “I have internal insecurities about my sexuality and say that this is the area that is still progressing and evolving.”

Participant Five

Participant five, “Tom,” is a 28-year-old who identified as a white, Atheist, pansexual, transman. He reported he completed his GED and was currently a student in trade school at the time of the interview. He reported he began transitioning from female to male around age 23, but “something that my mother had told me forced me to bottle it up and stop for awhile, presenting, and stop binding my chest. I didn’t start back up again till I want to say about 26.” At the time of the interview, he indicated that he began taking hormones little over nine months ago at his current age of 28. He reported that he has neither had chest reconstruction nor genital surgery. Tom indicated he was in a relationship for the past seven months, at the time of the interview, with a cisgendered female. When asked how he best identifies, he stated, “I am a male.” He ultimately described his identity and sexuality embodiment as moderately secure, adding, “I’m
pretty secure with myself. I’m not quite where I want to be, but I pass regularly, without question.”

**Participant Six**

Participant six, “Solomon,” is a 35-year-old who identified as bi-racial (African American and white), Buddhist, heteroromantic bisexual, transman. He reported he completed a master’s degree and was working full-time at the time of the interview. He indicated he began transitioning from female to male around age 18 when he was a freshman in college “it sort of felt like a perfect time to me because I was going to be able to have a fresh start at a new place.” He said he first cut his hair short, wore male clothing, used male pronouns, began to chest-bind, and later that same year began using hormones. At age 19, Solomon indicated that he had chest reconstruction surgery, but noted he has not had genital surgery. He indicated he is single and has never been married, but was previously in a relationship with a cisgendered woman. He added that his last three relationships were with cisgendered women, but he also dates men. When asked how he best identifies, he stated, “I am a heteroromantic bisexual transman.” He ultimately described his identity and sexuality embodiment separately; indicating that he felt his identity embodiment as a male was tight, but felt his sexuality embodiment was moderately tight and was still evolving. He stated, “I am definitely confident in my maleness. For my sexuality, I would have to say I am still a work in progress.”

**Participant Seven**

Participant seven, “Adam,” is a 20-year-old who identified as a white, non-religious or spiritual, heterosexual, transman. He reported he is currently completing his bachelor’s degree at the time of the interview. He indicated he began transitioning from female to male around age 13, began using hormones around age 18, and plans to have chest reconstruction surgery in the
summer of 2017. He reported he is single and has never been married, but previously dated a cisgendered woman for about two years. When asked how he best identifies, he responded, “I am a transman.” He ultimately described his identity and sexuality embodiment as loose, adding “I’d definitely say on the fence. When my dysphoria kicks in, I definitely have had times where I just don’t take my shirt off or anything like that.”

**Major Areas of Investigations and Themes Across Participants**

Interview questions explored eight major areas of investigation. Throughout each of these areas of investigations, major and minor themes emerged from the interviewees’ responses. Major themes were defined as responses that the majority of the participants addressed, which meant about 70% of the interviewees (at least five out of the seven) endorsed the same response themes. Minor themes were defined as responses that less than four participants addressed, but provided insight on the participants’ identity development and sexuality. The table below illustrates the areas of investigation and the corresponding major and/or minor themes that occurred. A minor area of investigation and minor theme that emerged organically was the impact that the participants’ families had on their transition process and male identity development, which is discussed in further detail at the end of the chapter.
### Table 2

**Major Areas of Investigations and Themes Across Participants**

<table>
<thead>
<tr>
<th>Major Area of Investigation</th>
<th>Major Themes</th>
<th>Minor Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Gender Identity</td>
<td>Feeling male since childhood and secure in male identity</td>
<td>None</td>
</tr>
<tr>
<td>2) View of Gender</td>
<td>Gender as a spectrum</td>
<td>None</td>
</tr>
<tr>
<td>3.a.) Gender Expression: Socially</td>
<td>How others relate to participants</td>
<td>Change in physical appearance, how participants relate to others, and the type of people now attracted to participants</td>
</tr>
<tr>
<td>3.b.) Gender Expression: Physically</td>
<td>Having facial hair, deeper voice, and more muscle mass</td>
<td>Having short hair, wearing male clothes, change in facial structure, and having breasts removed</td>
</tr>
<tr>
<td>3.c.) Gender Expression: Sexually</td>
<td>Approach to sex has changed</td>
<td>More comfortable being sexual, having increased sex drive, and experiencing genitalia growth</td>
</tr>
<tr>
<td>4) Sexual Identity</td>
<td>Influenced by the perception of how society views their sexuality, depending on which binary gender they are attracted to</td>
<td>None</td>
</tr>
<tr>
<td>5) Transition Impact on Sexuality</td>
<td>Experiencing sexual fluidity post-transition</td>
<td>None</td>
</tr>
<tr>
<td>6) Transition Process</td>
<td>Have confidence in male identity and genital surgery is not necessary for secure identity</td>
<td>None</td>
</tr>
<tr>
<td>7.a.) Sexual Practices and Gender Affirmation: Change with Partners</td>
<td>Engaging in versatile sexual relationship</td>
<td>Consent for both partners and wearing a strap-on</td>
</tr>
<tr>
<td>7.b.) Sexual Practices and Gender Affirmation: Changes in Masturbation</td>
<td>Experiencing an increased sex drive, increased genitalia growth, and change in masturbation practices as a result of transition process</td>
<td>Ability to masturbate similar as a cisgendered male</td>
</tr>
<tr>
<td>7.c.) Sexual Practices and Gender Affirmation: Experience Maleness During Sex</td>
<td>Through penetration and taking on a more dominant role</td>
<td>Through touch</td>
</tr>
<tr>
<td>8) Relationship between Identity and Sexuality</td>
<td>Feel secure in male identity embodiment</td>
<td>Sexuality embodiment is still evolving</td>
</tr>
</tbody>
</table>

**Gender Identity**

The participants were asked, “when do you first remember feeling like and/or identifying as a male?” followed by “how do you feel about your identity as a male now?” Two major themes emerged from these questions. The first theme that the majority of participants shared was feeling like a male since childhood. The data from the participants’ responses shows that five out of the seven felt like a male as early as they could remember.
As early as when I was in diapers, but it kind of went in and out because I didn’t know I could actually do that. There was a time in fourth grade where I said out loud, “I want to be a boy.” (Sam)

All my life I thought I was a male. (Lewis)

As early as I can remember I always preferred boy stuff. I always wanted short hair. I always wanted to wear boy clothes. I always preferred stereotypical boy toys. That goes back as far as I can remember. I’d cry if I had to put on a dress. I didn’t ever want any girl toys…I mean really as far back as I can remember. (Dash)

Childhood probably. As young as I can remember. (Tom)

It was around age 12…but I really didn’t feel right throughout my childhood. I just didn’t feel like I was in the right body. I don’t think I had the language for it at the time, but I wanted a penis like my brother. I wanted to wear boy’s clothes and change in the boy’s locker room. I just wanted to by a boy and it wasn’t in the tomboy sense like my parents thought. I really did feel this was as long as I can remember because I used to get so upset when my mother would put dresses on me when we would go out for fancy occasions or out to dinner. I would cry and throw a fit. (Solomon)

The remaining two participants reported they felt like a male at a later time. Mike stated he was 19 when he first began feeling like a male and noted that his family’s response had an impact on the time when he felt comfortable to come out, which impacted his feeling of being a male. He explained, “I felt I had to wait to come out to my parents and needed more time out how to do this even though I always felt like a boy.” Adam indicated he was around 12 when he first felt like a male and also alluded to how his family’s response impacted his feelings. He described how his parents divorced at an early age and he lived with his religious father for most of his life. He added, “When I was younger, I did have shorter hair and things like that. My dad’s side, because I lived with him for most of my life, was very religious. A lot of the time it was always, ‘you don’t do that. That’s wrong.’”

Another theme that emerged from the questions surrounding gender identity was feeling secure about their transition to male and their subsequent identity. All of the participants feel
secure about their male identity, indicating they are more comfortable with who they are now that their gender aligns with their identity. It is important to note that the level of security that each participant feels about his male identity is best described on a spectrum.

Very comfortable. It’s…I feel like it makes more sense in terms of social interactions. I feel like it’s a little more complex internally. I think it’s more, more than just male. Internally, I feel more neutral, but socially…I’m very comfortable as male. (Sam)

I feel like every day I feel more and more comfortable with who I am as a person. I think especially since I got top surgery, I don’t have an issue when it comes to passing and that of kind of stuff anymore. Then I’ve been on the hormones for two years now. If you had asked me about this a year ago, my answer would have been totally different. I feel significantly more secure. (Lewis)

Yes, confident and normal. I feel like I’m finally at a place that is normal for me. Just like relaxed, confident, at ease with myself as opposed to when I was younger. (Dash)

Secure. For sure. (Mike)

I actually feel quite secure about it, and actually rather excited. (Tom)

I feel secure about 90% of the time. I am much happier that I am able to grow facial hair and that my breasts are gone. There are times that I don’t feel as secure, and I guess, still in transition when I am with partners. (Solomon)

A little bit better now that I’m on hormones. A little better than I was, for sure. (Adam)

The themes highlight how the participants’ male identity was felt internally at a very young age and how their transition to male has allowed for them to feel secure and confident as a man.

**View of Gender**

The participants were asked, “Did your view of gender change as you moved into a male identity?” This question aimed to understand if the participants have experienced gender outside of the traditional binary view of male and female. Six out of the seven participants indicated that their view of gender has changed since they have transitioned from female to male. However,
there were variations on how their view of gender has evolved and the theme of experiencing

gender as a more of a spectrum emerged.

  Yeah, you kind of, at least at the time I started transitioning. I was kind of put through a
  process of being exposed to transgender issues and just being in the community shifted
  my perception of what it meant to be male or female or beyond that or in between that.
  Being exposed to the culture broke the binary for me. It changed my whole perspective
  on gender. (Sam)

  I think it was kind of a surprise to me to kind of realize these things about myself. So I
  think now I really look at gender and sexuality as one of a spectrum than I ever have. I
  feel like I kind of partake a little bit larger on the spectrum than I originally thought I
  would. (Mike)

  Yes, definitely. I am happy that I experienced what it was like to be a woman because I
  think it makes me a better partner and a more holistic person…I feel I have found the
  most comfort in being androgynous and finding a balance between my female and male
  side…the binary effect that gender brings is bullshit and as I have found, because I have
  lived both, very limiting. I guess that’s really how my view of gender has changed, that it
  doesn’t have to be one or the other anymore. (Solomon)

A few of the participants discussed how their view of gender has changed by being linked
to experiencing both stereotypical roles assigned to being female and male.

  Yeah, I think more so when it comes to seeing how society treats men and women
differently, and being both sides of it really gives you a totally different perspective. I
definitely notice that there’s some things that I had gotten accustomed to…that doesn’t
happen anymore. Like guys would hold the door open for me, or let me go first in line.
Now it’s just kind of like, every man for himself. Then in that same respect, I definitely
notice…I can walk around at night and not feel the fear of what’s going to happen to me.
(Lewis)

More socially than anything else, after I began hormone therapy and as I started to pass
more on then there was quite a bit of a change. I felt more comfortable being more myself
instead of having to compensate and having to think, “I need to act more feminine
because I’m a girl.” It was very upsetting, but now I’m a lot more open with who I am.
There was definitely quite a bit of change. (Tom)

Dash’s view of gender has not changed since transitioning as he explained how the more

stereotypical characteristics associated with being a male resonates with him. He explained:
I like those stereotypically male things…it’s not that I have any sexist world view. I don’t believe that those types of things can only be done or enjoyed by men. There’s stereotypes and I fit a lot of them. That’s all. I don’t know that they’ve changed. I think you do get like a feminist bump like, “of course I have sympathy and more importantly I have empathy for women in a really sexiest society.

It their own way, it appears that the process of transitioning from female to male has offered a new perspective of gender for participants. Some participants feel their gender identity and subsequent expression is on a spectrum and, as a result, does not have to adhere to the binary man or woman. Their transition has opened the perspective that they can express traits traditionally assigned to both genders. Some participants have explored and experienced the stereotypical roles assigned to females and males, and as a result, have a greater understanding of how limiting society’s emphasis on gender roles can be.

**Gender Expression**

Participants were asked about what reinforces and affirms their male identity in three separate contexts: socially, physically, and sexually. This question was asked in efforts to explore multiple domains in which the participants express their sense of maleness. The first domain of reinforcement was asked in a social context. The results highlight the theme of how all of the participants (100%) found that the most reinforcing social aspect was how others relate to them differently, particularly, when another male accepts them as male. Although this was the major theme expressed amongst all participants, there were additional factors that are important to highlight as well. The second most expressed response (57%) was how their change in physical appearance has helped reinforce their male identity in social situations. The third most expressed response (43%) was how their male identity has changed how they relate to others. The fourth most expressed response (29%) that reinforced their male identity was the type of people that are now attracted to them post transition.
Figure 1. Gender expression: Social factors

The first context of gender expression revolved around social situations, and each participant provided multiple examples. All of the participants endorsed feeling reinforced of their male identity by how others relate to them now compared to when they identified as female. The majority expressed both appreciation and reinforcement when they are accepted among other males as male, signifying that they pass as male.

I think one time I was in the pool with a couple of guy friends and we were really roughhousing in the pool and that was nice. That was not too long after my surgery. They didn’t seem to have any trouble grabbing me around the chest or anything like that…that was nice coming from them. (Dash)

I guess that merely that I don’t have to ask to call me the pronouns that I want or the name that I want…people just assume now and that hasn’t always been the case. (Mike)

I love when other guys say to me, “hey man or what’s up man.” (Solomon)

Now that I’m on hormones and things like that, and I can pass well, I have noticed that people treat me differently. Guys before were…the would treat me like a girl. They would be soft with me, they wouldn’t swear at me, things like that. Now, the social
interaction just amongst my guy friends… I’m one of the guys. I don’t feel like an outsider anymore. Just the general interaction of how people talk to me and see me is completely different than pre-transition. (Adam)

Four of the participants expressed how their change in physical appearance has served as a major reinforcement for their male identity when relating with others.

Sometimes… I just feel like I don’t pass as well, so sometimes I will make more space for myself… but just talking in a deeper voice too affirms that. (Sam)

Being on hormones has really helped reinforce my male identity because I can grow facial hair… passing as a male is so much easier. (Solomon)

The more and more that I transition along, it did help out when they’d (his friends) say, “your facial hair is coming in. You’re getting more muscle mass.” That always helped a little bit, too. (Adam)

Three of the participants indicated that the difference in how they relate to others as a result of their male identity reinforces their sense of maleness when engaging in social situations.

In general, the way I dress, the way I speak, the way I relate to other men and women. I feel like is different than before. (Sam)

Two of the participants expressed how they have received reinforcement of their male identity through the type of people that are attracted to them compared to pre-transition.

How many women are responding to me differently now… they tend to look at me differently now… looking at me like just as they would, as opposed to any other guy, as opposed to seeing me as a women…(Lewis)

Also getting hit on by gay men is the biggest compliment there is. (Dash)

I’ve had a gay man hit on me once or twice. It’s reinforcing to see that a man would see me as another man…(Adam)

The second inquiry into gender expression explored how participants experience reinforcement of their male identity through a physical context. This could include, for example, body modification, hormones, and facial hair, but was not specifically asked in efforts to allow
for participants to provide their own experience of physical male reinforcement. Results showed that six out of seven participants (86%) found facial hair and having a deeper voice to be the most affirming physical aspects of their male identity since transitioning. The third most expressed physical factor aspect that five out of the seven (71%) participants felt was having the ability to gain more muscle mass. These physical factors emerged as the main themes for this questions, however it is important to note some of the other factors that were also indicated from the participants. For each of the following factors, two out of the seven participants (29%) indicated that having a short haircut, wearing male clothing, experiencing a change in face structure due to hormones, and having their breasts removed so they can be shirtless as the third most reinforcing physical factor.

*Figure 2. Gender expression: Physical factors*
The second context of male identity affirmation revolved around a physical context and participants provided multiple examples of how each physical factor best reinforces their sense of maleness.

Physically, it’s a big thing. It starts off with clothes. I’m starting to get facial hair. That wasn’t there before. Hair, muscles, and I think if someone can read me as male, I’m perceived as male. I’m referred to as male, that’s affirming. (Sam)

Just being able to take my shirt off without having guys stare at me. That in and of itself is a novelty. (Lewis)

The haircut was really important and really started the whole shift of “wow I did this one thing and I feel so much better. What does this mean and where can I go from here?” (Dash)

The fact that I can grow facial hair, my voice has changed and is deeper than I ever thought. The hormones, I do HRT, I have noticed a change in the physical structure of my face. (Mike)

I just hit my milestone of being nine months on testosterone…just now starting to grow a little bit of peach fuzz on my face, body hair especially, muscle tone, just watching my body slowly develop into what I have in my head. (Tom)

Being able to grow facial hair was one of the best physical parts for me and it helps reinforce when I meet other people…I would also have to say that the hormones have changed my face structure…I just feel right and it’s easier for me to talk to people and flirt with people because I feel more secure with myself. (Solomon)

Just in general, the ability to look more masculine via facial hair and things like that were the best. (Adam)

Dash explained how his physical transformations were reinforcing to him, but that part of his decision to pursue utilizing hormones was due to how he felt he still was not passing as a male enough to others.

It was after I cut my hair and after I had surgery and then I still kept getting…if I went to restaurants and someone would come up to me and my friend, it’d be like, “have you ladies decided on something.” That was just crushing. It was like I have spent so much money and so much physical pain just to do this to my body, to go through all of this social and physical change, but if it doesn’t change the way someone else sees me, it’s not working. It is very unfortunate that the way I see myself depends on how other people
see me…I don’t really want to do this (take hormones), but what else do I have to do for you people for me to live the way I want to live.

The third factor of male reinforcement that was explored with participants was through a sexual context. Participants were asked how their sexual practices or experiences have helped reinforce their sense of maleness. Results varied across each participant and across each factor. The factor and major theme that all of the (100%) participants found to be the most affirming sexual practice is how their approach to sex has changed as a result of their transition. Three out of seven (43%) participants have found they are more comfortable and more open with their sexuality as a result of their transition to male. One participant (14%) found that their increased sexual drive was affirming and one participant (14%) found that having his clitoris increase in size was affirming and influenced his approach to engage in more sexual practices.

Figure 3. Gender expression: Sexual factors

The factor related to sexual practices appeared to have the most varied responses, indicating each participant is at a very different place with his sexuality. All of the participants,
however, expressed how their approach to sex has changed since their transition, and in return, affirms their sense of maleness.

Well, in general I feel like if I’m treated as I was taught males should be treated sexually, then I feel affirmed…there’s a certain way that…certain ways to be touched or certain ways to be, things to be called, or interact with sexually. (Sam)

Now that I feel that I’ve transitioned, I’m a lot more comfortable with myself and my sexuality. For a long time I thought I would only date cisgendered women. (Lewis)

I always considered myself to have a very high sex drive before I started taking hormones. With the hormones it was just unbelievable. My sex drive shot through the roof and it was and still is exhausting…the way I thought about sex changed…this is crazy that when you hear stereotypes of how all men think about is sex…it is true beyond what I imagined. (Dash)

Some of the ways I approach sex has changed for me. Before I transitioned, I was more passive when it came to being sexual. Now, I feel more confident making the first move or being more dominant when with partners. (Mike)

When taking testosterone, you get quite a bit of growth in your clitoris. It grows significantly larger. The fact that I’m actually capable now of getting an erection even is definitely affirming sexually. Being a lot stronger than I was before…it’s not about being dominant, but having the capability to be on top and am strong enough to back it up now. (Tom)

I would say the most reinforcing thing for me sexually is when I am with a woman. I tend to be on top and I feel so good when a woman partner touches my chest and there are no breasts. (Solomon)

The type of women that I date…there are more straight women that would hit on me. It just kind of reinforced the masculinity for me. (Adam)

Gender expression across a social, physical, and sexual context provided enriching themes and unique responses from participants. All of the participants have experienced other people relate to them differently, which they reported affirms their male gender expression. Additionally, all of the participants have changed their approach to sex with their partners as a result of their transition. In both a social and sexual context, it appears participants have experienced a new dynamic in how they relate to others and how others relate to them, which has
been a positive and affirming aspect of their gender expression. In a physical context, there were no common themes across all participants, which highlights how each participant is at a different stage of physical transition, and it seems that physical transformation is important, but not as much of an essential component of gender expression as social and sexual contexts.

**Sexual Identity**

Participants were asked, “how would you describe yourself when it comes to your sexual identity (i.e., gay, straight, bisexual, pansexual, transsexual, or other)?” followed up with “has this changed through your transition from female to male or stayed the same?” The intention of this question was to explore the fluidity of sexuality as well as the relationship of gender identity development on each of the participant’s sexuality. All of the participants expressed how their sexuality has changed from pre-transition to post-transition.

Dash indicated his sexual identity has stayed the same, but his sexual practices have changed. He added that due to his increase in sex drive from taking hormones, the way he thought about sex has changed and he has sex with both men and women for sexual release. The remaining participants each described how their sexual identity has shifted in how they identify. It is important to note that the participants discussed the major theme of how their sexual identities are influenced by the perception of how society views their sexuality, depending on which binary gender they are attracted to. Adam, for example, was viewed as a lesbian prior to transitioning because his gender was female and he was attracted to women. Since transitioning, he explained how he identifies as heterosexual, not because his sexuality has changed since he has always liked women, but how his sexual identity has changed as a result of his gender identity. This theme appeared to be similar for the majority of the participants.
Table 3

*Participant Sexual Identity Pre and Post Transition*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sexual Identity Pre-Transition</th>
<th>Sexual Identity Post-Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam</td>
<td>Lesbian</td>
<td>Queer Questioning Heteroflexible Straight</td>
</tr>
<tr>
<td>Lewis</td>
<td>Lesbian</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Dash</td>
<td>Heterosexual</td>
<td>Heterosexual, Has sex with men and women now due to high sex drive</td>
</tr>
<tr>
<td>Mike</td>
<td>Heterosexual</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Tom</td>
<td>Lesbian</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Solomon</td>
<td>Lesbian</td>
<td>Heteroromantic Bisexual</td>
</tr>
<tr>
<td>Adam</td>
<td>Lesbian</td>
<td>Heterosexual</td>
</tr>
</tbody>
</table>

It definitely has changed in terms of a label. I think queer captures it the most. Well, I use queer because I don’t quite understand what my sexuality is, but it’s like an umbrella term for not straight, in my mind…I was for sure at one point that I like women and only women and then the queer culture opened up that option…we are not monosexual individuals a lot of the times. (Sam)

Before I started my transition, I only dated cisgendered women. I was only open to dating cisgendered women. I like women, but I say pansexual because I’m open to dating cisgendered women, trans women, and I’m also open to dating people who are like, non-binary, or agendered. (Lewis)

My sexuality identity has not changed…again, the hormones made me so crazy…it if I could get laid, I would get laid…it really doesn’t matter much about the person to me. It didn’t matter if I was not attracted to them at all. I started sleeping with men…I’ll still sleep with men just because they are so much easier to get causal sex from. (Dash)

Bisexual, this has changed for me over the years. I identified as straight prior to transitioning, but sexuality has become more fluid for me and I identify as bisexual now. (Mike)

I’m actually pansexual…I used to identify as a lesbian when I was much younger. The only two things that gender and sexuality were and coincide with is that they’re both fluid. Sexuality is very much fluid. It can change overtime. (Tom)

I describe myself as heteroromantic bisexual where I tend to fall in love with women, but also date men…I have always liked women, but I guess it was different for how others viewed me. Others viewed me as gay if I mentioned that I like women before
transitioning...prior to transition, I was considered a lesbian when I was with women and straight when I was with men, but now I am straight when I am with women and gay when I am with men. (Solomon)

I am a straight, heterosexual male…I’ve always liked women, so I guess before I finally changed my name and declared I was going to be male, a lesbian. (Adam)

The participants provided different perspectives on how they describe their sexual identity. Some of them discussed how their identity has stayed the same, but as a result of their transition, their male gender played a factor into how others perceive their sexuality. Some of the participants indicated how their sexual identity has changed as a result of transition, and how this change has introduced a sexual fluidity in how they identify as well as partners they are attracted to.

**Transition Impact on Sexuality**

In the Sexual Identity section, the participants discussed how their transitions from female to male has changed how they would self-identify their sexual identity. In efforts to further explore their sexual identity, participants were asked questions about if their sexual fantasies about themselves and with partners have changed from pre to post-transitioning. Since transitioning, all of the participants' fantasies align with their current sexual identity. It is important to discuss how results show fantasies and sexual identities have evolved for the majority of the participants. The theme of sexual fluidity emerged from the participant’s responses as the majority of participants’ sexual identity as well as fantasies became more fluid compared to their identity pre-transitioning.
### Table 4

**Participant Sexual Identities and Fantasies Pre and Post Transition**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sexual Fantasies Pre-Transitioning</th>
<th>Sexual Identity Pre-Transitioning</th>
<th>Sexual Fantasies Post-Transitioning</th>
<th>Sexual Identity Post-Transitioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam</td>
<td>As a woman with a woman</td>
<td>Lesbian</td>
<td>As a man with anyone</td>
<td>Queer Questioning Heteroflexible Straight</td>
</tr>
<tr>
<td>Lewis</td>
<td>As a man with a woman</td>
<td>Lesbian</td>
<td>As a man with anyone</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Dash</td>
<td>As a man with a woman</td>
<td>Heterosexual</td>
<td>As a man with a woman</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Mike</td>
<td>As a man with a woman</td>
<td>Heterosexual</td>
<td>As a man with a man and woman</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Tom</td>
<td>As a man with a woman</td>
<td>Lesbian</td>
<td>As a man with anyone</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Solomon</td>
<td>As a woman with a woman</td>
<td>Lesbian</td>
<td>As a man with a man and woman</td>
<td>Heteroromantic Bisexual</td>
</tr>
<tr>
<td>Adam</td>
<td>As a man with a woman</td>
<td>Lesbian</td>
<td>As a man with a woman</td>
<td>Heterosexual</td>
</tr>
</tbody>
</table>

Five of the seven participants have experienced either a shift in their sexual fantasies, a shift in their sexual identities, or a combination of the two post-transition suggesting how their male identity development has played a major role in their sexual expression. It is also interesting how their identity development has impacted their sexual identity as the majority of participants identify with a more fluid sexual identity compared to pre-transition.

I mean, I still kind of imagine myself as I am in these fantasies…I imagine myself as I am and I imagine me with the other person I am attracted to. (Sam)

While they (women in fantasies) were doing things I thought about it as if my anatomy were that of a cis man….I’m definitely more open to having sex with transgender women…that has definitely changed and so have my fantasies. (Lewis)
Before transitioning, my sexual fantasies matched my female gender with men, so it changed after transitioning because I fantasize as a man when thinking about sex with men and women. (Mike)

They haven’t necessarily changed, they’ve become more often but everything is starting to match up now. (Tom)

I just didn’t have a name for it back then. I have always been attracted to women, but since transitioning, my fantasies are about me being a man and having sex with women and men. The fantasy just seems more of a reflection of my reality than they did before because I am picturing myself as I am rather than picturing me picturing myself as a man being with a woman. (Solomon)

The majority of participants have experienced a shift in their sexual identity and sexual fantasies as a result of their transition, and indicated how this shift has allowed for them to engage in a more fluid sexuality and willingness to be with different partners.

**Transition Process**

The participants were asked about which stage of transitioning from female to male they have undergone in efforts to understand each individual’s process and development. They were asked, “in terms of transitioning, at what age did you start identifying as a man and adopt a male presentation?” Additionally, they were asked if they have started using hormones and if they underwent chest reconstruction or genital surgery.

All of the participants have adopted a male presentation that consists of keeping a short haircut, wearing male clothing, using male pronouns, and have changed their name. Additionally, all of the participants are taking the hormone testosterone as part of their transition. Participants shared how testosterone has allowed for them to experience changes in their physical structure and appearance. The majority of participants have been able to grow facial hair, have seen a change in facial structure, an increase in muscle mass, and an increase in sexual libido. Although each participant’s transition process is unique, they share a similar experience
of feeling more confident and liberated in their male identity. The theme of male identity confidence as a result of transition process emerged.

You know how guys look when they put on women’s clothes and it just looks kind of funny? That's kind of how it looked, because I was still very masculine in my demeanor and my presentation… I was just very masculine wearing girls clothes. I would say about 12th grade was when I kind of just said…for get it. This is me, this what I’m comfortable in, and when I went back to just wearing what I liked. (Lewis)

I started to ask people to use different a pronoun with me. I cut my hair. I had top surgery. Started the hormones. (Dash)

I first got my hair cut, which felt amazing…then I got rid of all of my girl clothes. Then, I picked out a name that I liked and that had a special meaning to me and reached out to some close friends and my family to call me “he” and by the name I had picked. (Solomon)

There was variation among participants when asked if they have undergone chest reconstruction surgery. Four out of the seven participants have had chest surgery and the remaining three engage in chest binding and plan to undergo chest reconstruction at a later time.

As mentioned in the introduction of this chapter, none of the participants have undergone genital surgery. Participants shared how they are waiting for the procedure to advance, become less expensive and invasive, and overall, more effective.

I’m not going to get bottom surgery. The equipment I have works and it feels really good. I’m not going to mess with that. (Dash)

As far as going below the waist, I haven’t necessarily made up my mind on that just yet because I know it’s not really an exact science…If I were to get something done down there I’d want it to look as real as humanely possible. I don’t think that medical science has caught up to that just yet…” (Tom)

I am still hoping for the surgery procedure to get more advanced and less expensive…I’m hoping that, oddly enough, the research that the military is doing because so many of the troops have been impacted in that area because of being victims of a bomb hitting them. Crazy to think that a transman is waiting for the military to provide some answers! (Solomon)
I’m not sure. I’m hoping that there’s more advancements in it because it is still a very young surgery and there’s not much into it….I might just wait a little bit longer to see what progressions are made. It’s kind of up in the air. (Adam)

It is also important to discuss that the majority of the participants are not interested in genital surgery because they feel it is not necessary for them to feel a sense of maleness. As was discussed in the Gender Expression section, all of the participants indicated they are secure in their male identity without having undergone genital surgery, and having the ability to express their gender is more important than transforming physically, which is another major theme from this area of investigation.

Sexual Practices and Gender Affirmation

The participants were asked if their sexual practices and sexual expression have changed since their transition from female to male. This question was asked to investigate the relationship between a participant’s sexuality following his identity transition and development. The first question asked, have you sexual practices changed with your partner (or a partner if not currently partnered) since transitioning?”

Figure 4. Sexual practices: Change with partners
Results show that six out of the seven participants (86%) indicated that the main difference in sexual practices since transitioning has been the theme of engaging in a mutually sexual relationship characterized by versatility between the participant and his partner. Participants reported that they do prefer to engage in the dominant role, but are happy to switch roles and positions with partners. It was interesting to find how the majority of participants preferred the dominant role, which is often stereotyped by the male’s role in a relationship. Three of the participants additionally emphasized the importance of constant consent between them and their partners when being sexual.

I’m not saying consent wasn’t clear in past relationships, but we just emphasize consent throughout our whole relationship. (Sam)

I enjoyed her fingering and going down on me more than before…(Mike)

We're pretty versatile. We switch back and forth. It’s not necessarily like I’m the constant aggressor or anything like that. That would get boring after awhile. (Tom)

My previous girlfriend and I were very open about exploring different roles. That was new to me. (Solomon)

Four out of the seven participants (57%) also indicated that the use of a strap-on has been a change in their sexual practices since transition, and allows for affirmation of their male identity during sex.

She was the first partner that I was ever with who was ever comfortable with me using a strap-on on her. (Lewis)

If I’m wearing a strap-on dildo…I get a big rush from it. It’s clearly more psychological because I can’t feel what’s happening. It still feels good, but I’m getting that in my mind less than my body…that being said, I have no problem switching if she wants to be top and wants me to be bottom. (Dash)

The follow-up question asked to each participant was “how do you experience maleness during masturbation?” The intention of this question was to explore the relationship between
each participant’s male identity and their individual sexuality. All seven of the participants indicated that as a result of utilizing hormone therapy, they all have experienced an increase in sexual libido and an increase in genital growth, which in turn, has changed the way they are able to masturbate as male. The theme of how transition processes impact sexual practices during masturbation emerged.

![Figure 5. Sexual practices: Change in masturbation](image)

- I think when I’m with myself…I feel like a man regardless of what my body is…but just by myself I feel like the drive and motivation and interest at hand is very masculine driven. (Sam)

- It will become very engorged with blood and throbs and gets very big if I’m excited. It’s very much like having an erection in a completely different way. (Dash)

- I’ve certainly got a lot more to hold onto now. The growth alone makes it a lot easier. (Tom)

- Well, I masturbate much more compared to when I was a woman. Also, the act of masturbating has been different for me too since my clit is enlarged it makes me feel like I have a micro penis so I definitely masturbate differently and more often. (Solomon)
Four of the seven participants also indicated how the increase in genital growth has allowed for them to masturbate the same as a cisgendered male.

I can jack off like a cis man, but I’m just feeling it a bit differently. (Sam)

Well, when you’re on testosterone…like your genitals change. They grown down there…I can actually jack off like a guy, like a cis guy…there’s something about that…I don’t know it just kind of makes you feel masculine, being able to do that. (Lewis)

The final follow-up question to how the participants’ sexual practices have changed since transitioning was “how do you experience maleness during sex?” The intention of this question was to explore whether or not their male identity is affirmed during sex as a result of the changes in sexual practices. Results indicated that all of the participants experience maleness the most during sex when they are able to penetrate their partners. Five out of the seven participants (86%) found being able to play the more dominant role during sex is also very affirming to their male identity. Two of the seven participants (29%) discussed how the role of touch affirms their male identity during sex.

![Bar chart showing sexual practices]

Figure 6. Sexual practices: Experience maleness during sex
When it actually came down to it, yeah, I enjoy being the more dominant one. (Lewis)

I think I do certainly do enjoy the stereotypical male side of sex. I really enjoy penetrating my partner. (Dash)

When I am with a woman or man, then the strap-on would have to be the biggest way I experience maleness because I get to do the penetration to my partner…I also enjoy being the more dominant one compared to pre-transition. (Solomon)

With other people, strap-on almost always. I’m more of a dominant character I guess. (Adam)

**Relationship between Identity and Sexuality**

Participants were asked how they would describe their sexual embodiment to their male identity embodiment (secure/tight, moderate, or loose). The intention of this question was to explore the overall purpose of this study, which is to understand the relationship between a transman’s male identity and their sexuality. This question focused on understanding how all of the components that are included in transitioning; emotional, physical, and sexual, and how they are connected and how they impact a transman’s sense of embodiment to their male identity. The results were varied on the sense of tight, moderate, or loose sense of identity and sexuality embodiment. All of the participants indicated they are secure in their identity as male, and as a result, felt a tight embodiment to their sense of maleness. This reinforces the major theme that all participants feel secure in their male identity as a result of transition from female to male. It was interesting to find how each participant’s sexual embodiment varied, indicating that sexuality itself does not necessarily contribute to a tight identity embodiment, but rather, the ability to express their male identity through their sexuality is the more accurate experience for the participants. This emerged as a minor theme amongst participants’ responses.

Because sexuality and gender is fluid. I would say sexual embodiment can be fluid. I will go in between in terms of tight and loose…in summary, I like who I am and that’s been the biggest…just self-acceptance. (Sam)
I’m comfortable with a lot of things that will be seen as I guess submissive, but as long as my partner understand that sexually I’m still the dominant one, then yeah, I would say yeah, 100% tight. (Lewis)

I am absolutely more connected to my body now in terms of how I feel everyday…I’m connecting with my body on a whole different level because now I’m using my body to connect to someone else’s. Certainly the more that I have done to help shape my body, the more comfortable and the more me I have felt in any situation but absolutely the most in sexual situations. (Dash)

I would say my transman identity is secure. I am confident in that. My sexuality is still moving. I would say I am moderately secure. I have internal insecurities about my sexuality and say that this is the area that is progressing and evolving. (Mike)

I don’t think it (sexuality) has anything to do with the transition. It has more to do with being more comfortable with one’s self, in order to be more open with how you feel about others and the people around you. Sexuality is just how open you feel, how comfortable you are. (Tom)

I am definitely confident in my maleness and that confidence has allowed for me to drop my idea that I have to be a stereotypical guy. I feel so much more free in my gender expression and feel comfortable being androgynous…for sexuality, I would have to say I am still a work in progress. So my identity embodiment is secure and my sexuality embodiment is moderate. (Solomon)

I’ve definitely found that through transitioning, the gender binary is completely illegitimate and something that I’ve really tried to push the boundaries of…through that has definitely helped my sexuality, finding different types of women…and exploring my own sexuality with that. (Adam)

**Family Impact on Transition**

A minor area of investigation and minor theme that emerged organically was the impact that the participants’ families had on their transition process and male identity development.

Three of the seven participants shared how their families were not supportive in their transition from female to male. For two of the participants, their lack of family support was directly linked to their delay in transitioning.

I felt I had to wait to come out to my parents and needed more time to figure out how to do this even thought I always felt like a boy. (Mike)
I believe I was 23 at the time when I first started to, but something that my mother had told me forced me to bottle it up and stop for awhile…(Tom)

My parents are divorced. I live with my dad, and my dad was not very supportive of it. He called me by my birth name until I essentially moved out, and I haven’t talked to him since. My mom, she was very supportive of it…my little sister was the same way. My grandma, the same way. (Adam)

On the other side, two of the seven participants discussed how they came from mostly supportive families, which allowed for them to begin their transition process on their terms.

I feel like I really have had a much easier time of it than a lot of other transmen…I think part of it is that my family…I came from a supportive family to a certain extent, not like gung-ho supportive, but they didn’t give me any crap about it…I never have to worry about if something went wrong with my surgery or the cost of my medications. (Dash)

I told my family that summer I graduated from high school to mostly warm responses. My dad took it the hardest and couldn’t call me “he” or by my first name that I had picked out for a long time. My mom and sibling were great and super supportive, which I didn’t expect. (Solomon)

**Summary**

The process of transitioning from female to male has allowed participants to feel a sense of security in their identity, which was a major theme throughout multiple major areas of investigation. It is clear how gender expression plays such a vital role in transman identity. Having the ability to express their male identity allows for transmen to relate with others differently, have others relate with them differently, experience physical transitions that better match their identity, and engage in different and even more fluid sexual practices. All of these components help affirm their sense of maleness. This newfound sense of expression does not necessarily mean that transmen have to adhere to a binary identity. Their experiences as female and male have helped shape the concept that gender does not have to be binary. Sexuality played a major component of identity for the participants as well, but it does not solely reinforce gender.
The majority of participants indicated how their transition has changed their sexual identity as well as their sexual practices. Participants described how their sexuality is fluid and evolving. The results highlight how it is more accurate to describe sexuality as a platform for gender expression and affirmation, and having the ability to express male identity through sexuality is a more accurate experience for transmen identity development.
Chapter 5: Discussion

The study was conducted using semi-structured individual in-depth interviews that were created to explore the identity development process, and the relationship between identity and sexuality in seven self-identified transmen participants. The interviews allowed for an intimate and in-depth opportunity to better understand the lived experiences of transmen. Chapter 2 discussed Devor’s fourteen stage model and Bockting and Coleman’s five-stage model of transgender identity development, and it is important to discuss how the participants from this study align with these stage models from their experience. It is fair to conclude that participants fall in or between Devor’s eleventh (Transition), twelfth (Acceptance of Post-Transition Gender and Sex Identities), and thirteenth (Integration) stages, and Bockting and Coleman’s Exploration, Intimacy, and Identity Integration stages. This variation of stages reflects how unique each participant’s experience and development is and it would be inaccurate to assign participants to one stage.

It is important to discuss that viewing the participants’ experiences and narratives solely from a stage model is limiting and does not encompass the complex relationship of identity and sexuality. Ultimately, the most effective way to discuss the data in the current study was to synthesize the participants’ responses into themes across the major areas of investigation in lieu of assigning the participants’ identity development process to developmental stages. Through this approach, multiple major and minor themes emerged that better described the experience of the participants’ identity and sexuality development. The participants’ narratives provided rich, intimate, and authentic data that provided a profound glimpse into how unique identity development is for transmen.
In terms of their gender identity, the majority of the participants described feeling male since they could remember in childhood, although their age of transition from female to male varied. The median age of transition was 18 years old. The majority of the participants discussed how they did not have knowledge of what it meant to transition during childhood, thus impacting their ability to transition sooner. Two participants, Mike and Tom, described how their family’s response impacted their identification as male, and ultimately played a role in delaying their transition. If these social pressures were omitted from the participants’ lives, it would be likely they would have felt more comfortable expressing and identifying their maleness since they felt male in early childhood.

In addition to the participants feeling male since childhood, all of them feel secure about their male identity now, indicating they are more comfortable with who they are now that their gender aligns with their identity. Roughgarden (2004) discussed how the time around birth may be when the brain’s gender identity is being organized and that gender identity appears to form sometime between three months before birth and twelve months after birth. Roughgarden (2004) added how the development of gender identity depends on both brain state and early postnatal experience. The idea that gender identity develops between three months before birth and twelve months after birth is consistent with the participants’ experiences in the current study. Their ability to transition was impacted by several factors such as family response and finding the correct term (transgender) to better explain their experience. The participants were asked if they were either first aware of their gender or the attraction to others. Six of the seven participants shared how the awareness of their gender as male came first. Dash shared, “gender came first, I knew I wanted to be a boy before puberty.” Mike described, “the feeling of being a man and then allowing myself to express that” came first for him too.
From what is known about normative gender identity, which is determined during and shortly after birth, it can be concluded that internalized male identity is reflective of what both cisgendered and transgendered males feel. Transmen may take more time to align with their gender identity due to receiving the incorrect sex organs, but their experience of feeling like a male is the same as a cisgendered man. The concept of internal maleness was solidified at a very young age for the participants as they all reported feeling male since they could remember in childhood, and is regardless of the average age of 18 that the majority of participants transitioned to male. Roughgarden (2004) postulated that attempts to change gender identity by raising the child in one gender direction have simply failed. Additionally, historical case studies have shown that individuals raised and encouraged to adhere to a gender identity based on both biology and assigned sex organs have been unsuccessful (Roughgarden, 2004). The individual always shifts to the gender identity they feel most align too based on their internal feelings, and this is parallel with the participants’ experience.

It is important to note that the level of security participants feel about their male identity is best described on a spectrum. Each participant’s transition experience is unique and some felt more secure than others. Feeling secure did not correlate with level of transition process (male presentation versus chest reconstruction). For example, Solomon reported feeling secure about 90% of the time, particularly, when he is with partners. He uses hormone therapy and has had chest reconstruction. Tom reported feeling very secure and confident. He uses hormone therapy and has not undergone chest reconstruction or genital surgery. This indicates that the level of security is as unique as the individual, and is based on a complexity of factors such as identity, internal acceptance, appearance, expression, and social interactions.
The majority of the participants’ views of gender have changed as a result of their transition from female to male. Their views were split into two perspectives. Three of the participants found their view of gender has changed and has become more encompassing of expressing both genders as well as looking past simply two genders, and instead, experiencing gender on a spectrum. This challenges the binary view of gender. This is consistent with the social constructionist lens view developed by Lev (2004). This study chose to adapt this lens to create a foundation for conceptualizing and understanding transmen identity development. The need to challenge the concept of gender as solely male or female is an essential component to better understanding not only transgender individuals’ experience, but also all self-identified non-binary, agendered, or gender non-conforming individuals. Society’s motivation to maintain polar distinctions between women and men is a fundamental principle of the sex/gender system (Lev, 2004). This system once helped organize society, but has outlived its functionality (Lev, 2004).

The exposure to the transgender culture also helped influence some of the participants’ perspective on gender. Sam identified how being exposed to the transgender culture broke the binary for him and changed his perspective on gender as he learned to view gender outside of male and female. Two of the participants discussed how their view of gender has changed from the perspective of experiencing stereotypical gender roles. They explained how at first they tried to fit into the stereotypical role of female followed by male post transition. The more time that has evolved that they have been living full-time as male, however, has allowed for them to challenge the stereotypes associated with gender roles. This is most likely a result of feeling more secure in their identity as male as Tom suggested he feels he does not have to compensate as much anymore. Tom stated, “after I began hormone therapy and as I started to pass more on
then there was quite a bit of change. I felt more comfortable being myself instead of having to compensate and having to think, “I need to act more feminine because I’m a girl.” It was very upsetting, but now I’m a lot more open with who I am.”

The three components of gender expression that were explored with the participants were through social, physical, and sexual contexts. All of the participants found that the most reinforcing social aspect was how others relate to them differently, particularly, when another male accepts them as male. Dash shared his experience of finding how other men relate to him affirming, “we share this thing and we’re in this little club. I get all kinds of man nicknames from other men like boss or bro or man or whatever which is funny. It certainly does make me feel great.”

In a physical context, the majority of the participants identified that the most reinforcing impact of using hormone therapy has been experiencing a deeper voice, having the ability to grow facial hair, and developing more muscle mass. It was interesting that only a small percentage of participants identified breast removal as a reinforcing physical factor for their sense of maleness, which contributes to the finding that physical transformation is not necessarily the most gender-affirming component of transition. This seems to align with how none of the participants have neither undergone this procedure nor needed it as a reinforcement of their maleness. It appears that physical transformation is just not as essential as the ability to express maleness through growing a beard or speaking deeper.

In a sexual context, all of the participants indicated how their approach to sex is the most affirming aspect due to the shift in how they relate with partners. Participants’ indicated how they take on a mutual role with their partners (in terms of shifting from submissive to dominant as well as mutual consent) and feel comfortable wearing a strap-on and penetrating their
partners. The factors that influenced their approach varied as some participants find being in a more dominant role is affirming while others found their increased sexual drive reinforcing because it motivates them to engage more actively in sex. The theme of feeling more comfortable engaging in the dominant role during sex was unexpected because the majority of participants indicated how they value engaging in a mutual role with their partners. It seems the stereotypical male role of dominance during sex is appealing to transmen because this role can provide validation for their sense of maleness. Williams et al. (2013) found that the transmen in the study asked their female partners to take the more submissive role, the bottom, to “bolster their masculinity,” and that the position of the body during sex can contribute to the sense of masculine sexuality embodiment. Through the exploration of social, physical, and sexual contexts, the results indicated a dynamic relationship between their male expressions, and subsequently, how their expression influences how they relate with others.

All of the participants expressed how their sexuality has changed from pre-transition to post-transition. Uniquely, Dash indicated his sexual identity has stayed the same, but his sexual practices have changed. He stated that he knew he felt like a boy long before puberty and has identified as heterosexual since he entered puberty and felt attracted to women. He added that due to his increased sex drive from taking hormones, the way he thought about sex has changed where he now has sex with both men and women for sexual release and pleasure. The remaining participants described how their sexual identities have shifted into more fluid identities. Lewis, for example, described how since his transition, he is more open to engaging in relationships with transwomen. He discussed how he was not always open to dating partners who identify, for example, as pansexual. It is important to note that the participants discussed how their sexual identities are influenced by the perception of how society views their sexuality, depending on
which binary gender they are attracted to. Adam, for example, was viewed as a lesbian prior to transitioning because his gender was female and he was attracted to women. Since transitioning, he explained how he now identifies as heterosexual, not because his sexuality has changed as he has always been attracted to women, but because of the intersection of his gender with societal scripts. Further, Sam, Lewis, Mike, Tom, and Solomon have all experienced a shift in their sexual identity as well as have felt more comfort in sexual fluidity as a result of their transition. Since transitioning, Sam identifies as queer, Lewis as pansexual, Mike as bisexual, Tom as pansexual, and Solomon as bisexual, indicating an interesting relationship between gender identity and sexuality fluidity.

This highlights the fluidity of sexuality as well as the relationship of gender identity development on each of the participant’s sexuality. It also highlights how society’s view of sexuality can be extremely limiting because it is based on a polar female to male or male to female heteronormative paradigm of sexual attraction. The perception of transgendered identity means to embody a “violation” of a static and limited binary view of identity and sexuality (Bloodsworth-Lugo, 2007). This study encourages a new framework of identity and sexuality, similar to the idea of Bloodsworth-Lugo’s (2007) research. Bloodsworth-Lugo discussed a more centralized position of biological and social factors. She described the concept of “lived bodies,” which help transcend the understanding of an individual’s body beyond biology. Bloodsworth-Lugo (2007) described, “lived bodies are both situated and not easily fixed, positioned and not easily located, identified and not easily categorized” (pp. 61-62). The current study agrees with this concept as it better explains the fluidity of sexuality that each participant has found as a result of his transition.
To further explore their sexual identity, participants were asked if their sexual fantasies about themselves and with partners have changed from pre to post-transitioning. Since transitioning, all of the participants’ fantasies align with their current sexual identity. It is important to discuss how results show fantasies and sexual identities have evolved for the majority of the participants. The majority of participants have experienced either a shift in their sexual fantasies, a shift in their sexual identities, or a combination of the two post-transition suggesting how their male identity development has played a major role in their sexual expression. This further explains the concept of sexual fluidity. Williams et al. (2013) described how the transformation of a transman’s body and identity impacts and often changes how transmen make sense of their sexuality. It does not seem uncommon for the participants of the current study to experience a shift in their sexual identity and sexual fantasies.

All of the participants have adopted a male presentation that consists of keeping a short haircut, wearing male clothing, using male pronouns, and have changed their name. Additionally, all of the participants are taking the hormone testosterone as part of their transition. Participants shared how testosterone has allowed for them to experience changes in their physical structure and appearance. The majority of participants have been able to grow facial hair, have seen a change in facial structure, an increase in muscle mass, and an increase in sexual libido. Although each participant’s transition process is unique, they share a similar experience of feeling more confident and liberated in their male identity. It is also important to discuss that the majority of the participants are not interested in genital surgery because they feel it is not necessary for them to feel a sense of maleness. All of the participants indicated they are secure in their male identity without having undergone genital surgery, which suggests that having the ability to express their gender is more important than transforming physically. This concept
concurs with the research of Lev (2004) posited that there is no gender identity behind the expressions of gender, and instead, it is the expression of gender that creates the identity.

The majority of participants indicated that the main difference in sexual practices since transitioning has been engaging in a mutually sexual relationship characterized by versatility between the participant and his partner. Participants reported that they do prefer to engage in the dominant role, but are happy to switch roles and positions with partners. It was interesting to find how the majority of participants preferred the dominant role, which is often stereotyped by the male’s role in a relationship. This could be linked to the feeling of needing to compensate and act more male as participant five, “Tom,” alluded to when he discussed how his view of gender changed. This same concept of transmen wanting to experience more dominance was also found Williams et al. (2013) where the participants relished the dominant position because of its affirmation of their sense of maleness.

All seven of the participants indicated that as a result of utilizing hormone therapy, they have experienced an increase in sexual libido and an increase in genital growth, which in turn, has changed the way they are able to masturbate as male. Additionally, results indicated that all of the participants express maleness the most during sex when they are able to penetrate their partners (clarify expression or experience of maleness). This reflects how their male identity is affirmed during sex as a result of the changes in sexual practices. Williams et al. (2013) discussed a similar understanding of the role of penetration and pleasure as an important aspect of experiencing masculine embodiment.

It was interesting how none of the participants discussed receptive vaginal penetration as a part of their sexual practices. Solomon spoke about enjoying receptive anal penetration when he is with men, but did not include vaginal penetration. This poses the question: can a transman
have vaginal sex and still feel male? Is there a way to retain and empower maleness for transmen who have a vagina in lieu of disowning this part of the body? Williams et al. (2013) found similar results when they were conducting their interviews. They did not specifically inquire with their participants about vaginal penetration, but participants explained how having a vagina was problematic because of its constant reminder of their experience as female. Williams et al. described how participants would ignore its presence all together instead.

The process of transitioning from female to male has allowed participants to feel a sense of security, confidence, and relief in their identity. It is clear how gender expression plays such a vital role in transman identity. Having the space to express their male identity allows for transmen to relate with others differently, have others relate with them differently, experience physical transitions that better match their identity, and engage in different and even more fluid sexual practices. All of these components help affirm their sense of maleness. This does not necessarily mean that transmen have to adhere to a binary identity. Their experiences as female and male help shape the concept that gender does not have to be binary and that we can look at gender beyond male and female. Sexuality is a major component of identity as well, but it does not solely reinforce gender. Sexuality is fluid and evolving. It is more accurate to describe sexuality as a platform for gender expression and affirmation. The ability for transmen to express their male identity through their sexuality is a more accurate experience. “Once gender identity is set, like other basic aspects of temperament, life proceeds from there” (Roughgarden, 2004, p. 244).

**Confirmation of Findings**

Participants were asked how they would describe their sexual embodiment to their male identity embodiment (secure/tight, moderate, or loose). The intent of this question was to explore
the larger question of this study, which is to understand the relationship between a transman’s male identity and their sexuality. This question focused on understanding how all of the components that are included in transitioning (emotional, physical, and sexual), how they are connected, and how they impact a transman’s sense of embodiment to their male identity. The results were varied on the sense of tight, moderate, or loose sense of identity and sexuality embodiment. All of the participants indicated they are secure in their identity as male, and as a result, felt a tight embodiment to their sense of maleness. This was a rewarding finding of the study as it demonstrates what Roughgarden (2004) discussed in that gender identity is usually felt by an individual as early as several months after birth despite being born with prescribed sex organs, which society views as a counter to transman male identity.

It was fascinating to learn how each participant’s sexual embodiment varied, indicating that sexuality itself does not necessarily contribute to a tight gender identity embodiment. This suggests that the ability to express their male identity through their sexuality is the more accurate experience for the participants. An important finding from the current study is the discussion of how sexuality is fluid and constantly evolving. Tom thoughtfully spoke to his experience of sexual fluidity.

I used to identify as a lesbian when I was younger. The only two things that gender and sexuality were and coincide is that they’re both fluid. Sexuality is very much fluid. It can change overtime. I guess as I became more accepting of my own gender identity I found that gender wasn’t really that big of an issue when it came to choosing a lover. I suppose it began just before I started transitioning, but I wouldn’t necessarily relate it completely to my transition.

Williams et al. (2013) discovered a similar finding where the participants adopted a different sexual identity as a result of their post transition. They found how a less secure and more loose sexual embodiment occurred as the majority of participants adopted a more “queer” sexual identity that best fit their new gender identity. The findings from the current study and Williams
et al.’s study could suggest how secure gender identity embodiment can be viewed as separate from sexual embodiment, but it appears that the tighter and more secure a transman feels with his gender identity, the more flexible and more fluid he can explore and approach his sexuality.

The theme of family’s response to transition emerged organically in the study. Three of the seven participants shared how their families were not supportive in their transition from female to male. For two of the participants, their lack of family support was directly linked to their delay in transitioning. On the other side, two of the seven participants discussed how they came from mostly supportive families, which allowed for them to begin their transition process on their terms. It would have been beneficial to ask specific questions towards exploring more of a participant’s family’s response and how this subsequently impacted their motivation and ability to begin transitioning.

It would have also been interesting to ask questions focused on each participant’s experience in the LGBTQ community, and how this may or may not have influenced their view of gender. Sam discussed how being exposed to transgender issues and being in the transgender community helped shift his perception of what it means to be female or male or beyond. He indicated how being exposed to the culture broke the binary for him. Adam discussed how his experience in the transgender community has motivated him to become an advocate for transmen. He stated, “I can almost say I’ve explored most genders now, on the way at least. I really don’t like playing into gender roles and things like that. I’ve actually found myself teaching other people about that too, now.” It would have been more enriching to learn more about the other participants’ experience in the LGBTQ community.

Further, it was not in the scope of the study, but it would have been beneficial to add an area of investigation that incorporated asking the participants if they have experienced dysphoria
at any point through their transition, and specifically, explore their emotional journey of
dysphoria and how it may have impacted their identity development.

Adam talked about how binding has been a source of pain for him, stating, “It’s painful.
It’s dysphoric. I don’t like it all, but it’s better than being misgendered…so I put up with it.”
Further investigating dysphoria and its impact on transmen identity development would better
help inform therapeutic needs for transmen. It would be helpful to explore in future studies, in
depth, the relationship between depression, suicidality, and dysphoria for transgendered
individuals.

Clinical Implications

Advocacy

Transgender identity development and health advocacy remains limited. Transgender
individuals are often met with multiple barriers to health care, which encompasses a lack of
cultural and clinical competence from providers (Bockting, 2014). There is a need for better
training for health care providers, and specifically, for mental health professionals who should be
equipped in order to educate and advocate within their communities and help inform government
policy (Bockting, 2014). The implications, for example, from current systemic issues in North
Carolina that have passed bathroom laws which engage in outright transgender oppression is due
to a lack of knowledge and understanding of transgendered individuals. Society views
transgender individuals as people who do not “comply” to the heteronormative societal lens. As
a result, it is imperative for mental health providers to engage in advocacy against misinformed
rhetoric and a misunderstanding of the lived experience and subsequent needs of transgender
individuals.
There are many ways mental health providers can take part in advocacy and educating for transgender individuals. For transgender children and adolescents, examples of advocacy and education include educating families and schools about gender variance, advocating for schools to install at least one gender neutral bathroom, and provide training to teachers and staff in gender diversity and transgender care. For transgender adults, mental health providers can help assist in helping individuals navigate the lengthy process of changing their name, advocate for medical care by providing support letters, and lobby for the importance of anti-discrimination in the workforce, public bathroom use, and access to healthcare.

**Treatment**

It is imperative for clinicians to better understand transman identity development because this understanding can better inform treatment needs. The majority of mental health care providers have not received training on the treatment of transman sexuality, identity, dysphoria, and transgenderism. Unfortunately, mental health professionals are often unaware of the therapeutic needs of transgendered and gender non-conforming individuals and have sadly yielded client narratives that include being misdiagnosed, misguided, and mistreated by a misinformed and undertrained clinician (Lev, 2004).

Mental health providers have the ability, if properly trained, to help transgender clients with differentiating gender identity and sexual orientation. APA (2015) suggested that mental health providers can help transgender clients become aware of potential hidden aspects of their gender identity or sexuality. Mental health providers can provide acceptance, validation, support, and understanding, and refrain from making assumptions or imposing views that insists a transgender client adhere to a specific gender identity and/or sexual orientation.
Since psychologists specifically have roles in psychological prevention, assessment, and treatment, they are in a unique position to help transgendered individuals better understand and integrate the multiple aspects that shape their identities. They may also assist transgendered individuals in normalizing and validating differences in gender identity and expression (APA, 2015). The role of the mental health professional is crucial in helping advocate and develop policy that is inclusive in policy, practice, and research for transgendered and gender non-conforming individuals.

The current study highlights how complex and unique the transition process is for each transman. It is vital mental health providers to understand how different the transition process looks for each individual and refrain from adopting a sort of one-size-fits-all understanding of transman transition. Devor (2004) discussed the difficulty transgender individuals face throughout their transition process due to society’s deeply entrenched belief systems and fears in order to become themselves. “In doing so they must also face their own internalizations of those values and anxieties. To come to know one as transgendered requires self-examination, bravery, and naked honesty. Becoming transgendered is never an easy process” (Devor, 2004, p. 66).

The current study also illustrates the role of sexuality in identity affirmation and expression for transmen. Understanding and exploring sexuality and sexual practices with transgendered clients can be a useful tool in better understanding their male identity and expression. Often mental health providers are afraid to ask about sexuality in general because of its intimate nature and the lack of training, knowledge, and biases these clinicians face when broaching the subject. It is imperative for mental health providers to challenge their own biases and discomfort when talking about sexuality because it plays such a vital role in identity development and expression, and relational health. Exploring sexuality among transgendered
individuals also offers insight into a transgendered client’s transition process. Results from the current study demonstrated how sexual identity among transmen often shift post transition and opens sexual preferences to become more fluid and experience their sexual identities and fantasies with more breadth. Williams et al. (2013) would add how many transmen adopt the sexual preference of “queer,” which provides a loose connection between gender and sexual embodiment, which, interestingly, resulted in a more ease with transitioning.

**Education**

The theme of how the participants’ families’ reactions as either supportive or non-supportive emerged, and is an important factor that could have negative consequences to a transman’s health and mental health. Pollock and Eyre (2012) discussed how parents do not seem to play a pivotal role in transman identity development, but their reactions can have major health implications. Parents and families play an important role in supporting and rejecting a transman’s male identity development. Parental rejection is highly associated with negative health problems. This appears to be the case for the current study where Mike, Tom, and Adam experienced non-supportive reactions from their families, which impacted their ability to transition sooner and delay expression and comfort in a major aspect that encompasses their identity. Mental health providers can play a pivotal role in helping educate families on gender variance. This can help families understand their child’s experience and help create a unit of support among family members as a part of treatment.

Mental health providers also need to be aware not to fall into the trap of education burdening. Mizock and Lundquist (2016) discussed education burdening as a common misstep among mental health providers. This concept is where transgender clients feel the need to educate their therapist on transgender issues in order to proceed with treatment due to the
therapist having insufficient expertise on transgender needs. Additionally, transgender clients deservedly find this to be an ineffective aspect of therapy.

Graduate schools need to do a better job of providing training in transgender mental health needs. It is essential that transgender identity development, sexuality, mental health issues, and subsequent treatment needs be incorporated in courses that focus on lifespan, diversity, human sexuality, assessment, and psychotherapy. There is a current gap in the level of training that clinicians receive when it comes to understanding the transgender population. Many clinicians are either undertrained or do not process and challenge their preconceived biases, which profoundly limits their ability to work with clients who are transgendered. If graduate training programs create a shift where the transgender population becomes a core part of curriculum, our work as mental health providers becomes deeper in knowledge, understanding, compassion, and advocacy. Clinicians would have the skills to work in individual, group, and couples modalities across all age range of clients, which would work towards helping individuals become the most productive they can be. If we can help transgender individuals by offering the validation, normalization, and advocacy they deserve, they can then go forth to be productive, happy citizens who excel in their work, relationships, and families.

**Limitations**

There were factors that were not considered prior to engaging in the interviews with the participants. The first was the use of time as 45-60 minutes was not enough to fully cover the three complex category sections of identity and sexuality formation, transition, and sexual development practices. If the current study were to be replicated, it would be important to allow for more time to gather more details as well as allow for more follow-up questions.
The sample size of participants is complicated. The goal of the current study was not to make generalizations about all transmen’s identity development and sexuality experience as a whole. The smaller sample size served as an opportunity to gain an invaluable amount of depth in the participants’ narrative experience. The intimacy, detail, and honesty of the participants are major strengths in this study. The sample size may have been moderately biased due to all participants identifying as educated. Five out of the seven also identified as white and only one participant was in a relationship at the time of the study, which does not accurately provide an in depth understanding of transman sexuality nor reflect the whole population of transmen.

Further Research

Current research is limited in understanding transmen identity development. There are multiple complex factors that encompass a transman’s identity, transition process, and sexuality. It is imperative that more research be conducted to showcase how transman identity cannot always fit into an understanding of their gender through a binary lens. Transman sexuality also could benefit from further research because of the complex factors that impact a transman’s sexual practices and sexual embodiment. The participants from the study similarly shared a confidence and security in their male identity embodiment, but the majority of them expressed that more exploration is needed for confidence in their sexual embodiment. This understanding could also serve to advocate for the need for more advancement in genital surgery so that those who chose to utilize this procedure can have confidence in the result and engage in the sexual practices that they desire confidently.
References


Publications, Inc.


Mizock, L. & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients:

Phipps, J. (2015). How does sexual orientation work when you are transgender? 


Appendix A: Interview Guide

Interviewee #:

Date:

Time:

Place:


Brief Description of the Project:

This is a qualitative research study exploring transgender identity and sexuality through individual interviews. The purpose of this study is to better understand the dynamic relationship between identity and sexuality through the lens of a transman.

Questions: Transgender Identity and Sexual Identity

1. When do you first remember feeling like/identifying as a male?

2. How do you feel about your identity as a male now (i.e., secure, insecure, etc.)?

3. Did your view of gender change as you moved into male identity?

4. What reinforces/affirms your identity as male: social (i.e., engaging in team sports), physical (i.e. body modification, hormones, facial hair, tattoos, etc.), or sexual experiences, or a combination of factors?

5. How would you describe yourself when it comes to your sexual identity (i.e., gay, straight, bisexual, pansexual, transsexual, or other)? Has this changed through your transition from female to male or stayed the same?

6. What came first for you, the feeling of being a man or the awareness of attractions to a man, woman, transgendered individual, or other gender identified individual (depending on the
Questions: Transgender Transition (Living full-time as a man)

7. In terms of transitioning, at what age did you start identifying as a man and adopt a male presentation?

7.a. If applicable, when did you start using hormones?

7.b. If applicable, what kinds of surgeries, if any, have you had and in what order (chest or genital surgery)? How long ago?

7.c. If applicable, when you compare your sexual interest before pre-surgery with post-surgery, has the level of your sexual interest changed? If yes, how?

8. Before transitioning, did your sexual fantasies match your current sexual identity?

8.a. If applicable, have your sexual fantasies changed since transitioning?

9. Did you sexually fantasize about yourself as male, female, transgender, gender queer, or something else before transitioning to male?

10. Have your sexual fantasies about yourself changed since living full-time as a male?

10.a. If applicable, has this changed since taking hormones? If yes, how?

10.b. If applicable, has this changed after surgery? If yes, how?
Questions: Transgender Sexual Development/Practices

11. Are you currently partnered with a female, male, transgender, or other gender identified individual?

11.a. If applicable, have your sexual practices changed with your partner since transitioning?

11.b. How do you experience maleness during masturbation?

11.c. How do you experience maleness during sex (i.e. through verbal feedback, touch, penetration and/or other with a male, female, transgendered, or other gender identified partner)?

12. How would you describe your sexual embodiment to your identity (i.e. do you have a secure/tight, moderate, or loose sense of sexuality with your identity. Note: this particular concept will be briefly explained by the interviewer)?

Thank you for participating in this interview. Please be assured your responses are confidential and your identity and name will be de-identified when discussed in the study’s findings.
Hello, my name is Natalie Coffin. I am a doctoral student at The Chicago School of Professional Psychology. I am conducting a research study exploring the dynamic relationship between identity and sexuality for individuals who identify as transman.

I am conducting this research as part of my studies in the Clinical Psy.D. Department. After I share more about the study, you can decide whether or not you wish to participate. Your participation is completely voluntary and you can decide to stop participating at any time during this project without penalty.

Let me explain what you will be asked to do. You will be asked to engage in (up to) a 90-minute confidential interview, being asked questions focused on your identity and sexuality as a transman. The interview will be audio recorded. The interview will take place in a private, safe, and confidential place.

You may experience discomfort discussing your personal story. Please remember you can stop the interview at anytime. Your name will only be asked at the beginning of the study for scheduling purposes, and a unique number code will be assigned to your responses for the remainder of the study to ensure your information is de-identified. You will not directly benefit from this study. However, it is the hope that the information learned from this study may benefit society in providing a better understanding of transmen identity formation and sexuality as well as to explore the dynamic relationship of the two.

During the study, I will collect demographic information as well as the responses to the interview questions. I will be asking questions focused on your experience transitioning to identify as transman including questions around your identity and sexuality. At no time will your name or identifying information be attached to the recording of this interview. Following the interview, your interview information will be de-identified, and instead, using a number coded system, you will be assigned a unique number in efforts to keep your information private and confidential. No one could link your statements to the results. Final results may include direct quotes, but they will not be identified with your name. The unique number system will be the only method that will be linked to your responses, but will maintain anonymity of your information. Tapes will be maintained for a minimum of five years. Results will be posted on Projects Advancing Sexual Diversity website, expected by June 2017.

If you have any questions, please feel free to ask them now. If you have questions later, you may contact me at xx or xx.
If you have any questions about your rights as a participant in this research, you can contact The Chicago School of Professional Psychology Institutional Review Board at:

325 N. Wells
Chicago, IL 60654
312-467-2343
irb@thechicagoschool.edu

Do you have any questions?

Do you agree to offer your participation?